

Chantrelle Varnado-Johnson, M.Ed, MA, LPC-S, NCC
Angela Bramande, M.Ed, NCC, Counselor Intern
Kamica John, M.Ed, Counselor Intern
Elizabeth A. Taylor, M.Ed, NCC, Counselor Intern

What is wellness?

- According to Jane E. Meyers, Ph.D., LPC, NCC, NCGC in the March 2014 issue of *Counseling Today*, "The essence of wellness is the integration of mind, body, and spirit. It is not static, but constantly changing day to day."
- Wellness has been defined as "the process and state of a quest for maximum human functioning that involves the body, mind, and spirit" (Archer, Probert, & Gage, 1987, p. 311).

Wellness Models

- The first Wheel of Wellness, developed by Sweeney and Witmer (1991), Witmer and Sweeney (1992), a wellness model that is holistic in nature based on counseling derived originally from a physical health model.
- The Wheel of Wellness continued to evolve with Myers et al., (2000) with 12 proposed components that was refined and expanded to 17.
- The wheel is holistic that includes the environmental and individual aspects.
- The Wheel of Wellness is the basis of the assessment the Wellness Evaluation of Lifestyle (WEL).

Basic Domains of Wellness



Cognitive Wellness: knowledge, creativity, stimulating mental activities

Emotional Wellness: awareness and acceptance of a wide range of feelings, empathy

Physical Wellness: fitness, play, good nutrition, safety, stress management, free from addictions

Spiritual Wellness: inner peace, meaning, and purpose in human existence

Social Wellness: nurtures harmony with family, friends, and nature

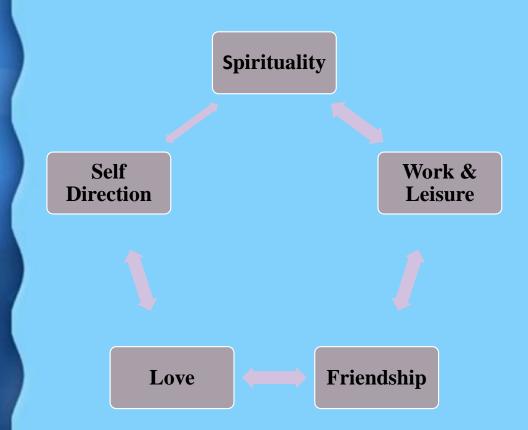
Occupational Wellness: positive attitude toward job, altruism

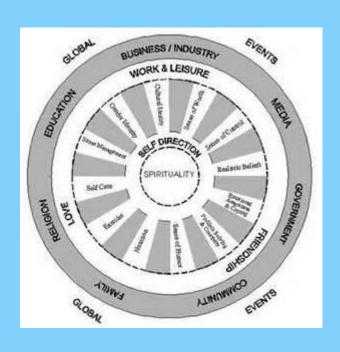
The Wheel of Wellness

Building on Adler, Jung, and Maslow's developing psychological views of a person as a whole by combining the mind and body, eventually Witmer, Sweeney, and Myers proposed a holistic model known as "The Wheel of Wellness." Crossing the life span, all tasks are interconnected, inclusive of the mind, body, and spirit.

Five Life Tasks

12 Spokes of Wellness Wheel

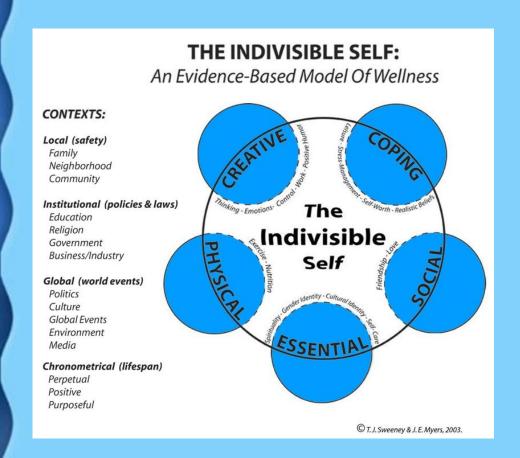




The Wheel of Wellness Defined

The Wheel of Wellness is a graphic model representing the individual's functioning categorized by five life tasks. According to Myers, Sweeney, Witmore (2000), the five life tasks are "directly amenable to intervention." At the core of the wheel is spirituality that encompasses how the individual connects to the universe, their thoughts, and perception (optimism/pessimism).

