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RESEARCH

Effects of a single-session, online, experiential happiness workshop on graduate student mental health and wellness

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Abstract

Graduate students regularly experience anxiety, sleep disturbances, and depression, but little research exists on how to support their mental health. We evaluated the effects of a single-session, online, synchronous, happiness workshop on graduate student well-being, mental health, and physical health. Forty-five students participated in a quasi-experimental study. Students attended a synchronous 2.5-h online happiness workshop, or a no-workshop control condition. After workshop completion and as compared with no-treatment controls, participants reported significant reductions in depression symptoms but no significant changes on seven other measures. At 6 months, participants reported further reductions in depression symptoms. Moreover, across four open-ended questions, 37.0%–48.1% of workshop participants (a) recalled workshop tools, (b) found them useful, (c) had been practicing them regularly, and (d) used them in sessions with clients. Despite study limitations, single-session, synchronous, online, happiness workshops may have salutatory effects on graduate student mental health. Additional research is needed.

KEYWORDS
depression, graduate students, mental health, single-session, wellness

INTRODUCTION

Graduate students frequently experience stress, distress, depression, overwhelm, and career angst (Binkley & Leibert, 2015; Litam et al., 2021; Pierce, 2016). Even before the global pandemic, academic professionals were writing about "a mental health crisis in graduate education" (Evans et al., 2018, p. 282). Graduate students consistently report high rates of anxiety, depression, sleep problems, alcohol misuse, and emotional distress (Evans et al., 2018; Garcia-Williams et al., 2014). COVID-19 further increased mental health distress among graduate students (Dial et al., 2021; Litam et al., 2021).

Graduate students enrolled in counseling programs face unique and compelling experiential triggers for emotional distress. Triggers include, but are not limited to: client suicidality, child abuse reporting, routine scrutiny of their counseling performance, and other challenging professional situations (Binkley & Leibert, 2015; Pierce, 2016). These conditions make counseling students especially vulnerable to mental health problems.

Velez-Cruz and Holstun (2022) wrote, humans "need … to find meaning and purpose in [their] work" (p. 118). One way counseling students find meaning and purpose is through the satisfaction they experience from helping others (i.e., compassion satisfaction; Velez-Cruz & Holstun, 2022). Compassion satisfaction produces positive affect and contributes to career success and longevity (Lawson & Myers, 2011). However, when stress, distress, and educational demands accumulate and outweigh compassion satisfaction, counseling students will likely need support from friends, family, mental health professionals, and faculty.

The global pandemic added substantial burdens to graduate students in counseling (Litam et al., 2021). These included isolation, disruption of face-to-face coursework, excessive screen time, anxiety about completing required clinical practicum and internship hours, loss of employment, sociopolitical divisions, worsening sleep disturbances, and grief (Dial et al., 2021). Against the backdrop of these mounting stressors, our faculty began asking ourselves, "How can we respond to graduate student emotional well-being with compassion and support?"

Wellness and self-care in counselor education training

The counselor education literature includes a plethora of content about client wellness (Branco & Patton-Scott, 2020; Harrichand et al., 2021). Researchers have identified, among other factors, that "wellness support" (Blount et al., 2018, p. 60) is critical to improving and maintaining counselor well-being. Unfortunately, little empirical research is available to inform how to provide wellness support. This problem is not unique to counseling. Despite well-documented distress, "graduate students have seldom been the beneficiaries of university-based intervention and prevention research" (Bernstein et al., 2021, p. 393).

Mindfulness training has been the most commonly evaluated approach for improving wellness in counseling students (e.g., Dye et al., 2020; Hülya, 2023; Leppma & Young, 2016). Mindfulness interventions with counseling students contribute to increased empathy, self-reflection, cognitive complexity, and interest in developing a mindfulness practice (Leppma & Young, 2016). Unfortunately, in the midst of the pandemic and while balancing heavy academic demands, many of our students openly chafed at the idea of dedicating more time to developing a mindfulness practice.

As an alternative to mindfulness, we searched for empirically supported interventions with a palpably positive focus. In particular, because students were overwhelmed by negative news and because they already felt overcommitted to academic requirements, we explored student interest in evidence-based happiness practices (EBHPs) (Lyubomirsky, 2007). Additionally, due to students' complaints about academic-related time constraints, we searched for brief interventions. Recent research on the effectiveness of single-session interventions to address mental health issues inspired us to design an online experiential happiness workshop to facilitate experiential awareness and personal development among counseling graduate students.

Evidence-based happiness, positive psychology, wellness, and well-being

Positive psychology and EBHPs have roots in Greek philosophy (i.e., Aristotle) and humanistic philosophy and practice (Maslow, 1968). Aristotle's concepts of eudaimonic and hedonic happiness are foundational to EBHPs (Kelley et al., 2016). Eudaimonic happiness emphasizes individual virtues, values, meaning, and interpersonal relationships (Pearce & Huta, 2023). Hedonic happiness is less about meaning, and more about generating positive affect and experiencing pleasure (Pearce & Huta, 2023). Most contemporary happiness scholars note that long-term well-being involves including eudaimonic and hedonic happiness into daily practice (Kelley et al., 2016). Generally, happiness is defined as a subjective state that includes differing proportions of positive affect, meaningfulness, and pleasurable experiences. The specifics of what constitutes positive affect, meaningfulness, and pleasure will vary across individuals—hence the subjective nature of the happiness experience.

