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Counseling for Wholeness: Integrating Holistic Wellness Into Case Conceptualization and Treatment Planning

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Introduction

Concepts related to *holistic wellness* continue to inform best practices for counselors and other mental health professionals (Myers, Sweeney, & Witmer, 2001). Research into the *mind-body connection* within fields such as public health and integrative medicine continues to support the underlying principles of holistic wellness theory (Shannon, Weil, & Kaplan, 2011). Clinicians are encouraged due to these developments to broaden their views on human functioning, mental health, and how best to promote clients' achievement of their respective treatment goals. Various models of holistic wellness exist due to different theorists' perspectives on the aspects of human experience (e.g., mind, body, spirit, community, etc.) that comprise this multi-faceted concept.

Despite variations between existing models, two overarching principles are generally used to define and clarify the concept of holistic wellness in counseling; namely that of *holism* and *optimal functioning*. Holism refers to the concept that individual humans should be viewed as unified wholes that are more than the sum of their respective constituent elements (Sweeney & Witmer, 1991). This concept subsumes the related idea that although different aspects of functioning can be specified (such as mental or physical health) all aspects are part of an inter-related and emergent system where change in one part effects change in the whole. Evidence that documents the relationship between stress and physical health (Myers, 2003), social relationships and overall well-being (Hartwig & Myers, 2003), mental health and spirituality (Savolaine & Granello, 2002; Witmer & Sweeney, 1992), and the impact of exercise on recovery from depression (Shannon et al., 2011) illustrates the principle of holism.

The second defining principle, *optimal functioning*, is the ability of the human being to continually develop in capacities and resiliency across inter-related domains of living over the life-span (Sweeney & Witmer, 1991). The concept of optimal functioning supports the idea that health and overall life-satisfaction should not be defined solely by the *absence* of illness, but also by the *presence* of health promoting factors and characteristics (Sweeney & Witmer, 1991). Lines of research on risk and resiliency factors associated with the prevention or mitigation of chronic health conditions (Shannon et al., 2011) and the philosophical paradigm of positive psychology (Myers & Sweeney, 2005) are both rooted in attention to how the development of optimal functioning over the lifespan promotes well-being while also protecting against illness. Commitment to the two overarching principles of holistic wellness theory promotes the adoption of a preventative, developmental, and strength-based approach that Myers (1992) and Remley and Herlihy (2001) assert is the foundation for counselors' collective professional identity and hence should inform standard counseling practice.

It is prudent for counselors in the 21st century to integrate wellness concepts into conceptualization and treatment planning with their clients given the historical emphasis on holistic wellness within counseling and recent developments that support empirically the connection between wellness, health, and life-satisfaction. In order to promote counselors' integration of holistic wellness into their overall counseling approach we provide: a) an overview of prominent wellness models, b) a summary of multicultural considerations related to applying wellness to diverse clients, c) a comprehensive synopsis of the counseling-specific Indivisible Self framework of wellness (Myers & Sweeney, 2005); and d) an illustration of how to incorporate the Indivisible Self framework into the assessment, conceptualization, and treatment planning phases of the counseling relationship.

Prominent Wellness Models

Individual Psychology

The wellness principle of holism is a core tenet of Adlerian theory; Adler also based his model on the assumption that human beings possess both: a) an innate striving for superiority or mastery and b) a social interest in the development of other's well-being (Ansbacher & Ansbacher, 1956). Adler viewed clients as whole individuals (hence the term *individual psychology*) embedded within dynamic social contexts (e.g., family, society) that require a sense of purpose or movement towards achieving desired goals (Ansbacher & Ansbacher, 1956). He specifically identified work, love, and friendship or community as three salient domains that humans must address and integrate in order to achieve optimal well-being (Witmer & Young, 1996). These concepts infuse the framework of the Indivisible Self developed by Myers and Sweeney (2005), and implications for case conceptualization and treatment planning based on Adlerian concepts are addressed later in this paper.

