# The Effects of a Hybrid Orientation on the Perceived Wellness of Students in a Masters-Level Counseling Program: An Exploratory Study

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## Abstract

Hybrid programs can often be a desirable option for students entering a graduate program in counseling. However, the rigor of such programs, including academic challenges and maintaining personal wellness, could be a barrier to students from marginalized social locations. Additional support through a hybrid orientation might help these students address some of these potential barriers. Social location and perceived personal wellness data were collected for 25 students before and after a faculty-designed hybrid orientation. Participants ratings of perceived overall wellness decreased slightly from pre-orientation to post-orientation. However, the subscales of social wellness, spiritual wellness, and emotional wellness were the three subscales that showed an increase from pre-test to post-test. Additionally, differences among students with varying social locations were also noted. Application of the findings suggests further inquiry into the recruitment and retention of students from various social locations.

## Introduction

Attempting a new interpersonal endeavor, such as entering a graduate program in counseling, can be intimidating and exciting. Incoming students may wonder if they made the right decision to pursue a counseling degree, or if they will perform sufficiently in their academic courses and clinical training or have the emotional balance to be helpful to the children, adolescents, or adults they want to serve. Students who pursue graduate degrees report varying levels of confidence in their academic abilities and their social and emotional well-being. Some may struggle with "imposter syndrome," or intellectual self-doubt that contributes to a lack of belongingness and increases feelings of anxiety (Israni, 2021). Additionally, graduate students often have employment schedules, live in various rural geographic locations, or have community/family responsibilities that do not permit these students to attend classes on a traditional, weekly basis (Van Doorn & Van Doorn, 2014). These reasons can make a hybrid program a desirable option. Hybrid programs offer flexibility and freedom while still having access to the benefits of interpersonal learning (Ho, 2017). Additionally, students who entered hybrid programs in the summer or fall of 2020 also faced additional uncertainties about physical health brought on by the onset of the COVID-19 pandemic.

As faculty who teach and advise students in a hybrid Masters in Counseling (M.Coun) program, we have often wondered how better to prepare our students for the rigors of graduate study. These rigors include not just the academic challenges, but the attendant difficulties of establishing and maintaining personal wellness as well. Providing additional support to students entering our program (before students even accessed the first welcome page of their first online course modules) could be beneficial. In 2019, we changed our traditional approach of holding a program orientation the evening before our first in-person class (which often occurred in the second week of the quarter), and launched our first hybrid orientation to the M.Coun program. In 2020, with funding from the [Ecampus Research Fellows program](), we conducted an exploratory study to examine what impacts a hybrid program orientation might have on the self-efficacy and personal wellness of our incoming M.Coun students. Outcomes focused on self-efficacy are reported in Muzacz, Clark, and LaGue (under review). This white paper will focus on the impact a hybrid program orientation might have on the personal wellness of our incoming M.Coun students. A report of the study design, results, and implications for practice are provided, following a review of existing scholarship in the areas of hybrid learning and personal wellness as these pertain to counselor training.

### Hybrid Learning Environments

Hybrid learning environments, which combine online, asynchronous learning activities with a limited number of face-to-face (F2F) classes, have the potential to offer the benefits of both in-

person and online learning environments. Research on these environments indicate that this instructional method helps students develop peer relationships, demonstrate skills in interpersonal communication, and learn at their own pace with increased accessibility (Gedik et al., 2012; Ho, 2017; O'Connor et al., 2011). Existing literature comparing traditional F2F courses to hybrid and online asynchronous courses has shown that in terms of learning outcomes, each of these delivery methods is comparable (Alqurashi, 2016). Hybrid learning environments can give students the structure and flexibility they need to thrive in higher education. Hall and Villareal (2015) found that graduate students taking hybrid courses reported appreciating the flexibility these learning environments provide.

Perhaps due in part to these benefits, hybrid and online programs – particularly in counseling and psychology – are increasing (Snow et al., 2018; Waschull, 2005; Woodcock et al., 2015). A study by the Sloan Consortium (now referred to as the "Online Learning Consortium") named psychology as one of eight academic disciplines with the fastest growth in online course delivery (Allen & Seaman, 2008). Much of that growth in psychology was attributed to the introduction of online courses at public institutions of higher education, where psychology had greater representation in community colleges than other disciplines (Allen & Seaman, 2008).

