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Self-Compassion, Mindfulness and Wellbeing in Counselors-in-Training

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SELF-COMPASSION, MINDFULNESS AND WELLBEING IN
COUNSELORS- IN-TRAINING

A Thesis

Presented to

The Graduate Faculty

Central Washington University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

Mental Health Counseling

by

LeaDeCamp Fairbanks

May 2016

CENTRAL WASHINGTON UNIVERSITY

Graduate Studies

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ABSTRACT

Self-Compassion, Mindfulness and Wellbeing in Counselors-in-Training

Lea DeCamp Fairbanks

May 2016

The purpose of this study was to examine if self-compassion and mindfulness predict wellbeing in counselors-in-training. The sample was made up of counselors-in-training from CACREP accredited programs in the WACES region of the United States (N=45). Data was collected from three scales including the Self-Compassion Scale, Five Facet Mindfulness Scale and the Psychological Wellbeing Scale. To analyze the data, a simultaneous regression was used to determine if self-compassion and mindfulness significantly predicted wellbeing in counselors-in-training. The results showed that self-compassion and mindfulness was positively correlated with wellbeing and significantly predicted 64.9% of the variance in wellbeing for counselors-in-training. The results also indicated that self-compassion alone was consistently the strongest predictive factor.

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CHAPTER I

INTRODUCTION

Self-esteem has often been at the forefront of psychological studies in relation to increasing an individual's psychological health, and overall quality of life due to its innate nature as an individual's source of confidence and self-respect (Baumeister, Smart, & Boden, 1996). However, self-esteem has some pitfalls, including: involving an evaluation of oneself and others, which has been found to potentially lead to self-absorption, lack of concern for others, and narcissism (Damon, 1995). Due to the possible pitfalls of self-esteem, research has now shifted from focusing on self-esteem to exploring the concept of self-compassion as an influential means of increasing psychological health, and overall quality of life (Neff, 2003). Self-compassion refers to the ability to be kind to oneself, to understand that we are not alone in our suffering, that our challenges and flaws are what make us human, and to be mindful of the present moment (Germer & Neff, 2013). While, mindfulness is a term directly related to self-compassion it is also a widely practiced concept that focuses on maintaining present moment awareness, nonjudgmentally (Kabat-Zinn, 2003). The practice of mindfulness is associated with increased psychological health and quality of life due to its emphasis on self-awareness and nonjudgment of the self (Germer & Neff, 2013).

Counselors-in-training may be faced with an especially challenging time maintaining psychological health and quality of life due to the extreme stress they face in their graduate programs (Hassan El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; Neely, Schallert, Mohammed, Roberts, & Chen, 2009). For many, being in graduate

school can be taxing and negatively impact both personal and academic areas of life, including psychological health (Hassan El-Ghoroury et al., 2012). In master's level counseling programs, Smith, Robinson and Young (2007) found that 10.7% of the counseling student population (N=204) reported experiencing a high level of psychological distress. Counseling students reported experiencing depression, anxiety, interpersonal challenges, somatic problems, and issues with social roles and indicated that these negatively influenced their overall psychological health.

Other research shows that significant populations of counseling students show greater wellness when compared with an adult norm group (Myers, Mobley, & Booth, 2003; Smith et al., 2007). Roach and Young (2007) found that counseling students reported high levels of social support and that their training emphasized self-care, which influenced higher wellness overall.

Psychological factors such as self-compassion and mindfulness may play a role in an individual's ability to maintain a positive sense of wellbeing even during stressful times. As such, these factors could increase the overall wellbeing of graduate counseling students (Sirois, Kitner, & Hirsch, 2015). The purpose of the present study is to examine counseling graduate student's levels of self-compassion and mindfulness and explore the link between these factors and overall wellbeing of graduate counseling students.

Definition of Terms

Compassion

Compassion is an awareness of the suffering of others with the desire to lessen that suffering. Rashedi, Plante and Callister (2015) believe compassion to be within the capacity of all human beings and say that it is “considered to be a desirable human trait” (p. 132). To experience compassion a person must be sensitive to others experiences and recognize the pain involved in that experience (Rashedi et al., 2015).

Counselors-in-training

For the purpose of this research this term refers to counseling students who are currently participating in either masters or doctoral level counseling programs.

Mindfulness

Mindfulness is the present moment awareness of personal suffering. It provides balance for people experiencing personal suffering because it highlights a focus on the present moment, which does not allow for the avoidance of negative feelings; instead a person can accept his/her suffering and meet it with compassion and understanding instead of judgment (Smeets, Neff, Alberts, & Peters, 2014). Kabat-Zinn (1994) defines mindfulness as a means of intentionally paying attention in the present moment, without judgment. This intentionality is usually practiced through various forms of meditation especially focusing on the breath.

Self-Compassion

According to Neff (2003b) there are three core elements of self-compassion:

- 1) Self-kindness- having a level of understanding within oneself, through being kind with oneself instead of judgmental and critical. It also means

caring and being kind to ourselves like we would our closest friends and family.

2) Common humanity- recognizing that one's personal situation is a part of a greater human experience and that others deal with the same situations and experience suffering as well, so as not to separate or isolate oneself.

3) Mindfulness- being open to painful thoughts and feelings but remaining nonjudgmental to those thoughts and feelings so that they remain in a level of balanced awareness (p. 89).

Self-compassion also helps individuals cope with challenges in life including conflict with self, others, and problems experienced in the world (Hope, Koestner, & Milyavskaya, 2014).

Wellbeing

The concept of wellbeing is one that dates back to ancient philosophers such as Aristotle and has continuously been debated overtime (Edmondson & MacLeod, 2015). Traditionally wellbeing has been defined in two different ways, hedonic wellbeing, which is based on pleasure or happiness as a measure of wellbeing and eudemonic wellbeing, which is based on meaning and the potential to live to one's full potential, happiness is one result of eudemonic wellbeing (Edmondson & MacLeod, 2015; Ryan & Deci, 2001). The psychological wellbeing scale used in this study is based on the concept of eudemonic wellbeing, looking at several factors in life including autonomy and purpose in life, which together influence positive functioning and wellbeing (Ryff, 1989).