In his theory of individual psychology, Adler (1927/1954) emphasized the holism of mind, body, and purpose. Following Adler's lead, wellness has been identified as a central practice and goal distinct to the counseling discipline (Myers et al., 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). Myers et al. (2000) defined wellness holistically:

> A way of life oriented toward 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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (p. 252).

Like many efforts to define happiness and wellness, the Myers et al. (2000) definition of wellness is not easily operationalized. Similarly, developing an agreed-upon and measurable definition of well-being "remains elusive" (Jarden & Roache, 2023, p. 5006). In the *APA dictionary of psychology* (American Psychological Association, 2018), well-being is defined as: "A state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life." Overall, the main consensus for the definition of well-being seems to be that it is multidimensional and primarily subjective.

A similar term—subjective well-being—has roots in the humanistic tradition, positive psychology, and also has a variety of definitions (Diener, 1984). Subjective well-being is sometimes defined as having three dimensions: Satisfaction, positive affect, and negative affect (Metler & Busseri, 2017). Individuals are typically considered having high subjective well-being if they rate themselves as high on satisfaction, high on positive affect, and low on negative affect (Metler & Busseri, 2017). To make matters more complex, subjective well-being is also linked to optimism and is sometimes used interchangeably with "psychological well-being" and "eudaimonic well-being" (Diener et al., 2017).

To address this multidimensional and subjective nature of happiness, wellness, and well-being, we used a wide range of outcome measures, most of which have been used in previous studies of happiness among college students. Specifically, researchers have sought to evaluate college student (a) subjective happiness, (b) general wellness or well-being, (c) mental health, and (d) physical health or wellness. Consistent with this literature, we utilized measures to assess subjective happiness (i.e., the Subjective Happiness Scale [SHS]), wellness or well-being (e.g., gratitude, positive affect, and perceived social support), mental health (e.g., depression and negative affect), and physical health (e.g., sleep problems and headaches).

EBHPs (i.e., positive psychology interventions) are intentional behaviors that individuals can use to improve their subjective happiness and well-being. Recent evidence also suggests that EBHPs may have salutatory impact on mental and physical health (Smith et al., 2023). Examples of EBHPs include gratitude, savoring of positive moments in life, mindfulness meditation, engaging in acts of kindness, and other practices linked to positive psychology (Lyubormirsky, 2007).

Although brief happiness interventions show positive effects on well-being and depression in the general population (Cregg & Cheavens, 2020), very little research exists on the effects of specific

happiness interventions with graduate students. Most of the published research with graduate students has focused on teaching and learning mindfulness practices and has not measured graduate student happiness, well-being, mental health, or physical health outcomes (Leppma & Young, 2016). Despite the media popularization of happiness courses with undergraduate students (e.g., the Harvard and Yale courses), only a handful of studies have empirically evaluated course outcomes associated with semester-long positive psychology courses. These studies indicate that undergraduate courses can have immediate salutatory effects on happiness (e.g., subjective happiness, positive affect), well-being (e.g., hope, loneliness, gratitude), and possibly mental health (e.g., anxiety, depression; see Goodmon et al., 2016; Maybury, 2013; Smith et al., 2023). However, none of the previous research with undergraduate and graduate students has included follow-up evaluations to determine if positive outcomes fade or remain stable.

In a related area of research, Bernstein et al. (2021) developed cognitive-behavioral, skills-focused, virtual, single-session workshops for graduate students. Their purpose was to address student mental health issues. In two initial studies (Bernstein et al., 2021, 2022), they concluded that their virtual cognitive-behavioral workshop format was "feasible, acceptable, and beneficial for mood, anxiety, and emotion regulation" (p. 1). The Bernstein studies suggest that completing a single-session workshop may provide benefits for graduate students. Given that graduate students are clearly in distress, that their time is at a premium, and that single-session workshops have shown promise, evaluating the effects of a single-session workshop on happiness and well-being seemed worthwhile.

In the present study, our purpose was to evaluate the effects of the heretofore unexamined intersection of an online, synchronous, single-session workshop, focused on EBHPs, and delivered to graduate students in counseling on happiness, well-being, mental health, and physical health. Specifically, we evaluated the immediate effects of a single, 2.5-h experiential workshop on a broad range of happiness, well-being, mental health, and physical health outcomes and conducted a 6-month follow-up assessment of workshop participants. Our research question was: Will graduate students who attend an online, synchronous, 2.5-h happiness workshop report greater increases in happiness, well-being, mental health, and physical health as compared to individuals in a control condition? We hypothesized that participants would report significantly greater well-being and improved mental health as compared to a control condition. The hypotheses, linked with specific outcome measures, included significant results on the following:

