The Indivisible Self Model in Counseling: A Wellness Program

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Abstract
Wellness is an innate component of counseling (Barden, Conley, & Young, 2015). The Indivisible Self (IS) model of wellness, developed by Myers and Sweeney (2005) is based on the Individual Psychology of Alfred Adler and is currently the only evidence-based wellness model in the counseling field. This project is a proposal for a wellness program and curriculum based on the IS model of wellness, for the promotion of client well being. Wellness programs based on the IS model have been recommended for counselor preparation (Wolf, Thompson, & Smith-Adcock, 2012), but there is currently no existing curriculum for use with clients. When employed by counselors, the curriculum would be a tangible way to provide wellness counseling during client-counselor interactions. While wellness is an innate part of counseling, not all clients and diagnoses may benefit from this type of program. Further research could help identify the best fit for wellness programming, and to identify the methods that work best given client diagnosis and characteristics.
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The Indivisible Self Model in Counseling: A Wellness Program

Wellness is an innate component of counseling (Barden, Conley, & Young, 2015). “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 366). While counseling is based on the foundation of wellness, counselors are not always prepared with training, tools, and techniques to offer wellness specific services. Additionally, counselors may not be living in a state of wellness themselves or knowledgeable of wellness practices.

The Individual Self (IS) model is an evidenced based wellness model created using the fundamentals of the Individual Psychology of Alfred Adler. The IS model is intended for the development of wellness programs to facilitate positive growth and change across the life span (Myers, Sweeney, & Witmer, 2000), and represents yet another means of incorporating Adlerian theory into practice. This paper is a proposal of a working Wellness Program (WP) based on the IS model of wellness (Myers & Sweeney, 2005). A literature review on wellness, the history of wellness, wellness in healthcare and counseling, and the IS wellness model will inform the curriculum. Current research on the components of the wellness model offers effective techniques to help achieve goals within the components of the IS model. The proposed Adlerian-based WP can also offer a foundation for the development of future wellness resources and future research on effective wellness practices in counseling.

Wellness

Wellness is defined as a way of life (Myers et al., 2000). When mind, body, and spirit are integrated, one is able to live more fully in the community. The wellness orientation in life is, ideally, supportive to the fulfillment of one's true capacity. According to Ardell and Langdon (1989), the quality of one's life is an important aspect of wellness. The term wellness involves the intentional act of embracing health-enhancing values, motives, and behaviors in effort to promote good health (Ardell,
1985) Wellness involves an individual's ability to achieve and maintain healthy living, and is based on an individual's ability to achieve and maintain healthy living holistically (Ardell, 1985).

**Wellness in Healthcare and Counseling**

Healthcare has historically been divided into two treatment approaches: physical health care and mental health care. As mental health concerns continue to surface in primary health care settings, clients' mental health needs have become notable to primary care physicians (Johnson, 2013). It is not possible to separate out the biological, psychological, and social components of a person’s life. Arguably, a biopsychosocial model is replacing the older biomedical model as treatment approaches and social perceptions continue to evolve (Johnson, 2013). Integrated care continues to move forward as best practice, and clients are receiving more comprehensive treatments across various disciplines. It is recommended that research and health care move forward, and apply the bio-psychosocial approach in current and future endeavors (Johnson, 2013). An emphasis of wellness in counseling addresses the bio-psychosocial needs of a client, as wellness intrinsically looks from a holistic, bio-psychosocial lens.

Approximately 70% of all deaths in the United States are caused by chronic disease (Centers for Disease Control and Prevention, 2004). According to Fetter and Koch (2009), the delivery of wellness counseling by professional counselors is fundamental in response to the rising health care expenditures in the United States. Wellness programs have proven to be cost effective, and the return on investment has been well worth the initial cost (Benavides & David, 2010). It is both the prevention of developing lifestyle-related, chronic disease and the education of the client on how to be proactive at improving their lifestyle and maintaining well-being that is the intention of a wellness approach (Fetter & Koch, 2009). When individuals are empowered to take a proactive role in their health choices, the potential is there to reduce chronic disease, decrease health care costs, and improve quality of life. Wellness programs based on the IS model could provide health care providers and mental health counselors with
tools to help clients in the development and management of wellness while solving some of healthcare’s primary concerns.

**History of Wellness**

The concept of wellness dates back thousands of years to Ayurveda, traditional Chinese medicine, ancient medicinal practices of Greece, and beyond (Global Wellness Institute, 2015). Modern origins can be traced back to 19th century American intellectual and religious movements (Miller, 2005). Some of these trends were associated with the term wellness as early as the 1950s in the United States. Dunn (1961) further associated the concept of wellness with holism and moving toward fostering high-level wellness. According to Dunn (1961), high-level wellness refers to living life up to one's fullest potential, and developing an integrated body, mind, and spirit. He was dissatisfied with the medical professional’s conceptualization of human beings as little more than biological machines (Dunn, 1961).

Dunn (1961) was not alone in advocating for the importance of a holistic approach to health and wellness. Alfred Adler, Carl Jung, Abraham Maslow, and Carl Rogers are some theorists from differing mental health orientations who have noted the importance of holism and the interdependent dynamism of wellness (Myers & Sweeney, 1998). Each of these theorists recognized the importance of healthy functioning and identified constructs in relation to that functioning. In the 1970's, an informal network of individuals in the U.S. converged on the topic of wellness (Ardell, 1985). Dr. Bill Hettler founded the National Wellness Institute in 1977, Ardell (1985) discussed personal decisions and the executions and maintenance of wellness, and Travis expanded on Dunn’s ideas to create the Wellness Inventory. Wellness resurged and has not left the healthcare domain since its resurgence.

The older biomedical approach to health care has brought the benefits of increased life expectancy and protection from infectious disease (Bendelow, 2010). However, diagnostic categories have expanded greatly, not least the patterning of health and illness with emotional/mental health,
demanding that treatment strategies be re-evaluated. The term ‘emotional health’ is increasingly being used to address an ever-changing range of symptoms that which combine mental, physical, and social aspects of health and wellbeing. As many as 75% of all patient visits in primary care practice can be attributed to psychosocial problems which present through physical complaints (Roberts, 1994).

With the wellness movement and the shift in the healthcare paradigm, western society has experienced a shift back toward the idea of holism and the cultivation of good health and well-being through this movement. The Wheel of Wellness is a model which represents the holistic approach to health, and helps all health practitioners conceptualize wellness.

The Wheel of Wellness

Sweeney and Witmer (1991) developed a wellness model that emphasized prevention over the lifespan. The Wheel of Wellness (WoW) was created as a way to organize the concept of wellness through the theory of Alfred Adler. The WoW was unique in having both a multidisciplinary focus and theoretical grounding in theories of human growth and behavior. The following is a description of the development of the Wheel of Wellness.

Following an extensive review of theory and research across disciplines, Sweeney and Witmer (1991) identified a number of characteristics that correlated positively with healthy living, quality of life, and longevity. These characteristics were organized using Adler's proposed three major 'life tasks' of work, friendship, and love. Two additional tasks of self and spirit were added in the creation of the WoW under the guise of being integral to the understanding and application of Adlerian theory (Dreikurs & Mosak, 1967). The original WoW model included seven sub-tasks in addition to the three life tasks proposed by Adler. The wheel is arranged around the idea of Spirituality and self-direction. The model appeared to look like a wheel with spokes coming from the center (spirituality), representing specific sub-tasks of the original three life tasks. The WoW was originally proposed as both an enhancing and a remedial intervention (Myers et al., 2000). Counselors could assist clients in
the process of assessing their wellness through components of the WoW and also develop wellness plans to facilitate positive growth and change across the life span (Myers et al., 2000).

