Effects of The Energy Equation

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Introduction

Complementary and alternative health practices have increasingly become popular in the United States. Although these types of medical therapies or interventions are currently not taught in medical schools nor are they typically available in United States hospitals, they have nevertheless attracted increased national attention from a wide range of agencies and the general public (Eisenberg et al., 1998). According to Kessler et al. (2001), "Complementary and alternative therapies are used more than conventional therapies by people with self-defined anxiety attacks and severe depression. Most patients visiting conventional mental health providers for these problems also use complementary and alternative therapies" (p. 289). These findings suggest that although conventional medicine is still omnipresent, there is a common curiosity in the search of learning and finding new naturalistic ways of treatment. Furthermore, several hospitals across the nation such as: Cleveland Clinic, Sloan Kettering, Stanford, Northwestern, and George Washington are increasingly now offering integrative medicine such as acupuncture, massage therapy, Reiki, and mind/body coaching services. According to Memorial Sloan-Kettering Cancer Center: "The Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center was established in 1999 to complement mainstream medical care and address the emotional, social and spiritual needs of patients and families. In addition, the service provides unique access to otherwise unavailable information about over-the-counter products and unproven cancer treatments and their impact in the context of cancer care via our 'about herbs database'. The Integrative Medicine Service has become an internationally known model program, with over 1,000 patient visits each month and a roster of funded laboratory research and clinical trails" ("Integrative Medicine," 2010, p. 1).

Background Information: Stepping Stones Wellness Program

Susan Mikolic is a registered nurse and since 2002, founder and president of Stepping Stones Mental Health Educational Consulting, Inc. Mrs. Mikolic is also the parent of two children that have been diagnosed with mental disorders and has spent a good part of her life helping educators and families help children with emotional challenges and succeed in school (DiPiero, 2008). On a personal level, Mrs. Mikolic has also suffered from depression and health problems, which brought her to develop strategies to help herself and her family to achieve wellness and get the most out of life. Throughout her journey she was able to overcome her own stressful circumstances and now shares her simple wellness plan with individuals and businesses (Turner, 2006).

Stepping Stones Mental Health Educational Consulting mainly consists of two services or divisions:

Educational

Through workshops and seminars, Susan Mikolic provides guidance that focuses on helping children with mental health challenges succeed in school, learn, and graduate. These workshops provide specialized consulting services and program assistance to educators, information on the different challenges and services available for children with mental health conditions, personal coaching, and support for families.

Energy

Stepping Stones also specializes in training, seminars, workshops, and retreats to help businesses and companies such as government agencies and educational institutions deal with employee burnout, stress, and other negative work related factors. Modeled after her personal coping strategies, Mrs. Mikolic developed ("The Energy Equation – Release your Life

Potential," 2006). The Energy Equation System is a series of simple yet effective strategies to move from a *negative* Energy Equation, where life is stressful and draining to a *positive* Energy Equation, where one can experience fulfillment, joy, and peaceful living. According to LinkedIn: "The Energy Equation System is an approach to living that holds at its foundation the concept that a physical body has a finite amount of energy to meet its daily fuel demands" ("Susan Mikolic's Summary," n.d., p. 1).

Purpose of the Study

The purpose of this study is to systematically analyze the outcomes of the Stepping Stones Wellness Program through The Energy Equation System. The Energy Equation System is an approach to living that acknowledges the intricate balance between mind, body and spirit. It offers a set of strategies that determine how daily lifestyle choices affect one's health, energy, peace of mind, and life balance. Using the tools of The Energy Equation System help one move from a *negative* Energy Equation where one typically experiences life as draining, frustrating, and defeating, to living in a *positive* where one is at peace, experiencing life as energizing, exciting and satisfying. Mrs. Mikolic shares the Principles of The Energy Equation through workshops, seminars, retreats and coaching and her most popular topics are available on DVD. After each wellness program or seminar, participants are asked to fill out and return a survey exploring improvements and outcomes related to participation in the sessions. The purpose of this pilot study is to systematically analyze the post-test wellness program surveys.

Literature Review

In 1947 the World Health Organization defined health as "a state of complete physical, mental and social wellbeing" (WHO Definition of Health, 1946, p. 1). Physical and mental health are not separate entities, but inextricably linked, for example, physical disease may well

result from emotional distress and vise versa. Health includes "being confident and positive and able to cope with the ups and downs of life" (Brown, 1998, para. 1). John W. Spencer and Joseph J. Jacobs are those of the many few who have summarized their research and findings in a book about complementary and alternative medicine (CAM) called: *Complementary/Alternative Medicine: An Evidence-based approach* (White, 2000). The author describes the book as a "detailed, objective and thoughtful summaries of the place of CAM in the management of a whole range of conditions" (p. 128). According to White (2000), the book is very well written and includes a section on the basic foundation of CAM as well as major medical conditions "rounded off with a chapter each for CAM approaches to four population groups: women in general, women with HIV/AIDS, children and the elderly" (p. 128).