Public Health and Integrative Medicine

The concept that individuals can alter their lifestyle to achieve or experience high-level wellness was promoted by Dunn (1961), a physician who identified balance across the life domains of work, spirituality, and community as critical to overall life satisfaction. Dunn also maintained that humans need a sense of purpose in life in order to realize optimal functioning. The concept that sense of purpose is vital to wellness is also found in the model proposed by Hettler (1984), who defined wellness as the deliberate and purposive choice of an individual to

live a successful and healthy existence. Hettler theorized wellness as having six dimensions: a) physical, b) social, c) emotional, d) intellectual, e) occupational, and f) spiritual. Adherents of Hettler's model stress the use of preventative physical self-care measures that people can engage in to prevent illness. Such measures include eating a healthy and balanced diet, exercise, avoiding or minimizing alcohol intake, and practicing breathing exercises designed to reduce stress and tension levels (Hettler, 1984; Hermon & Hazler, 1999). These measures are also identified as potential areas for treatment planning in counseling based on the Indivisible Self framework (Myers, & Sweeney, 2005).

The field of integrative medicine, which is based on the integration of both interventionist (i.e., *allopathic*) and complementary (i.e., *homeopathic*) healthcare models, is also considered a holistic wellness approach (Shannon et al., 2011). An important philosophical contribution of the integrative medicine paradigm involves not only preventing illness, but also the use of complementary or even alternative healthcare strategies such as meditation to treat disorders. The incorporation of complementary healthcare strategies is based on tapping into the strengths, values, and beliefs of clients as they cope with or overcome mild, moderate, or severe conditions (Shannon et al., 2011). According to Shannon et al. (2011) healthcare practice from the integrative paradigm facilitates a broader and more complete view of human health (including mental health) and subsequently expands the available options that healthcare providers and clients can use to mitigate disorder and to promote resiliency.

Multicultural Considerations

In considering multicultural implications of the tenets of the existing wellness models related to counseling, a paradox exists. On the one hand it is important to not assume the generalizability of current wellness concepts as they were developed by and within the Western (-ized) social context. On the other hand wellness models based on the so-called mind-body-spirit connection are more consonant with indigenous healing practices and ideas of health found in cultures around the globe (Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004). Indigenous healing techniques such as traditional Chinese medicine, yoga, Reiki healing, prayer, and meditation are used to promote harmony and integration between different aspects of the human self, including the spirit and relationships with others (Yeh et al., 2004). Many cultures share the belief that various aspects of an individual (e.g., mind, body, soul, environment, etc.) must be aligned and in sync in order for a person to experience an ultimate sense of wellness (Garrett, Brubaker, Torres-Rivera, West-Olatunji, & Conwill, 2008; Yeh et al., 2004).

There is evidence that holistic wellness models are applicable for conceptualizing the needs of culturally diverse people. A positive correlation was documented (Rayle & Myers, 2004) between ethnic identity and overall wellness in adolescents who belong to ethno-racial minority groups. Spirituality as an aspect of wellness was assessed directly and was found to significantly correlate to both overall wellness and to ethnic identity development for adolescents from African-American backgrounds but not for European American adolescents (Rayle & Myers). In their conceptual article describing a group counseling technique designed in concordance with Native American beliefs, Garrett et al. (2008) articulated how promoting harmony between different levels of experience (including the mind, spirit, relationships, and nature) is an essential component of Native American views on health and wellness. It should be noted that Garrett et al. also asserted that the principle of harmony to promote wellness can be applied to both clients from Native American backgrounds and to other clients. In a correlation-based study Moe, Dupuy, and Laux (2008) found that lesbian, gay male, and bisexual

participants found to have higher levels of self-affirming beliefs relative to their same-sex oriented thoughts, feelings, behaviors, and identity were also found to have higher levels of hope, optimism, and sense of purpose in life. Sense of purpose in life (Savolaine & Granello, 2002), hopefulness (Myers & Sweeney, 2005), and optimism (Shannon et al., 2011) are all conceived as aspects of holistic wellness within various wellness models. In summary, there is evidence that the principles of holistic wellness are applicable to ethnically and sexually diverse groups. Reflection upon the commonalities and differences in holistic wellness ideas, particularly what domains are emphasized as aspects of health by different cultures, can facilitate multicultural competency as counselors engage with clients whose worldviews on health are not based on the traditional medical or interventionist models.