The Indivisible Self: An Evidence-Based Model of Wellness



- The Individual self, (IS-Wel) developed by Myers and Sweeney (2005a), is an evidence based model of wellness that originated from the Wheel of Wellness and Adler's Individual Psychology.
- The IS-WEL model consists of the individual, "The Indivisible Self," in the center that is influenced either positively or negatively by five categories that comprises the areas that affect human life.

Five Second-Order Factors of the IS-WEL

Essential Self

• Spirituality, Self-Care, Gender Identity, and Cultural Identity

Creative Self

• Thinking, Emotions, Control, Positive Humor, and Work

Coping Self

• Realistic Beliefs, Stress-Management, Self-worth, and Leisure

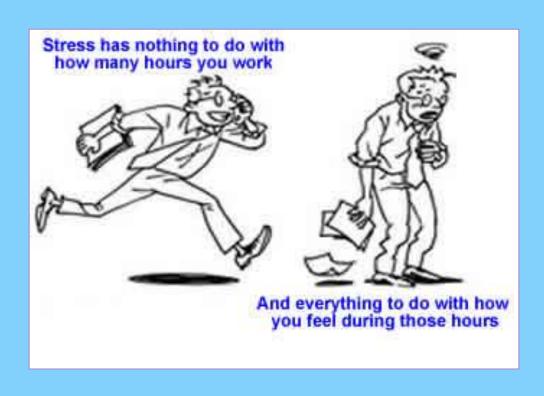
Social Self

• Friendship and Love

Physical Self

• Exercise and Nutrition

Hazards of Practice Challenges of Applying Wellness



ACA Taskforce on Counselor Wellness and Impairment

In 1991, the American Counseling Association created a task force to begin addressing counseling impairment. The 1991 ACA Task Force on Impaired Counselors conservatively estimated that at least 10% of helping professionals were impaired at any selected moment. At least 6,000 ACA members were experiencing some form of impairment that reduced their ability to care properly for their clients (ACA, 1991).

Counselor Impairment

Counselor impairment occurs when there is a significant negative impact on a counselor's professional functioning that may pose harm to the client.

Manifestations of Impairment

Personal crisis (life crisis, burnout, vicarious trauma, traumatic events)

Compassion fatigue/Secondary Traumatic Stress (STS)

Vicarious traumatization

Depression, anxiety, and/or other mental health conditions

Substance abuse or chemical dependency

Over-involvement and over-work

Relationship Problems

Mental, Physical, and/or Spiritual Debilitation

Vicarious Traumatization

- A cumulative process of change in the counselor's personal life that happens through the helping profession
- The "cost of caring" for other
- State of tension and preoccupation of the stories/trauma experiences described by clients.

Burnout

- •Burnout is the result of job stress stemming from physical and/or mental exhaustion.
- It manifests primarily as emotional exhaustion, "emotional fatigue," or "emotional overload."

Examples of Burnout

- Apathy
- Hopelessness
- Rapid Exhaustion
- Disillusionment
- Uncaring towards clients
- Blame on oneself coupled with the feel of failure

- Melancholy
- Forgetfulness
- Irritability
- Experiencing work as a heavy burden
- Impersonal towards client
- Alienation of client

Challenges of applying wellness

- Personal history/therapy
- Personality/defensive style
- Coping Style
- Current life context

- Nature of work and workplace
- Training & Career History
- Supervision
- Nature of clientele

Challenges of Applying Wellness Nature of work and workplace

- low wages
- work schedule
- too many expectations
- issues with caseload: too few, not enough, or too many
- practice setting

- incongruity with job description/duties and values/beliefs
- documentation
- unclear job title
- Lack of emotional support

Barriers to reporting and/or seeking self-care

- Fear of denial by others
- Stigma associated with impairment
- Fear of reprisal
- Lack of awareness of procedures/programs

