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### Barriers to Wellness for Counseling Students

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#### Abstract

There is a paucity of professional literature on counseling students who may experience a unique set of stressors and barriers to wellness. This article identifies potential barriers to wellness and self-care for counseling students. Implications for counselor education programs, including suggestions on removing barriers to wellness, are discussed.

*Keywords:* counseling students, barriers, wellness, self-care

It is generally recognized that impaired mental health professionals experiencing burnout (Riggar, 2009), empathy fatigue (Stebnicki, 2008), and other forms of distress (Cottone & Tarvydas, 2007) can potentially harm or provide substandard counseling services to clients (Lawson, Venart, Hazler, & Kottler, 2007). Wellness and the need for self-care is a standard in the *American Counseling Association Code of Ethics* (2014). Also, because the need for self-care and wellness activities begin for counseling students in counselor education programs, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards (2016) advise counselor education programs to foster self-care in counseling students.

The professional literature on wellness and self-care has focused primarily on mental health professionals practicing in the field. However, counseling students often experience a unique set of stressors and barriers to wellness that are not necessarily experienced by practicing professional counselors. The goal of this article is to explore potential barriers to counseling students’ wellness to inform counselor educators in their efforts to facilitate students’ self-care.

Many counselors have adopted a holistic perspective in counseling whereby they work with the whole person, body, mind, and spirit in the context of his or her total environment toward the goal of helping a client achieve his or her highest level of

wellness (Goodwin, 1986). According to Swarbrick (1997, 2006) *wellness* is the conscious awareness of the decisions that affect individuals' ability to have rewarding lifestyles. Wellness describes a way of life and encompasses an active attempt to find equilibrium among a host of healthy behaviors (Swarbrick, 1997). Wellness also includes evaluating the biopsychosocial-spiritual dimensions of one's life (Goodwin, 1986; Swarbrick, 2006). Remaining in tune with these dimensions allows individuals to make adjustments that improve overall functioning, as a change in one dimension often elicits change in another. From a wellness perspective, Granello and Witmer (2013) suggested:

The counselor's commitment is to nurture and enhance human abilities and functioning rather than solely focus on the treatment of pathologies. The wellness counselor assists the client in striving for his or her highest level of functioning across all of the dimensions of human life. (p. 29)

Counselor wellness influences the quality of service clients receive (Lawson et al., 2007). When compared to the general population, counselors are at greater risk of having mental or emotional disorders (Lawson & Myers, 2011). One explanation for this is that counselors utilize empathy to understand issues from the client's perspective. In doing so, counselors can become engrossed in the helper role and begin to neglect their own well-being (Lawson et al., 2007).

Challenges arise when counseling students attempt to negotiate new roles. As the role of professional counselor becomes more salient, counselors develop a unique blend of personal and professional attributes that forms what Skovholt and Rønnestad (1992) described as the *therapeutic self*. As counseling students become more self-aware, they may start to identify areas in need of personal development (Skovholt & Rønnestad, 1992). In addition, counseling students may confront an array of stressors such as financial and time management issues (McCarthy, 2008). As a result, counseling students may also experience higher levels of countertransference in comparison to more experienced counselors. While the benefits of counseling for these individuals may be apparent, counseling students are often reluctant to seek help (McCarthy, 2008).

This article explores potential barriers to self-care and wellness for counseling students. Barriers are defined as anything that hinders counseling students from achieving a holistic sense of wellness. Implications for counseling students and counselor educators, including suggestions for minimizing and removing barriers, are presented.

## Barriers to Wellness

The Indivisible Self Model of Wellness (IS-WEL), developed by Myers, Sweeney, and Witmer (2000), is utilized as a framework to organize an exploration of potential barriers to self-care and wellness. The IS-WEL is a holistic, evidence-based model derived from the Wheel of Wellness model and Adlerian theory (Myers, Luecht, & Sweeney, 2004). The Indivisible Self includes the *Physical Self*, *Creative Self*, *Social Self*, *Coping Self*, and *Essential Self*.