Selignman and Csikszentmihalyi (2000) introduced the field of positive psychology in a special issue of *American Psychologist*. "The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities" (p. 5). Thus, positive psychology is the study of processes and conditions that promote optimal functioning in people. Research findings from the field of positive psychology may be used to specifically inform practice regarding how to promote positive mental health. Seligman and Csikszentmihalyi (2000) predict that "positive psychology in this new century will allow psychologists to understand and build those factors that allow individuals, communities, and societies to flourish" (p. 13). "The foremost question of philosophy is why one should not commit suicide. One cannot answer that question just by curing depression; there must be positive reasons for living as well" (p. 13).

In recent years, positive thinking has become a centerpiece of emotional well-being and is embraced by practitioners and healthcare providers as being one of the key factors of overall

health. According to Sapolsky (1998), physiological stress-response can be modulated by psychological factors. In other words, "two identical stressors with the same extent of homeostatic disruption can be perceived differently, and the whole show changes from there" (p. 225). This means that psychological variables alone could trigger the stress-response.

Many coping strategies have surfaced in recent years to help with stress and emotional distress such as meditation, yoga, exercise, diet, and medication. In 2003, several studies were conducted on Mindfulness-based Stress Reduction (MBSR), a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. According to Grossman, Niemann, Schmidt, and Walach (2004), "the program, nonreligious and non-esoteric, is based upon a systematic procedure to develop enhanced awareness of moment-to-moment experience of perceptible mental processes" (p. 38). Using 20 empirical studies that were published before December 2002, Grossman et al. (2004) found that "overall, both controlled and uncontrolled studies showed similar effect sizes of approximately 0.5 (P<.0001) with homogeneity of distribution. Therefore, although derived from a relatively small number of therapeutic studies, these results suggest that MBSR may help a broad range of individuals to cope with their clinical and nonclinical problems" (p. 35). These interventions were group taught courses based on a length of 6-12 weeks with approximately 2.5 hours per week; intensive meditation retreats were not included (Grossman, et al., 2004).

Fredrickson (2004) describes the *broaden-and-build* theory of positive emotions. This theory describes the form of function of a subset of positive emotions, including joy, interest, contentment and love. A key proposition is that: "these positive emotions broaden an individual's momentary thought-action repertoire: joy sparks the urge to play, interest sparks the urge to explore, contentment sparks the urge to savor and integrate, and love sparks a recurring

cycle of each of these urges within safe, close relationships" (p. 1367). These studies revealed that positive emotions are essential elements of optimal functioning, and therefore an essential topic within the science of well-being (Fredrickson, 2004).

Fredrickson's research also reviews the latest empirical evidence supporting the broadenand-build theory. Through an initial prospective test of the hypothesis that, through cognitive broadening, positive emotions produce an upward spiral towards enhanced emotional well-being, Joiner and Fredrickson assessed positive and negative emotions as well as broad-minded coping at two time points, five weeks apart. According to the study: "broad-minded coping was tapped by items such as 'think of different ways to deal with the problem' and 'try to step back from the situation and be more objective' " (p. 1373). Their data revealed that individuals who experienced more "positive emotions than others, over time became more resilient to adversity, as indexed by increases in broad-minded coping" (p. 1373). These finding suggest that positive emotions and broad-minded coping mutually build on one another, therefore make people feel good as well as increase the likelihood that people will feel good in the future (Fredrickson, 2004).

Employee burnout has also become increasingly problematic for employees and employers, implying substantial costs for both organizations and individuals (Cordes & Dougherty, 1993). According to Jackson and Schuler (1983), "employee burnout can be thought of as a psychological process, a series of attitudinal and emotional reactions that an employee goes through as a result of job-related and personal experiences. Often the first sign of burnout is a feeling of being emotionally exhausted from one's work" (p. 59).

The Committee on the Use of Complementary and Alternative Medicine by the American Public (2005) states that complementary and alternative medicine (CAM) are also often used by

cancer treatment centers in combination with conventional approaches. For example, "the Memorial Sloan-Kettering Cancer Center has developed an Integrative Medicine Service that offers music therapy, massage, reflexology, and mind-body therapies" (p. 6). According to their website: "When patients integrate these therapies into their medical and surgical care, they are creating a more comprehensive treatment plan and helping their own bodies to regain health and vitality" (p. 6).