Though the model supported a holistic model of wellness, it did not illustrate the use of the model as a basis for counseling interventions (Myers et al., 2000). Myers, Witmer, and Sweeney (1996) continued their work on the study of wellness and developed the Wellness Evaluation of Lifestyle Inventory (WEL), a measurable tool for the evaluation of wellness. The WEL assessed each of the components in the WoW (Hattie, Myers, & Sweeney, 2004). Early research using the instrument led to further subdividing the life tasks into work and leisure. Seven studies were conducted over several years to improve the psychometric properties of the WEL, including factor analyses and structural analyses (Hattie et al., 2004; Myers & Sweeney, 1998). Although the hypothesized interrelationships among the components of the WoW were not supported, the results of the factor analyses were encouraging and provided a basis for reexamining the structure of ‘wellness’ (Hattie et al., 2004). Relationships among the higher-order wellness factors, five second-order factors, and 17 third-order or sub-factors emerged as relevant to a new, evidence-based wellness model (Myers et al., 1996).

The Indivisible Self Model of Wellness, by Myers and Sweeney (2005), emerged years later and replaced the WoW as a more comprehensive model of wellness. The Indivisible Self Model of Wellness represented a contemporary conceptualization of wellness available for application in the mental health field. It is currently the only evidence-based model for wellness in counseling. Next, is a description of the development of The Indivisible Self Model of Wellness.

**The Indivisible Self Model**

Following a dozen years of research using the WoW model and the WEL, a new, evidence-based model of wellness was conceptualized: The Indivisible Self: An Evidence-Based Model of Wellness (see Figure 1). Like the original WoW, the IS was conceptualized using Individual Psychology as an organizing principle. In contrast to the earlier theoretical model, however, the new
model evolved through research, and represents the culmination of efforts to explain the findings of a series of exploratory and confirmatory factor analyses using the database from the WEL inventory. The emergence of the IS model of wellness has provided a foundation for evidence-based practice in wellness by mental health and counseling practitioners (Myers & Sweeney, 2005). Since it was based on the characteristics of healthy people, the model used a strength-based approach. Focusing on strengths as opposed to weaknesses, counselors can help clients understand the components of wellness and the interactions of those components.

The model consists of one first order factor of 'Self' and five second order factors: Coping Self, Social Self, Physical Self, Essential Self, and Creative Self (Myers et al., 2000). Within the second order factors are 17 third order factors: realistic beliefs, stress management, self-worth, leisure, friendship, love, exercise, nutrition, spirituality, self-care, gender identity, cultural identity, thinking, emotions, control, work, positive humor. Finally, the model includes contextual variables: Local (safety), e.g., families, neighborhood, community; Institutional (policies and laws), e.g., education, religion, government, business/industry; Global (world events), e.g., politics, culture, global events, environment, media, community; and Chronometrical (lifespan), e.g., perpetual, positive, purposeful. The model accounts for the impact that contextual variables have on the individual, and the impact that individuals have on the surrounding context (Myers et al., 2000).

The proposed WP uses the IS model's 5 second order factors and the respective 17 third order factors to structure programming. Methods and approached within the program are supported by literature and research for methods and approach. The IS model accounts for interactions between the different factors and orders and the individual. The significance of the wellness perspective lies in a positive, holistic orientation. This approach to wellness is tailored to meet the needs of the individual; it is this customization that makes wellness a sustainable approach (Myers & Sweeney, 2005).
Coping Self

There are four components to the Coping Self. These include realistic beliefs, stress management, self-worth, and leisure. The Coping Self is composed of elements that regulate our responses to life events and provide a means for transcending their negative affects (Myers & Sweeney, 2005).

Realistic thinking. Research has shown how irrational beliefs are the source of many of an individual's frustrations and disappointments with life (Myers & Sweeney, 2005). Alfred Adler (1956) refers to mistaken beliefs as the source of the neurosis, and that it is not necessarily our experiences that are the problem, but our interpretation of them. Understanding and accepting one’s own reality is part of a healthy adjustment to life’s demands. A feature of reality is that “there is an ontological gap between what we experience and understand, what really happens, and – most important – the deep dimension where the mechanisms are which produce the events” (Danermark et al., 2002, p. 39). According to choice theory, we choose all of our actions and thoughts, based on the information we
receive in our lives. Other people or things cannot actually “make” us feel or act a certain way (Glasser, 1998); instead we have the power to choose our reactions and actions.

Journaling have been shown effective tools increasing self-awareness and self-efficacy. Research indicates that journaling may have important psychological benefits above and beyond its expected academic and cognitive outcomes (Fritson, 2008). Journaling can increase an individual’s realistic expectations and perceptions (Fritson, 2008). Autobiographical exploration is another tool which leads to better understanding of one’s own beliefs, mistaken beliefs, and convictions.

**Stress management.** Stress management is understanding stress and coping with it. Stress management involves understanding stress, knowing the reasons for stress, understanding the effects of stress, and knowing and developing strategies to cope with stress (Dhobale, 2009). “Stress management encompasses techniques intended to equip a person with effective coping mechanisms for dealing with psychological stress, with stress defined as a person’s physiological response to an internal or external stimulus that triggers the fight-or-flight response. Stress management is effective when a person utilizes strategies to cope with or alter stressful situations” (Dhobale, 2009, p. 5).

Crandall (1978) found social interest to be a major moderator of life stress. The stress and illness paradigm is expanded by empirically testing social interest as a personality variable which then influences somatic health. There is evidence to support that, for people in high stress lives, there is a positive correlation between social interest and life adjustment (Zarski, Bubenzer, & West, 1986).

Time management is a coping strategy designed to help minimize stress by setting clear goals and planning the most effective use of time. Many individuals feel overwhelmed because they have too much to do and too little time to do it. Time management ideals include creating personal boundaries and learning to say no, as well as being flexible with one’s schedule and planning for distractions (Wallace, 2007).
Journal writing is a coping technique that requires the individual to write passages that document personal events, thoughts, feelings, memories, and perceptions in one's journey throughout life. Health educators should encourage consumers to write in a journal at least three times a week for approximately 20 minutes to provide a reflective experience (Wallace, 2007). People's lives are full of highs and lows over a course of time; journals can reflect these emotions. When journals are written in over a period of time, one can identify certain patterns of behaviors, such as which situations evoke the stress response. Journaling can be a technique to track stress inducing experiences.

In addition to time management and journaling, relaxation techniques, research supports diaphragmatic breathing, meditation, and Yoga as proven techniques to reduce and help manage stress (Wallace, 2007). The multiple benefits and application of Yogic techniques make it a great tool for wellness.

**Self-worth.** Self-worth has been shown to be a contributing factor in mentally healthy individuals (Crocker & Knight, 2005). The importance of self-worth lies in what people believe they need to be or do to have worth as a person. These contingencies of self-worth are both sources of motivation and areas of psychological vulnerability. People pursue self-esteem by attempting to validate their abilities and qualities. However, research supports that goal setting and empowerment can be more effective and less costly than pursuits often associated with increasing self-worth such as costs to learning, relationships, autonomy, self-regulation, and mental and physical health (Crocker & Knight, 2005, p.203).

Adopting goals that are good for others and focusing on how success at one’s goals can contribute to others may reduce the costs of contingent self-worth. Mental health professionals may help clients more by focusing on what they want to contribute, create, or accomplish and what they need to learn or improve in themselves to do so (Popov, Biro, & Radanovic, 2015).
Universal self-acceptance has been shown to strongly correlate with a greater sense of self-worth and better mental health (Popov, Biro, & Radanovic, 2015). Self-worth and self-efficacy can also be enhanced through effective coping with life's challenges. By having successful experiences, self-worth also increases (Myers & Sweeney, 2005). Both acceptance and meeting challenges successfully can improve self-worth, and hence contribute to overall wellness.

**Leisure.** Leisure is an essential part of the wellness model and one's continued development (Myers & Sweeney, 2005). Leisure opens pathways to growth in both creative and spiritual dimensions (Csikszentmihalyi, 2000). Learning to become totally absorbed in an activity where time stands still helps one not only cope with, but also transcend, the overwhelm of life's requirements (Csikszentmihalyi, 2000). Dhobale (2009) found that the development of personal hobbies and leisure activities was correlated with a decrease in the experience of stress. An interest assessment can help individuals to identify their talents and interests. Leisure activities that involve groups or other people have the added benefit of social connection.