### Physical Self Barriers

The Physical Self refers to "the biological and physiological processes that compose the physical aspects of a person's development and functioning" (Myers & Sweeney, 2008, p. 485). Within the Physical Self are two components: exercise and

nutrition, which promote physical and psychological well-being. A healthy diet combined with physical activity reduces health concerns and improves overall quality of life (McNaughton, Crawford, Ball, & Salmon, 2012). Additionally, both can have a whole body effect, as exercise and nutrition can modify multiple body systems (Walsh, 2011).

**Exercise.** Intrapersonal and institutional concerns characterize exercise barriers among college students (Gyurcsik, Bray, & Brittain, 2004). A lack of motivation, an injury, or a preference for sleep over exercise describe common intrapersonal barriers (Gyurcsik et al., 2004). A demanding school workload that does not allow time for physical activity is the number one institutional barrier (Gyurcsik et al., 2004). Other studies suggest college students perceive lack of time as the primary reason for not exercising (Ebben & Brudzynski, 2008).

**Nutrition.** Greaney et al. (2009) classified nutritional barriers as intrapersonal-level, interpersonal-level, and environmental-level. Time was indicated as a barrier, as students believe they lack the time to grocery shop and prepare healthy foods (Garcia, Sykes, Matthews, Martin, & Leipert, 2010). Another concern may be financial as many students live on fixed budgets and cannot afford to purchase better quality foods. Specifically, the cost of organic foods may be significantly more expensive than less nutritional and convenient options (Garcia et al., 2010). Counseling students may also increase snacking as a coping strategy for stress (Hudd et al., 2000).

### Creative Self Barriers

Myers and Sweeney (2008) described the Creative Self as “the combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world” (p. 485). The Creative Self is composed of thinking, emotions, control, work, and positive humor.

**Thinking.** Thinking is described by Myers and Sweeney (2008) as being open-minded with the ability to use creativity to solve problems. Wantz and Morran (1994) suggested that effective counselors are able to synthesize a wealth of information to inform clinical hypothesis-making such as divergent hypothesis strategizing. Counselors who rely on this strategy are able to examine client cases from multiple perspectives and reduce linear thinking. Wantz and Morran also discussed the importance of fostering the use of divergent hypothesis strategizing by counseling students. Counseling students who do not learn to think divergently may not formulate alternative hypotheses to client concerns and may not be as effective when working with clients, resulting in poor client care (Wantz & Morran, 1994).

**Emotions.** Self-reflection is a fundamental component of counselor development and can elicit an awareness of emotions (Pompeo & Levitt, 2014). The ability of individuals to recognize, evaluate, and control their emotions defines emotional intelligence (Rosin, 2015). Emotional intelligence and overall counseling self-efficacy tend to increase with counseling experience (Martin, Easton, Wilson, Takemoto, & Sullivan, 2004). Rosin (2015) also posited that individuals with increased emotional awareness are better able to identify emotions and understand the interplay of the mind, body, and feelings. In addition, counseling students tend to have higher emotional intelligence than do their non-counseling peers (Martin et al., 2004). Counseling students without high levels of emotional intelligence may struggle in a counselor education program.

One way of increasing emotional and general self-awareness is through personal counseling. Many leaders in the mental health field, including Corey, Corey, and Corey (2014), Yalom (2002), and Kottler (2000), as well as accreditation standards for the counseling profession (CACREP, 2016), advocate for the inclusion of personal counseling as part of the training of mental health professionals. Personal individual or group counseling can help counseling students “explore the biases that might hamper their receptiveness to clients, any unfinished business that might lead to distortions in their perceptions of group members. . . and ways they can fully recognize their strengths” (Corey et al., 2014, p. 86). The most commonly cited barriers to seeking professional help in one study were time constraints, money, insurance issues, and stigma, respectively (McCarthy, Pfohl, & Bruno, 2008, as cited in McCarthy, 2008).

**Control.** The perceived ability to affect life events and use assertiveness to fulfill needs refers to control (Myers et al., 2004). Individuals who believe they have more control over the course of their lives tend to have better overall wellness. Effective counselors tend to confront relational problems in their work with clients and coworkers. Also, assertive counselors fare better negotiating relationships than those who are not assertive (Ikiz, 2011). Counseling students, insecure in their evolving role as a more experienced professional counselor, may have trouble being assertive and advocating for their needs.