Several recent studies on health and wellness programs have also attempted to look at their effectiveness on overall health and wellbeing. Rahe et al. (2002) conducted a therapeutic study of 501 volunteers that were randomly assigned to one of three groups: full intervention, small-group sessions, and wait-list control group. All participants completed questionnaires for stress, anxiety, and coping at the start of the study and six and twelve months later and found that all three groups reported significant improvement in their stress, anxiety, and coping across the year. Aldana et al. (2005) conducted a study on working adults who participated in a randomized clinical trial of an intensive lifestyle intervention. Nutrition and physical activity behavior and several chronic disease risk factors were assessed at baseline, six weeks, and six months and discovered that participants significantly improved their cognitive understanding of good nutrition and physical activity and had significantly better nutrition and physical activity behavior at both six weeks and six months. The study also revealed that participants had significantly lower body fat, blood pressure, and cholesterol. Ozminkowski et al. (2002), studied employees from Johnson & Johnson for up to five years before and four years after their health and wellness program implementation. Using fixed-effects regression models, results revealed a large reduction in medical care expenditures over the four-year program period. Such

improvements included: reduced inpatient use, fewer mental health visits, and fewer outpatient visits compared with the baseline period.

Quality of Life Measures

The types of instruments most commonly used to measure changes following health/wellness programs are: interviews, questionnaires, and biomedical measurements. According to Higginson and Carr (2001): "in modern medicine the traditional way of assessing change in patients has been to focus on laboratory or clinical tests" (p. 1297). "While these give important information about the disease, especially about chronic and progressive diseases, it is impossible to separate disease from an individual's personal and social context" (p. 1297). "One way of capturing the personal and social context of patients is to use quality of life measures" (p. 1297). A small but growing number of instruments are used to measure quality of life specifically in clinical settings such as: *The Disease Repercussion Profile*, which assesses a patient's perception of handicap in rheumatoid arthritis, osteoarthritis, and back pain. Others include: *The Palliative Outcome Scale* and *The Measure Yourself Medical Outcome Profile* (MYMOP) (Higginson & Carr, 2001).

The Satisfaction with Life Scale (SWLS) is another instrument that has been developed in 1961 to measure overall wellness and quality of life satisfaction, but it is said to be "narrowly focused to assess global life satisfaction and does not tap related constructs such as positive affect and loneliness" (Diener, Emmons, Larsen, & Griffin, 1985, p. 71). "Thus, there exists a need for a multi-item scale to measure life satisfaction as a cognitive-judgmental process" (p. 71). An additional tool is the SF-36, which is a 36-question survey intended to measure patient overall health, but not specific to energy levels. According to SF Surveys (n.d.), "the SF-36® has proven useful in monitoring general and specific populations, comparing the burden of

different diseases, differentiating the health benefits produced by different treatments, and in screening individual patients (p. 1)."

Each of the scholars considered in this literature review have contributed significantly to a fuller, richer understanding of various therapies to help alleviate mental health disorders through alternative and complementary approaches. With the previous definition of health in mind, one must acknowledge that despite the fact that past research has shown that positive psychology through wellness programs has shown to considerably improve stress, anxiety, chronic disease, and overall health, these studies have not examined whether these programs have significantly improved the wellness of the participants in terms of energy levels and overall inner peace. Furthermore, although many surveys and questionnaires exist to help measure chronic and progressive diseases, none are specifically designed and targeted toward measuring energy, as well as peace, balance, and happiness levels. Therefore, it becomes obvious as one explores the available literature that addressing the topic of energy levels pre and post wellness programs and specific tools to help measure these variables is an imperative need, especially in a fast-paced technological society such as ours, where depression and employee burnout is increasingly a common concern.

Research Questions

- What type of change did the participants anticipate to see the most after completion in the day long workshops of Stepping Stones Wellness Seminar?
- 2) What were the participants' self-assessment of their levels of energy, peace, health/wellness, joy/happiness, and balance <u>before</u> their participation in the day long workshops of Stepping Stones Wellness Seminar?

- 3) What are the participants' current perceptions of their levels of energy, peace, health/wellness, joy/happiness, and balance <u>after</u> their participation in the day long workshops of Stepping Stones Wellness Seminar?
- 4) What principles of The Energy Equation did the participants implement and to what extent?
- 5) Who were the persons that the participants wanted to affect the most with The Energy Equation?

Methodology

Purpose of Study and Research Design

The purpose of this study is to identify outcomes of participation in the Stepping Stones' wellness program on stress and energy levels. This project is a description study utilizing survey research methods.

The Program (Intervention)

Susan Mikolic shares The Energy Equation System with individuals and groups, including: seminars and workshops, business group presentations, keynote addresses, speaking engagements, personalized coaching, group mentoring programs, one on one sessions, and retreats. Each program or event ranges from one-day workshops to three-day retreat seminars and all have the same basic goal of creating abundant energy for daily life and finding inner peace through her step-by-step approach of The Energy Equation System that is the common denominator of all her presentations. These workshops are targeted for people who feel energydepleted, would like to find more joy in work or family, would like to live in peace and balance, and basically would like to reclaim their lives and levels of energy lost through stress and daily tension whether in the home or workplace.