Wellness

This concept commonly emerges in counseling related literature and is defined as “a way of life oriented towards optimal health and well-being in which body, mind and spirit are integrated by the individual to live more fully within the human and natural community” (Myers, Sweeny,&Witmer, 2000, p. 252). The concept of wellness originated around the 5th century BC when the Greek philosopher Aristotle wrote about wellness as an explanation for good health (Myers & Sweeny, 2005).Ryan and Travis(1981), see wellness simply as a positive state of wellbeing. For the purpose of this research paper wellbeing and wellness will be used synonymously due to their interchangeable nature (discussed below).

CHAPTER II

LITERATURE REVIEW

This chapter will explore the relevant literature related to self-compassion, mindfulness, and wellbeing in counselors-in-training. The literature review provides a structured look at what the concepts of self-compassion and mindfulness are, where they come from and why they are valuable to this field. The review will also look into the differences between wellbeing and wellness, ultimately concluding that these are interchangeable concepts and thus will be used synonymously throughout this research. Finally, the literature review will take a look at how self-compassion and mindfulness play an important role in the lives of counselors-in-training both personally and professionally and can be a great source of coping with life's stressors, ultimately influencing levels of wellbeing.

Wellness and Wellbeing

Both wellness and wellbeing aim to capture an individual's state of health and happiness, and while the constructs are different they share many similarities. First, within the literature, wellness appears most often in counseling related research whereas wellbeing is used in broader psychology based research, including literature about self-compassion.

Wellbeing related literature commonly uses Ryff's psychological wellbeing scale, which looks at factors that influence a person's ability to function in a positive way including: levels of autonomy, environmental mastery, personal growth, positive relations with others, self-acceptance and purpose in life to gain an overall understanding of wellbeing (Edmondson & MacLeod, 2015).

Counseling literature often uses the Five Factor Wellness Inventory to examine individual wellness and collect information about an individual's creative self, coping self, social self, essential self, and physical self. Together, these subscales assess an individual's wellness "as a basis for helping individuals make choices for healthier living" (Mind Garden, n. d.)

In order to have a better understanding of the overlap between wellbeing and wellness the corresponding subscales of both scales can be further analyzed and compared. First, the Creative Self Subscale includes thinking, emotions, control, work and positive humor, which together "[form] a unique place among others in our social interactions" (Myers & Sweeney, 2005 p. 273); this seems to directly overlap with the scale of Positive Relations With Others in Ryff's Wellbeing Scale. The Creative Self also connects with the Environmental Mastery subscale as thinking, emotions, control, work and positive humor are related to how an individual deals with challenges and environmental circumstances, such as dealing with academic work like counseling graduate students do (Wolf, Thompson, & Smith-Adcock, 2012). Next, the Coping Self Subscale measures levels of leisure, stress management, self-worth, and realistic beliefs. These four constructs of the coping self relate to both the Self-Acceptance and Personal Growth Subscales of the Wellbeing Scale because they influence people's awareness of themselves. Ultimately, if individuals do not care for themselves, they do not have self-acceptance and without self-acceptance, they cannot grow or improve their wellbeing (Wolf et al., 2012). Third, the Social Self Subscale measures friendship and love in an individual's life and relates to the measurement of positive relations with others. Fourth, the Essential Self Subscale of

the Five Factors Wellness Inventory addresses spirituality, gender identity, cultural identity and self-care, which directly relates to Personal Growth, Self-Acceptance and Purpose in Life in the Wellbeing Scale (Wolf et al., 2012). Finding a connection between spirituality, gender, culture and self-care gives people a way to find meaning in life along with the development of personal and professional identities (Myers & Sweeny, 2005). Finally, the Physical Self encapsulates both nutrition and physical activity and has been found to influence other areas such as positive social relations, self-care and spiritual connection (Wolf, Mott, Thompson, Baggs, & Puig, 2010 as cited in Wolf et al., 2012).

Together, the five subscales of the Five Factors Wellness inventory give purpose to an individual's life. Being creative, having the ability to cope, being social and having love in one's life, understanding personal identity and physical identity all give meaning and purpose to one's life. Purpose in Life is a subscale in the Psychological Wellbeing Scale and therefore these two scales and ultimately these two constructs, wellness and wellbeing greatly overlap, both striving to see individual health holistically. Clearly, when measuring wellbeing versus wellness there is a lot of overlap and, while these terms may not be interchangeable, they have sufficient similarities for the purpose of the current study.

Counselors-in-Training Stress and Wellbeing

The demands and potential high levels of stress of pursuing a degree in counseling are significant and can pose challenges for many students (Folkes-Skinner, Elliott, & Wheeler, 2010; Hassan El-Ghoroury et al., 2012). Thus, counseling programs tend to emphasize student wellbeing due to its significant influence on the

effectiveness and functionality of a counselor's work (Lambie, Smith, & Ieva, 2009). Professional standards, including the American Counseling Association (ACA), and the Counsel for Counseling and Related Educational Programs (CACREP), place an emphasis on the wellbeing of professional counselors and counselors-in-training (ACA, 2014 C.2.g.; CACREP, 2009; II.G.1.d.; Stalnaker-Shofner & Manyam, 2014). If professional organizations highlight wellbeing, there must be a certain level of importance regarding wellbeing in the development of professional counselors, specifically because counselors cannot provide support for their clients if they are not caring for themselves (Stalnaker-Shofner & Manyam, 2014). Roach and Young (2007) found that wellbeing in counselors-in-training seems to be necessary in helping students to grow professionally. The research done by Roach and Young (2007) included a sample of faculty and students ($N=204$) and found that both groups believed wellbeing is a crucial part of working effectively with clients. Research comparing the levels of wellbeing in first year counseling students and adult norming populations found that first year counselors-in-training scored higher in wellbeing, showing that not only is wellbeing important but it is present for many counselors-in-training (Lambie et al., 2009; Myers et al., 2003).