1. Improved ratings of gratitude (Well-being) on the Gratitude Questionnaire (GQ; McCullough et al., 2002).
2. Improved ratings of subjective happiness (Happiness) on the SHS (Lyubomirsky & Lepper, 1999).
3. Improved ratings of friendship, significant others, and family relationships (Well-being) on the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988).
4. Lower depression scores (Mental health) on the Center for Epidemiological Studies Depression (CES-D) scale (Radloff, 1977).
5. Improved hope (Well-being) on the Hope Scale (HS; Snyder et al., 1991).
6. Lower negative affect (Happiness) and higher positive affect (Happiness) on the Negative and Positive Affect Scale (NAPAS; Mroczek & Kolarz, 1998).
7. Improved mindfulness (Well-being) on the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003).
8. Improved physical health (Physical health) on the Physical Health Questionnaire (PHQ; Spence et al., 1987).

To evaluate the longer term utility and clinical significance of the workshop, we also administered a 6-month follow-up questionnaire to workshop participants. The research questions associated with the 6-month follow-up questionnaire included: (a) At 6 months after the workshop, do participants report benefits in subjective happiness and depression? and (b) what EBHPs will graduate students

who attended a single-session happiness workshop 6 months previously, report remembering, using, and applying in their counseling work?

METHODS

Design

A pretest, posttest quasi-experimental design was used to evaluate the effects of a 2.5-h synchronous online happiness workshop on counseling students' well-being and mental health. After obtaining IRB approval, 54 students consented to participate. Assignment to experimental and control conditions was non-random; out of compassion for students' COVID-related distress, we wanted everyone who was interested to have access to the happiness workshop. Consequently, students chose whether to engage in the workshop or a no-treatment control condition. Of the initial 54 students, 33 enrolled in the experimental group, and 21 chose the control group. Several students from the experimental ($n = 5$) and control groups ($n = 4$) failed to complete the pre- and/or posttest packets. The final sample included 45 participants (28 experimental; 17 control).

Participants

All 45 participants were completing graduate coursework in counselor education at a public university in the Rocky Mountain West. Participants were recruited using two methods: (a) from a counseling theories course taught during fall 2020, and (b) via a group email to the departmental counseling student list. Theories students were given extra credit points for participation. To obviate any sense of coercion to participate, according to all theories, students had several alternative options for earning extra credit points during the semester. The students from the departmental counseling list who volunteered to participate were entered into a lottery for five $5.00 coffee gift cards.

Experimental ($n = 28$) and control groups ($n = 17$) had similar demographics. The experimental group ($n = 28$) included 21 (75%) cisgender, heterosexual females, four (14%) bisexual females, and three (11%) cisgender, heterosexual males. The control group ($n = 17$) included 11 (64%) cisgender, heterosexual females, two (12%) bisexual females, one (6%) lesbian cisgender female, and three (18%) cisgender, heterosexual males. Ethnicities in the experimental group were 78% ($n = 22$) White, 8% ($n = 2$) Native American, 8% ($n = 2$) Asian, and 4% ($n = 1$) Pacific Islander; control group participants were 82% ($n = 14$) White, 12% ($n = 2$) Native American, 6% ($n = 1$) Asian. There were no between group age differences (experimental: 30.1 years, $sd = 5.6$; control: 32.7 years, $sd = 9.1$; $F = 1.44$, $p = 0.24$).

Procedure

One week prior to the workshop, all participants received an email with pre-test Qualtrics links and instructions. After the workshop, emails were sent to all participants with links to experimental or control group posttest questionnaires. Participants completed the posttest questionnaires within 48 h of the workshop.

Intervention

The happiness workshop consisted of a 2.5-h synchronous Zoom-based presentation facilitated by the first author. Content included a review and demonstration of seven EBHPs: (a) three good things

(Seligman et al., 2005); (b) mindfulness meditation as attentional control (Taylor et al., 2021); (c) savoring (Irvin et al., 2020); (d) coping with social comparison and other triggers (McCarthy & Morina, 2020); (e) gratitude (Cregg & Cheavens, 2020); (f) a positive self-esteem activity (i.e., "What's good about you?"; Sommers-Flanagan & Sommers-Flanagan, 2007); and (g) positive and meaningful distractions (Waugh et al., 2020).

Participants were encouraged to engage in immediate self-reflection during the workshop (e.g., "While listening to the content and observing demonstrations, be sure to do what humans naturally do: let yourselves notice what you're thinking, feeling, and experiencing"). Participants were also informed that because no single EBHP works for everyone, they should "experiment and experience" these different strategies to discern which ones might be most useful for them. Three interventions (i.e., three good things, mindfulness meditation, and what's good about you?) involved experiential, live, online demonstrations. For mindfulness, the emphasis was on the nonjudgmental acceptance of failing to achieve perfect mindfulness while still valuing its potential. Twice during the workshop, participants were put into break-out rooms to briefly reflect on and discuss their immediate experiential awareness (Wilkinson, 2023) and potential personal and professional applications. Whole group debriefings/discussions were conducted after all demonstrations. At the end of the workshop, participants were asked, based on their own best reflective judgment, to weave one or more of EBHP into their personal routine.