Research in counseling has described the benefits of hybrid learning environments specific to counselors-in-training (CITs) (Ilieva & Erguner-Tekinalp, 2012; Renfro-Michel et al., 2010). Learning how to locate and access relevant information to complete coursework (i.e., information literacy) builds CITs' skills in identifying and vetting online resources that may be useful to their future students/clients. Communication skills are also essential for CITs (Brems, 2001). Tasks such as asynchronous interaction with peers and instructors via online discussion boards help students improve their written communication skills, while F2F classes provide opportunities for collaboration and practicing verbal communication (Ho, 2017). Feedback from counseling students about their experiences in online and hybrid counseling programs, especially those programs accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP), has helped programs uphold quality standards and make adjustments as needed (Snow et al., 2018).

**The Importance of Wellness in Counseling**
Nevertheless, research on master's-level counseling programs which employ a hybrid format remains limited. Little is known about how graduate students acclimate to such programs, or about how these students develop the social, emotional, and wellness practices to thrive in such programs. Counseling research and ethical standards of practice encourage self-care to promote wellness, especially for master's-level counselors-in-training who may not be familiar with the signs of burnout (Lawson et al., 2007). Personal wellness is a holistic, multidimensional (Myers, 1991; Myers & Whitmer, 2000), dynamic state that can be supported by acts of self or community care (Lawson et al., 2007). Roach and Young (2007) even described wellness as a "philosophy in counselor education" that can be part of preventing burnout in students and professionals (p. 29). Maintaining personal wellness can prevent counselor impairment (Lawson, 2011; Wolf et al., 2012); therefore, counseling scholars have recommended teaching counselors-in-training (CITs) about wellness and self-care practices.

Counseling, as a helping profession, attracts at students who have personally experienced mental health issues and trauma at a greater rate (Rudick, 2012). While graduate students in this field can demonstrate deep empathy for these experiences (Rudick, 2012), they may also be at greater risk for experiencing poor mental, emotional, or psychological health due to their personal histories. During graduate school, CITs' own wellness practices may suffer as they figure out

how to balance their academic work with existing responsibilities (e.g., paid employment, parenting/eldercare, community engagement). Counseling faculty can help students promote personal wellness, identify risk factors for burnout and impairment, and pinpoint a variety of strategies for ameliorating these risks (Wolf et al., 2012). El-Ghoroury (2012) found that in traditional F2F learning programs, wellness practice in counseling and psychology programs occurs in a variety of ways, including faculty modeling of self-care, mentoring programs, and teaching coping strategies. Counseling and psychology students who perceived high levels of support from their faculty advisors also reported an increase in wellness activities (El-Ghoroury, 2012; Gleason & Hays, 2019).

**The Importance of Social Location**
Previous research has indicated students' levels of social privilege can also impact academic outcomes and wellness among counselors-in-training (Daoud et al., 2018; Manstead, 2018; Mumbauer-Pisano & Kim, 2021). Social location, also called location-of-self, refers to a "process in which the [counselor] initiates a conversation with a [client] about similarities and differences in their key identities, such as race, ethnicity, gender, class, sexual orientation, and religion, and how they may potentially influence the [counseling] process" (Dee Watts-Jones, 2010, p. 405). The concept of social location is derived from the Black feminist concept of intersectionality (Crenshaw, 1989), and the idea that each aspect of identity contributes to social and political elevation or subjugation (Combahee River Collective, 1977). For example, an identity that could either promote or inhibit academic progress and personal wellness is parental status. In a recent study of psychology graduate student-parents, parenting satisfaction was associated with greater resilience, lower stress, and more positive perceptions of graduate climate program (Marquez, 2021), thus conferring advantages to student-parents. Online educational programs tout the flexibility of graduate program offerings as a way for graduate student-parents to

gain satisfaction in multiple life roles (Fairbanks, 2021). In contrast, family advocates argue that adding the financial stresses of tuition, educational expenses, and increased childcare costs while balancing home life with employment continues to create inequities for student-parents and results in attrition (Contreras-Mendez & Cruse, 2021; Lewis, 2021; McCormick & Ratledge, 2021).