However, contrary to the research showing higher levels of wellbeing in counselors-in-training, some research indicates higher levels of psychological distress in counseling students. Research indicates that counseling professionals are more vulnerable to substance abuse, depression, relationship issues, and secondary trauma (Coster & Schwebel, 1997; White & Franzoni, 1990). While there are discrepancies regarding the wellbeing of counseling students, there is also evidence regarding

within group differences in wellbeing. Myers et al.(2003) found significant differences between female and male counselors-in-training, specifically in relation to gender and cultural identity as it relates to wellbeing. This study found that females scored higher in relation to gender identity and wellbeing over men, and non-white individuals scored higher on cultural identity over white individuals. So while wellbeing may be different amongst genders and cultures it still remains a crucial part of positive functioning and therefore due to the high stress work related to counselors-in-training, wellbeing plays an important role.

Self-Compassion and Mindfulness

Self-compassion and mindfulness both emerge from Buddhist philosophical traditions, dating back approximately 2500 years (Germer & Neff, 2013; Kabat-Zinn, 2003; Neff, 2003). However, in recent decades both these concepts have arisen at the forefront of modern Western psychology as an important component of positive psychological health and wellbeing (Neff, 2003). According to Germer and Neff, (2013) self-compassion is inwardly directed compassion. The concept of self-compassion initially grew out of a desire to find a way for individuals to be able to comfort and be kind to themselves between therapy sessions (Germer & Neff, 2013).

According to Neff (2003b) there are three core elements of self-compassion as mentioned in the definition of terms. These three core concepts drive an individual's ability to have self-compassion and in a broader sense, be truly kinder to oneself. Altogether these concepts also allow individuals to experience the negative parts of life nonjudgmentally and encourages processing those negative experiences in order to

making meaning rather than ignoring and repressing those experiences (Bishop et al., 2004).

Self-kindness. Self-kindness is the first factor that makes up the concept of self-compassion; it encourages people to be understanding and nurturing rather than self-critical (Germer & Neff, 2013). Even when someone makes mistakes, self-kindness encourages warmth and unconditional love toward the self (Smeets et al., 2014). In stressful times self-kindness allows people to slow down and comfort themselves instead of reacting to a situation and trying to control or fix it (Germer & Neff, 2013). It allows people to react in a rational way instead of getting frustrated or angry, which can have a negative impact on psychological health and wellbeing (Heffernan, Quinn Griffin, McNulty, & Fitzpatrick, 2010). Self-kindness is a critical component of self-compassion because kindness is a powerful method of healing in times of suffering (Neff, 2003). Ultimately, self-kindness works in coordination with both common humanity and mindfulness to foster self-compassion.

Common Humanity. Common humanity allows individuals to understand and accept that we all have imperfections, that our ability to make mistakes and fail is what makes us human (Germer & Neff, 2013). Recognizing that flaws and struggles are what make people human, allows individuals to feel less isolated when dealing with personal struggles (Smeets et al., 2014). Sometimes when people are dealing with stress it may be challenging to remember that they are not alone and so common humanity challenges people to take a broader more inclusive perspective of their suffering (Germer & Neff, 2013). Another aspect of common humanity is that

suffering is universal and that everyone is worthy and capable of having compassion for themselves, just as we are all capable of being flawed or experiencing suffering we are all also capable of having compassion for ourselves (Neff, 2003).

Mindfulness. Mindfulness is a necessary and important component of self-compassion; this practice allows individuals to be aware of their suffering and allows them to deal actively with related thoughts and feelings instead of suppressing them (Horst, Newsom, & Stith, 2013). Mindfulness allows people to sustain their attention of the present through breath, body awareness, and other objects of focus and emboldens individuals to become more self-aware leading to higher levels of wellbeing (Richards, Campenni, & Muse-Burke, 2010).

Another important aspect of mindfulness practice is the idea of having nonjudgmental awareness of suffering. This nonjudgmental relationship allows individuals to experience suffering and to meet it with kindness, understanding and compassion as a method of healing (Neff, 2003). Mindfulness alone is a powerful tool for having awareness, and being present, leading to increased wellbeing and self-compassion (Brown & Ryan, 2003; Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). Mindfulness can be practiced in many ways however most commonly through meditation, yoga, and Tai Chi (Chrisman, Christopher, & Lichtenstein, 2009). As one of the pioneers of mindfulness research, Kabat-Zinn (2003) believes that every person experiences some level of mindfulness in their lives and that the practice and teachings of mindfulness aim to refine insight and improve a person's ability to practice mindfulness.

Germer and Neff (2013) clarify the difference between self-compassion and mindfulness through the following example: if looking at yourself, self-compassion would say: “be kind to yourself in the midst of suffering and it will change,” whereas mindfulness would say: “open to suffering with spacious awareness and it will change” (p. 861). Self-compassion and mindfulness work towards similar goals of being kinder to oneself and becoming more aware in the present moment. These practices are focused on accepting what is in the present moment and dealing with it in a nonjudgmental way, recognizing that no one is alone in their suffering.

Together, self-kindness, common humanity and mindfulness enhance and balance each other out, allowing for self-compassion (Neff, 2003). These concepts function together and help people function in healthy and productive ways.

Self-Compassion and Psychological Wellbeing

Self-compassion becomes most useful when dealing with individual failures, personal inadequacies and mistakes. Therefore, without self-compassion, an individual may struggle to properly deal with difficult and uncomfortable circumstances, which ultimately can be detrimental to psychological health and overall wellbeing (Sirois et al., 2015). For example, Wei, Liao, Ku and Shaffer (2011) found that in samples of both college age students and community adults, there was a positive correlation between self-compassion and subjective wellbeing. Other researchers found that students who were self-critical and not actively aware of the present moment reported greater psychological distress (James, Verplanken, & Rimes, 2015; MacBeth&Gumley, 2012). Being self-critical and lacking awareness of the present moment are contrary to the goals of self-compassion and mindfulness. A

meta-analysis comparing use of the Self-Compassion Scale found that individuals with higher scores of self-compassion experienced less mental illness symptoms (MacBeth&Gumley, 2012).In short, if being self-critical and unaware is associated with psychological distress then self-compassion and mindfulness could be connected to increasedwellbeing.