**Social Self**

Social interest, a fundamental construct of Adlerian psychology, was considered by Adler to be the cornerstone of mental health (Rareshide & Kern, 1991). Although it has been given a variety of interpretations, in general, social interest can be defined as a genuine concern for others, a cooperative approach to life, and a striving for ideal community (Adler, 1917). Adlerian's have proposed that social interest in an innate, central personality variable that influences an individual's cognitive, affective, motivational, and behavioral processes. Zarski, Bubenzer, and West (1986) associated social interest with high overall health, a low number of somatic symptoms, and high energy level.

The Social Self includes two components: friendship and love. Friendship and love can be conceived of as existing on a continuum and, as a consequence, are not clearly distinguishable in practice (Myers & Sweeney, 2005). Sexual intimacy is sometimes thought to be a distinction between
love and friendship, but no such distinction seems appropriate, as physical attraction and true love can sometimes (or often) have little in common. Assessing one’s social network a great step toward creating more social interest within existing friendships and intimate relationships.

Friendships and intimate relationships enhance the quality and length of one's life (Myers & Sweeney, 2005). Isolation, alienation, and separation from others generally are associated poor health conditions and greater susceptibility to premature death, while social support remains in multiple studies as the strongest identified predictor of positive mental health over the lifespan. The mainstay of this support is family, with healthier families providing the more conducive sources of individual wellness. Importantly, healthy families can be either biological or families of choice (Myers & Sweeney, 2005).

Research has shown positive correlations between joining a meeting, training, organization, club, or attending sports events and better self-perceived mental-health (Hansen et al., 2015). Prosocial activates and relationship building are a part of good mental health, according to the IS model of wellness (Myers & Sweeney, 1998).

**Physical**

The Physical Self factor includes two components: nutrition and exercise. These are widely promoted and, unfortunately, often over-emphasized to the exclusion of other components of holistic well-being that also are important (Myers & Sweeney, 2005). The research evidence is compelling with regard to the importance of exercise and nutrition, especially with changes over the life span.

With regard to recognizing and honoring the importance of the connection between the body and the mind, particularly when it comes to the treatment of trauma, the field of psychotherapy has come a long way (Duros & Crowley, 2014). Many clinicians, regardless of theoretical approach, have come to appreciate that one cannot be considered without the other if their goal is to truly help their clients lead less painful or more satisfying lives (p. 238).
Social interest and connection also impacts physical health. Self and identity are core aspects of everyday experience and of the everyday experience of illness. With the onset of illness bodily functioning alters and self-conceptions and identity may also change (Kelly & Field, 1996). The body, which in many social situations is a taken for granted aspect of the person, ceases to be taken for granted once it malfunctions. The bodily basis of chronic illness has to be attended to because it limits or interferes with other physical and social activities. Interestingly, the concept of social interest has not only been linked to psychological well-being but has also been shown to be a significant predictor of physical health status (Crandall, 1978).

Group fitness or sports activities are great tools to increase social interest and physical activity. Good mental health leads and stress management leads to good physical health as a result (Dhobale, 2009).

**Nutrition.** Studies have documented associations between higher diet quality and a reduced likelihood or risk for common mental disorders and an increased likelihood or risk for common mental disorders with higher intakes of unhealthy food products (Jacka et al., 2014). These studies have been published from countries across the globe looking at children, adolescents and adults. A recent meta-analysis confirmed that adherence to a ‘healthy’ diet pattern of whole foods was associated with a reduced likelihood of depression in adults and the inverse on an increase in depression with a ‘western’ style diet with more processed foods and sugar (Jacka et al., 2014).

Studies in genomics and epigenetics are increasing the understanding of mechanisms by which nutrition and genes interact (Dauncey, 2012). Underlying brain structure and function are mechanisms affected by nutrition. These effects have profound implications for health and disease. Evidence of a significant relationship between unhealthy dietary patterns and poorer mental health in children and adolescents has been observed by O’Neil et al. (2014). The conclusion is that there is a consistent trend for the relationship between good-quality diet and better mental health (O'Neil et al., 2014). The best
way to determine an ideal diet for an individual is for that individual to pay attention to the effects of his or her dietary decisions and their impact. Food journals can help track and monitor the cause and effect relationship between what one consumes and how one feels as a result.

**Exercise.** Activities meant to increase or sustain physical fitness are defined as exercise. A study by Tse and Yuen (2009) reveals positive outcomes in relation to the health of participants who engaged in healthy dietary habits and regular physical activity. Educational initiatives in dietary habits and physical activities proved effective at encouraging participants to eat more healthily and to adopt an active lifestyle (Tse & Yuen, 2009).

In research exclusively on healthy individuals, Yoga has been shown to be as effective as or superior to traditional exercise on nearly every outcome measured (Ross & Thomas, 2010). Studies comparing the effects of Yoga and exercise seem to indicate that, in both healthy and diseased populations, Yoga may be as effective or better than exercise at improving a variety of health-related outcome measures. Furthermore, Yoga appears to improve subjective measures of fatigue pain, and sleep in healthy and ill populations (Ross & Thomas, 2010). Yoga as a mean of exercise and meditation has been found to reduce feelings of stress and anxiety and evidence shows that Yoga, while not a stand-alone remedy, can facilitate recovery from some mental illnesses as an adjunct treatment (Panesar & Valachova, 2011). According to Panesar and Valachova (2011), clinicians may consider prescribing Yoga as part of a holistic approach to patient management and treatment. Classes are generally affordable and available in many locations. Many techniques are easy to teach and learn, and can be done in session.

**Essential**

The Essential Self of the IS is comprised of four components: spirituality, self-care, gender identity, and cultural identity (Myers & Sweeney, 2005). The essential self is incorporated into an individual’s sense of meaning, purpose, and hopefulness toward life. Conversely, a loss of a sense of
meaning and purpose in life can lead to carelessness, avoidance of health-promoting habits, and general disregard of one's well-being, which is the opposite of wellness. These signs of despair, hopelessness, and alienation from life's opportunities reflect disconnection to one’s essential self.

**Spirituality.** Spirituality, not religiosity, has been shown to have positive benefits for longevity and quality of life (Johansen, 2009). It was viewed by Adler as central to holism and wellness. Mindfulness is an ancient concept which refers to a state of active, open attention on the present, or presence of mind (Robins et al., 2014). Use of the term mindfulness refers to a contemplative practice with secular health applications. While not a substitute for spirituality, mindfulness can offer a means to connect with a deeper self.

According to Kabat-Zinn (1994), who popularized the concept of mindfulness in the West, mindfulness involves purposefully paying attention to the present moment in a curious, open way, and doing so without judgment. Mindfulness is thought to be more experiential and less analytical than typical wakefulness, providing an opportunity to disengage from habitual and potentially taxing preoccupation in biases, defenses, and rumination (Brown, Ryan, & Creswell, 2007). This use of the term mindfulness differs from common use referring to being careful, heedful, or conscientious. Mindfulness is considered an inherent capacity that can be cultivated through various meditative practices.

**Self-care.** Self-care is an important promise of wellness in general and is part of the IS model of wellness. Part of cultivating self-care is structuring one’s life and schedule to accommodate self-care needs; addressing ones physical, psychological, and emotional needs; and participating in leisure activity.

Organizational skills and a life task inventory can facilitate personal organization and one’s own understanding of personal needs. Making time to take care of one’s own obligations as well as the incorporation of healthy activities is an important part of wellness.
Gender and cultural identity. Both gender and cultural identity are conceptualized as filters through which life experiences are seen. The experience of gender and culture influences how others are experienced in response to ourselves, as well as how we experience ourselves in response to others. Both affect our essential meaning-making processes in relation to life, self, and others (Hansen et al., 2015). Hansen et al. (2015) indicated in their study that participation in cultural activities may be positively associated with health, life-satisfaction and self-esteem, and is thus important in public health promotion (Hansen, 2015).