**Preparing Students for Graduate Study in Counseling**
Researchers in various academic disciplines (e.g., sociology, public health, criminal justice) have studied how best to prepare students for graduate study (Benavides & Keyes, 2016; Mears et al., 2015; Poock 2004). While these inquiries have resulted in some findings that are unique to certain disciplines, they have also identified some factors common to graduate program orientations. For example, most graduate orientations occur a few days prior to the start of classes, and students are informed of the dates of the orientation a few months in advance (Poock, 2004). Orientation topics include policies of the graduate school and university, and resources offered by the university (Poock, 2004). The most common format of an orientation described is a panel discussion, in-person on the graduate school campus, led by faculty and staff (Benavides & Keyes, 2016; Poock, 2004) or current students (Mears et al., 2015). As a subset of graduate orientations, hybrid or online orientations have not been studied as extensively as F2F orientations. However, one study from the field of nursing highlighted the importance of preparing students entering an online program to use online technologies effectively (Carruth et al., 2010).

Despite this research in other academic disciplines, to date, counseling researchers have not explored how best to prepare students for graduate study. The *2016 CACREP Standards*, a document created by the Council for the Accreditation of Counseling and Related Educational Programs [CACREP], offers guidance for any counseling program in the United States about program structure, curricular standards, and

professional practice. Although the *2016 CACREP Standards* state that any master's-level counseling program must offer students an orientation to the program, ostensibly beginning students' orientation to the counseling profession, these standards do not provide any information regarding what should be included in these orientations. Further, the *2016 CACREP Standards* and *ACA Code of Ethics* (ACA, 2014) jointly hold counseling programs accountable for assessing students' personal growth in areas such as developing openness to multiple perspectives and practicing self-care. However, existing studies on student wellness often examine change across a curriculum or survey CITs in their counseling internships. To our knowledge, there is no research examining the extent to which orientations to graduate-level counseling programs – particularly in hybrid formats – can impact students' personal wellness.

### Rationale for the Current Study

Research evidence has not demonstrated whether the format, content, or structure of a counseling program orientation can contribute to promoting wellness during the early stage in a graduate program. Thus, we designed an exploratory investigation into how hybrid orientation affected students' personal wellness, as well as how personal wellness and students' social locations are related. Specifically, this study explored the following research questions:

1. What impact does a hybrid orientation have on master's-level counseling students' self-assessments of their personal wellness?

2. What is the relationship between students' perceived personal wellness and aspects of their social location (e.g., age, gender identity, first-generation college student status) as they entered the program?

## Method

### Participants and Procedure

Participants were recruited online via email from the incoming cohort of a part-time, CACREP-accredited, hybrid master's-level counseling program at Oregon State University in summer of 2020. All 43 students who enrolled in one of the program's two specialty area options, School Counseling or Clinical Mental Health Counseling, were eligible to participate. A recruitment email was sent to all incoming students stating that if they chose to consent to participate in this study, they would be asked to do three things: (1) respond to questions about social location online in Qualtrics; (2) allow researchers to access social location indicators from their student records; (3) complete an online questionnaire in Canvas twice, once before orientation and once after orientation. Students who chose to participate followed a link directly into a Qualtrics survey to give electronic consent.

As part of the consent process, participants were asked to create a unique personal code with alphanumeric characters which did not contain their first or last name. This code served to mask student identity from program faculty/co-investigators and thereby maintain student confidentiality. Codes were used exclusively to collate data and were only accessible by the third author, who was not a faculty member in the counseling program. The recruitment email, which included a link to a consent document in Qualtrics, was distributed through university email to each of the 43 students in the incoming master's cohort. Of these, 25 students consented to participate in the study, resulting in a consent response rate of 58%.

## Constructs

### Personal Wellness

Participants' ratings of their *Perceived Wellness* were collected using the Perceived Wellness Survey (PWS) (see Adams et al., 1998). Responses for this 36-item measure were on a 6-point disagree/agree Likert scale, where higher scores indicate greater wellness. The PWS includes six separate subscales to measure perceptions of physical, spiritual, psychological, social, emotional,

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and intellectual wellness. The following are samples items from each of the six subscales from the PWS:

- Psychological: I am always optimistic about my future.

- Emotional: In general, I feel confident about my abilities.

- Physical: My body seems to resist physical illness very well.

- Spiritual: I feel a sense of mission about my future.

- Social: Members of my family come to me for support.

- Intellectual: I will always seek out activities that challenge me to think and reason.

The participants completed surveys assessing their personal wellness 10 days before the hybrid orientation and within three weeks after the orientation.

**Social Location**

We asked participants about aspects of their social location prior to their engagement in orientation activities to get a sense of their social privilege and the opportunities that their privilege may have afforded them. Participants' chronologic ages and racial, ethnic, and gender identities were also gathered from student records.