The foundation of The Energy Equation is a set of ten basic principles: 1) take back your power, 2) cover the basics, 3) consume consciously, 4) believe in blessings, 5) take charge of your thoughts, 6) conserve and control your energy, 7) monitor your feelings, 8) listen and follow, 9) take it slow, and 10) love and let go. Mrs. Mikolic has also developed the *Red Light Plan*, an essential self-regulation plan used to monitor daily energy levels and serves as a personal and practical guide for living according to the ten principles. Participants can also monitor their daily energy levels through The Energy Equation Self-Assessment, available either on paper or online.

Mrs. Mikolic workshops are often times offered in conference rooms or peaceful surroundings such as *Bed and Breakfasts* that are nestled in natural environments like parks and reservations which provide a relaxing atmosphere, adequate for a meditative experience. As Mrs. Mikolic explains: "I've planned a day of total enrichment and renewal for you. I intentionally choose natural settings for my presentations because I want you to experience the restorative powers provided by nature. I encourage you to take a walk at lunch, enjoy complimentary chair massages during breaks, and delight in a day laced with reflection time, music, interactive discussions and fun activities" ("Learn How to," 2009, p.1).

During her three-day weekend seminars, Mrs. Mikolic offers time for her participants to get in touch with their authentic self through an array of activities and experiences to reawaken their spirit and restore their energy. Experiences that demonstrate each principle of The Energy Equation include: overview of The Energy Equation approach to living, daily meditations, daily walks, vision boards, healthy recipe conversions, experiential activities to deepen connection to guidance and intuition, and movie and discussions. Participants are also provided with

information on ways to take care of themselves and are encouraged to fill out personal worksheets on their current Energy Equation status and log throughout the seminars.

Instruments

The data had already been collected by Susan Mikolic's adapted survey (see Appendix A). This survey was sent and collected during a two-month period, from January to February 2009. According to Mrs. Mikolic, approximately 20 to 30 surveys were sent out and 14 were returned. Only 13 surveys were used for this research since one was incomplete and contained answers to the open questions only.

When participants attended Mrs. Mikolic's day long workshops they could choose to sign up for follow-up emails. She would then send them a daily note for the first two weeks, then one at week three and week four, and then occasionally thereafter. Week four email contained a link to a survey asking them to evaluate their progress, but no one has ever filled it out. So another approach was attempted. Mrs. Mikolic decided to email her survey to about 20 to 30 participants who she knew were using The Energy Equation principles and those who she trusted were involved in ongoing work (ex: attending workshops a second time, came to monthly mentoring meetings, were involved in one on one work, attended retreats, assessed their status monthly, wore the *reminder band*, etc.). Therefore, this is not a random sample and this data serves to demonstrate what you can achieve if you actively use The Energy Equation principles.

Participants

Participant enrollment for this study included Susan Mikolic's enrolled members from her day long wellness programs. Although Susan Mikolic did not collect demographics of the participants, she states that it included participants who are married and single, child and childless, aged 30 to 65, male and female. Most of them were from Northeast Ohio, New York,

and Columbus. The study centers on Mrs. Mikolic's collected post-seminar surveys, which includes people from various backgrounds and ethnicity that are experiencing emotional stress and burnout from work or other life stressors.

It is important to mention that a sample of Stepping Stones' enrolled seminar participants is not a representative sample of the general population of the United States, but helps in analyzing the different effects that wellness programs have on stress and work-related burnouts.

Procedures

Mrs. Mikolic collected results from her post-seminar surveys during a two month period and were used to interpret these findings. These surveys had already been distributed and collected prior to this research and no direct patient interventions were performed in this study. The survey includes seven questions about the participants energy levels pre and post-seminar event where they were asked to rate their energy levels from high to low. The survey also gave participants a chance to voice their experience and thoughts about the whole process on the last two questions, but no statistical analysis have been done on them.

Cleveland State University waived the necessity for IRB approval (see appendix B). The study includes unidentifiable information; the confidentiality of subjects is achieved. Every participant was received sufficient information about the purpose and direction of this study with information on how the study was analyzed. Stepping Stones also provided additional names and telephone numbers of local mental health services and community resources for those in need.

Data Analysis

Throughout a process of several months, although the response rate was not entirely what Susan Mikolic had expected, she was eventually able to compile an acceptable amount of

returned surveys. These surveys were used and analyzed by using SPSS to identity changes between the participants' pre and post energy levels following Mrs. Mikolic wellness programs and whether these changes were statistically significant. Tools such as frequency distributions and a bar chart for some variable or pairs of variables were used to determine if the relationships between the variables were linear or if there were outliers in the data. Tables were constructed to describe which principles of The Energy Equation did participants implement the most and who was the primary person they wished to affect with The Energy Equation. Statistical analysis was only run on the first five questions of the survey (see actual survey in Appendix A).