The Wheel of Wellness and the Indivisible Self

The Wheel of Wellness (Myers et al., 2001) model was conceived as a developmental model largely based on tenets from Adler's framework of individual psychology (Witmer & Sweeney, 1992). Spirituality was conceived as the foundation of wellness and was defined as a sense of connection, purpose, meaning, and optimism that people experience in relation to their own lives (Sweeney & Witmer, 1991). The life tasks of the Wheel of Wellness included the development of high-level functioning in the domains of a) spirituality, b) self-regulation, c) work or occupation and leisure, d) friendship, and e) love (Myers et al., 2001).

The term Indivisible Self evolved from research focused on gathering validity evidence for the Wheel of Wellness (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2005). The developers' theory-based revision of the Wheel of Wellness is a direct result of the discovery through factor analysis that five factors and one higher-order factor (interpreted as overall wellness) best represented their research findings (Myers & Sweeney, 2005). While the principles of holism and of optimum functioning still undergird the Indivisible Self framework, the five factors of wellness theorized to comprise this model are: a) the Essential Self (further comprised by spirituality, self-care behaviors, and gender and cultural identity); b) the Coping Self (incorporating realistic beliefs, stress management, self-worth, and leisure activities); c) the Creative Self (composed of thinking, emotions, sense of control, humor, and work); d) the Physical Self (exercise and nutrition); and e) the Social Self (family, friendship, and love).

In tandem with the above components of the Indivisible Self, it is necessary to conceptualize the development of holistic wellness within four main levels of context: local, institutional, global, and *chronometrical* (Myers & Sweeney, 2005). The local context includes family of origin and other important affinity groups. The institutional context includes organizations such as work places, schools, churches, and other community groups. The global context includes events that impact people across the world such as the 2008 crash of global finance markets and weather events related to climate change. The last context, *chronometrical*, includes the effect of lifespan development upon the preservation or the change in ideas about health and wellness that may occur over a client's lifetime. This articulation of influential levels of context coupled with aspects of the Essential Self helps to improve the multicultural applicability of the Indivisible Self framework by providing conceptual space for counselors to reflect upon the intersection of gender, culture, age, community, global events, and generation as these inform individual engagement with holistic wellness. Below we articulate how to incorporate the Indivisible Self framework of holistic awareness into assessment, case conceptualization, and treatment planning with clients.

Assessment, Case Conceptualization, and Treatment Planning

Myers, Sweeney, and Witmer (2000) encouraged counselors to follow a four-phase approach when counseling from the Wheel of Wellness framework. The four phases include: a) introduction of the wellness model; b) assessment of wellness; c) designing and implementing interventions; and d) evaluation and follow up. This four-phase model has been illustrated for work with adolescent offenders (Hartwig & Myers, 2003); to promote the self-care of individuals providing care-giving to loved ones (Myers, 2003); and to promote psychological well-being and academic achievement in primary school students (McLoughlin & Kubick, 2004). We extend the four phase approach articulated by Myers et al. (2000) into the Indivisible Self framework to demonstrate how to integrate holistic wellness into case conceptualization and treatment planning during counseling with clients. The following phases can be initiated at either the beginning of a new counseling relationship or within the context of an established relationship.