Research by Smeets et al.(2014) and MacBeth and Gumley (2012)found that there are gender differences in levels of self-compassion as there was in relation to wellbeing. According to bothstudies, females showed a lower level of self-compassion in comparison with males who show a higher level of self-compassion.This findingindicates that females have to work harder to increase theirself-compassion,however, Smeets et al.(2014) implemented a new program for female students and found it to be effective in increasing females' self-compassion as well as psychological functioning.The outcome of the implemented programshowedthat self-compassion is a teachable conceptunlike self-esteem (Germer& Neff, 2013). Finally, from a biological standpoint,Rockliff, Gilber, McEwan, Lightman and Glover (2008) found that self-compassion is an active predictor of lower levels of depression and anxiety because of the role it plays in decreasing cortisol and increasing heart-rate variability. This indicates that self-compassion plays a role in changing the physiological responses in the human body, and that in turnself-compassion may improve individuals' ability to cope with life stressors.

Self-Compassion Coping

Researchers have connected self-compassion with the ability to enhance personal motivation and in graduate school, thus, being able to stay motivated could play a role in coping with stress and increasing psychological health (Neely et al., 2009). Germer and Neff (2013) also found through an eight-week group intervention surrounding self-compassion, that individuals experienced an increase in life satisfaction and a decrease in other maladaptive psychological coping skills. The researchers found through this intervention that time spent meditating and practicing self-compassion were strong predictors of increased self-compassion indicating in the case of both self-compassion and mindfulness, that practice leads to an increase in frequency of these behaviors as well as increased coping. Byrne, Bond and London (2013) found that college students who went through a mindfulness intervention also experienced decreases in depression, anxiety, and academic problems, demonstrating the importance of both self-compassion and mindfulness.

There are many challenges that come with training to become a counselor including meeting with clients for the first time, this experience has the potential to increase students' feelings of confidence and self-perception of competence or have the opposite effect (Folkes-Skinner et al., 2010). Seeing the influence that client-counselor interactions can have on the self-evaluation of counselors-in-training, Greason and Welfare (2013) found that higher levels of mindfulness aided in counselors ability to create good rapport with clients based on their focus of being with clients in the moment instead of focusing on taking immediate action. Additionally, counselors who were more mindful tended to be more aware of when they made judgments and respond to those judgments positively or with self-

compassion, making the mindful counselors more effective overall (Greason& Welfare, 2013).Increased mindfulness also related to a counselor's attention levels during sessions as well as their ability to be more empathetic with clients (Greason&Cashwell, 2009).

Folkes-Skinner et al. (2010), found that training to become a counselor causes a lot of change in individual's lives and a lot of self-deconstruction, which can be challenging and distressing.However, they also found that this personal journey and deconstruction allows the "new therapist-self to emerge" (p.91).Counselors-in-training need to explore themselves and understand their ability to care and recognize that self-awareness is important in maintaining balance as a counselor (Coll, Doumas, Trotter,& Freeman, 2013).

These findings show that an individual with higher self-compassion may have a higher capability of embracing the learning experience with confidence, ultimately leading to more increased psychological health and wellbeing than those with lower levels of self-compassion (Neff,Ya-Ping,&Dejitterat, 2005).Neely et al. (2009) found a link between self-compassion and intrinsic motivation, that being intrinsically motivated and aware may play a role in being able to cope with the tough academic rigor of graduate school.Finally, these authors also found self-compassion to be the strongest predictor of low levels of anxiety and if self-compassion predicts lower levels of anxiety then practicing self-compassion and mindfulness may help individuals avoid experiencing anxiety and in turn experience higher levels of psychological health.In addition, people with higher self-compassion tend to know their personal limitations better, indicating that they may be more effective at

monitoring and controlling their stress levels and be able to cope better with school, ultimately impacting their overall wellbeing in a positive way(Neff, 2003).

The purpose of the present study is to understand self-compassion, mindfulness and the relationship between those concepts and overall wellbeing in counselors-in-training.

Research Question: Do self-compassion and mindfulness predict higher overall psychological wellbeing in counselors-in-training?

I hypothesize thatcounselors-in-training with higher levels of self-compassion and mindfulness are more likely to report higher overall wellbeing than in those with lower levels of self-compassion and mindfulness.

CHAPTER III

METHODS

This chapter focuses on the design and method of this research study, looking at how self-compassion and mindfulness predict the wellbeing of counseling graduate students. The design of the study is described, including a detailed report of the scales that will be used, as well as a characterization of the participants. Lastly, this chapter explains the procedure that took place in enough detail that it could be replicated.

Design

This study used a simultaneous regression design to explore if self-compassion and mindfulness predict wellbeing in counseling students. The construct of self-compassion is defined as the ability to be kinder towards oneself through self-kindness, an understanding of common humanity, and mindfulness. For the purpose of this study self-compassion is operationally defined as the participants' scores on the Self-Compassion Scale (SCS; Neff, 2003a; Appendix A). Mindfulness is defined as the ability to be nonjudgmental and self-aware in the present moment and is operationally defined as: the participants' scores on the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Hopkins, Krietemeyer, & Toney, 2006; Appendix B). Wellbeing is defined as eudemonic wellbeing or focusing on meaning and reaching ones full potential and is operationally defined as the participants' scores on the Psychological Wellbeing Scale (PWBS; Ryff, 1989; Appendix C).