The Wilcoxon Sign Rank Test was run in order to assess whether there were any statistically significant reported changes in energy, peace, and other measures of wellness following completion of the program. Changes that were statistically significant at the p < .05 level were reported as well as the frequency distribution of those who reported positive versus negative changes in the wellness variables on the survey.

Timetable

Data compilation and research commenced as soon as the student had collected the necessary information from Susan Mikolic of Stepping Stones Mental Health Educational Consulting, Inc. Data collection was completed by the end of the spring 2010 semester. Data analysis and the writing of the official research project occurred during spring and summer semesters 2010 and the final research document and the oral defense of the project were finalized by summer 2010.

Budget

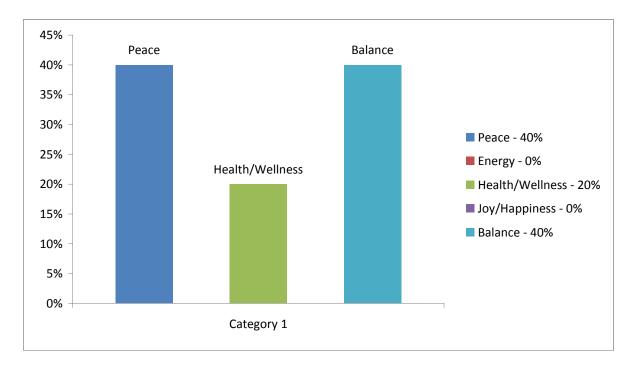
There were no costs associated with completing this study and no additional resources were needed.

Results

What type of change did the participants anticipate to see the most after completion in the day long workshops of Stepping Stones Wellness Seminar?

The participants were given an exit survey that contained six questions. The first question consisted of a choice between: energy, peace, health/wellness, joy/happiness, and balance. The type of changes that were the most anticipated are displayed in Figure 1. The most anticipated change included peace (40%), health/wellness (20%), and balance (40%), while no participant answered energy (0%) and joy/happiness (0%).

Figure 1



What was the participants' self-assessment of their levels of energy, peace, health/wellness, joy/happiness, and balance before and after their participation in the day long workshops of Stepping Stones Wellness Seminar?

On the second and third questions of the exit survey, the participants were asked to rank their pre-program and post-program levels of energy, peace, health/wellness, joy/happiness, and

balance as high (1), moderately high (2), medium (3), moderately low (4), and low (5). The changes in improvement were calculated by making a difference of scores between pre-program and post-program. Differences of scores of zero (0) indicated no improvement change, one (1) a low improvement change, two (2) a high improvement change, and three (3) indicated a very high improvement change.

The levels of energy for pre-program and post-program are displayed in Table 1. As shown, all thirteen participants reported an improvement in energy levels. The majority of participants (8) had a difference score of one (1) that indicates a low improvement change, while the other five participants reported a difference of score of two (2) indicating a high improvement change. The most frequently reported pre-energy level included medium (53.8%) and moderately low (46.2%). The most frequently reported post-energy level included medium moderately high (76.9%), medium (15.4%), and high (7.7%).

Table 1

Participant #	Pre Program	Post Program	Difference	Improvement
	Level of Energy	Level of Energy	Score	Reported?
1	4	3	1	Yes
2	4	3	1	Yes
3	3	1	2	Yes
4	4	2	2	Yes
5	3	2	1	Yes
6	3	2	1	Yes
7	3	2	1	Yes
8	4	2	2	Yes
9	3	2	1	Yes
10	3	2	1	Yes
11	4	2	2	Yes
12	3	2	1	Yes
13	4	2	2	Yes

Energy

Table 2 shows the results for pre-program and post-program of peace levels. Once again, all thirteen participants reported an increased level of peace. Seven (7) participants indicated a high improvement change, four (4) participants reported a low improvement change, and two (2) reported a very high improvement change. The most frequently reported pre-peace level included moderately low (53.8%), and medium and low (23.1%). The most frequently reported post-peace level included moderately high (61.5%), high and medium (15.4%), and moderately low (7.7%).