**Table 1.** *Number of participants identifying with each social location indicator*

| | n | % | | n | % |
|---|---|---|---|---|---|
| **Gender** | | | **Parental Identity** | | |
| Male | 2 | 8 | Not a parent | 15 | 60 |
| Female | 23 | 92 | Parent | 10 | 40 |
| | | | | | |
| **Chronological Age** | | | **Marital Identity** | | |
| ‹ 25 years | 2 | 20 | Not married | 10 | 40 |
| 26-36 years | 11 | 44 | Married | 14 | 56 |
| 36-47 years | 4 | 16 | Did not respond | 1 | 4 |
| › 48 years | 5 | 20 | | | |
| | | | **Educational Generation Status** | | |
| | | | First Generation | 14 | 56 |
| **Race & Ethnicity** | | | Continuing Generation | 10 | 40 |
| BIPOC | 10 | 40 | Did not respond | 1 | 4 |
| White | 15 | 60 | | | |
| | | | | | |
| **Degree of Urbanity** | | | **Education** | | |
| Rural | 3 | 12 | Bachelor's Degree | 21 | 84 |
| Suburban | 10 | 40 | Graduate Degree | 4 | 16 |
| Urban | 12 | 48 | | | |
| | | | **Prior LMS Experience** | | |
| **Income** | | | None | 7 | 28 |
| ‹ $50,000 | 8 | 32 | Minimal | 7 | 28 |
| $50,000–$100,000 | 6 | 24 | Considerable | 10 | 40 |
| $100,000– $150,000 | 5 | 20 | Did not respond | 1 | 4 |
| › $150,000 | 3 | 12 | | | |
| Did not respond | 3 | 12 | | | |

To be able to describe our basic findings more contextually than we could if limited to demographic data, we asked questions about other aspects of social location identity that can negatively impact access to education, such as income, parental status (Lewis, 2021) and proficiency with technology (Ghazal et al., 2018; O'Brien et al., 2012). Therefore, participants were asked to report: 1) their racial/ethnic identities; 2) their gender identities; 3) their income level; 4) their parental status; 5) whether they live in an urban, suburban, or rural community; and 6) how much experience they had with online learning management systems (LMS). See Table 1 for participant demographic and social location information.

### The Intervention: A "Hybrid" Orientation[1]

All students, regardless of their participation in the study, had the opportunity to engage in all orientation activities. At the time of the study, in-person meetings were prohibited due to COVID-19 pandemic-related health concerns; thus, all orientation activities described here were implemented online. The series of week-long activities began with one 60-minute synchronous meeting facilitated by faculty via Zoom, followed by six modules of asynchronous, competency-based learning activities in Canvas.

The orientation's initial synchronous meeting included two activities facilitated by their faculty advisors. First, students participated in a 30-minute icebreaker activity so students across the different master's program options (i.e., Clinical Mental Health Counseling and School Counseling) could get to know each other and their faculty. Second, students broke into groups by program option and engaged in 30 minutes of group advising, where faculty provided students with an overview of option-specific degree requirements.

Following the initial synchronous meeting, students were given access to six online learning

modules in Canvas. Students had one week from that time to complete all modules. These modules were informed by the principles of Quality Matters, which adhere to the Guidelines for Universal Design Learning (CAST, 2018). The learning objectives for each module were consistent with program requirements as outlined in the student handbook, the university's student conduct code, and the *2016 CACREP Standards* (CACREP, 2015). Module topics included the following: (1) getting to know cohort members; (2) program expectations and degree requirements; (3) counselor dispositions and faculty advising; (4) university resources and policies; (5) counselor wellness and self-care; and (6) APA writing style.

## Results and Discussion

### The effect of a hybrid orientation on perceived wellness

Participants' perceived wellness was measured for both pre- and post-intervention by calculating a total wellness score on the PWS and examining the scores on the six subscales. Across pre- and post-orientation data collections, composite wellness scores ranged from 8.53 – 18.05 (see Table 2 on page 8). Due to the small sample size and violations of some statistical assumptions, we do not report formal statistical tests. Instead, we report descriptive information on the changes in means from pre- to post- orientation. Participants' ratings of perceived overall wellness decreased slightly from pre-orientation ($M$ = 13.83, $SD$ = 2.50) to post-orientation ($M$ = 13.53, $SD$ = 2.67). The only other subscale to show a slight decrease from pre- to post-orientation was the physical wellness subscale ($M_{pretest}$ = 3.73, $SD$ = 0.68; $M_{posttest}$ = 3.68, $SD$ = 0.67). Three other subscales showed an increase from pre- to post-orientation (i.e., emotional wellness, social wellness, and spiritual wellness; see Table 2). The biggest increase occurred in the social wellness subscale

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[1]If there was not a pandemic at the time of the study, the 60-minute synchronous meeting facilitated by faculty would have been in-person rather than on Zoom.