Gender is a key sociocultural influence on health (Depken, 1994) and a strong factor of mental health. It is suggested that strategies for reducing risk in mental health cannot be gender neutral as the risks are gender specific (World Health Organization, 2001). Arguably the social and biomedical domains of mental health and illness should be linked through an interdisciplinary research approach that clarifies and understands the terms ‘sex’, ‘gender’, and ‘gender difference’ (World Health Organization, 2004). Therefore, a health strategy based on such a knowledge base requires a movement towards a more ‘gender sensitive approach’ (Bergin, Wells, & Owen, 2008). Self-assessment around one’s values and life can help to bring to light areas where an individual may benefit from growth or exploration.

Creative Self

The concept of Creative Self expresses the personal beliefs, convictions, perceptions, thoughts, and feelings about the world. Adler spoke of the Creative Self as the combination of attributes that each individual forms to make a unique place among others in his or her social interactions (Adler, 1956). There are five components to this factor: thinking, emotions, control, positive humor, and work. Enriching one's ability to think clearly, perceive accurately, and respond appropriately can decrease stress and enhance the humor response that medical research has shown affects the immune system positively (Bennett, 1998). There is a strong relationship between creativity and positive mental health;
creativity is considered an important character strength (Mohamed, 2014). Research supports the creativity positively impacts mental health and a flourishing society. Arguably, psycho-stimulants might impair the intrinsically and instrumentally valuable trait of creativity, which will in the long term reduce well-being and negatively impact the positive mental health of the healthy individual (Mohamed, 2014). Exploring the creative self can help foster wellness and increase self-efficacy to sustain wellness.

Thinking. As research and clinical experience suggest, what one thinks affects one’s emotions as well as the body. Positive thinking and states of mind were negatively correlated with both depression and anxiety indicators, whereas negative thinking was positively correlated with depression and anxiety (Alsaleh et al., 2015). Conscious attention to the present moment in a receptive way is known as mindfulness. A growing body of research indicates that mindfulness can be taught and cultivated to improve physical and mental health (Robins et al., 2014).

Whatever people think becomes the experience they get within their consciousness. This means it is never the outside world—no situation, no circumstance, no person—that can cause people to feel or act a certain way; it is always peoples own creative interpretation and the meaning they make from the use of the power of thought entering consciousness. This misperception of “reality”, or people perceiving the world from a low level of consciousness, if often behind the problems for which people seek psychotherapy. Each level or perceptions looks and feels very real at the time, but it is only “real” at that level of consciousness. The particular level through which one sees the world can change at any moment with the next thought (Pransky & Kelley, 2014). Self-reflection and in vivo interactions can help shed light on lower-level functioning or erroneous thinking.

This understanding proposes that people have a built-in self-monitoring system—a reliable way of knowing whether they are using the ability of thought in their best interest or against themselves. People’s feelings serve as a reliable indicator of the quality of their thinking. In the same way that
physical pain signals a physical malfunction, painful feelings signal unhealthy or low-quality thinking and the potential for psychological dysfunction (Pransky & Kelley, 2014). When properly using the signal of an unhealthy feeling to realize their thoughts are not serving them well in that moment, people can get back to healthier thinking and access their natural state of health whenever their minds clear and their personal thinking calms down. Identifying thinking styles and exploring their impacts can help improve negative thinking, in addition to the practice of mindfulness can help promote wellness in the individual.

**Emotions.** One's emotional experiences tend to influence one's cognitive responses to similar experiences. Emotional problems have been shown to be a result of irrational patterns of thinking about an even rather than from the event itself. Structure methods of processing extreme emotions have been shown to teach students how to help themselves by providing a structured method of processing emotions (Banks, 2011).

In one study by Richards et al. (2015), happiness was associated with physical activity participation across multiple countries. This study adds impetus to a potential paradigm shift for physical activity and mental health towards promoting positive outcomes that may be more appealing to the population and increase resilience to mental health disorders. Other research supports that solution building-conversations may increase positive emotions, leading to better mental health and overall wellness (Kim & Franklin, 2015).

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**Control.** Control is a matter of perceived capacity to influence events in one's life. The ability to execute self-control and feel empowered to be in control of one’s life is related to positive outcomes
in mental-health (Boals, vanDellen, & Banks, 2011). Higher self-control was related to fewer mental and physical health symptoms and less avoidance coping. An important concept for understanding emotional disorders is emotion regulation. By this, we are referring to the strategies individuals use to influence the occurrence, experience, intensity, and expression of a wide range of emotions (Gross & Thompson, 2007). Emotion regulation and dysregulation seem to play an important role in the maintenance of emotional disorders and become our target for treatment. Specifically, emotional disorders seem characterized to some degree by attempts to control both positive and negative emotions. Individuals concerned about the expression and experience of their emotions may attempt maladaptive emotion regulation strategies such as suppression or avoidance, hiding or ignoring them, with unintended consequences (Gross & Thompson, 2007). Excessive attempts to control emotional experience lead, ironically, to an increase in the very feelings the individuals are attempting to regulate. It is this pattern that may erupt in a vicious cycle of increased physiological and emotional arousal, leading to more unsuccessful attempts at suppression or avoidance, which in turn contributes to growing psychological distress. Self-control is proven to be an important trait in mental health. Research supports that regulating the diet, budget, and exercise schedule all increase self-regulation skills and increase self-control (Baumeister et al., 2006).

**Positive humor.** Positive expectations influence emotions, behavior, and anticipated outcomes. Additionally, positive humor is known to have a pervasive influence on physical as well as mental functioning. In therapy, humor can be utilized to break a client’s resistance, reduce tension, generate catharsis, and increase trust in the client/therapist relationship (Dzieglelewski, Jacinto, & Legg-Rodriguez, 2003). In groups, humor can increase group cohesion and goal attainment. Humor should be a part of any wellness program and encouraged as much as possible. Humor can help increase efficacy and productivity. Participants should be encouraged to be themselves, and find humor in their day-to-day lives.
Work. According to Myers and Sweeney (2005), work is an essential element in human experience that can enhance one's capacity to live life fully. Work stress, or ambiguity around one’s role at work were shown to be significant predictors of negative mental-health symptoms, according to one study (Yixin et al., 2014). Work, as an innate task of life, needs to be addressed in order for wellness to be present. Exploring work satisfaction and processing ways to modify or change one’s work life is a strategy to support a healthy work life as part of wellness.

Adults who engage in altruistic social interest behaviors experience better mental health and have lower mortality rates than non-altruistic adults. The present study investigated the relationship between altruism and health and well-being (Schwartz, Keyl, Marcum, & Bode, 2009). Doing for others can lead to a better sense of wellness and positive mental health. Increasing one’s connection to the community and sense of purpose within can help increase wellness.

Contextual Variables

A complete understanding of an individual cannot be made without incorporating a concern for environmental factors and contextual variables (Myers & Sweeney, 2005), which always can operate for better or for worse in relation to individual wellness. Thus, we recognize that one’s wellness is both affected by and has an effect on the surrounding world. These contexts emerged from extensive literature reviews. Often the influence is powerful, difficult to assimilate, and it may be positive or negative. Local, institutional, global, and chronometrical factors are considerations in lives of those seeking counseling services.

Local contexts correspond closely to Bronfenbrenner's (1999) microsystem. They include interactions with and the central influences of those systems in which we live most often—our families, neighborhoods, and communities. Institutional variables, on the other hand, consider broader impacts such as contexts, including education, religion, government, business and industry, and the media. These institutional variables correlate to Bronfenbrenner's macro-system and affect people's lives in
both direct and indirect ways. Often the influence is powerful, difficult to assimilate, and it may be positive or negative.

Global contexts, including politics, culture, global events, and the environment, are made more salient and personal through the influence of the media. For example, media coverage of world events, both positive and often negative have an impact on a personal's experience in the world and experience of self. Conceptualizing wellness requires going to a macro view of a person’s life down to a micro view.

The final context, chronometrical, reflects the recognition that people change over time in important ways. Wellness involves the acute and chronic effects of lifestyle behaviors and choices throughout an individual's lifespan (Myers, Sweeney, & Witmer, 2001). Wellness choices made early in life exert a cumulative positive effect as people grow older; similarly, unhealthy lifestyle choices have a negative effect that intensifies as people age (p. 276). Consistent with Adlerian theory and research on wellness, movement in the time dimension is seen as perpetual, of necessity positive, and purposeful if high-level wellness is to be achieved. Sensitivity to and an understanding of the impact that these variables can have on an individual’s sense of wellness is essential for the counselor.

