

## Psychological Fitness Reflection

The artifact presented for the psychological Fitness disposition is the “Counselor Ethics and Responsibilities” paper completed in CNL-505. This assignment challenged me to examine the ethical responsibilities counselors hold related to informed consent, confidentiality, advocacy, duty to warn, self-care, and professional boundaries. At the time I originally completed this paper, I approached these concepts primarily from an academic and theoretical perspective. As I have progressed through the Clinical Mental Health Counseling program and gained practicum and internship experience, I now recognize how deeply psychological fitness impacts ethical decision-making, professional competence, and client care.

One of the most meaningful revisions in my understanding involves counselor self-care and impairment. In my original paper, I discussed self-care strategies such as exercise, mindfulness, meditation, boundaries, and adequate rest as preventative tools against burnout. While I understood these concepts intellectually, I now have a much deeper appreciation for the reality that psychological fitness is not optional within the counseling profession. Through direct clinical experience, exposure to client trauma, crisis work, and balancing the emotional demands of internship alongside personal responsibilities, I have learned that unmanaged stress can directly impact clinical judgment, emotional availability, and ethical practice.

My growth is reflected in how I now conceptualize self-awareness as an ethical responsibility rather than simply a wellness recommendation. ACA Code of Ethics Standard C.2.g emphasizes that counselors must monitor themselves for signs of impairment and seek assistance when needed to protect clients and maintain professional effectiveness. This assertion is supported by research. “Stress, burnout, and professional impairment are prevalent among mental health professionals and can have a negative impact on their clinical work, whilst engagement in self-care can help promote therapist well-being,” (Posluns & Gall, 2019). Earlier in my training, I viewed impairment primarily as severe dysfunction or obvious burnout. I now understand that impairment can develop gradually through chronic stress, compassion fatigue, secondary trauma exposure, or emotional exhaustion. This awareness has strengthened my commitment to ongoing supervision, consultation, reflective practice, and personal self-care.

Another area of growth involves professional boundaries and the counselor’s role across systems of care. In revisiting this artifact, I recognize that my understanding of counseling has expanded beyond individual client interactions to include interagency collaboration, consultation, advocacy, and ethical coordination with schools, medical providers, families, and community resources. Through internship experiences, I have developed increased confidence in balancing empathy with professionalism while maintaining ethical boundaries in emotionally complex situations. I have also learned the importance of recognizing my own emotional responses and ensuring they do not interfere with client autonomy or treatment planning.

Additionally, my perspective on advocacy has deepened significantly since completing this assignment. My experiences working with vulnerable populations, trauma survivors, neurodivergent clients, and families navigating systemic barriers have strengthened my understanding that psychological fitness also includes maintaining resilience while engaging in social justice and advocacy work. I have become increasingly aware that counselors must sustain their own emotional health in order to continue serving clients effectively over time.

This artifact also reflects growth in my understanding of ethical decision-making. Initially, I focused heavily on memorizing ethical codes and legal mandates. Now, I recognize ethical practice as a dynamic and ongoing process requiring self-reflection, cultural humility, consultation, emotional regulation, and professional accountability. I have learned that ethical competence is not simply knowing the ACA Code of Ethics, but consistently applying ethical principles while remaining aware of personal limitations, biases, and emotional functioning.

As I continue developing as a counselor-in-training, I recognize several areas for continued growth. I want to continue strengthening my ability to maintain sustainable work-life balance, recognize signs of emotional overload early, and seek support proactively when needed. I also hope to continue developing greater confidence in navigating complex ethical situations involving crisis intervention, trauma, and multidisciplinary collaboration. My long-term goal is to become a counselor who demonstrates both clinical competence and psychological resilience while maintaining empathy, authenticity, and ethical integrity.

#### Professional and Ethical Standards

- ACA Code of Ethics Standard C.2.g: Impairment
- CACREP Standard 2.F.1.b: Professional roles, collaboration, and consultation
- CACREP Standard 2.F.1.i: Ethical standards and legal considerations in counseling practice

#### Reference:

Buys, M. E. (2025). Exploring the evidence for Internal Family Systems therapy: a scoping review of current research, gaps, and future directions. *Clinical Psychologist*, 1–20.

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