Table 2

Peace

Participant #	Pre Program	Post Program	Difference	Improvement
	Level of Peace	Level of Peace	Score	Reported?
1	5	3	2	Yes
2	5	3	2	Yes
3	4	1	3	Yes
4	3	2	1	Yes
5	4	2	2	Yes
6	4	2	2	Yes
7	3	2	1	Yes
8	4	2	2	Yes
9	5	4	1	Yes
10	4	2	2	Yes
11	4	2	2	Yes
12	4	1	3	Yes
13	3	2	1	Yes

The levels of health/wellness for pre-program and post-program are displayed in Table 3. Twelve (12) participants out of thirteen (13) reported an improvement in health/wellness levels. The majority of participants (8) reported a low improvement change, three (3) participants reported a high improvement change, one (1) participant reported a very high improvement change, and one (1) reported no improvement change. The most frequently reported prehealth/wellness level included medium (69.2%), moderately low (23.1%), and low (7.7%). The

most frequently reported post-health/wellness level included moderately high (61.5%), medium

(23.1%), and high (15.4%).

Table 3

Health/Wellness

Participant #	Pre Program	Post Program	Difference	Improvement
	Level of	Level of	Score	Reported?
	Health/Wellness	Health/Wellness		
1	3	3	0	No
2	4	3	1	Yes
3	3	1	2	Yes
4	3	2	1	Yes
5	3	2	1	Yes
6	3	2	1	Yes
7	3	2	1	Yes
8	4	2	2	Yes
9	4	1	3	Yes
10	3	2	1	Yes
11	5	3	2	Yes
12	3	2	1	Yes
13	3	2	1	Yes

Table 4 shows the results for pre-program and post-program joy/happiness levels. Once more, the majority of participants (11) reported improvement. Seven (7) participants indicated a low improvement change, three (3) participants reported a high improvement change, two (2) reported no improvement change, and one (1) reported a very high improvement change. The most frequently reported pre-joy/happiness level included medium (53.8%), moderately low (30.8%), and low (15.4%). The most frequently reported post-joy/happiness level included moderately high (46.2%), medium (23.1%), and high and moderately low (15.4%).

Table 4

Joy/Happiness

Participant #	Pre Program	Post Program	Difference	Improvement
	Level of	Level of	Score	Reported?
	Joy/Happiness	Joy/Happiness		
1	4	3	1	Yes
2	4	4	0	No
3	3	1	2	Yes
4	3	2	1	Yes
5	3	3	0	No
6	4	3	1	Yes
7	3	2	1	Yes
8	5	2	3	Yes
9	5	4	1	Yes
10	3	2	1	Yes
11	4	2	2	Yes
12	3	1	2	Yes
13	3	2	1	Yes

Finally, levels of balance for pre-program and post-program are displayed in Table 5. As shown, twelve (12) participants reported an improvement in balance levels. The majority of participants (6) had a difference score of two (2) that indicates a high improvement change, while four (4) participants reported a difference of score of one (1) indicating a low improvement change, two (2) reported a very high improvement change, and one (1) reported no improvement change. The most frequently reported pre-balance level included moderately low (53.8%), medium (30.8%), and low (15.4%). The most frequently reported post-balance level included moderately low (7.7%).

Table 5

Balance

Participant #	Pre Program	Post Program	Difference	Improvement
	Level of Balance	Level of Balance	Score	Reported?
1	5	3	2	Yes
2	5	4	1	Yes
3	4	1	3	Yes
4	4	2	2	Yes
5	3	2	1	Yes
6	4	3	1	Yes
7	4	2	2	Yes
8	4	2	2	Yes
9	4	3	1	Yes
10	3	1	2	Yes
11	4	2	2	Yes
12	4	1	3	Yes
13	3	3	0	No

In conclusion, the most improved levels for Tables 1-5 were reported for peace and balance which both indicated a difference of scores of three (3) which is a very high improvement change. Also, both peace and balance levels reported a majority of difference of score of two (2) indicating a high improvement change. The lowest reported improvement change was for energy and health/wellness which both received a difference of scores of one (1) indicating a low improvement change.

The results on the Wilcoxon Table (6) suggest that there is a statistically significant difference between the underlying distributions of the *write* scores of each pre-tests and the *write* scores of each post-tests (ex: z = -3.286, p = 0.001). The table demonstrates that twelve (12) to thirteen (13) of the thirteen (13) respondents improved in their self-report. Note that a negative change indicates improvement in self-perceived levels for each concept listed at post-program.

Table 6

	Value of p	Value of z	# Negative	# Positive	# of
			Changes	Changes	Ties
Energy	0.001	-3.286	13	0	0
Peace	0.001	-3.247	13	0	0
Health/Wellness	0.002	-3.169	12	0	1
Balance	0.002	-3.109	12	0	1
Joy/Happiness	0.002	-3.025	11	0	2

Wilcoxon Summary of Results

What principles of The Energy Equation did the participants implement and to what

extent?

The last two questions of the exit survey consisted of reporting what principles were implemented and who were the persons they wanted to affect the most. Table 7 shows that the most implemented principles were *take charge of your thoughts* (76.9%) and *believe in the blessings* (69.2%). The principles that were partly implemented (listed in the *some* column) were *conserve/control your energy*, *listen/follow*, and *love/let go* (53.8%). The least implemented principle was *take it slow* (23.1%).