Conclusion

Wellness is a concept that has been around for thousands of years. After the emergence and growth of the mental health and counseling fields, a model of wellness which is evidence-based is available (Myers & Sweeney, 2000). The IS model provides a foundation for evidence-based practice for mental health and counseling practitioners. It is based on characteristics of healthy people and thus can be considered to be strength based; it is choice-oriented in that wellness behaviors reflect intentionality in lifestyle decisions; and it is theoretically grounded. Practitioners can use the model, with or without the accompanying assessment instruments, to help clients understand the components of wellness, the interaction of those components, and the manner in which positive change can be
created through a focus on strengths as opposed to weaknesses. Thus, the Indivisible Self presents yet another means of incorporating Adlerian theory and methods into the mainstream of research and clinical practice (Myers & Sweeney, 2005).

Current research on the factors of the IS, specifically the second order factors will be used to inform the WP to be used by counselors with clients. The literature and research serves to reinforce the components of the models as well as provide techniques and tools that can help support the desired factor of wellness within the model. A workbook is part of the curriculum of the program so that techniques and activities are laid out for counselors to use with their clients. The techniques and tools are meant to address each component present in the second order factors of the IS, some examples include mindfulness techniques, yoga techniques, journal topics, and self-assessments. The WP uses evidence and research to inform a program for counselors to promote wellness in their clients in an easy, accessible way.
References


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*Journal of Critical Realism, 5*, 56–64.


Appendix: Wellness Program Workbook

Session 1: Coping Self
Session 2: Social Self
Session 3: Physical Self
Session 4: Essential Self
Session 5: Creative Self
Session 1: Coping Self

Objectives: Increase health of coping self by fostering realistic beliefs, increasing stress management skills, increasing self-worth, increase positive humor, and increasing socially positive leisure activities

Tasks:

- Psychoeducation: Introduction to Indivisible Self Wellness Model, Realistic Beliefs, Understanding Stress – Worksheet 2
- Journal: Regular Journaling, Stress Journal
- Schedule: Time Management, Budget - Worksheet 3, 22
- Strategies: Diaphragmatic Breathing, Meditation, Mindfulness – Worksheet 4, 5

Instructions:

- Each participant is to acquire a journal and a planner to use throughout the program. Students will use their journal and planner throughout the entire WP for various activities.
- Introduce wellness model and the list of second order factors, complete check in Worksheet 1
- Stress Journal: One of the best ways to identify stressors is to keep a “stress journal.” As you recognize feelings of frustration, anxiety, overwhelm, or any other negative feelings, write down the situation or challenge. You may even want to rate the intensity on a scale of 1-10. By writing down your stressors, you may identify some patterns and triggers. Take time to recognize if the stress feels temporary or if it lingers throughout the day or longer. Observe if you are triggered over small things or larger issues. Lastly, identify if they are internal or external stressors.
- Practice Diaphragmatic Breathing, Mindfulness, Yoga Techniques Worksheet 4, 5, 18
- Assign homework
Homework:

- Time Management: Worksheet 1
- Journal writing: Journal writing is a coping strategy and tool to increase self-awareness that has research supported benefits. In addition to assigned tasks, participants are to write or draw in a journal at least three times a week for approximately 20 minutes to provide a reflective experience. Continue to Journal about Stress.
- Relaxation Techniques: Practice diaphragmatic breathing and mindfulness

Processing: In a group or one-one-one, discuss the following:

- What discoveries/realizations were made after mapping out how you use time?
- Can you see a way to do things differently?
- How does time management impact your daily life and overall feelings of being in control, powerful, “on top of it”, on task, punctual, organized, etc. Are there places on the schedule that regularly add to the stress in your life?
- Is there time for relaxation and self-care?
- What is stressful in your life? What ways can you reduce stress?
- What does it mean that you are always stressed about a repetitive thing, similar theme, repetitive behavior, etc.?

Follow up suggestions:

Make and keep a schedule, calendar, or planner a priority until it becomes a habit. Look at individual days and plans for the week, month, year to conceptualize your schedule. Make time to meet your needs and control stress. Try to do what you have schedules for best results. If you are unable to get it done, ask yourself if time management may be the cause.
Contraindications and modifications:

- Participants must have the review of their doctor or health provider to ensure that they are safe to practice breathing and Yoga techniques.

- Level of functioning may impact individual’s capacities to fulfill suggested activities. A slower pace, extended program or intense intervention may be necessary before completion of the WP.
Session 2: Social Self

Objectives: Increase health of social self by connecting to the community and examining relationships; increase positive humor

Tasks:

- Psychoeducation: Social interest and mental health *Worksheet 6*
- Journal: Regular Journaling, Friends and family map *Worksheet 16*
- Planner: Schedule times for socialization
- Strategies: Community involvement

Instructions:

- Review Social Interest and Mental Health *Worksheet 6*
- Complete friends and family map: starting with client at center, map out people in one’s life, add any connections, details, color etc. to map out one’s social context. Process individually or as a group using the processing guidelines to support conversation. *Worksheet 16*
- Assign homework

Homework:

- Continue journaling, consider how friends and family impact your life?
- How can you better schedule for social time?
- Autobiography: complete an autobiography *Worksheet 17*

Processing: In a group or one-one-one, discuss:

What came up through the friends and family map? What might be off balance? Where do you feel met and at ease? Where would you like to see growth and change? What does the shape, color, dynamics, etc. mean to you personally?

What does an autobiography mean to you? Have you ever made one before? How can it be helpful or hurtful? Does it make you excited or nervous, why?
Follow up suggestions:

Continue to evaluate and journal about your family and social network. Just like most things in life, our relationships ebb and flow; check in often and make steps to create the social environment and relationships that you want. Adjust your schedule and check in often to make sure you have time for social relationships.

Contraindications and modifications:

- Level of functioning may impact individual’s capacities to fulfill suggested activities. A slower pace, extended program or intense intervention may be necessary before completion of the WP.
Session 3: Physical Self

Objectives: Increase health of physical self through exercise and nutrition education and application; increase positive humor

Tasks:

- Psychoeducation: Whole Foods, Physical Health and Mental Health \textit{Worksheet 13}
- Journal: Regular Journaling, Food Log \textit{Worksheet 14}
- Planner: Exercise in schedule
- Strategies: practice basic Yoga techniques in session from WP Workbook; find physical activity that one enjoys \textit{Worksheet 18}

Instructions:

- Review information of nutrition and mental health and what makes a balanced diet based on whole foods \textit{Worksheet 13}
- Participants are to keep a food diary and for the remainder of the WP program. \textit{Worksheet 14}
- Participants will locate places in their schedule where they can participate in an active/exercise based activity for 20-60min, 2-3x/week. Group activities are highly encouraged, e.g. Yoga class, group fitness, sports club or team, etc. Review choices.
- Provide 5 Yoga techniques \textit{Worksheet 18}

Session Activities:

- Assign homework

Homework:

- Keep a Food Log every day \textit{Worksheet 14}
- Incorporate exercise into a sustainable schedule and start
- Yoga Techniques: Practice Yoga techniques \textit{Worksheet 18}
**Processing:** In a group or one-one-one, discuss:

Examine food journals and looks for patterns in feelings. Consistent low scores for energy and physical responses may indicate that a change is needed. Many elements in our lives affect the way we feel; food is a major contributor to how we feel. Each person is unique in their dietary needs, and those needs change. What can you identify is important but hard to do? What gets in the way? What are some strategies to move past this lifestyle hurdle? How did practicing some Yoga techniques feel in your body and mind?

**Follow up suggestions:**

Begin to eliminate foods that do not produce good thoughts or feelings. Start making changes to maximize feeling good.

Explore alternative exercise options to find favorite exercise activity. People are more likely to stick with activity when it’s enjoyable.