Instrumentation

The Qualtrics email link that students received included a demographic questionnaire, eight different outcome measures that focused on happiness, wellness/well-being, mental health, and physical health, and one COVID-related open-ended question. The demographic questionnaire included items on age, gender identity, affectional orientation, race, and year in college. The outcome measures and open-ended questions are described next.

The Gratitude Questionnaire

The GQ-6 (McCullough et al., 2002) is a six-item unidimensional measure of grateful disposition, defined as the "generalized tendency to recognize and respond with grateful emotion to the roles of other people's benevolence in the positive experiences and outcomes that one obtains" (p. 112). McCullough et al. reported an internal consistency of 0.82 among a sample of 238 undergraduate students and 0.87 among a sample of 1228 adult volunteers. The GHQ-9 is positively correlated to measures of affectivity and well-being, including subjective happiness ($r = 0.50$; $p < 0.01$), optimism ($r = 0.51$; $p < 0.01$), positive affect ($r = 0.31$; $p < 0.01$), and vitality ($r = 0.53$; $p < 0.01$) and measures of prosocial traits and behaviors, such as empathic concern ($r = 0.28$; $p < 0.01$) and perspective-taking ($r = 0.32$; $p < 0.01$). Researchers also found that the GHQ-9 was negatively associated with anxiety ($r = -0.20$; $p < 0.01$), depression ($r = 0.30$; $p < 0.01$), and negative affect ($r = -0.31$; $p < 0.01$). Exploratory and confirmatory analyses have validated the one-factor solution for the GQ-6 (McCullough et al., 2002).

Subjective Happiness Scale

The SHS (Lyubomirsky & Lepper, 1999) is a four-item measure assessing global subjective happiness. Diverging from previous happiness assessments, the SHS is intended to measure a broader, global assessment of well-being than solely self-reported happiness. The SHS consists of two items that prompt participants to evaluate themselves using absolute ratings and two items that ask respondents

to rate the extent to which brief descriptions of happy and unhappy individuals characterize them. Despite the brevity of the assessment, the SHS has demonstrated excellent internal consistency across diverse community and college populations, ranging from $r = 0.79$ ($N = 63$) to 0.94 ($N = 551$) with a mean alpha of $M = 0.086$ across 14 samples. The SHS has also demonstrated stability across time, with a test–retest reliability ranging from 0.55 to 0.90 ($M = 0.72$). Construct validation studies have determined the SHS is substantially correlated with four other established happiness scales, ranging from 0.52 to 0.72 ($M = 0.62$; Lyubomirsky & Lepper, 1999).

Multidimensional Scale of Perceived Social Support

The MSPSS (Zimet et al., 1988) is a 12-item measure of the perceived adequacy of social relationships. The MSPSS assesses social support stemming from three sources: (a) family, (b) friends, and (c) significant other. Preliminary analysis of the MSPSS revealed Cronbach's coefficients of 0.91, 0.87, and 0.85 for the three sub-scales, respectively, among a sample of college students ($n = 275$) and an adequate test–retest reliability of 0.72, 0.85, and 0.75, respectively ($n = 69$). Regarding construct validity, perceived support from family was inversely related to depression ($r = -0.24$; $p < 0.01$) and anxiety ($r = -0.18$; $p < 0.01$). Perceived support from friends was inversely related to depression ($r = -0.24$, $p < 0.01$), and perceived support from significant other was inversely related to anxiety ($r = -0.13$; $p < 0.05$; Zimlet et al., 1988). High internal consistency, with Cronbach alphas from 0.85 to 0.91, was demonstrated in later psychometric analysis among African American adolescents ($n = 222$; Canty-Mitchell & Zimet, 2000), European adolescents ($n = 74$), psychiatric patients ($n = 55$), and pregnant women ($n = 265$; Zimet et al., 1990).

Center for Epidemiological Studies Depression Scale

The CES-D Scale (Radloff, 1977) is a 20-item self-report measure that asks individuals to rate their depression symptoms during the past week, including depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance. Response options range from zero (rarely or none of the time) to three (most or all of the time). The CES-D has demonstrated strong internal consistency among diverse samples, including undergraduate ($\alpha = 0.91$; $n = 292$), community ($\alpha = 0.94$; $n = 254$), rehabilitation ($\alpha = 0.92$; $n = 522$), and clinical samples ($\alpha = 0.85$; $n = 84$; Carleton et al., 2013). Original test–retest reliability was adequate, ranging from 0.51 at 2 weeks to 0.49 at 12 months (Radloff, 1977). The CES-D has been used with a variety of populations and across age ranges (Lewinsohn et al., 1997; Pinquart & Sorensen, 2006).