Participants

Students enrolled in CACREP accredited graduate counseling programs throughout the Western Association for Counselor Education and Supervision (WACES) region, which includes 25 universities (some universities have more than one program) in Alaska, Arizona, California, Hawaii, Nevada, Oregon, and Washington, were given the opportunity to participate. A total of 67 students participated however only 45 of those completed all three scales. Of those who answered, 32 were enrolled in MS/MA programs, 11 in PhD programs and four other, with 33% studying school counseling and 48.9% studying mental health counseling. The range of years in school was one year to 18 years. Participants were 60% female ($n=27$), 15% male ($n=7$) and one participant who indicated their gender as other/queer. The average age was 34.13 years old ($SD = 9.294$). In addition, 77.8% indicated their race/ethnicity as White ($n= 36$), 6.7% Biracial ($n= 3$), 6.7% Hispanic/Latino(a) ($n= 3$), 4.4% Asian/Pacific Islander ($n= 2$) and 2.2% Black/African American ($n= 1$). Of those who answered, 24 participants reported that they currently practice mindfulness through practices such as meditation, present awareness and yoga, and 21 reported that they do not currently practice mindfulness.

Materials

Student participants were asked to complete a Demographics Questionnaire (Appendix D), the Self-Compassion Scale (Appendix A), the Five Facet Mindfulness Questionnaire (Appendix B), and the Psychological Well-Being Scale (Appendix C).

Demographics Questionnaire. The demographics questionnaire (Appendix D) was used to assess student's age, gender, race/ethnicity, year in school, type of graduate program, and area of focus. Additionally, participants were asked about their current mindfulness practice.

Self-Compassion Scale. The participant's level of self-compassion was assessed using this 26-item scale that measures an individual's level of self-compassion based on six dimensions. The six subscales represent the three primary dimensions of self-compassion, which are self-kindness, self-judgment, mindfulness, and common humanity, as well as two subscales to measure isolation and over-identification. The 26-items are related using a 5-point Likert-type scale ranging from one (*almost never*) to five (*almost always*). The resulting number after scoring the scale determines an individual's level of self-compassion; a higher number indicates a higher level of self-compassion (Wei et al., 2011). Neff (2003a) reported that the Self-Compassion Scale had a coefficient alpha of .92 as well as proof of construct, convergent and discriminant validity. The scale is effective in determining levels of self-compassion in both student populations as well as community samples.

Five Facet Mindfulness Questionnaire (FFMQ). This 39-item scale was used to assess participant's level of mindfulness. The FFMQ consists of five subscales related to the five facets of mindfulness these include: observing, describing, non-reactivity to experiences, non-judging of experiences, and acting with awareness. All items are on a 5-point Likert-type scale ranging from one (*never or very rarely true*) to five (*very often or always true*). The combined scores from the five subscales determine the level of mindfulness, with a higher score being interpreted as a higher level of mindfulness (Williams, Dalgleish, Karl, & Kuyken, 2014). Bränström, Kvillemo, Brandberg and Moskowitz (2010), found the FFMQ to have a coefficient alpha of .93 in a study done with cancer patients. The study also found the internal consistencies of the subscales to be: observing, 0.83; describing, 0.95; non-reactivity to inner experience, 0.83; non-judging of inner experience, 0.89; and acting with awareness, 0.90.

Psychological Well-Being Scale (PWBS). The PWBS is in its long form, an 84-item scale that is designed to measure six components of psychological wellbeing. Those components include self-acceptance, purpose in life, environmental mastery, autonomy, personal growth, and positive relations with others. For the purpose of this study a 54-item shortened version of the PWBS was used. The PWBS was used to assess participant's level of psychological wellbeing through self-report responses. All of the items are rated on a 6-point Likert-type scale ranging from one (*strongly disagree*) to six (*strongly agree*). Higher overall scores indicate higher wellbeing (Abbott, Ploubidis, Huppert, Kuh, & Croudace, 2010). Ryff (1989) studied a community sample and found a Cronbach's alpha of .89 for the PWBS. Abbott et al. (2010), found that the PWBS has relatively high internal consistency for all of the subscales ranging from .86-.93.

Procedure

The research proposal was submitted to the Central Washington University Human Subjects Review Committee (HSRC) for review and approval prior to the recruitment of student participants. After obtaining HSRC approval, recruitment emails were sent out to program directors of 25 universities with CACREP accredited counseling programs. The recruitment email provided information regarding the purpose and procedure of the study, the email was sent three times in an attempt to recruit more participants (Appendix E). The student participants were told that this study is examining the relationship between self-compassion, mindfulness, and wellbeing in counseling graduate students. Students were provided a link that led them to a page where participants read about informed consent, which they were required to read and click "I agree" in order to proceed (Appendix F). They were then asked to complete the required questionnaires. The questionnaires took on average 22 minutes to complete online and

participants were able to take the questionnaires at any time prior to the deadline, May 15, 2016. Demographic information was collected for the study but remains completely anonymous. After the completion of the study, the student participants were debriefed about the purpose of the study and then encouraged to close out of the page (Appendix D; Appendix G).

CHAPTER IV

RESULTS

Data analysis was completed using the collected data from willing counselors-in-training, looking at self-compassion, mindfulness and wellbeing. After the data was downloaded from Qualtrics into SPSS, individual subscales as well as scale totals for the SCS, FFMQ and PWBS were analyzed. This section will focus on reporting the results that were found in the hopes of either accepting or rejecting the null hypothesis.

Self-compassion and mindfulness were analyzed in a simultaneous regression analysis to predict psychological wellbeing in counselors-in-training. The regression met assumptions regarding multicollinearity and multivariate outliers. Tolerance statistics and VIF scores were within acceptable ranges; no multivariate outliers were identified by Mahalanobis distance.

Together, self-compassion and mindfulness were positively correlated and statistically significant predictors of wellbeing. Descriptive statistics and correlation coefficients for these variables are provided in Table 1. The results of this analysis are provided in Table 2. Self-compassion received the strongest weight in the model followed by mindfulness ($B = .884$ for self-compassion; $B = .399$ for mindfulness). The prediction model was statistically significant, $F(2, 42) = 41.718$, $p < .001$, and accounted for approximately 64.9% of the variance of wellbeing ($R^2 = .665$, Adjusted $R^2 = .649$).