**Contraindications and modifications:**

- Level of functioning may impact individual’s capacities to fulfill suggested activities. A slower pace, extended program or intense intervention may be necessary before completion of the WP.
Session 4: Essential Self

Objectives: Increase health of essential self through exploring spirituality; fostering self-care; increase positive humor; exploring and accepting gender identity; and exploring and accepting cultural identity.

Tasks:

- Psychoeducation: What is Self-Care? Worksheet 7
- Journal: Regular Journaling, Self-Assessment Worksheet 9
- Schedule: Self-Care on schedule
- Strategies: Mindfulness, Yoga, Worksheet 5, 18

Instructions:

- Review “What is Self-Care” Worksheet 7
- Complete Self-Care Plan Worksheet 8
- Assign homework

Homework:

- Mindfulness Worksheet 5
- Yoga Techniques, con’t.; Take a public Yoga class!

Processing: In a group or one-one-one, discuss:

What came up for you in the self-assessment? Are there any areas where you did not have an answer, or had difficulty articulating? What does this knowledge about yourself do for you? Are there parts of your interests that are already in your life? Parts that are not? Where would you like to put more effort?

Follow up suggestions:

Continue to self-assess the areas where you felt stuck or empty as you start to make changes. Use the self-assessment regularly to check in.
Contraindications and modifications:

- Level of functioning may impact individual’s capacities to fulfill suggested activities. A slower pace, extended program or intense intervention may be necessary before completion of the WP.
Session 5: Creative Self

Objectives: increase awareness of thoughts, increase understanding of emotions, increase sense of control, increase positive humor, and examine work

Tasks:
- Psychoeducation: 10 Thinking Styles Worksheet 10
- Journal: Personal Goals Worksheet 20, 21
- Planner: Goal scheduling
- Strategies: Use structure process to set goals Worksheet 20, 21

Instructions:
Psychoeducation on 10 Thinking Styles. Review 10 Thinking Styles and discuss. As individual or group identify your primary thinking style and share? Explore what purpose it serves you? Is thinking this way helpful, or not helpful? Why?

- Assign homework

Homework:
- Journal: How does your thinking style affect you, your work, relationships, and interpretations?
- Thinking Style Reflection Worksheet 11

Processing: In a group or one-one-one, discuss:
How does knowing your thinking style change how you go about your day to day? Are you able to observe yourself employing a type of thinking? Can you observe others employing a type of thinking? What happens if you change the way you are thinking?

Follow up suggestions:
Self-monitoring is a practice that never ends. Being aware of how you are perceiving the world and its information can give major insight into how we perceive the world and assign meaning.
Continue to reflect, can you see a before and a now? How would you like to see the future? What thinking style can you use to help you move forward and why?

**Contraindications and modifications:**

- Level of functioning may impact individual’s capacities to fulfill suggested activities. A slower pace, extended program or intense intervention may be necessary before completion of the WP.
Worksheet 1:

Indivisible Self Check In

Using a scale of 1-10 (1 being the lowest level and 10 being the highest level), rate your level of personal satisfaction in each area of life. You go in the middle!
There are two main types of stress - acute stress and chronic stress.

Acute stress is the body’s immediate reaction to a perceived threat. This is often referred to as the fight-or-flight response. This type of stress isn’t always bad. It can propel you to move away from danger, or in some cases even give you energy. Generally, acute stress does not cause significant problems. When acute stress occurs frequently or on a regular basis it can trigger anxiety, panic attacks, post-traumatic stress disorder, and other health-related issues.

Chronic stress occurs when there are several acute stressors that don’t go away. The body does not have a fight-or-flight response to this type of stress. As a matter of fact, you may not even recognize this type of stress at all. It typically builds up over time and the effects may be more problematic and cause longer-lasting issues.

Most of our internal stressors come from our own thoughts and beliefs. We have the ability to control these, but sometimes we become plagued by worry, anxiety, uncertainty, fears, and other forms of negativity. Identify if this is true for you.

External stressors are things that happen to us that we often cannot control. These are unpredictable events such as new deadlines or unexpected financial issues. These types of stressors can also include major life changes — positive or negative. These can include a promotion, the birth or adoption of a child, or unexpected health issues or death of a loved one.
Worksheet 3:

Time Management

Time management is a coping strategy designed to help minimize stress by setting clear goals and planning the most effective use of time.

1. Fill out your planner with your existing schedule
2. Make a list of three short term goals this week, and three long term goals.
3. Map out existing schedule by week in planner. Find areas where more time is needed strategize freeing up time to plan for distractions and emergencies.
4. Ask yourself:
5. Set priorities in your schedule.
6. Add in goal oriented activities to schedule.
Worksheet 4:

**Diaphragmatic Breathing**

The Diphragm is them ost efficient muscle for breathing. It is a large, dome-shaped muscle located at the base of the lungs. Your abdominal muscles help move the diaphragm and give you more power to empty your lungs.

1. Lie on your back on a flat surface with your knees bent and head supported. Place one hand on your upper chest and the other just bellow your rib cage. Breath in slowly through your nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.

2. Exhale through an open mouth, allow your stomach to lower down benathe your hand. Continue to breathe deep, belly breaths. Start your practice of diaphragmatic breathing with five complete breath cycles working toward 25 breaths.
Worksheet 5:

Mindfulness

1. Select an appropriate anchor word, phrase, or image. It could be a positive message, word, symbol, sound, image etc. Think Dorothy from the Wizard of Oz; “There’s no place like home” was her anchor phrase!

2. Sit quietly in a comfortable position. Use props and adjust your body so that you are actively yet comfortable seated. Lying down can work too, but be sure not to fall asleep! You are trying to check and tune in, not out.

3. If it’s comfortable for you, close your eyes.

4. Take three deep, relaxing breaths. As you inhale, feel your stomach and your rib cage expand. When you exhale, feel yourself relaxing into your posture and connecting to the floor, ground, and earth beneath you.

5. Gently bring your anchor word, phrase, or image to mind. Silently repeat your anchor word or phrase. If you are using an image, focus on the color or scene.

6. Maintain a passive, nonjudgmental attitude towards distracting thoughts. When you discover that your mind has wandered, simply think “Oh, well” and return to your anchor.

7. Continue for 2 – 20 minutes.

In order to realize the long-term physiological benefits of meditation, it is suggested that you meditate once or twice daily. Start with just a few minutes and build to longer, regular sessions. Of course, meditation can be used on an “as needed” basis to reduce stress and nervousness. However, such use might not produce long-lasting benefits to your overall health. Mindfulness meditation often uses the breath as the anchor of attention in the present moment, but physical sensations and movements, such as slow walking or Yoga postures, are commonly used. As one gains greater skill in Mindfulness Meditation, a fuller range of experiences, including thoughts and feelings, can be observed as phenomena unfolding from moment to moment without the content of such experiences distracting attention from the present moment. Mindfulness Meditation is used not just for its potential benefits during the practice period itself; it can also be applied to experiences in daily life (Robins, Kiken, Holt, & McCain, 2014).
Worksheet 6:  
**Social Interest and Mental Health**

- Social interest, a fundamental construct of Adlerian psychology, was considered by Adler to be the cornerstone of mental health. Although it has been given a variety of interpretations, in general, social interest can be defined as a genuine concern for others, a cooperative approach to life, and a striving for ideal community.

- Social interest is an innate, central personality variable that influences an individual’s cognitive, affective, motivational, and behavioral processes. High social interest is associated with high overall health, a low number of somatic symptoms, and high energy level.

- There are two components: friendship and love. Friendship and love can be conceived of as existing on a continuum and, as a consequence, are not clearly distinguishable in practice. Sexual intimacy is sometimes thought to be a distinction between love and friendship, but no such distinction seems appropriate, as physical attraction and true love can sometimes (or often) have little in common. Assessing one’s social network a great step toward creating more social interest within existing friendships and intimate relationships.

- Friendships and intimate relationships enhance the quality and length of one’s life. Isolation, alienation, and separation from others generally are associated poor health conditions and greater susceptibility to premature death, while social support remains in multiple studies as the strongest identified predictor of positive mental health over the lifespan. The mainstay of this support is family, with healthier families providing the more conducive sources of individual wellness. Importantly, healthy families can be either biological or families of choice.