The Hope Scale

The HS (Snyder et al., 1991) is a 12-item measure of hope based on Snyder's cognitive model of hope, which defines hope as "the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathway" (Snyder, 2002; p. 249). Two sub-scales comprise the HS: (a) agency (goal-directed energy) and (b) pathways (planning to accomplish goals). Internal consistency for the total HS ranged from 0.74 to 0.84 among six samples of undergraduate students (Snyder et al., 1991). Test–retest correlations were acceptable at 0.85 over a 3-week interval ($n = 130$) and 0.73 over an 8-week period ($n = 115$). The HS was positively correlated with disposition opposition ($r = 0.60$; $p < 0.005$) and expectancy for attaining goals ($r = 0.55$, $p < 0.005$) and negatively related to hopelessness ($r = -0.51$, $p < 0.005$) and depression (-42, $p < 0.005$; Snyder et al., 1991). Confirmatory factor analysis supports the two-factor model of hope (Babyak et al., 1993).

Negative and Positive Affect Scale

The NAPAS (Mroczek & Kolarz, 1998) is a 12-item measure of general affect. The two six-item sub-scales capture high-arousal (e.g., restlessness) and low-arousal affective states (e.g., calm). Initial analysis of the NAPAS yielded internal consistencies of 0.87 for the negative affect sub-scale and 0.91 for the positive affect sub-scale among a sample of 2272 adults and acceptable model fit (Mroczak & Kolarz, 1998). Subsequent psychometric analysis yielded internal consistencies for the negative and positive subscales at 0.85 and 0.91, respectively (Joshanloo, 2017).

Mindful Attention Awareness Scale

The MAAS (Brown & Ryan, 2003) is a 15-item measure of dispositional mindfulness. The internal consistency of the MAAS was 0.82 among a sample of 327 university students and had a 4-week test–retest reliability of 0.81 (Brown & Ryan, 2003). The authors found that the MAAS was significantly correlated with meditation practice, with MAAS scores being significantly higher for meditation practitioners than individuals who did not practice meditation (Cohen's $d = 0.50$). Baer et al. (2006) found the MAAS was correlated with established measures of mindfulness, including the Kentucky Inventory of Mindfulness Skills ($r = 0.51$; $p < 0.01$) and the Cognitive Affective Mindfulness Scale ($r = 0.51$, $p < 0.01$). The MAAS has also been validated with Chinese adolescents ($n = 5287$; Black et al., 2012).

The Physical Health Questionnaire

The PHQ (Spence et al., 1987) is a 14-item brief self-report scale measuring 4 dimensions of somatic illness: gastrointestinal problems, headaches, sleep disturbances, and respiratory illness. The original scale has been revised several times and undergone substantial psychometric evaluation (e.g., Rogers & Kelloway, 1997; Schat & Kelloway, 2000, 2003; Schat et al., 2005). The original 22-item PHQ exhibited internal consistencies for all 4 subscales above $\alpha = 0.75$ and significant intercorrelations ranging from 0.17 to 0.43 (Spence et al., 1987). The revised and abbreviated version of the PHQ has yielded internal consistencies of 0.83, 0.88, 0.80, and 0.66 for gastrointestinal problems, headaches, sleep disturbances, and respiratory infections, respectively, among a sample of 197 healthcare workers (Schat et al., 2005). Schat et al. revised the wording and response format of items 12–14 and found improved internal consistency of 0.77. The factor structure of the PHQ has been validated through exploratory and confirmatory factor analyses. Furthermore, Schat et al. (2005) assessed convergent and discriminant validity, finding that the PHQ dimensions were positively correlated with psychological health (ranging from 0.23 to 0.62) and negatively correlated with job performance (ranging from −0.12 to −0.10).

The 8 questionnaires produced 12 quantitative outcome scores (the NAPAS includes two subscales; the MSPSS includes three subscales for "special," "family," and "friend" relationships; we only conducted analyses on the total AHS and PHQ questionnaires). We intentionally used many different outcome measures to be consistent with previous research suggesting that happiness courses may have beneficial effects on happiness, wellness/well-being, mental health, and physical health. The range of instruments used also reflects the exploratory nature of this research project.

Open-ended question

To evaluate their immediate sense of utility of tools and practices included in the workshop, all participants in the experimental condition were prompted with a COVID-related open-ended question:

"What are some strategies and mindsets from the happiness workshop that you might find helpful for coping with COVID-19?"

Six-month follow-up

To evaluate longer term effects, 6 months after the workshop, all experimental group participants ($n = 28$) were emailed an anonymized questionnaire link. We did not contact control group participants for several reasons: (a) After initial data collection of the pre–post data, 7 of the 17 control participants asked to view the video recording of the workshop; we gave them access because we had already collected the control group data from them and because our primary goal was to provide graduate students with tools and support for their COVID-related stress; (b) we believed natural attrition over 6 months would not provide a sample worthy of meaningful between-group comparisons; (c) we were interested in the unique memories, experiences, and reflections of experimental participants.