Simultaneous regressions were run for self-compassion and mindfulness, with each of the subscales within the psychological wellbeing scale. These results found that self-compassion and mindfulness significantly predicted 23.1% of the variance in purpose in life, 28.2% of personal growth, 41.7% of self-acceptance, 22.2% in positive relations and 47.3% in

environmental mastery. However, self-compassion and mindfulness did not significantly predict autonomy. As a strong predictor, self-compassion alone significantly predicted 36% of the variance in personal growth, 25% of positive relations and 49% variance in environmental mastery. There was no statistical difference in wellbeing between individuals who were actively practicing mindfulness compared with those who were not.

Table 1.

Means, Standard Deviations, and Intercorrelations for Self-Compassion, Mindfulness and Psychological Wellbeing

Variable	M	SD	1.	2.
Psychological Wellbeing	262.72	26.79	0.79	0.73
Predictor Variable				
1. Self-compassion	84.87	20.48	---	0.76
2. Mindfulness	136.82	16.98	0.76	---

Table 2.

Regression Analysis Summary for Self-Compassion and Mindfulness Variables Predicting Wellbeing

Variable	B	95% CI	β	t	p
Self-Compassion	0.884	[.450, 1.318]	0.560	4.10	0.0001
Mindfulness	0.399	[.039, .759]	0.305	2.23	0.031

CHAPTER V

DISCUSSION

Previous research lends support to the significant relationship between self-compassion, mindfulness and wellbeing. The current study looked at if self-compassion and mindfulness are able to predict higher wellbeing in counselors-in-training through assessing self-report responses to three questionnaires. This section will be a discussion of what the results found and how it relates to previous research.

The results of the study indicate that self-compassion and mindfulness significantly predict 64.9% variance in wellbeing in counselors-in-training, with self-compassion being the stronger predictor. This finding is consistent with prior research that found a significant relationship between self-compassion and positive psychological wellbeing (MacBeth&Gumley, 2012;Rockliff et al., 2008;Saricaoglu&Arslan, 2013;Wei et al., 2011).

Self-compassion and mindfulness were not only significant predictors but also positively correlated with wellbeing meaning that as self-compassion and mindfulness increase so does wellbeing. Previous research supports this finding that as wellbeing increases, positive coping skills increase and maladaptive ones decrease, as well as decreases in experiences such as depression and anxiety (Byrne, Bond,& London, 2013;Germer & Neff, 2013). For counselors-in-training this means that if self-compassion, mindfulness and wellbeing are increased this will aid in counseling skills such as building rapport (Greason& Welfare, 2013).

Additionally,Greason and Welfare (2013) found, when counselors are more mindful and self-compassionate, their wellbeing increases and they are more effective in their work. Also based on previous research if a counselor-in-training has self-compassion, mindfulness and higher

wellbeing then they are better able to embrace the learning experience with confidence instead of with fear or hesitancy, ultimately increasing effectiveness (Neff, Ya-Ping, & Dejitterat, 2005).

The results of this study indicate that self-compassion and mindfulness significantly predicted a small percentage of variance in the wellbeing subscales purpose in life, personal growth, self-acceptance, positive relations with others and a larger variance in environmental mastery. Together both self-compassion and mindfulness have a positive influence on many areas of wellbeing so it makes sense that overall these variables predict positive wellbeing, although with many of the subscales the percent variance was small. The one subscale self-compassion and mindfulness did not significantly predict was autonomy, which could be an area for future research to determine what does predict autonomy within psychological wellbeing.

These findings lead to a rejection of the null hypothesis in that self-compassion and mindfulness did significantly predict higher wellbeing in counselors-in-training. Those who had more self-compassion and mindfulness reported higher levels of wellbeing. However, due to the significant correlation between the SCS and the FFMQ it was difficult to determine how self-compassion and mindfulness individually influence overall wellbeing.

Limitations

This study should be considered within the possible limitations including first and foremost the sample size. The small sample size in this study made it difficult to do the desired data analysis, it also makes for less generalizable results. Recruiting participants through email made it difficult to control sample size and while the recruitment email was sent to 25 different university programs, it is difficult to know how many of those programs forwarded the request on to their students, and how many students read the email. A more reliable method of

recruitment might have been to recruit in person, or via traditional mail, however this would have taken considerable time and money.

Another limitation was the length of the scales; of the 67 participants only a little more than half actually completed the study. While the short versions of the three surveys were utilized it was still 119 questions long not including the demographics section. In regards to the self-compassion and mindfulness scales used, another limitation would be how closely correlated those two scales are, making it difficult to determine their individual predictive power over wellbeing. Other limitations that should be considered include those that come with self-report and possible social desirability bias. Self-report methods rely on the participant to answer honestly and accurately for themselves, which since unmonitored it can be difficult to determine the honesty and accuracy of participant responses. Also, because participants were from CACREP accredited programs where wellness is promoted and encouraged, social desirability may have encouraged participants to answer in a more favorable way.

Future Research

From the conclusion of this study an area of future research that may be useful for the field is first, gaining a better understanding about the relationship between wellbeing and wellness. As mentioned in the current literature review there is a distinct overlap of constructs being measured in wellbeing and wellness, however there is little to no empirical data to directly support these overlaps. Gaining a better understanding of the differences and similarities of these two constructs would help to mesh the counseling research world with the greater psychological research world. Another area for future research would be looking at self-compassion, mindfulness and wellbeing in counselors-in-training who are not in a CACREP

accredited programs. Since CACREP encourages and promotes self-care and wellness in counselors-in-training it would be interesting to know the level of wellbeing within counselors-in-training from non-CACREP accredited programs. This may also give insight into some of the differences between CACREP accredited programs and others.