- Research has shown positive correlations between joining a meeting, training, organization, club, or attending sports events (as examples, there’re more!) and better self-perceived mental-health.
Worksheet 7:

What is Self-Care

Self care includes any intentional actions you take to care for your physical, mental and emotional health. Self care also means staying active by doing things that are important to you, such as a hobby, or seeing friends and family, going on holiday, or continuing to work. It involves looking at what you can do and want to do, rather than what you can’t do. Living a healthy lifestyle is an important part of self care for everyone. Self-Care includes taking care of your physical body, maintaining healthy relationships, spirituality, rest and fun. It is the activities that we engage in so that we can feel and be our best.

Think of the ways that you prepare for the work week? What do you do when you want to relax? What, do you know of, makes you feel your best?
Worksheet 8:

Self-Care Plan

Answer the following questions honestly

• I can take exercise my body by…

• I can be a good friend by…

• Important people I can trust are:

• I can relax my body and mind by…

• I can keep myself clean and tidy by…

• I can eat healthy foods like…

• I can make myself happy by…

• My hopes and dreams are…
Worksheet 9:
Self-Assessment

Personal Responsibilities:

Skills:

Needs:

Relationship with Gender:

Spirituality:

Leisure activities:

Motivations:

Health:

Interests:

Values:

Financial Responsibilities:

Goals and Priorities:
Worksheet 10:

10 Thinking Styles

1. **Mental Filter**: A “filtering in” and “filtering out” process. A sort of “tunnel vision”, focusing on only one part of a situation and ignoring the rest. Usually this means looking at the negative parts of a situation and forgetting the positive parts – not seeing the whole picture.

2. **Jumping to Conclusions**: Assuming that we know what someone else is thinking (mind reading) and making predictions about what is going to happen in the future (predictive thinking).

3. **Personalization**: Blaming yourself; taking 100% responsibility for the occurrence of external events.

4. **Catastrophizing**: Blowing things out of proportion.

5. **Black & White Thinking**: Seeing only one extreme or the other – no in-betweens or shades of gray.

6. **Shoulding and musting**: Making unreasonable demands or pressure on self or others.

7. **Overgeneralization**: Taking one instance in the past or present, and imposing it on all current or future situations.

8. **Labelling**: Making global statements about ourselves or others based on behavior in specific situations.

9. **Emotional Reasoning**: Basing your view of situations or yourself on the way you are feeling.

10. **Magnification and Minimization**: Magnifying the positive attributes of other people and minimizing your own attributes.
Worksheet 11:

Thinking Style Reflection

Think about a situation where you used a specific thinking style? What happened?

___________________________________________________________________________________

What thoughts went through your mind? What thinking style do they relate to and why?

___________________________________________________________________________________

What were the feelings experiences consequent of the thinking?
Worksheet 12:

Physical Health and Mental Health

- Honoring the importance of exercise and nutrition, especially over a lifetime is a cornerstone of mental health.
- The Physical Self factor includes two components: exercise and nutrition. These are widely promoted and, unfortunately, often over-emphasized to the exclusion of other components of holistic well-being that also are important. Don’t forget other aspects of wellness!
- Social interest and connection also impacts physical health. The concept of social interest has not only been linked to psychological well-being but has also been shown to be a significant predictor of physical health status.
- Self and identity are core aspects of everyday experience and of the everyday experience of illness. With the onset of illness bodily functioning alters and self-conceptions and identity may also change. The body, which in many social situations is a taken for granted aspect of the person, ceases to be taken for granted once it malfunctions. The bodily basis of chronic illness has to be attended to because it limits or interferes with other physical and social activities.
- Group fitness or sports activities are great tools to increase social interest and physical activity. Good mental health leads and stress management leads to good physical health as a result.
- Yoga may be as effective or better than exercise at improving a variety of health-related outcome measures. Yoga appears to improve subjective measures of fatigue pain, and sleep in healthy and ill populations. Yoga as a mean of exercise and meditation has been found to reduce feelings of stress and anxiety and evidence shows that Yoga, while not a stand-alone remedy, can facilitate recovery from some mental illnesses as an adjunct treatment.
Worksheet 13:

Whole Food Vs. Processed Foods

Studies have documented associations between higher diet quality and a reduced likelihood or risk for common mental disorders and an increased likelihood or risk for common mental disorders with higher intakes of unhealthy food products. Underlying brain structure and function are mechanisms affected by nutrition. Whole foods are natural foods that are unaltered from their natural state. Whole foods have not been cooked, blended, ground, etc. There are no added ingredients in whole foods. By simply eliminating most processed foods from one’s diet, there can be significant benefits to physical, mental, and emotional health. Below is a chart which illustrates examples of whole vs. processed foods.

<table>
<thead>
<tr>
<th>Whole Food</th>
<th>Processed Food</th>
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<tbody>
<tr>
<td>Apple</td>
<td>Apple PopTart</td>
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<tr>
<td>Brown rice</td>
<td>White rice</td>
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<tr>
<td>Wheat berries</td>
<td>Donut</td>
</tr>
<tr>
<td>Orange</td>
<td>Orange juice</td>
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<tr>
<td>Tomato</td>
<td>Canned tomato soup</td>
</tr>
<tr>
<td>Corn</td>
<td>Tortilla chip</td>
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<tr>
<td>Potato</td>
<td>Potato chip</td>
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Worksheet 14:

Food and Feeling Chart

<table>
<thead>
<tr>
<th>Date and Time of Day</th>
<th>Thought or Feelings Before Eating</th>
<th>Degree of Hunger 1-10 What</th>
<th>Thoughts of Feelings After Eating</th>
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Worksheet 15:
Identifying Mistaken Beliefs

Identify a belief or conviction that informs how you behave, choices you make, or your relationship with others.

Belief:

I. **What is the evidence for this belief?**
Look for proof and objectivity because many times we become subjective, biased and do not really look at the reality before forming opinions and prejudices. It is possible that our biases and failure to see the truth, is coloring our perception and we draw conclusions, based upon our biases and preconceived notions. If you cannot back up your assumptions with a solid and rational proof, then your belief is mistaken and you need to let go of it.

II. **Does this belief always hold true for me?**
We sometimes jump to conclusion about others, events, and situations based upon our past experiences. However, there are times when we could be reading too much and allowing our beliefs to color our perception. We fail to look at the times when we had the opposite experience and make the error of overgeneralization. If this is true, then we should look at the times when things were positive versus coloring our perception with irrational beliefs.

III. **Does this belief look at the total picture?**
It is important to note that we tend to focus on the negative all the time and fail to recognize the positive aspects of the situation. This causes let down, frustration, anger, and unhappiness. If we begin to become more open minded and not let the negative aspect of the situation bother us, we will be able to deal with the situation better and handle our feelings more skillfully. It is like looking at the half empty glass and not being appreciative of the half full. This happens so automatically that we do not even realize it.

IV. **Does this belief promote my well being?**
When you become angry and upset due to your mistaken beliefs, it is not healthy for your mental health and you will not be at peace. Therefore, it is important to check the validity of your belief and change your “self talk” pertaining to the event, person and situation.

V. **Did I choose this belief on my own or did I develop it from my experience of childhood?**
Many of our mistaken beliefs are formed due to our upbringing and the kind of messages we got during our growing up. Various types of dysfunctional childhood situations often provide the basis for developing mistaken beliefs. These beliefs need to be scrutinized and looked at objectively because they will continue to cause anxiety and stress if left alone. It is important to let go of the past and focus on what can be done in the present to deal with situations versus letting these mistaken beliefs take control of you.

**New Belief:**
What new belief can take the place of the old? How can you acknowledge your belief, but not have it take control? What new perspective do you have around the topic of your belief?
Worksheet 16:

Friends and Family Map

Create a map of your friends and family. Start with the closest people around you and move outward. Connect friends and family using lines, add any information you need. Acknowledge who are part of your support network. What relationships do you wish to work on? Where could you use more connection?
Worksheet 17:

Autobiography

This worksheet is intended to help you think about some of the significant life stages and people in your life. Answer these questions and use your answers to help construct a written narrative about your life. Explore who you are, where you have been, what you are doing now, and where you wish to go. Add on or subtract; use the format as a launching pad. Think about this positively, you get a chance to write the final chapter!