**Table 2.** Psychometric properties of participants' ratings of perceived wellness pre- and post-orientation

| | Pre-Orientation (N = 24) | | | | Post-Orientation (N = 24) | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | M | SD | α | Observed Range | M | SD | α | Observed Range | Possible Range |
| Psychological Wellness | 4.07 | 0.66 | .734 | 2.17–5.00 | 3.94 | 0.77 | .791 | 1.83–5.00 | 1–5 |
| Emotional Wellness | 3.64 | 0.80 | .848 | 1.83–4.67 | 3.67 | 0.77 | .729 | 5.00–4.83 | 1–5 |
| Social Wellness | 4.10 | 0.58 | .583 | 2.50–5.00 | 4.83 | 0.72 | .695 | 3.33–5.83 | 1–5 |
| Physical Wellness | 3.73 | 0.68 | .731 | 2.33–4.67 | 3.68 | 0.67 | .753 | 1.83–4.50 | 1–5 |
| Spiritual Wellness | 4.08 | 0.52 | .607 | 3.33–5.00 | 4.15 | 0.59 | .693 | 3.00–5.00 | 1–5 |
| Intellectual Wellness | 4.24 | 0.48 | .706 | 3.33–4.83 | 4.24 | 0.53 | .733 | 3.00–5.00 | 1–5 |
| Wellness Magnitude* | 23.86 | 2.72 | – | 16.33–28.50 | 24.52 | 3.08 | – | 16.33–28.83 | 6–30 |
| Wellness Balance* | 1.75 | 0.18 | – | 1.50–2.14 | 1.85 | 0.26 | – | 1.50–2.55 | 1.25–3.44 |
| Total Wellness* | 13.83 | 2.50 | – | 8.53–18.05 | 13.53 | 2.67 | – | 9.10–17.54 | 1.74–24.00 |

 Note. An m-dash in a cell indicates no data is available for that item.
*These are not scales but instead variables defined by the scale's creator (see Adams et al, 1998); alpha values are not provided by author.

($M_{pretest}$ = 4.10, $SD$ = 0.58; $M_{posttest}$ = 4.83, $SD$ = 0.72). There was no change in intellectual wellness from pre- to post orientation (see Table 2). While the decrease may not be statistically meaningful, one explanation for the observed decreases in psychological wellness is that participants' self-evaluations might have become more critical as participants might be more realistic with their answers after the orientation. Lastly the post-test was given to the students at the time when they were either entering or directly dealing with coursework in the program. The stress may have contributed to the decrease in perceived psychological wellness scores.

However, note that the subscales of social wellness, spiritual wellness, and emotional wellness were the three subscales that showed an increase in from pre-test to post-test. These findings suggest that the intervention may have had a positive effect on the participants' perception of wellness in these three areas. The largest increase in perceived wellness (while it may not be statistically different) showed a magnitude that is worth noting. This might have been related

their familiarity with self-care increased. Another possible alternative explanation is that participants may not have shown an underlying pattern of perceptions, but rather an underlying pattern of item endorsement (e.g., tendency to click on higher ratings for any item presented). This could also be due to an optimistic bias. The to the cohort's increase in cohesiveness during the orientation. Students had an opportunity to introduce themselves and find commonalities amongst each other. This increased cohesiveness may have led to increased feelings of support among peers. This aligns with previous research on how group cohesion can increase feelings of support (Greenlee & Karanxha, 2010). The subscale increase in perceived spiritual wellness could be a result of the information shared in the orientation regarding the mission and purpose of professional counselors. This perceived congruence with the profession could give support and clarity to a student's identity as a professional counselor (Barbarà-i-Molinero et al., 2017), thus increasing participants' perceived spiritual wellness scores. Lastly, participants' increase in perceived emotional wellness scores could be due

to the successful completion of their "first step" in graduate school. Participants who questioned their ability or felt intimidated by the program may have felt more secure with their abilities after completion of the orientation tasks. Additionally, students were scaffolded through the orientation process by instructors in several ways, including regular announcements about orientation expectations and monitoring group collaborations among the participants. These outcomes align with research that emphasizes the importance of scaffolding students for academic and emotional engagement in online learning (Cho & Cho, 2014).