The follow-up questionnaire included (a) demographic information; (b) eight Likert-type items corresponding with the instruments used in the study (e.g., "Rate the effect of participating in the happiness workshop on your current subjective feelings of happiness"); (c) the SHS, (d) the CES-D; and (e) four open-ended questions. The open-ended questions were:

1. Without looking back at the powerpoints or any notes, please write short descriptions or a list of "everything" you recall from the happiness workshop.
2. Over the past 6 months, what information or experiences from the happiness workshop have you found useful to you in your life? [Please indicate specifically what was helpful, or just answer "none," which is a perfectly fine answer.]
3. Over the past 6 months, how frequently have you used at least one tool from the happiness workshop in your life?
4. If you've been doing any practicum or internship counseling over the past 6 months, what information or experiences from the workshop have you found useful in your counseling work?

We recognized that with a small sample size and without a control group, follow-up data could only be used as descriptive information pertaining to participants' subjective experiences of and beliefs about how the workshop affected them.

RESULTS

Hypothesis testing

To evaluate hypotheses that workshop participants would show improved wellness and mental health, we analyzed pre–post data on 12 dependent measures using an analysis of covariance (Table 1). Entering pretest scores as a covariate allowed us to account for small pretest differences between workshop and control groups. On 11 of 12 measures, there were no significant pre–posttest differences between the happiness workshop and control groups. *p*-Values for non-significant outcomes ranged from 0.11 (PHQ) to 0.996 (NAPAS, negative affect). Only one measure, the CES-D, a measure of depression symptoms, showed statistical significance ($F = 8.5$, $p = 0.006$) and a large effect size ($\eta_p^2 = 0.179$; Cohen, 1988). Total depression scores (i.e., symptoms) decreased (improved) for the experimental group (pretest = 18.6, $sd = 11.7$; posttest = 16.1, $sd = 9.8$, $n = 28$); depression scores increased (worsened) for the control group (pretest = 14.7, $sd = 9.8$; posttest = 21.3, $sd = 9.0$, $n = 17$).

Due to our inclusion of eight different assessment instruments, we conducted a Bonferroni correction. The Bonferroni is an acceptable method for adjusting *p*-values to avoid Type I errors when multiple outcome measures are utilized. We included eight instruments to explore a wide range of

TABLE 1 Analysis of covariance (ANCOVA) results.

Variable	Control estimated means and SD ($n = 17$)	Intervention estimated means and SD ($n = 28$)	$F(df)$	p-Value	Eta squared
GQ	37.82 (4.17)	36.67 (2.60)	0.03 (1,43)	0.596	0.007
SHS	20.27 (3.49)	20.00 (4.29)	0.29 (1,41)	0.590	0.008
MSPSS-Total	71.47 (6.59)	68.59 (7.52)	0.74 (1,41)	0.787	0.002
MSPSS-Fam	21.47 (3.66)	21.85 (4.70)	1.37 (1,41)	0.249	0.034
MSPSS-Fri	24.73 (3.75)	22.33 (3.55)	0.52 (1,41)	0.474	0.013
MSPSS-SO	25.27 (2.55)	24.41 (4.48)	0.11 (1,41)	0.741	0.003
CES-D	21.27 (9.03)	16.15 (9.76)	8.50 (1,41)	0.006*	0.179
AHS-Total	48.73 (10.03)	49.23 (11.12)	1.45 (1,41)	0.223	0.039
NAPAS-Neg	13.20 (4.06)	13.85 (4.02)	0.00 (1,41)	0.996	0.000
NAPAS-Pos	16.33 (3.48)	18.12 (3.02)	1.91 (1,40)	0.175	0.048
MAAS	54.07 (12.41)	56.37 (11.03)	0.69 (1,41)	0.412	0.017
PHQ-Total	34.86 (12.06)	31.04 (9.21)	2.66 (1,38)	0.111	0.069

Abbreviations: CES-D, *Center for Epidemiological Studies Depression Scale*; Fam, Family subscale; Fri, Friend subscale; GQ, *Gratitude Questionnaire*; HS, *Hope Scale*; MAAS, *Mindful Attention Awareness Scale*; MSPSS, *Multidimensional Scale of Perceived Social Support*; NAPAS, *Negative and Positive Affect Scale*; PHQ, *Physical Health Questionnaire*; SD, standard deviation; SHS, *Subjective Happiness Scale*; SO, significant other subscale.
*$p < 0.01$.

happiness, well-being, mental health, and physical health outcomes. The Bonferroni formula is $1 - \alpha/T$. Based on our use of eight instruments, the Bonferroni adjustment requires that we obtain a p-value of 0.00625 to assert significance. Given the adjustment, our obtained p-value ($p = 0.006$) for the CES-D was significant. Despite the marginal significance, because Bonferroni adjustments reduce the power to find support for a true effect, the estimate of a large effect size (0.179) is probably the best interpretation of the outcome (Francis & Thunell, 2021).

Six-month follow-up

Sixteen (57%) of the original 28 experimental group participants responded to the follow-up questionnaire. Similar to the original experimental group, participants were primarily White (87.5%), cisgender (93.75%), and heterosexual (81.25%). Follow-up participants were slightly, but not significantly, older than the original participants (30.1 vs. 34.1 years; $p = 0.079$).