Finally, the results of this study indicated there was no significant difference in wellbeing between those who actively practiced mindfulness and those who did not. This result along with self-compassion being a consistently stronger predictor brings into question the role that self-compassion might play as a possible moderator between mindfulness and wellbeing. This may help guide the current teaching and practice of mindfulness to be focused more closely on aspects of self-compassion instead of just present awareness.

Summary

In an attempt to gain a better understanding of wellbeing in counselors-in-training the current study examined the role between self-compassion, mindfulness and wellbeing. It was hypothesized that counselors-in-training with higher self-compassion and mindfulness would have increased wellbeing. After collecting data from 45 counselors-in-training from CACREP accredited programs in the WACES region of the United States a simultaneous regression analysis was ran using self-compassion and mindfulness as the independent predictor variables and wellbeing as the dependent variable. The results of the analysis found that self-compassion and mindfulness were positively correlated and statistically significant in predicting 64.9% of the variance in wellbeing for counselors-in-training. Results of the study should be considered within the limitations of the study and future research should consider investigating self-compassion as moderator between mindfulness and wellbeing.

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APPENDIX A

Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never**Almost always****1****2****3****4****5**

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cutoff from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- _____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 14. When something painful happens I try to take a balanced view of the situation.

- _____ 15. I try to see my failings as part of the human condition.
- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

APPENDIX B

Five Facet Mindfulness Questionnaire

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

- ___ 1. When I'm walking, I deliberately notice the sensations of my body moving.
- ___ 2. I'm good at finding words to describe my feelings.
- ___ 3. I criticize myself for having irrational or inappropriate emotions.
- ___ 4. I perceive my feelings and emotions without having to react to them.
- ___ 5. When I do things, my mind wanders off and I'm easily distracted.
- ___ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
- ___ 7. I can easily put my beliefs, opinions, and expectations into words.
- ___ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
- ___ 9. I watch my feelings without getting lost in them.
- ___ 10. I tell myself I shouldn't be feeling the way I'm feeling.
- ___ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
- ___ 12. It's hard for me to find the words to describe what I'm thinking.
- ___ 13. I am easily distracted.
- ___ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
- ___ 15. I pay attention to sensations, such as the wind in my hair or sun on my face.
- ___ 16. I have trouble thinking of the right words to express how I feel about things.

- _____ 17. I make judgments about whether my thoughts are good or bad.
- _____ 18. I find it difficult to stay focused on what's happening in the present.
- _____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
- _____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
- _____ 21. In difficult situations, I can pause without immediately reacting.
- _____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.
- _____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.
- _____ 24. When I have distressing thoughts or images, I feel calm soon after.
- _____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.
- _____ 26. I notice the smells and aromas of things.
- _____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.
- _____ 28. I rush through activities without being really attentive to them.
- _____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.
- _____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
- _____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- _____ 32. My natural tendency is to put my experiences into words.
- _____ 33. When I have distressing thoughts or images, I just notice them and let them go.
- _____ 34. I do jobs or tasks automatically without being aware of what I'm doing.
- _____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.
- _____ 36. I pay attention to how my emotions affect my thoughts and behavior.
- _____ 37. I can usually describe how I feel at the moment in considerable detail.

_____38. I find myself doing things without paying attention.

_____39. I disapprove of myself when I have irrational ideas.

APPENDIX C

Psychological Wellbeing Scale

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

Circle the number that best describes your present agreement or disagreement with each statement	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
--	-------------------	-------------------	-------------------	----------------	----------------	----------------

- ___1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
- ___2. In general, I feel I am in charge of the situation in which I live.
- ___3. I am not interested in activities that will expand my horizons.
- ___4. Most people see me as loving and affectionate.
- ___5. I live life one day at a time and don't really think about the future.
- ___6. When I look at the story of my life, I am pleased with how things have turned out.
- ___7. My decisions are not usually influenced by what everyone else is doing.
- ___8. The demands of everyday life often get me down.
- ___9. I don't want to try new ways of doing things--my life is fine the way it is.
- ___10. Maintaining close relationships has been difficult and frustrating for me
- ___11. I tend to focus on the present, because the future nearly always brings me problems.
- ___12. In general, I feel confident and positive about myself.
- ___13. I tend to worry about what other people think of me.
- ___14. I do not fit very well with the people and the community around me.
- ___15. I think it is important to have new experiences that challenge how you think about yourself and the world.
- ___16. I often feel lonely because I have few close friends with whom to share my concerns.
- ___17. My daily activities often seem trivial and unimportant to me.

- ___ 18. I feel like many of the people I know have gotten more out of life than I have.
- ___ 19. Being happy with myself is more important to me than having others approve of me.
- ___ 20. I am quite good at managing the many responsibilities of my daily life.
- ___ 21. When I think about it, I haven't really improved much as a person over the years.
- ___ 22. I enjoy personal and mutual conversations with family members or friends.
- ___ 23. I don't have a good sense of what it is I'm trying to accomplish in life.
- ___ 24. I like most aspects of my personality.
- ___ 25. I tend to be influenced by people with strong opinions.
- ___ 26. I often feel overwhelmed by my responsibilities.
- ___ 27. I have the sense that I have developed a lot as a person over time.
- ___ 28. I don't have many people who want to listen when I need to talk.
- ___ 29. I used to set goals for myself, but that now seems like a waste of time.
- ___ 30. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
- ___ 31. I have confidence in my opinions, even if they are contrary to the general consensus
- ___ 32. I generally do a good job of taking care of my personal finances and affairs.
- ___ 33. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.
- ___ 34. It seems to me that most other people have more friends than I do.
- ___ 35. I enjoy making plans for the future and working to make them a reality.
- ___ 36. In many ways, I feel disappointed about my achievements in life.
- ___ 37. It's difficult for me to voice my own opinions on controversial matters.
- ___ 38. I am good at juggling my time so that I can fit everything in that needs to get done.
- ___ 39. For me, life has been a continuous process of learning, changing, and growth.
- ___ 40. People would describe me as a giving person, willing to share my time with others.
- ___ 41. I am an active person in carrying out the plans I set for myself.
- ___ 42. My attitude about myself is probably not as positive as most people feel about themselves.
- ___ 43. I often change my mind about decisions if my friends or family disagree.
- ___ 44. I have difficulty arranging my life in a way that is satisfying to me.
- ___ 45. I gave up trying to make big improvements or changes in my life a long time ago.