Skovholt's (2001) "High Touch Hazards"

- Clients have an unsolvable problem that must be solved
- All clients are not "honors students" (they may not have the skills or resources to meet their goals)
- There is often a readiness gap between them and us

- Our inability to say no
- Constant empathy, interpersonal sensitivity, and one-way caring
- Elusive measures of success and normative failure

Systemic factors that increase our vulnerability

Large caseload with seriously troubled clients

Managed care policies may require hospitals discharge clients before they are ready

Client may express anger when counselor sets limits on availability

Ability to obtain quality administrative supervision

Nature of our clientele (e.g., vulnerable children, complexity of problems, safety concerns)

Nature of workplace (lack of vacation time, lack of input into decision making process, current policies prohibit best practices treatment)

Assessment Tools



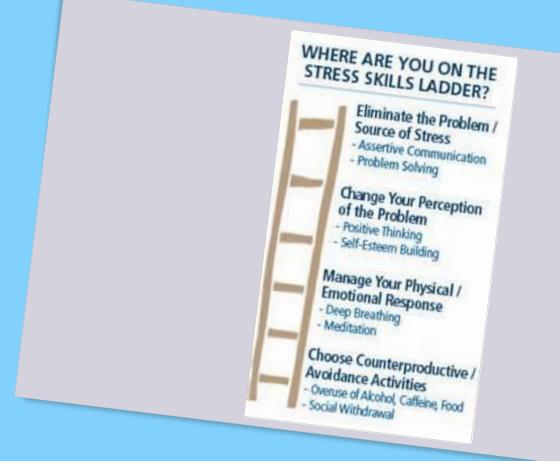
5 Factor Wellness Inventory (5F-Wel)

- The Five Factor Wellness Inventory (FFWEL) is an evidence-based tool designed to assess characteristics of wellness as a basis for helping individuals make choices for healthier living
- The 5F-Well measures an individual's weaknesses and strengths within the IS-Wel model.

Self-Care Assessment

Focuses on the wellness activities in which counselors may participate across several domains of wellness (physical, psychological, spiritual, and professional).

Stress Reactions Inventory



Professional Quality of Life Assessment (ProQOL)

The Professional Quality of Life (ProQOL-III) assessment measures secondary traumatic stress, compassion satisfaction, vicarious traumatization, and potential for burnout in counselors (Stamm, 2002).

Stress Reduction **Methods**

10 Tips to De-stress

- 1. Take some "me time" right now.
- 2. Remember ... This too shall pass.
- 3. Walk outside, breathe, connect with Source.
- 4. Talk to yourself as if you were a good friend.

- www.flowingWithChange.com
- 6. Step away from the situation. 7. Identify what you really want.
- 8. Get help you don't have to do it all alone.
- 9. Re-evaluate your priorities.
- 10. Meditate.

The Path to Less Stress

- Counseling
- Meditation/Relaxation
- Practice Self-Care throughout the Day
- Social Support
- Reduce Isolation

- Prioritize what is essential
- Nutrition and Exercise
- Organization
- Smile, laugh, & play more

Start in the here and now

When thinking about your self-care strategies, stop and ask yourself the following two questions:

When considering my wellness needs, what area do I want to begin with **TODAY**?

Today, what is the area that is bothering me the most?

Pearlman and Maclan (1995) 10 Vital Activities to Promote Wellness

Discussing cases with colleagues

Socializing

Attending workshops

Exercise

Spending time with family and/or friends

Limiting case load

Travel, vacations, hobbies, and movies

Developing spiritual life

Talking with professional colleagues between sessions

Receiving supervision

Wellness Activities: Physical

- Drink plenty of water
- Cook and enjoy regular meals with family and/or friends
- Exercise, move, and get outdoors; do not be afraid to touch the earth
- Get enough sleep
- Unplug: turn off the tv, computer, video game, cell phone, etc.