**Work.** Work plays an essential role in overall life satisfaction (Myers et al., 2004). Busacca, Beebe, and Toman (2010) conducted a national survey of life and work values and found counseling students ranked lifestyle (i.e., having a job that does not conflict with personal time) as the top value. Counseling students may manage job responsibilities in addition to coursework. As a result, work may become a new source of stress, as the number of roles a student must juggle increases.

**Positive humor.** Myers and Sweeney (2008) referred to positive humor as the ability to laugh at one's mistakes. Humor is believed to have a positive, holistic effect on the body (Goldin & Bordan, 1999). Additionally, the use of humor in counseling can be very therapeutic (Nussbaum & Michaux, 1963; Witztum, Briskin, & Lerner, 1999). As counseling students begin to engage in self-evaluation of counseling abilities, the use of positive humor becomes important. Counseling students who are unable to laugh and learn from common developmental mistakes may find their overall wellness negatively impacted.

## Social Self Barriers

The Social Self is “social support through connections with others in our friendships and intimate relationships, including family ties” (Myers & Sweeney, 2005, p. 33). Friendship and love comprise the Social Self. Myers et al. (2004) described these two components on a continuum rather than separate entities.

**Friendship.** An individual's social environment shapes his or her overall psychological development and behavior (Wise & King, 2008). Establishing friendships may be necessary for counseling students who have relocated and are away from close relatives and friends (Paul & Brier, 2001). Research indicates that the absence of quality friendships is associated with significant psychological problems such as depression (Wise & King, 2008). Combined with the added stressors of professional identity development, counseling students may have an increased risk of mental health concerns.

**Love.** Love is a need expressed in both Abraham Maslow and William Glasser's works and suggests that humans desire to form relationships and develop intimacy (Fall, Holden, & Marquis, 2010). In one study utilizing the Wellness Evaluation of Lifestyle (WEL) instrument, first-year college students ranked love as the highest domain (LaFountaine, Neisen, & Parsons, 2006; Myers et al., 2000). Interestingly, almost half of the respondents indicated they did not have any sexual partners. This may imply that students value having intimate, non-sexual relationships (LaFountaine et al., 2006).

Research suggests that individuals that are able to form meaningful relationships live longer and have an overall better quality of life than those who do not (Myers et al., 2004). Counseling students may benefit from establishing intimate relationships consisting of both family and friends. A significant impact to well-being is possible with counseling students who are unable to negotiate these types of relationships.

### **Coping Self Barriers**

“The combination of elements that regulate our responses to life events and provide a means for transcending their negative effects” (Myers & Sweeney, 2005, p. 33) expresses the role of the *Coping Self*. The *Coping Self* consists of leisure, stress-management, self-worth, and realistic beliefs.

**Leisure.** The way individuals spend their time affects their development and well-being (Doerksen, Elavsky, Rebar, & Conroy, 2014). Leisure activities can be a form of stress-management and serve the purpose of improving one's ability to cope with various life events (Myers et al., 2004). College students have more opportunities to engage in leisure activities when compared to the rest of the adult population (Doerksen et al., 2014). Universities and colleges focus on student engagement as a means to increase participation in leisure activities and to gain benefits from them (Evans, Hartman, & Anderson, 2013). Most of these activities target students who reside on or within close proximity of main campus facilities. Counseling students who reside outside main campus may not benefit as easily from leisure-oriented programming.

**Stress-management.** Stress has the ability to affect every system within the body and impact mental well-being (Hintz, Frazier, & Meredith, 2015). College can be one of the most stressful times in an individual's life (King, Singh, Bernard, Marianos, & Vidourek, 2012). Stress-management techniques improve interpersonal and communication skills, increase student creativity, and reduce sickness (Flinchbaugh, Moore, Chang, & May, 2012). Unfortunately, many counseling students learn stress-management techniques and interpret them as a way to assist clients but neglect the application to their personal lives.

**Self-worth.** Self-worth entails the respect or value individuals have for themselves, which increases through effective coping (Myers et al., 2004). Self-worth can also be contingent on goal achievement (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). Individuals may have trouble separating themselves from goals, particularly when these goals define self-esteem (Crocker & Wolfe, 2001). Longfield, Romas, and Irwin (2006) indicated that the physical, emotional, and social aspects of graduate students' lives may influence their sense of self-worth. Counseling students may be unable to disengage from their goal of becoming professional counselors due to the amount of investment they have spent in time, energy, and money.

