Helping Counselors in Training Support Themselves: Wellness Education and Implications

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Abstract

The demand for trained mental health professionals is growing. Project growth for substance abuse, behavioral disorder, and mental health counselors is projected to grow nationwide up to 23% from 2016 to 2026 = 30,300 new counselors within 10 years (Bureau of Labor Statistics, 2018). In May of 2017, 1,529 students graduated from Liberty University with M.A. in Counseling, more than 60% were online. It is estimated that 1 in 4 (29%) now take at least one distance education course. Therefore, counseling student’s wellness has implications and importance beyond the classroom.

Learning Objectives

1. Increase knowledge of wellness models in the counseling field by looking at the research, counseling history, and trends of wellness.

2. Identify holistic areas needed to improve counselor in training wellness and provide practical applications for the counselor individually and those in online educator/supervisory roles.

3. Present findings on first year online counseling student wellness characteristics – to benefit the student and the educator.

Why Wellness?

1. The holistic approach to wellness involves an assessment of the person as whole rather than assessing physical, psychological, and emotional characteristics separately. Using Adlerian Theory principles, the holistic approach includes the observation of the individual’s strengths and areas needing improvement (Sweeney, 1975). This holistic approach incorporates “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” (Myers, Sweeney, & Witmer, 2000, p. 252).

2. Why wellness is “associated with self-companion, a well-known mindfulness practice that alleviates stress and improves upon interpersonal relationship” (Reilly, 2016, p. 217).

3. Counselors have greater burnout when using maladaptive coping strategies (denial, self-blame, substance use, etc.) (Thompson, Amatae & Thompson, 2014).

What Do the Numbers Say?

• As an individual’s level of wellness increases so does their job satisfaction (Connolly & Myers, 2003).

• Self-efficacy and personal activities (e.g. non-counseling personal activities) affects school counselors’ level of wellness. Woods, 2009.

• Even though master's level counseling students may appear to have high levels of wellness, they may still have psychological difficulties and social desirability issues that need to be addressed (Smith, 2006).

• Counseling educators’ level of wellness is negatively impacted by stress, occupational transitions (e.g. promotion and tenure), and life changes (e.g., having children) stress (Wester, Trepal, & Myers, 2009).

• Using the SF-Wel, counselors-in-training had statistically significant higher levels of wellness when participating in a wellness course during their counselor education program in comparison to those who did not (Roach, 2005).

Helping Counselors Help Themselves in an Educational Setting

Wellness programs are considered non-academic programs in graduate academic programs in academic programs in college campuses, and their administrators strive to use a holistic approach to address the strengths and challenges among college students. The holistic approach of wellness incorporates the mind, body, and spirit, providing a more comprehensive view of the issues concerning college students.

Wellness in Counselor Education:

• It is a key component in the development of Counselor Identity

• CACREP requires programs to promote wellness and prevention

• Promoting and assessing wellness can help with gatekeeping related efforts by addressing deficiencies

• Encouraging self-care in Graduate students will increase the likelihood that they will continue to practice self-care as new professionals and will promote wellness in their clients’ lives

• An essential part of prevention of both burnout and impairment

• Associated with increased interpersonal development and decreased levels of distress in graduate students

(Reilly, 2016; Wolf, Thompson, Thompson, Smith-Adcock, 2014; Ott, Prosek, Ener, & Lindo, 2013)

References – QR Code

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American Counseling Association (ACA) Code of Ethics (2014)

CACREP Standards (Decision K, K.4., K.5.) (2016)

References

American Association for Marriage and Family Therapy (AAMFT) Code of Ethics (2007)

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Recommendations/Future Directions

• The importance of self-analysis to monitor students is recommended, Merryman, Martin, and Martin (2015) state that counseling educators need to be more aware of mental health issues in students as they arise to provide adequate interventions.

• On-line counselor education programs must seize opportunities available to assess and promote wellness as a point of prevention, modeling, and training throughout their graduate program. Even minimal reminders about wellness and self-care can be beneficial to graduate students that can promote lifelong self-care practices (Merryman, Martin, & Martin, 2015; Wolf, Thompson, Thompson, Smith-Adcock, 2014; Ott, Prosek, Ener, & Lindo, 2013).

• Counselors must be proactive and cannot afford to wait until impairment is significant or it crosses over into unethical behavior (Lawson & Venarrt, 2005).

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3. One political organization, the World Health Organization (WHO), provided guidelines for what is considered health and how to promote healthy alternatives globally (WHO, 2007). The WHO defined optimal health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1946, p. 1).

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