Phase One: Orientation to Wellness

In the first phase of integrating wellness into counseling, clients are oriented to the Indivisible Self framework and to wellness in general (Myers et al., 2000). This begins with a discussion of the wellness tenets of holism and optimal functioning with the goal of identifying examples of each that arise from the life and experience of the client. For example, clients can be asked if they have ever experienced a sense of connection between their mental and physical health (holism) and in what ways their strengths help them cope with or even overcome stress (optimal functioning). Once it is determined that the client relates to the tenets of wellness it is important to introduce and explain the five factors and four contexts of the Indivisible Self framework. It is not necessary to follow any specific order in discussing the components of the Indivisible Self framework, and may be more useful if presented and discussed based on what the client is most likely to resonate with. It is also important to consider the impact of the four contexts (local, institutional, global, and chronometrical) in terms of how these influence the definitions of wellness that clients engage with over their lifespan. The following is a closer look at the five domains of the Indivisible Self framework.

The Essential Self. The Essential Self domain of the Indivisible Self framework includes spirituality, gender and cultural identities, and self care behaviors. Spirituality as conceived from the Indivisible Self framework includes the ability to ascribe and interpret life-events as having meaning (Savolaine & Granello, 2002), a sense of interconnectedness between oneself and others, the possibility of the existence of a transcendent reality (i.e., sacredness or divinity), and may also include the formal practices related to organized religious affiliation (Myers et al., 2001). Reflection upon gender and cultural identities further improves the applicability of the Indivisible Self framework to work with diverse clients. Self-care behaviors include efforts undertaken by clients to achieve and maintain optimal functioning over the lifespan. Lack of self-care behavior or lack of validating connections to spirituality, gender, and cultural identities may result in feelings of hopelessness or purposelessness that attention to wellness concepts helps to address (Myers & Sweeney, 2005).

The Coping Self. The Coping Self domain incorporates: a) holding realistic beliefs, b) stress management strategies, c) a sense of self-worth, and d) leisure activities that promote a sense of fun and enjoyment. The Essential Self is distinct from the Coping Self as the former is conceived as aspects of self-identity and the latter as discrete sets of coping skills individuals use on a day-to-day basis (Myers & Sweeney, 2005). Threats to the components of the Essential Self are more likely to be experienced as crises, while lack of attention to the Coping Self could lead

to gradual increase in daily stress and related concerns. While exploring themes related to the Essential Self can help clients to define who they are, themes related to the Coping Self help illumine specific skills that clients can use (or learn) in order to negotiate stressful life events across different environments, situations, and contexts.

The Creative Self. The Creative Self is the domain composed of the thinking, feeling, and working self and includes activities that sustain life, facilitate participation in multiple life contexts, afford clients a sense of control, and contribute to feelings of general self-efficacy and usefulness (Myers & Sweeney, 2005). Exploring themes related to the Creative Self helps clients make or voice their perspective on the connections between emotions, thoughts, and their sense of being effective and resourceful individuals. Intervening in the area of work goes beyond traditional career counseling; clients are encouraged to review their personal meaning of work and to relate this holistically to the other life tasks (Myers, 2003). The components of the Creative Self can also be viewed as the building blocks of talents or strengths that the client relies on in order to contribute to his/her respective social worlds and to create the kind of life that he or she finds meaningful.

The Physical Self. This domain includes the health components of exercise and nutrition. The wellness models of Dunn (1961) and Hettler (1984), as well as the paradigm of integrative medicine (Shannon et al., 2011), all incorporate foci on exercise and nutrition as preventative healthcare behaviors that individuals can engage in to reduce the risk of morbidity throughout the lifespan. While discussing the components of the Physical Self may seem better left to physicians and other healthcare practitioners, the principle of holism encourages counselors to consider how exercise and nutrition impact mental health and wellness. Clients can be encouraged to identify physical activities and foods that they find to be enjoyable, articulate how exercise and nutrition affects their mood, and explore connections between the aspects of the Physical Self and other components of the Indivisible Self framework.