1. What is your name? How old are you?
2. Where were your parents born? Where were you born?
3. What is the first language you spoke? If you speak more than one language, when did you learn the second language? Are you fluent in the second language?
4. Do you consider yourself to have had a happy childhood? Describe a happy and/or sad memory of childhood. Who do you think was most influential in raising you? What did they contribute to your life?
5. Do you think you got a good education in primary and middle school? Why or why not?
6. Did you have a best friend in primary or middle school? Describe him or her. What did you have in common with this friend?
7. Where did you go to high school? What was the most important thing to you in or about high school? Would you characterize yourself as a member of a group in high school? What set this group apart from other groups? If you could go back to high school, what would you do differently? What was/is/would be your major and/or favorite subject? Why?
8. What have you wanted to be when you grow up? How does that relate to what you have actually done or are doing? Forgetting income as a factor, what would your dream job be?
9. Are you in a long-term relationship? What has your relationship history looked like? What is it now? What would you like it to be? What is either the best thing about your significant other, or a quality you must have in a significant other? What would you change about him or her or what has been missing from relationships in the past?
10. If you won the lottery and never had to work another day in your life, what would you do?
11. What do you do with your free time? What would you do if you had more free time?
12. What are your goals/wishes/dreams/wants for the future?
Worksheet 18:
Yoga

5 Basic Yoga Moves

I. Shoulder Rolls, Arms Out, and Neck Stretches
Benefits: relax tension from shoulders and wrists, relax neck, connect with breathing, reduce fatigue,

- From Mountain Pose (standing strong and straight), bend your arms and bring your fingertips to the tops of your shoulders. Draw slow, broad circular rotations with the elbows, keeping your fingers at your shoulders. Make the circles as big as possible. Repeat 10 times forward and 10 times backward. Return to Mountain Pose.
- From Mountain Pose, lift your arms straight out to the sides and make tight fists. Rotate arms in small circles—just a few inches in diameter. Repeat 20 times forward and 20 times backward. Next, keeping your arms straight out, flex wrists up and down 20 times, then in circles, 10 forward, 10 backward. Release your arms to your sides, returning to Mountain Pose.
- From Mountain Pose, take a deep inhale. As you exhale, drop your head to the right. Inhale up, exhale left. Repeat five times right and left. For a deeper stretch, you may reach opposite arm overhead (as shown) and give a gentle assist.

II. Palm Tree and Swaying Palm Tree Pose
Benefits: long body stretch, improves circulation, ease tension from long periods of sitting or inactivity

- Stand tall in Mountain Pose and lift your arms overhead. Interlock your fingers and turn your hands so your palms face up. Lift your heels and either turn your gaze up or focus on a fixed object in front of you for better balance. Feel the upward pull as your toes press down into the floor. Relax your shoulders and avoid hunching them up by your ears. Take 7–10 deep breaths in this pose. Gently lower your heels, release your arms to your sides and stand in Mountain Pose.
- From Mountain Pose, lift arms overhead, interlock fingers, turn palms up. Stand grounded on the floor, while distributing weight equally between your feet. Keeping your hips forward, bend at the waist to your right. Take 5 deep breaths into a full stretch, going deeper with each exhale. Feel the stretch on the side of your torso, keeping hips straight. Stand up straight, then bend left for 5 more breaths.
III. Chair Pose
Benefits: tones muscles of legs, increases metabolism, improves circulation

- From Mountain Pose, inhale and lift your arms overhead. Exhale and bend your knees as if you are sitting in a chair. This is Chair Pose. Try to bring your thighs parallel to the floor, as you reach your bottom back. Lift your heart as you inhale, bringing your hips even lower as you exhale (though not lower than your knees). Keep reaching arms up. Take 8–10 slow deep breaths, trying to hold the pose for 50 seconds.

IV. Lunge Twist
Benefits: detoxifying, builds strength and balance, creates focus

- From Mountain Pose, step back with your left foot, bending your right knee. Put your palms together in Prayer Position, elbows out to the sides. Twist your upper body to the right and place your left elbow on your right knee. Take 5 deep breaths in the pose. Release twist, step left foot forward. Repeat on opposite side. Return to Mountain Pose. Option to modify by coming down to back knee.

V. Forward Fold
Benefits: rejuvenates skin, stretches spines and back line of body, massages inner organs

- From Mountain Pose, inhale and reach arms parallel overhead. Exhale as you slowly fold your upper body from the hips, reaching toward your toes. Bend your knees slightly if necessary. Let your head, upper body, and arms hang loosely. Take 8–10 deep breaths. Roll your body up one vertebra at a time and stand in Mountain Pose.

- Forward fold in seated. Extend your legs out in front of you and reach your arms high. Inhale to lengthen your spine, exhale to fold over your legs. Bend your knees any amount so that you can grab your big toes with your middle and index fingers and thumb.

Final Relaxation

Benefits: teaches conscious relaxation, allows for benefits of poses to sink in

- Begin seated in a chair, on the floor, or even lay all the way down. Spread out fingers and toes and relax all the rest of the body. If it feels comfortable, close your eyes. Relax completely, but stay present, try to keep to mind from wandering. If it does, bring it back to the present moment. Count up to 20 breaths and then open the eyes to come out of the pose. Option to set a timer.
Worksheet 19:

Self-Inventory

1. What makes you smile? (Activities, people, events, hobbies, projects, etc.)
2. What are your favorite things to do in the past? What about now?
3. What activities make you lose track of time?
4. What makes you feel great about yourself?
5. Who inspires you most? (Anyone you know or do not know. Family, friends, authors, artists, leaders, etc.) Which qualities inspire you, in each person?
6. What are you naturally good at? (Skills, abilities, gifts etc.)
7. What do people typically ask you for help in?
8. If you had to teach something, what would you teach?
9. What would you regret not fully doing, being or having in your life?
10. What were some challenges, difficulties and hardships you’ve overcome or are in the process of overcoming? How did you do it?
11. What causes do you strongly believe in? Connect with?
12. If you could get a message across to a large group of people. Who would those people be? What would your message be?
13. Given your talents, passions and values. How could you use these resources to serve, to help, to contribute? (to people, beings, causes, organization, environment, planet, etc.)
Worksheet 20:

Goal-Setting Model

A mentee must formulate goals to travel the road to success. The SMART guidelines can help to set effective goals.

SMART

S-Specific A goal of graduating from high school is too general. Specify how this will be accomplished. (Study more in order to receive better grades.)

M-Measurable Establish criteria for how a goal is to be achieved. Measurable does not refer to a timeline; it means determining a way to measure the mentee’s success in completing the long-range goal.

A-Action-oriented Be proactive in taking action that will result in reaching the desired goal.

R-Realistic Strive for attainable goals, considering the resources and constraints relative to the situation.

T-Timely Allow reasonable time to complete each goal, but not so much time the mentee loses focus or motivation.

(Adapted from Discovery Focus on Your Values and Accomplish Your Goals. Franklin Quest, 1996)
Worksheet 21:

Identify 3 Goals

Goal #1
What (be specific):
Where: Where: 
Why: 

How (it must be feasible):

Goal #2
What (be specific):
Where: Where: 
Why: 

How (it must be feasible):

Goal #3
What (be specific):
Where: Where: 
Why: 

How (it must be feasible):
Worksheet 22:

Simple Budget Assessment

**Income:** _______________________

**Expenses:**

- Mortgage/Rent __________________
- Utilities _______________________  
- Credit Cards ____________________  
- Insurance _______________________  
- Car Payments ____________________  
- Cell Phone _______________________  
- Groceries _______________________  
- Gasoline _______________________  
- Child Care _______________________  
- Entertainment_____________________  
- Misc. ___________________________  

**Total:** _______________________  

**Difference:** _________________  

(income-expenses)