Table	7
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Principle	Most	Some	None
Take back your power	8	4	1
Cover the basics	5	6	2
Consume consciously	6	6	1
Believe in the blessings	9	2	2
Take charge of your thoughts	10	2	1
Conserve and control your energy	5	7	1
Monitor your feelings barometer	7	4	2
Listen and follow	4	7	2
Take it slow	4	6	3
Love and let go	5	7	1

Who were the persons that the participants wanted to affect the most with The Energy

Equation?

An overwhelmingly thirteen participants reported that the primary person that they wanted to affect the most was *themselves* followed by *partner* (6). The lowest reported primary person was *student*. The highest secondary person was *co-worker* (5) followed by *parent* (4), while the lowest secondary person was *myself*.

Table 8

Person	Primary	Secondary
Myself	13	0
My child	1	2
Parent	1	4
Partner	6	3
Student	0	1
Friend	3	2
Co-worker	2	5
Other	1	3

Discussion

The purpose of this study was to determine if Stepping Stones' Wellness Program was effective in helping participants with their energy levels and overall inner peace using The Energy Equation System. There are several conclusions that can be drawn from this study. First, in support of Rahe et al. (2002), health and wellness programs are effective on overall health and wellbeing. This randomized control study showed that participants reported significant improvement in their stress, anxiety, and coping following the therapeutic session. Aldana et al. (2005) also demonstrated that adults who participated in a randomized clinical trial of an intensive lifestyle intervention significantly improved their cognitive understanding of good nutrition and physical activity and had significantly better nutrition and physical activity behavior following the program. Another study done with *Johnson & Johnson* employees

revealed a large reduction in medical care expenditures over the four-year wellness program period (Ozminkowski et al., 2002).

Although these studies revealed the effectiveness of wellness programs on overall health, they did not specifically demonstrate improvements in energy, peace, joy/happiness, and balance levels. What this study has shown is that overwhelmingly, in each of first three survey questions, all thirteen participants expressed the belief that Stepping Stones' Wellness Program had greatly improved their energy, peace, health/wellness, joy/happiness, and balance levels. Furthermore, the principle that the participants wanted to improve the most prior to the program was peace and balance (40%) and Tables 1-5 all reported that the most improved principle was also peace and balance. Therefore, the outcome data suggests that the Stepping Stones' Wellness Program is effective in improving the participant's specific targeted principle.

This study could be improved by modifying the survey content and questions. For example, participants often responded to more than one answer on several questions. Some questions could mention how many answers are expected in order to avoid any errors or incorrect responses. The response rate was also not very high, which resulted in a small sample size and therefore prevented generalization of the study results. The survey response rate could be improved by providing some kind of incentive for taking the survey, such as money, coupons, or free tickets. According to Towler (2003), "Incentives can increase survey response rates dramatically. Our experience has shown that offering a worthwhile incentive can entice 50% of the people who would not normally complete the survey, to finish it and send it in. This applies to both paper and pencil surveys and ones that are presented on the Internet. Reminders can also be very effective, but more on that later" (p. 1). The questions also have to be simple and not too complicated to answer. Perhaps having to recall information from several months is too

challenging for certain participants, which could also prevent them from completing and returning the survey. Another factor that could be included is whether the improvements and learned principles have been maintained throughout the months following the program. Are the participants still struggling or have they been able to change their way of life and has this program provided them with the ability and adequate tools to definitely improve their long term health and wellness goals. This study could definitely be repeated with improvements to the actual survey questions and by following up respondents with reminders that also could improve effects on response rates.

Limitations

Distortion

While this project offers several important findings, there are a few limitations to the study as well. The first limitation concerns researchers and respondent bias. For example, these may occur in the "selection of the sample, in the development or measuring instruments, in securing the responses of the persons in the sample, in the respondent's replies, in the recording of the responses, and in processing the recorded responses" (Summers & Hammonds, 1969, p. 1). Furthermore, surveys themselves have several limitations. According to Strengths and limitations of the survey method (2010), "The most serious weakness concerns the validity and reliability of responses obtained to questions. Surveys provide only verbal descriptions of what respondents say they do or how they feel about something. Responses cannot always be taken as accurate descriptions" (p. 1). "This is particularly true for behavior contrary to generally accepted norms of society. Persons are unwilling many times to indicate they have engaged in behavior not accepted by their group. Researchers do well to remind themselves of this serious limitation as they prepare items and interpret their results" (p. 1). Also, the participants were

asked to do an exit survey where they had to recall their pre-program levels, which obviously is a weakness as well. For example, if this survey was done several months after their participation to the Wellness Seminar, some participants may have forgotten how they felt prior to the program, which may in turn cause memory restrictions and perception differences (Leedy & Ormrod, 2005). Research Designs and Methods (2010) states that, "Because distortion can be a serious limitation of survey research, scientists may choose to observe subjects' behavior directly through observational research" (p. 2).