- ___46. I have not experienced many warm and trusting relationships with others.
- ___47. Some people wander aimlessly through life, but I am not one of them.
- ___48. The past had its ups and downs, but in general, I wouldn't want to change it.
- ___49. I judge myself by what I think is important, not by the values of what others think is important.
- ___50. I have been able to build a home and a lifestyle for myself that is much to my liking.
- ___51. There is truth to the saying you can't teach an old dog new tricks.
- ___52. I know that I can trust my friends, and they know they can trust me.
- ___53. I sometimes feel as if I've done all there is to do in life.
- ___54. When I compare myself to friends and acquaintances, it makes me feel good about who I am.

APPENDIX D

Demographics Questionnaire

Age: _____

Gender: _____

Race/Ethnicity:

Hispanic/Latina(o) _____

Asian/Pacific Islander _____

Black/African-American _____

Asian/Pacific Islander _____

White/Caucasian _____

Biracial/Multiracial _____

Year in Graduate School: _____

Degree Type

MS/MA _____

PhD _____

Area of Focus:

School Counseling _____

Mental Health counseling _____

Student affairs _____

Other _____

Relationship Status:

Married _____

Single____

Employment:

Yes____

No____

APPENDIX E

Recruitment Email

Hello,

My name is Lea Fairbanks I am a graduate student at Central Washington University where I am working on my Masters in Mental Health Counseling. My thesis research is a study about self-compassion, mindfulness, and wellbeing for counselors-in-training. My hope is that if we can better understand the relationship between these things we may gain a better understanding of how to increase the wellbeing of counselors-in-training.

I have attached a link to my survey and am hoping that you will forward this message to your students so that they have the opportunity to participate.

https://qtrial2016q1az1.qualtrics.com/SE/?SID=SV_8DkPvQoBniBGAIJ

Thank you for your time and if you have any questions please feel free to ask.

Sincerely,

Lea Fairbanks
Mental Health Counseling Student
Vice President of Chi Sigma Iota
Central Washington University

APPENDIX F

Informed Consent

Please read the following information about this research study and click the “I accept” button at the bottom of your screen if you are interested in participating.

The following survey is a study of self-compassion, mindfulness and wellbeing in counselors-in-training. You have been selected to participate in this study because you are currently enrolled in a CACREP accredited counseling program.

You must be 18 years or older to participate in this survey, and must be currently enrolled in a CACREP accredited counseling program.

This web-based survey will take approximately 30 minutes to complete. By choosing to participate you will help expand the knowledge about wellbeing in counselors-in-training.

There are no anticipated risks, physical discomforts, or psychological stresses associated with these research procedures. You are free to answer all, some or none of the questions on the survey. You may withdraw from participating at any time and to do so you simply close your internet browser. Declining to participate will involve no penalty to you.

If you submit a survey, your responses are recorded without any personal identifiers, so your responses are completely anonymous. We hope to gather approximately 150 responses. Data will be stored on a secure server and can only be accessed by the primary investigator and faculty sponsor.

Reasonable and appropriate safeguards have been used in the creation of the web-based survey to maximize the confidentiality and security of your responses; however, when using information technology, it is never possible to guarantee complete privacy.

You can ask questions about the research by contacting Lea Fairbanks, Mental Health Counseling student at Central Washington University, fairbanks1@cwu.edu. You may also contact the CWU Human Protections Administrator if you have questions about your rights as a participant or if you think you have not been treated fairly. The HSRC office number is (509) 963-3115.

Please click “I accept” if you are 18 years or older and wish to participate.

APPENDIX G

Debriefing Information

Principal Investigator: Lea Fairbanks (fairbanks1@cwu.edu)

Faculty Sponsor: Dr. Meaghan Nolte (noltemc@cwu.edu)

Thank you for your participation in our research study, the purpose of which was to examine how self-compassion and mindfulness predict wellbeing in counselors-in-training.

We would like to reiterate that this survey is anonymous. No participant names or other identifying information (e.g., IP address) were collected.

Whom to Contact:

If you have any questions regarding this study or would be interested in the results of the study please contact Lea Fairbanks (fairbanks1@cwu.edu); Dr. Meaghan Nolte (noltemc@cwu.edu), Department of Psychology, 400 E University Way MS 7575

TO PROTECT YOUR PRIVACY, PLEASE CLOSE THIS BROWSER.

APPENDIX H

Table 3. *Correlations of Self-Compassion Scale Subscales, Five Facet Mindfulness Subscales and Psychological Wellbeing Subscales*

	Nonjudge	Describe	Nonreact	Act
Self-Kindness	.683**	.566**	.577**	.453**
Self-Judgment	.771**	.280	.572**	.354*
Common Humanity	.273	.209	.244	.145
Over Identification	.679**	.286	.570**	.486**
Isolation	.648**	.433**	.435**	.424**
Mindfulness	.512**	.454**	.585**	.365**
Autonomy	.664**	.515**	.649**	.365*
Personal Growth	.483**	.298*	.420**	.288
Positive Relations with Others	.302*	.360*	.186	.199
Purpose in Life	.468**	.231	.479**	.420**
Self-Acceptance	.566**	.456**	.456**	.288
Environmental Mastery	.595**	.393**	.582**	.474**
Observe	.204	.290	.383**	.367*
Nonjudge	1	.490**	.577**	.449**
Describe	.490**	1	.440**	.412**
Nonreact	.577**	.440**	1	.399**
Act with Awareness	.449**	.412**	.399**	1

**Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)