OBJECTIVES

1. Identify the components of the evidence based Indivisible Self framework of wellness (IS-Wel)
2. Identify components of wellness assessment
3. Incorporate components of wellness into relapse prevention treatment planning
Wellness is the integration of body, mind, and spirit in an intentional, purposeful manner (Myers, Sweeney, & Witmer, 2000)

Wellness is a strength based model (Smith, 2001)

Wellness is more than absence of “disease” (Myers & Sweeney, 2014)

Wellness is strive for optimal functioning (Myers & Sweeney, 2014)
INDIVISIBLE SELF FRAMEWORK OF WELLNESS

Developers: Sweeney, T. J., & Myers, J. E., 2003

Development:
- Individual Psychology principles of work, friendship, love, self, and spirit
- Characteristics of healthy living, quality of life, and longevity.
- Wheel of Wellness
- Wellness Evaluation of Lifestyle

Factor Structure
- 1 higher order factor – Wellness
- 5 second order factors – Creative, Coping, Essential, Physical, Social
- 17 third order factors

Assumption
- “The Indivisible Self is both affected by and has an effect on the surrounding world” (Myers & Sweeney, 2004)
THE INDIVISIBLE SELF:
An Evidence-Based Model Of Wellness

CONTEXTS:

Local (safety)
Family
Neighborhood
Community

Institutional (policies & laws)
Education
Religion
Government
Business/Industry

Global (world events)
Politics
Culture
Global Events
Environment
Media

Chronometrical (lifespan)
Perpetual
Positive
Purposeful

SECOND ORDER FACTOR: CREATIVE

Attributes that provides an individual an unique place among others

Third Order Factors

- Thinking
- Emotions
- Control
- Work
- Positive Humor
SECOND ORDER FACTOR: COPING

Regulates responses to and provides means to transcend from negative affects of life events.

Third Order Factors

• Leisure
• Stress Management
• Self Worth
• Realistic Beliefs
SECOND ORDER FACTOR: ESSENTIAL

*Provides meaning, purpose, and hopefulness in life*

Third Order Factors
- Spirituality
- Gender Identity
- Cultural Identity
- Self Care
SECOND ORDER FACTOR: PHYSICAL

Contributes to wellness of the physical body

Third Order Factors
• Exercise
• Nutrition
SECOND ORDER FACTOR: SOCIAL

Enhances the quality and length of life

Third Order Factors

• Friendship
• Love
GENERAL STEPS FOR TREATMENT PLANNING

1. Incorporate client’s strengths and resources - Enables the client to own the treatment plan
2. Develop treatment goals that the client accepts as relevant and credible - Improves client’s likeliness of executing the treatment plan
3. Build hope and expectancy for success and trust in the professional relationship with counselor - Facilitates successful attainment of goals.

Hubble, Duncan, & Miller (1999)
STEPS TO WELLNESS TREATMENT PLANNING

1. Orientation to Wellness
2. Assessing Wellness
3. Wellness Based Lifestyle Planning
4. Evaluation and Follow Up
MULTICULTURAL CONSIDERATION

- Goals, expectations, and process of achieving goals vary based on client variables
- Some demographics to consider are: age, gender, race and ethnicity, sexual orientation, religion and/or spirituality, education, and socio-economic status
- Other features: client personality variables, life experiences, client-counselor relationship
- Mindful attention to individual variables and their influence is recommended
WELLNESS ASSESSMENT

• Formal – 5 Factor Wellness Evaluation of Lifestyle (WEL) - Assesses strengths and areas for growth within each domain and sub-domain of the Indivisible Self framework

• Informal – Interview Protocol investigating the five main factors and their related 17 sub-factors for those utilizing the IS-WEl model
What did you hear him talk about that is important to him?
WELLNESS TREATMENT PLANNING

Case Vignette

Mohammad is a 45-year-old cisgender African male who is an immigrant employed at a gas station. He is an active Muslim. He completed high school and some community college courses. He presents himself as an extraverted individual. His presenting concern is alcohol abuse, with related concerns in self-worth, spirituality, family, friendships and hopes for the future. His parents who he was very close to have died within the past 18 months. He states he has many close relationships with family and friends in his home country, but has struggles to create friendships in the United States despite his out-going nature.

1. How will you orient Mohammad to wellness framework?
2. How will you assess wellness?
   • What demographics will you consider?
   • What context will you consider?
3. What would you include in wellness based lifestyle planning?
   • What IS-Wel areas would you address to secure a lifestyle that would promote relapse prevention?
4. What would you set up as evaluation and follow up?
TREATMENT PLAN SUGGESTIONS

Creative Self
- Identify # interests, competencies, strengths, and/or talents of personal values

Coping Self
- Identify # coping strategies and/or stress management activities that have worked in the past
- Identify # potentially new strategies that the client would like to try
- Identify # unrealistic beliefs related to coping, well-being, or happiness
- Identify # refuting beliefs that is more realistic or adaptive

Essential Self
- Identify # areas of strength to promote coping in other areas
- Identify # ways to connect with others around shared spiritual, cultural, or gender socialization habits.

Physical Self
- Identify # ways that exercise supports personal wellness
- Identify # ways nutrition supports personal wellness

Social Self
- Identify traits in friends
- Identify traits in (potential) romantic partners

Combine when appropriate. Eg. Connect traits of friends to interests or exercise routines with social activities

(Perera-Diltz & Moe, 2019)
REFERENCES