Subjective happiness and depression scores

The pattern of scores on the CES-D scale varied from 18.6 (pretest) to 16.1 (posttest) to 11.7 (6-month follow-up; $sd = 8.4$). Even with a very small sample, post hoc paired-sample t-tests revealed a significant reduction of depression scores from pretest to 6-month follow-up ($p = 0.023$, $d = 0.68$, $df = 15$). On the SHS, there were no significant changes from pretest (18.8) to posttest (20.1) to 6-month follow-up (17.1).

Participant recall, intervention utility, and intervention application

Follow-up participants ($n = 16$) responded to prompts regarding (a) what interventions they recalled from 6 months previously, (b) what interventions they found experientially useful in their own lives, (c)

the frequency with which they practiced the happiness tools in the 6 months following the workshop, and (d) the extent to which they applied ideas and tools from the happiness workshop in their work as counselors.

The top four most recalled interventions were gratitude (56.25%), savoring (56.25%), three good things (43.75%), and "What's good about you?" (31.25%). Interventions considered most experientially useful were gratitude (50%) and three good things (31.25%). Most of the follow-up questionnaire respondents (13 of 16; 81.3%) reported implementing at least one of the happiness practices on a daily or weekly basis during the 6 months following the workshop. Similarly, most respondents (11 of 16; 68.8%) indicated they had applied some of the happiness principles and practices in sessions with clients.

Most ($n = 12$; 75% of 6-month follow-up respondents) offered specific and thoughtful descriptions of the EBHPs they had been practicing regularly over the 6 months following the workshop. The following examples illustrate what participants wrote in response to the open-ended questions:

1. I've used the savoring technique with friends and family. It has been really effective in establishing meaningful conversations and revisiting cherished memories and experiences.
2. Since this workshop, my partner and I have been … practicing gratitude on a daily basis. This does a lot for our happiness, and it is a skill I will pass on to future clients.
3. Mindfulness practices of slowing down to appreciate the qualities of what I'm grateful for. Grounding in five senses to enhance awareness.
4. I have used three good things, though not as regularly as I'd like, to help me fall asleep or feel better about my day.
5. I list five things I am grateful for every night before I go to bed. That is usually a list of sparkling moments from the day, as well as highlighting positive aspects of my life that I can be happy about. I also have used the "What's great (sic) about you" activity in sessions and groups with youth. I had good responses to that activity with clients.
6. I remember finding the workshop enjoyable, but I don't remember things from it.

Clinical significance

All 16 follow-up participants completed 5-point Likert-type items evaluating the effect of participating in the happiness workshop on their (a) current subjective feelings of happiness, (b) symptoms of depression, (c) perceptions of social support, (d) physical health, (e) mindfulness, (f) hopeful confidence, and (g) negative and positive emotions. On average, for these variables, 10/16 (62.5%) follow-up participants reported the happiness workshop as having either a positive or very positive effect 6 months later. No participants reported negative or very negative outcomes.

DISCUSSION

The workshop had no immediate effect on 11 of 12 outcome measures. This is unsurprising given the small sample size, the brevity of the workshop, and the fact that many of the measures assessed trait-based characteristics rather than fluctuating state-based factors. Nevertheless, as compared to a non-randomly selected control group, participant scores on the CES-D, a reliable and valid measure of clinical depression, were significantly lower ($p = 0.006$). Based on Cohen's (1988) guidance, the workshop produced a large effect on counseling students' depressive symptoms.

The patterns of CES-D scores throughout the arc of the study are of interest. Initially, the pooled (experimental and control) CES-D mean scores were 17.18 ($n = 44$). This indicates that, on average, counseling student participants were scoring above the traditional clinical depression CES-D cut-off score of 16 (Vilagut et al., 2016). Consistent with previous research and consistent with our

perceptions as faculty, our counseling graduate students were experiencing depressive symptoms and needed support (Bernstein et al., 2021; Dial et al., 2021).

Over time, and possibly as a function of the happiness workshop, the mean experimental group CES-D scores went from 18.6 (pre-workshop) to 16.1 (post-workshop) to 11.7 (at 6 months). Although this pattern may have been an artifact related to a small sample size, desensitization to pandemic stress, changes to social distancing guidelines or university policies, or response attrition at 6 months, these results support the possibility that a single-session, online, experiential EBHP workshop may provide graduate students with meaningful emotional support. In a qualitative study of counseling students in practicum and internship, Pierce (2016) identified a theme titled, "I'm not really depressed. It's more like overwhelmed" (p. 143). It may be that the brief workshop provided students with tools for dealing with their overwhelm and for focusing more consistently on positive affect—which has many existential and well-being benefits (Haase et al., 2012).

Previous researchers have reported that happiness practices can have antidepressant effects, albeit not in a short online workshop format (Goodmon et al., 2016; Smith et al., 2023). Specifically, gratitude and three good things have been linked to greater happiness and documented as beneficial for mild depression and anxiety (e.g., Adair et al., 2020; Young & Hutchinson, 2012). The three good things intervention has been shown to be effective in reducing depressive symptoms and burnout in health care workers (Adair et al., 2020). Given that intentional gratitude and three good things were the most frequently endorsed strategies at the 6-month follow-up, continued reductions in depression as measured by the CES-D are consistent with previous research.