Volunteer Bias

A second limitation to this study is the nature of the sample itself. Although all the selected participants in the Wellness Seminar had an equal chance of submitting a survey and both men and women were equally invited to participate, there were disproportionate numbers of men and women (3 and 10, respectively). This could be due to the nature of the day long workshops of Stepping Stones Wellness Seminar, which tends to have more women participating than men. Also, as previously mentioned, Mrs. Mikolic sent her surveys to about 20 to 30 participants who she knew were using The Energy Equation principles and who she trusted were already involved in ongoing work, which could also be unrepresentative of all participants.

Small Sample

A final limitation of the study concerned the low response rate, which contributes to a reduced confidence in the data. Although Mrs. Mikolic sent exit surveys to about 20 to 30 participants, only a few had returned them and the exact number of surveys that were sent out is unknown. Therefore, these results represent a picture of those who chose to respond to the survey. They do not represent a picture of all individuals who participated in the Stepping Stones Wellness Seminar and no such claims are inferred.

Finally, other important limitations include lack of sensitivity to change in the survey instrument and there were also no control group to allow for establishment of cause and effect relationship.

Summary

In conclusion, these findings are extremely encouraging as they provide answers to important questions such as whether or not wellness programs improve the overall health of participants. Based on these results obtained from this preliminary study, Stepping Stones Wellness Program, combined with The Energy Equation System appeared to be an effective therapy for employee burnout or other energy-depleting health issue. Participants in this study documented a number of benefits from attending the workshop including: peace, energy, balance, health/wellness, and joy/happiness. Given these promising outcomes, further research on this topic is strongly recommended in order to explore The Energy Equation System. Future studies need to address this study's limitations including response rate, quality of survey questions, sample size, volunteer bias, and distortion. If these steps are actively pursued, Stepping Stones Mental Health Educational Consulting, Inc. will soon be in a good position to provide a clear and reliable program survey outcome, representative of all participants, in an effective manner.

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Appendix A Assessment Instrument The Energy Equation Experience Follow-up Evaluation

1. What type of change did/do you want to enjoy?

□Energy □ Peace □Health/Wellness □Joy/Happiness □Balance

2. Before you were introduced to The Energy Equation, what was your level of:

	Energy	Peace	Health/ Wellness	Joy/ Happiness	Balance
High					
Moderately High					
Medium					
Moderately Low					
Low					

3. What is your <u>current</u> level of:

	Energy	Peace	Health/ Wellness	Joy/ Happiness	Balance
High					
Moderately High					
Medium					
Moderately Low					
Low					

3. Which Principles of the Energy Equation did you implement and to what extent?

	Most	Some	None
Take Back Your Power			
Cover the Basics			
Consume Consciously			
Believe in the Blessings			
Take Charge of Your Thoughts			
Conserve & Control Your Energy			
Monitor Your Feelings Barometer			
Listen & Follow			
Take It Slow			
Love & Let Go			

4. Who are the persons you wish to affect with the Energy Equation[™]?

	Primary	Secondary
Myself		
My Child		
Parent		
Partner		
Student		
Friend		
Co-worker		
Other		

5. What changes have you seen in your life that you attribute to your work with The Energy Equation System?

6. Please share your thoughts about The Energy Equation System (workshop, group mentoring, coaching, website) now that you have had some time to consider and/or begin working with the concepts.

Appendix B IRB Clearance

-----Forwarded by Susan S Bazyk/s.bazyk/CSUOHIO on 03/23/2010 12:59PM -----

To: s.bazyk@csuohio.edu, ginadupont@hotmail.com From: "Conor T. McLennan" <c.mclennan@csuohio.edu> Date: 03/23/2010 12:48PM Cc: Barbara A Bryant <b.bryant@csuohio.edu>, Richard Piiparinen <r.piiparinen@csuohio.edu> Subject: 29109-BAZ-HS

Dr. S. Bazyk and Ms. Dupont,

(cc: IRB staff)

We have reviewed your proposal for the project "29109-BAZ-HS", entitled, "Retrospective analysis of survey findings on the energy equation wellness workshops ", and we have determined that your protocol is exempt from further IRB review (Exempt b4).

You are free to go forward with your project. This e-mail is your initial notification that you have IRB clearance. In the next several weeks you will receive a hard copy of this authorization through campus mail.

Best wishes to you on the project.

Sincerely,

Dr. McLennan (IRB Committee)

Conor T. McLennan, Ph.D. Assistant Professor Psychology Department Chester Building 175 c.mclennan@csuohio.edu