**Realistic beliefs.** Irrational beliefs are detrimental to well-being, and mental health professionals have incorporated reduction of these beliefs into theories and treatment modalities such as rational emotive behavior therapy (Ellis, 2011) and button therapy (Goodwin, 2002). College students tend to set unrealistically high academic expectations and may have academic, social, and emotional adjustment problems when unrealistic expectations are unmet (Egan, Canale, del Rosario, & White, 2007). They may also develop attachments to certain cognitions such as the need to do everything perfectly, preferably with the first attempt (Goodwin, 2002). The experience of being a counseling student may intensify insecurities and increase perfectionistic tendencies (Ganske, Gnilka, Ashby, & Rice, 2015). As a result, counseling students may generate a unique set of unreasonable goals. For example, counseling students may believe they need to solve a client's problems by the end of the first session. Irrational beliefs such as these can cause a considerable amount of distress for counseling students and affect their overall wellness.

### **Essential Self Barriers**

Finally, the Essential Self refers to “essential meaning-making processes in relation to life, self, and others” (Myers & Sweeney, 2008, p. 485). Four components—spirituality, gender identity, cultural identity, and self-care—comprise the Essential Self. Each of the five factors present with a unique set of barriers for counseling students.

**Spirituality.** Spirituality refers to a meaningful experience that “may or may not include transcendence of the spiritual world” (American Counseling Association [ACA], 2009, p. 519). An estimated 73–95% of adults in the United States believe in God and 75% indicate the importance of spirituality and religion in their lives (Adams, 2012). The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) recommends that professional counselors engage in self-awareness of beliefs, values, and attitudes regarding spirituality and religion (ASERVIC, 2009; Shaw, Bayne, & Lorelle, 2012). CACREP (2016) sets curricular guidelines to address religion and spirituality in counselor education programs and ASERVIC provides the basic competencies to incorporate into the curriculum of counselor education programs. Counseling students who do not attend a CACREP-accredited institution may not receive instruction on these topics and may lack opportunities to engage in spiritual self-exploration.

**Gender and cultural identity.** Myers and Sweeney (2008) identified satisfaction with one's gender and cultural identities as important components of wellness. Courses in multicultural counseling may encourage counseling students to engage in self-reflection regarding gender and cultural identities (Steward, Boatwright, Sauer, Baden, & Jackson, 1998). This type of self-exploration and evaluation may cause considerable distress for counseling students who are struggling to reconcile these identities.

**Self-care.** Being able to cope with work stressors and burnout is critical for professional counselors. One way to foster good health and well-being is incorporation of self-care behaviors and activities into everyday life (Christopher, Christopher, Dunnagan, & Schure, 2006). Counselors have the professional responsibility to participate in self-care activities to maintain overall wellness (ACA, 2014). Self-care may be a way to integrate all of the aforementioned factors. For example, counseling students may attend church as a way to socialize with others, connect with their spirituality, and reduce current stress levels. Counseling students with deficiencies in any of the aforementioned

16 third-order factors may find self-care activities as essential means to restore normalcy and wellness.

### **Removing Barriers**

In addition to the suggestions already implied or provided earlier, there are some general strategies for removing barriers to wellness for counseling students.

#### **Departmental Wellness Support**

Many counselor education departments support student development by including self-care and wellness topics in the curriculum and supplemental activities. As McCarthy (2008) pointed out, faculty support for student wellness and personal growth can be reflected and reinforced in departmental student handbooks and manuals, Web sites, selected course syllabi, and new student orientations. Similarly, Yager and Tovar-Blank (2007) encouraged the incorporation of a wellness philosophy that spans throughout the counselor education program. For example, counseling students may be given a wellness inventory such as the Five Factor Wellness Inventory (Myers & Sweeney, 2005) during new student orientation that can be reviewed with a program advisor on a semester or quarterly basis. By integrating wellness and personal growth topics and activities into the counselor education curricula, counseling students may learn that these areas are a valued and important part of becoming a professional counselor.