**The relationships between social location and perceived wellness**
The relationship between social location variables and perceived wellness were examined using cluster analyses. Exploratory data analysis revealed that scores on each perceived wellness subscale could generally be grouped into three quartiles, with occasional outliers. This grouping allowed us to analyze trends across the data without compromising participant confidentiality within our small convenience sample. We conducted a cross-tabulation between each of the pre-orientation wellness subscale scores and our participants' social location identifiers. In this analysis, social location identifiers were the independent variables, and the retained n-cluster solution were the dependent variables. Cohen's $\omega$ was used to denote the potential degree of association between each social location indicator and the degree of perceived wellness.
The relationships between social location indicators and pre-orientation perceived wellness highlight differences across students in the same graduate program and present a foundation for further inquiry. The psychological wellness category range was 1-5. Participants who did not identify as parents (n = 15) were represented in the substantial psychological wellness category (range 4.17-5.00) in a slightly larger percentage than expected (6%). In contrast, 18% participants who did identify as parents were overrepresented in the moderate psychological wellness category

(range 3.33-4.00) and underrepresented in both the substantial and considerable psychological wellness (range 2.17-2.83) categories (by 10% and 9%, respectively).

In a few domains of wellness, older chronologic age was related to greater perceived wellness. Participants aged 37– 47 (*n* = 6) were represented in the moderate psychological wellness clusters (range 3.33-4.00) in a higher percentage than expected (38%) and underrepresented in the substantial psychological wellness category (range 4.17-5.00) to a comparable degree (30%). Participants in the oldest age cluster (48 years and above, n = 6) were represented much more often than expected (38%) in the substantial emotional wellness category (range 3.67-4.17) and less often than expected in the moderate (20%) and limited emotional wellness categories (19%; ranges 2.83-3.33 and 1.83-2.00, respectively).
Higher socioeconomic status (SES) was also related to wellness in some domains. Participants who reported annual household incomes of $150,000 (n = 3) were represented in the category of extensive emotional wellness (range 4.50-4.67) in a greater percentage than expected (20%), in the category of substantial emotional wellness (range 3.67-4.17) much less often than expected (53%). Interestingly, they were also represented in the category of limited emotional wellness (range 1.83-2.00) in a greater percentage than expected (20%).

Taken together, these finding suggest that social location and perceived wellness are correlated variables. For interventions assessing changes in perceived wellness over time, social location will need to be obtained and controlled for in any subsequent analyses.

## Limitations and Future Directions
Over the course of conducting this research, the researchers encountered several unexpected complications that served to impede the timeline of our study and limit the generalizability of our findings. Broadly speaking, these obstacles related

to the COVID-19 pandemic, the relatively small size of our sample, and confusion at the individual participant level.

The COVID-19 pandemic, which began in March 2020, impacted our study at the institutional level and potentially at the participant level. A confluence of factors experienced by many academic institutions in the early months of the pandemic included limited campus access, unclear parameters for data storage, staffing issues, and delays in IRB reviews. Participants who reported confusion about accessing research questionnaires or about the study activities they agreed to complete may have been experiencing decreased ability to concentrate or inhibitions of short-term memory retention, as both have been cited as effects of pandemic stress (Vinkers et al., 2020). Wang and colleagues (2020) also cited an increase in symptoms of anxiety or depression among graduate students because of the pandemic and, although we did not assess mental health symptoms in our wellness measure, our participants may have experienced these symptoms.

Due to the small size, relatively homogenous composition of our sample, and violation of several assumptions (i.e., random sampling, homogeneity of variance), we were unable to run our preferred statistical test (paired T-test). Consistent with the 2016 CACREP Standards for counseling programs, we are required to maintain a relatively low (12:1) student to faculty ratio, which means we recruit approximately 20-24 new students in each discipline (School and Clinical Mental Health Counseling) each year. The cohort that entered in 2020 and was eligible to participate in this study had 43 members. An email invitation was sent to all students and twenty-five of the students consented to participate electronically via Qualtrics. This relatively small sample yielded limited diversity in gender identity, educational attainment, and other variables, which did not allow for adequate comparisons to be made across these identities. Consistent with trends in the

counseling field (Meyers, 2017), our participant sample included a majority of participants who identified as younger, White, cisgender females. Future studies seeking to examine the impact of orientation activities on student wellness in a hybrid counseling program could be conducted by researchers in larger programs, programs that do not hold CACREP accreditation, or in programs with rolling admissions that do not employ a cohort model. Any of these adaptations would permit for larger-scale quantitative analyses to be conducted without risking participant confidentiality. A sample could also be created by recruiting students from different hybrid counseling programs across the United States.