Although the 6-month follow-up included only 16 respondents (57% of the original sample), their responses to questions about the workshop on their personal wellness suggest clinical significance. Most participants were able to accurately recall specific content from the workshop (i.e., gratitude, savoring, three good things, and what's good about you); they also identified two specific interventions (gratitude and three good things) as experientially useful to them in their lives. Perhaps most significant was the finding that, after 6 months, 12 of the original workshop participants reported ongoing benefits that they attributed to the workshop. The quality of participant responses to the open-ended questions and their attribution of positive effects to the workshop provide compelling evidence of the workshop's continuing significance. None of the previous studies on happiness interventions with undergraduates or graduate students included a 6-month follow-up.

Implications

Implications from a small study with numerous methodological issues should always be tentative. However, these results are consistent with previous research wherein single-session online workshops have shown positive graduate student outcomes on mental health issues using a cognitive-behavioral model (Bernstein et al., 2021, 2022). The study extends the potential for brief workshops as it is the first study indicating that a workshop focused on happiness interventions might be linked to positive outcomes.

Our outcomes are promising. The fact that from 10 (37.0%) to 13 (48.1%) of the original workshop intervention sample ($n = 28$) reported positive recall, usefulness of the workshop tools, regular implementation, and the application of some of the EBHPs with their own clients is an impressive outcome from a 2.5-h online workshop training. Although various uncontrolled factors may have confounded the outcomes, we believe these outcomes could and perhaps should inspire other counselor educators to consider how to support graduate students' mental health through brief, happiness-based interventions. Given the extent of student mental health issues and the paucity of empirical research on supporting graduate student mental health, this study illustrates how a small investment of time might have lasting positive mental health effects. We hope that other researchers will engage in systematic replication of this study with improved research design and larger and more diverse sample sizes.

Study limitations

This study has many limitations. The sample size was small, not representative of a diverse population, and there was non-random assignment of experimental and control group participants. Although the cross-cultural effectiveness of happiness interventions has some empirical support, there are no universal interventions that fit with the unique cultural values and worldviews of all people, or all counselors in training. The sample in this study lacked diversity, but some participants still may have held culturally based values that were in conflict with the Eurocentric-based happiness interventions.

Given the palpable global and local effects of COVID, it is possible that history factors in how COVID was experienced may have accounted for the positive pattern of reduced depression at 6 months. It is also possible that the 16 respondents to the 6-month follow-up assessment were systematically different in ways that contributed to their reduced depression scores. Additionally, although responses were anonymous, the fact that many participants were simultaneously taking a course from the workshop presenter may have created demand characteristics.

Three problems associated with the outcome measures may have reduced our chances for statistical significance. Some of the measures are worded in ways that made them insensitive to a brief intervention. For example, the SHS, the AHS, the Gratitude Scale, and MAAS are trait-oriented measures and may not detect immediate changes in respondent's current states. Experimental and control participants completed the instruments so soon after the workshop that experimental participants did not have adequate time to apply EBHPs in their lives. Similar to the intervention, the instruments employed in this study have a Eurocentric orientation and consequently may not translate well to diverse participants. Given these limitations, we are cautious in our conclusions and recommend further research.

Future research directions

This very small study cannot answer the question of whether a synchronous, single-session, online, experiential happiness workshop is efficacious in improving graduate student mental health and wellness. However, like other single-session workshop findings, it implies that brief, focused interventions may have immediate and lasting benefits, even when delivered online. We believe these benefits can be amplified by empowering participants to reflect on and honor their unique experiences, while also encouraging them to experiment with and select from a menu of practices that may be a good fit for them and for their clients. Overall, we conclude that offering and evaluating single-session, online, experiential, happiness practices is one strategy through which counseling faculty can contribute to improved mental health in graduate students. Additionally, encouraging graduate students to apply EBHPs in their own lives may have the added benefit of providing them with positive psychology principles and tools for working effectively with clients.

We encourage other counselor educators to conduct additional qualitative and quantitative research that can contribute to counseling student mental health. The limitations of this study pave the way for future research endeavors. For example, future research with larger and more diverse graduate student samples is important for generalizing these findings beyond the current population. Research studies that utilize state (rather than trait) measures would further illuminate the unique and immediate effects of brief happiness interventions on individual well-being. Focusing outcome assessment on a fewer number of variables may allow for greater clarity and statistical power when evaluating intervention effectiveness. Qualitative research that examines the lived experiences of individuals from historically oppressed and marginalized groups (i.e., LGBTQ+ adolescents, first-generation college students) who participate in brief happiness workshops may provide insight on the cultural implications and relevance of positive psychology interventions within these specific communities. Further exploration regarding how counselors' approaches to working with clients are affected by their personal applications of EBHPs is also a worthy future research focus.

CONFLICT OF INTEREST STATEMENT

We have no known conflicts of interest to disclose.

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