- Breathe deeply & let go with exhale
- Go for a walk during lunch
- Get a massage
- Acupuncture, meditate, pray, practice Yoga or Tai Chi
- Reach out and help someone

Wellness Activities: Cognitive

- Meditation
- Journaling
- Reading for pleasure
- Hobbies
- Volunteering at something NOT counseling-related
- Going to the movies, theater, symphony, museum, festivals

Wellness Activities: Emotional

- Talk to friends
- Laugh
- Keep in touch with important people
- Participate in an engagement

- Exchange with a colleague
- See a Counselor
- •Give yourself permission to cry

Wellness Activities: Spiritual

- Take time for reflection
- Learn to garden
- Spend time outdoors
- Find or connect with a spiritual community

Wellness: Social

You have to decide what your highest priorities are and have the courage pleasantly, smilingly, nonapologetically to say 'no' to other things. And the way to do that is by having a bigger 'yes' burning inside. -Stephen R. Covey

Seek support of peers and supervisors.

Wellness Activities: Occupational Strategies

Your workplace may:

- Educate staff and supervisors on the concepts of impairment, vicarious traumatization, compassion fatigue and wellness
- Develop or sponsor wellness programs (such as, in-service trainings and day-long staff retreats)
- Provide clinical supervision (not just task supervision)
- Encourage peer supervision

- Maintain manageable caseloads
- Encourage/require vacations
- Do not reward "workaholics"
- Encourage diversity of tasks and new areas of interest/practice
- Establish and encourage Employee Assistance Programs (EAPs)

Questions



Resources on Wellness

Five Factor Wellness Inventory

• http://www.mindgarden.com/products/ffwels.htm

Information on the Highly Sensitive Person Self-Test

http://www.hsperson.com/

Jane Myer's Website

• http://wellness-research.org/

Mind Garden, Inc.

• http://www.mindgarden.com/

National Wellness Institute

http://www.nationalwellness.org/

Personality Tests- Keirsey and Campbell

• http://www.keirsey.com/academic_products.aspx

References

- Archer, J., Probert, B. S., & Gage, L. (1987). College students' attitudes toward wellness. *Journal of College Student Personnel*, 28(4), 311-317.
- Cashwell, C. S., Bentley, D., & Bigbee, A. (2007). Spirituality and counselor wellness. *Journal of Humanistic Counseling, Education & Development*, 46(1), 66-81.
- Cummins, P. N., Massey, L., & Jones, A. (2007). Keeping ourselves well: Strategies for promoting and maintaining counselor wellness. *Journal Of Humanistic Counseling, Education & Development*, 46(1), 35.
- Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A factor structure of wellness theory, assessment, analysis, and practice. *Journal of Counseling & Development*, 82, 354-364.
- Lawson, G., & Venart, B. (2005). Preventing counselor impairment: Vulnerability, wellness, and resilience. *VISTAS: Compelling perspectives on counseling*, 243-246.

References

- Lawson, G., & Myers, J. E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling & Development*, 89(2), 163-171.
- Myers, J. E. (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal of Counseling and Development*, 71(2), 136-139.
- Myers, J. E., and Sweeney, T. J. (2005). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology*, 61(3), 269-279.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development*, 86, 482-493.
- Meyers, L. (2014, March). In search of wellness. Counseling Today, 56(9), 33.

References

- Myers, J. E., Sweeney, T. J., & Witmer, M. (2000). Counseling for Wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, 78(3), 251-266.
- Pearlman, L., & Maclan, P.S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 558-565.
- Skovholt, T.M. (2001). The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals. Boston, MA: Allyn & Bacon.
- Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *Journal of Humanistic Counseling, Education & Development*, 46(1), 50-65.
- Wolf, C., Thompson, I. A., Thompson, E. S., & Smith-Adcock, S. (2014). Refresh your Mind, rejuvenate your body, renew your spirit: A pilot wellness program for counselor education. *Journal of Individual Psychology*, 70(1), 57-75.

Contact Information

- Chantrelle Varnado-Johnson, M.Ed, MA, LPC-S, NCC cdvarnad@gmail.com
- Angela Bramande, M.Ed, NCC, Counselor Intern angela.bramande@gmail.com
- Kamica John, M.Ed, Counselor Intern kmjohn83@gmail.com
- •Elizabeth A. Taylor, M.Ed, NCC, Counselor Intern elizabethataylor2@gmail.com