The Social Self. Finally, the client is introduced to the domain of the Social Self which is composed of the sub-domains of family, friends, and love (or intimate relationships). Friendship involves the creation and maintenance of stable and caring relationships outside of one's immediate family or circle of significant others. Love entails the experience of close and functional relationships with one's immediate family or with a romantic partner. Issues related to the Social Self may be particularly salient for clients from cultural backgrounds where the collective is emphasized over the individual and where acknowledging the interdependence of the individual, family, group, and society is viewed as a marker of maturity and health (Yeh et al., 2004). It is important to note here that the developers of the Indivisible Self don't specify what types of social relationships are or should be more important (Myers & Sweeney, 2005); as with the components of the other domains, exploring the elements of the Social Self creates a space where the values of the client anchor discussion and facilitate the identification of therapeutic goals.

Phase Two: Assessing Wellness

The assessment of wellness can be both formal and informal and should serve as a complement to other assessment procedures such as a bio-psycho-social interview. The philosophy of holistic wellness encourages counselors to assess both the limitations the client is facing as well as the strengths, competencies, and resources that clients possess. Counselors committed to following the Indivisible Self model can acquire and use the revised 5 Factor Wellness Evaluation of Lifestyle (WEL; Myers & Sweeney, 2005), a psychometric instrument

developed to assess strengths and areas for growth within each domain and sub-domain of the Indivisible Self framework. An interview protocol based on exploring the domains of the Indivisible Self could also be used; Myers (2003) recommends using scaling questions to both facilitate client self-assessment of wellness and to begin identifying actions the client can take to improve wellness in a specific domain and thereby the client's overall level of wellness.

Phase Three: Wellness Planning

Once the results of formal and informal assessment are shared, clients may be tempted to work on all growth areas where dissatisfaction is experienced. Facilitating client focus on a few areas of growth is the wellness-based counterpart to the diagnosis of mental disorder; rather than restoring functioning and remediating symptoms, however, the wellness plan seeks to improve under-developed strengths and assets based on the belief that change in one area of the client's level of capacity improves the client's overall functioning (Myers, 2003; Myers & Sweeney, 2005). Wellness interventions would vary depending on the areas chosen for improvement, and the role of the counselor shifts during this phase to include motivating the client to follow-through on selected wellness-promoting strategies. Actions taken outside of the counseling session become the focus of dialogue, and may even include advocacy to change institutional policies or improve access to resources related to clients' ability to achieve and promote their own and others' holistic wellness across salient social contexts.

Phase Four: Evaluation and Follow-Up

Once areas are identified and interventions are set in motion, it is useful to evaluate progress using scaling in order to facilitate continued motivation. New issues may arise as clients engage in their identified wellness plan, and a shift in goals may be necessary as clients integrate their wellness strategies into their overall concept of self-in-relation to local, institutional, global, and chronometric contexts. It is important to highlight for clients how their attainment of wellness goals facilitated positive growth across the domains of their life, including any symptom relief or resolution experienced directly or indirectly as a result. Counselors should also pay attention to when and if the client has begun to continuously engage in wellness strategies; this could be a sign that the wellness integration itself was successful and may also serve as a marker for the termination of the counseling relationship. Structured follow-up should include a period of reflection for both the counselor and the client, and questions related to how values, beliefs, and definitions of holistic wellness continued to evolve are important to consider both individually and collaboratively. This phase is an important time for counselors to reflect upon their own commitment to holistic wellness, both as a treatment approach for clients and in terms of application to counselors' own lives.

Case Example

In order to further illustrate the approach described above, consider the case of a client who is beginning her tenure track career as a counselor educator. The counselor educator seeks professional counseling due to feelings of stress that seem at times overwhelming. The counselor initiates a conversation about holistic wellness and both client and counselor agree to engage in exploration of the client's wellness within the Indivisible Self framework. During phase one, the counselor would provide knowledge of the Indivisible Self domains, sub-domains, and contexts

of experience. This includes discussing the meaning of each domain, examples from the client's own life, and clarifying concepts that seem novel to the client.