#### **Academic Credit**

Academic credit can be offered for participating in wellness activities in coursework. For example, stress management can be incorporated into the practicum course, spirituality can be integrated into the multicultural course, and psychological self-help approaches can be integrated into the counseling theories course. The group counseling course can have a major focus on personal growth and wellness as well as learning about group counseling. Personal counseling through the campus counseling center can be offered in lieu of a term paper in a practicum course. A self-change project, in which counseling students are encouraged to change or modify unhelpful behaviors, thoughts, or emotions may also be an option for counseling students. For instance, a counseling student may decide to replace energy drinks with green tea. Watson and Tharp's (2014) textbook on self-directed behavior provides a structured format for a self-change project that counselor educators can model and integrate into existing coursework.

Academic credit can also take the form of a full course. Goodwin (1980) developed a Humanistic Psychology course that had students complete a battery of self-assessment inventories concerning various sources of stress and wellness domains such as level of physical activity, nutrition, and spirituality. Students then met individually with the two faculty members co-teaching the course to review the self-assessments and develop an "Individualized Personal Growth Program" (IPGP). Wellness topics throughout the course included experiential personal growth activities. A personal journal was kept throughout the duration of the course to monitor progress. Students met individually at the end of the course with the two faculty members to review progress on

their IPGP, plan post-course wellness activities, and discuss what they learned from the experience personally, in addition to the personal growth topics.

### **Faculty Modeling**

Faculty in counselor education programs can model healthy lifestyles and personal growth practices. Furthermore, Foster (2010) suggested that counselor educators have a professional and ethical responsibility to incorporate and demonstrate a holistic wellness model in the counselor training program. Keeping a healthy weight, eating nutritiously, taking naps, exercising, practicing yoga, and meditating for spiritual growth can be discussed in and outside of the classroom setting to convey to counseling students that self-care and wellness activities should be continued in practice as a professional counselor. Additionally, counselor educators can participate with their students in completing wellness inventories or developing an Individual Wellness Plan that includes goals for professional and personal development (Witmer & Young, 1996).

When appropriate, faculty can share their personal experiences with counseling and other wellness activities in the classroom. Sharing these activities may increase counseling students' participation in personal counseling and wellness activities. Knowing someone, especially a respected individual, who received counseling increases the probability that a person will enter counseling (Vogel, Wade, & Hackler, 2007).

### **Departmental Physical Space**

Designating departmental physical space for wellness activities is another way to remove some of the counseling student time and finance barriers to wellness. As Hill (2004) pointed out, creating a wellness community within the department can have wellness benefits for both counseling students and educators. Additionally, the department may allow counseling students to use a biofeedback room that may be part of a departmental counseling clinic or designate a carpeted room for practicing yoga, meditation, or other stress management activities. A lounge could be allocated for counseling students to socialize and decompress.

Counselor education students are typically encouraged to utilize campus and community resources such as recreational centers, gymnasiums, pools, sports areas, intramural sport activities, and the counseling center. Departments may also encourage cross-campus collaboration and bring professionals and students from other departments to demonstrate wellness activities. For example, graduate students enrolled in a physical therapy program may provide short massage therapy demonstrations, or professors from the nutrition department can suggest healthier snack options for counseling students.

### **Discussion**

The need for counselor self-care and wellness, in order to provide effective services to clients and prevent counselor burnout and other forms of impairment, is essential for professional counselors and counseling students. The importance of counselor self-care and wellness is recognized by the counseling profession and incorporated into its code of ethics and accreditation standards. This article explored some of the potential barriers for practicing self-care and wellness activities by

counseling students. Implications for counselor educators, including some ways of minimizing or removing these barriers, were suggested.

Counseling students face many potential barriers to wellness. Barriers span a range of dimensions and the interplay of the dimensions suggests that improvement in one dimension can elicit improvement in others. Thus, counselor educators may consider integrating a holistic perspective that views the whole person with all of the interdependent life domains when fostering self-care and wellness in counselor education programs. Counselor education programs have an essential stake in ensuring the wellness of future counselors. The impact of impairment is so potentially devastating for counselors, counseling students, and clients that it makes more sense to provide the knowledge and tools to prevent impairment in the first place.

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