Participants in our study also reported challenges accessing research measures and differentiating between research activities and program requirements. Participants were initially asked to create a username that did not contain their first or last name or university login and many of them forgot this username between the pre-orientation and post-orientation surveys. Some participants forgot their username more than once which, in the context of being in the midst of a pandemic and about to start a challenging graduate program, could have indirectly impacted our results by exacerbating participants' anxieties or contributing to feelings of self-doubt. Given that the online portion of the orientation involved a short survey in Canvas for program evaluation purposes (required of participants and non-participants alike), participants also appeared confused about which survey was for the study. While not likely to directly influence participants' overall assessment of perceived wellness, having a task to complete that coincided with the start of their online class activities in Canvas could have increased participants' stress levels in ways we did not measure.

There are a few things we could do to reduce these participant-level challenges. Directing participants to create a username based on specific instructions, (e.g., favorite color plus year model of

your car), could reduce confusion regarding accessing research questionnaires. Adjusting the timing of research activities, for example, starting the orientation earlier or giving participants more time to complete research activities, could alleviate some confusion about which tasks were research-related and which pertained to the program. A third option to distinguish research questionnaires from program evaluation surveys would be to have all incoming students, regardless of research participation, complete the program evaluation survey during their first week of summer classes. Any of these adjustments could reduce the frustrations reported by participants and consequently the workload of research team members.

## Implications for Future Research

Based on this study, there are a few areas of inquiry that could be expanded upon. Considering social justice research about inequities in enrollment in graduate counseling programs (Meyers, 2017), most of these recommendations relate to social location and privilege. First, we would like to examine how perceived wellness may be related within a larger, more diverse sample of students, as it is possible that self-evaluations in these areas were influenced by social marginalization or lack of access. Second, we would like to study how the impact of orientation differed across social locations. Third, we would like to perform an intersectional analysis, considering the multiplicative nature of holding multiple marginalized social identities. In keeping with the perspective of intersectionality (Crenshaw, 1989), researchers have found that students who are managing the stresses of coping with racism or xenophobia along with sexism struggle to attain academic self-efficacy (Conkel-Ziebell, 2019; Spanierman, 2002). Lastly, using a tool specifically designed to assess wellness in counseling students, such as the *5F-Wel* (Myers & Sweeney, 2004), could benefit the field of counselor education. Harari et al. (2005) argued that although scores on the PWS can be used as a proxy for overall wellness, the subscales of the

PWS should not be considered standalone measures of the domains they were intended to measure. Thus, a measure employing Myers et al.'s (2000) five-factor (5F) model of wellness may offer greater specificity.

## Concluding Comments

It is imperative that counselors in training maintain personal wellness for their own well-being as well as the well-being of their future clients (Lawson, 2011; Wolf et al., 2012). Because of the general nature of graduate school, students' own wellness practices may suffer as they figure out how to balance their academic work with existing responsibilities (e.g., paid employment, parenting/eldercare, community engagement). Counselor education programs and faculty have a duty to prioritize teaching counselors-in-training (CITs) about wellness and self-care practices by modeling self-care, mentoring, teaching coping strategies, and identifying risk factors for burnout and impairment (El-Ghoroury 2012; Wolf et al., 2012). Integrating these supports and strategies into an orientation is a natural opportunity to promote these important aspects of personal wellness. Further research is needed, however, to examine the extent to which hybrid or online orientation programs can positively impact personal wellness for students.

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## About the Research Unit at Oregon State Ecampus

### Vision
The Ecampus Research Unit strives to be leaders in the field of online higher education research through contributing new knowledge to the field, advancing research literacy, building researcher communities and guiding national conversations around actionable research in online teaching and learning.

### Mission
The Ecampus Research Unit responds to and forecasts the needs and challenges of the online education field through conducting original research; fostering strategic collaborations; and creating evidence-based resources and tools that contribute to effective online teaching, learning and program administration.

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