In the assessment phase, the counselor and client explore how the client is currently functioning within each domain and sub-domain across the four contexts specified above. The counselor uses scaling questions to help the client identify areas of strength and of development across the domains of the Indivisible Self. High and low points are agreed upon, and the client identifies being satisfied with functioning in domains of the Physical Self, Essential Self, and Social Self across multiple levels of context. The client articulates that her sense of connection to others, her exercise routine, and her personal spiritual beliefs are and will be sources of strength she draws from to support her commitment to improving wellness in other areas.

Two important areas of growth for the client include sense of control (Creative Self) within the institutional context and stress management within both family (i.e., local) and institutional settings (Coping Self). The counselor and client collaboratively agree to explore stress management techniques with the knowledge that improvement in stress management will impact the client's overall wellness. The counselor and client practice guided imagery techniques the client can use at work, how to voice doubts and concerns with family members, deep breathing techniques, and how to self-affirm when small goals are met along the way towards realizing long-range goals like publishing a manuscript or submitting final grades for a course. Success implementing these strategies is scaled in an ongoing manner, and the counselor also uses scaling questions to assess improvement in other domains to reinforce the wellness principle of holism. The improvement in wellness can be used to clarify whether the counseling relationship should be terminated, or can continue to be referenced in support of the client should other areas for improvement become the focus of the relationship.

Conclusion

Designing and planning interventions within this four-phase model facilitates the introduction of holistic wellness into case conceptualization and treatment planning with clients. The elements of the Indivisible Self framework represent components of holistic wellness identified as important across disciplines, of particular import for professional counselors, and that are supported by empirical evidence (Harari, Waehler, & Rogers, 2005; Myers & Sweeney, 2005). Expanding one's view of health and functioning to include holistic wellness affords counselors increased opportunities for case-conceptualization and treatment planning. Wellness as it applies to working with minority cultures and marginalized populations is an area in need of more theorizing and empirical work. Trends toward validation of the mind-body connection (Shannon et al., 2011) across cultures and contexts ensures that the philosophy of holistic wellness will remain relevant for counselors seeking to facilitate client achievement of optimal, holistic, and personally-meaningful functioning over the lifespan and across the domains of mind, body, spirit, and community.

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Counseling for Wholeness: Integrating Holistic Wellness into Case Conceptualization and Treatment Planning. Jeffrey L. Moe, Dilani M. Perera-Diltz, and Tamara Rodriguez. 2012. Concepts related to holistic wellness continue to inform best practices for counselors and other mental health professionals (Myers, Sweeney, & Witmer, 2001). Research into the mindbody connection within fields such as public health and integrative medicine continues to support the underlying principles of holistic wellness theory (Shannon, Weil, & Kaplan, 2011). Clinicians are encouraged due to these developments < Position spas as the center of integrated/holistic approaches to wellness. < Provide continuity of care to customers.Â Spas can also develop specialized treatment packages tailored for specific patient profiles (such as cancer, diabetes patients, etc.) or package appearance and confidence-enhancing spa and beauty services/products for seriously ill patients, to boost their mood, self-image, and positivity about recovery. 2. Partner with the medical industry to encourage and conduct evidence-based research, and explore ways for individual spas to support specific research studies.Â That is not the case. First, wellness as a concept has a long and ancient tradition and body of knowledge behind it. text shows students how to develop effective caseconceptualizations and treatment plans. Case Conceptualization and Treatment Planning presents acomprehensive model that simplifies a task that is potentially overwhelming to a student-figuring outhow to tailor clinical work to the specific background and values of a client. This new edition has beenthoroughly revised and expanded, including the addition of two new theoretical orientations: feministperspective and constructivist perspective. Key FeaturesInterviews that challenge students to gain anunderstanding of the strengths