Strategies for Integrating Wellness into Practicum Supervision

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Abstract

The high-stress work of the counseling profession has been linked to burnout and counselor impairment. This poses major ethical concerns for counseling practice. It has been suggested in the counseling literature that well-counselors are more helpful to their clients compared to those experiencing impairment and distress. Effective counselors are individuals continuously working toward enhancing their personal and professional wellness. Promoting student health and wellness begins with integrating this belief within counselor training programs. Wellness strategies may provide supervisors with tools to increase student wellness, prevent burnout, and assist in protecting clients from impaired counselors. This is essential because beginning counselors in training may not have knowledge about the importance of wellness as it relates to professional practice. This manuscript identifies the need to infuse wellness initiatives into the supervision experiences of master's level counselors in training (CITs). Wellness models and concepts are discussed, a model for integrating wellness into CITs' practicum supervisory experiences is proposed, and implications and future research directions are shared.

Keywords: wellness, prevention, training, supervision, counselor education

Strategies for Integrating Wellness into Practicum Supervision

Wellness is an alternative to the illness-based medical model for the treatment of mental disorders and a cornerstone of professional counseling practice (Kaplan, Tarvydas, & Gladding, 2013; Myers, Sweeney, & Witmer, 2000). The counseling profession has been linked to increased stress, fatigue, and burnout; this may impact the counselor and impair their ability to provide quality and effective services to clients (Yager & Blank, 2007). Findings from a national survey have shown the incidence of burnout to be about 39% for counseling professionals (Lambie, 2006). Counseling can be physically, mentally, and emotionally exhausting for counselors, especially with the demands for productivity, taxing client populations, limited funding for programming, required short-term interventions, and personal stressors (Lenz, Oliver, & Sangganjanavanich, 2014). Considering these possible risks, counselor educators are in the position to educate, promote, and ensure that counselor trainees understand the importance of wellness. Counselor educators are also apt to equip students with tools to identify and manage such issues effectively. CITs must learn to reflect on their personal wellness, model a healthy lifestyle for their clients, and move toward optimal wellness practices for their own health.

Counseling students have higher wellness levels overall when compared to the general public; however, there is a negative relationship between wellness and the distress during counselor training (Myers, Mobley, & Booth, 2003). That is, CITs wellness decreases as training stress levels increase during clinical and supervisory experiences such as practicum and internship. Several factors have been identified as a result of trainee impairment: “graduate students in counselor preparation programs are inundated daily with an infinite number of internal and external stressful experiences, such as grades, comprehensive exams, professor

demands, competition, intense worry, self-doubt, and even isolation (Abel, Abel, & Smith, 2012, p. 65)." This increased stress may lead to trainee impairment, putting trainees' clients at risk (Myers, et al., 2003; Yager & Blank, 2007).

Findings suggest that integrating wellness practices into counseling programs may help CITs cope and manage stress related to the training process (Abel, et al., 2012). Abel et al. (2012) found that integrating stress management skills into a counselor education program was effective in increasing CITs' knowledge of stress and anxiety, personal stressors, and in developing coping strategies. Developing and integrating wellness strategies in training programs can prepare CITs for the stress they experience in their training and in their careers. The standards provided by the American Counseling Association (ACA, 2014) *Code of Ethics* and Council of Accreditation of Counseling & Related Educational Programs (CACREP) (CACREP, 2016), encourages activities that promote happiness and wellness for professional longevity. Both ACA and CACREP guidelines "provide requirements for education, monitoring, and remediation of wellness issues during the training that extend into the practitioner's career" (Lenz, et al., 2014, p. 46). Integrating wellness practices into the supervisory experiences of CITs can support their overall wellness, quality of work, and adheres to the ethical standards of the profession (ACA, 2014; CACREP, 2016).

The ACA 20/20 initiative provides a profession-wide consensus in defining counseling and what it means to be a counselor (Kaplan, Tarvydas, & Gladding, 2013). The *20/20: A Vision for the Future Counseling*, is an initiative by the ACA that includes wellness within the very definition of counseling: "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (Kaplan, et al., 2013, p. 366)." Wellness is a core component of counseling practice and

in-part defines the profession. However, a review of the literature finds that wellness training in counselor preparation programs is limited; there are even fewer examples of empirical explorations or measures of wellness interventions in counselor education. This paper aims to provide supervisors with concrete tools to integrate into the supervisory relationship with CITs in practicum. An emphasis on wellness and self-care practices in university supervision may enhance CITs' knowledge of wellness and provide strategies for integrating wellness and self-care into their personal and professional lives.

Literature Review

Wellness and Burnout

Wellness is "a way of life oriented toward optimal health and well-being in which mind, body, and spirit are integrated by the individual to live more fully within the human and natural community (Myers, et al., 2000, p. 252)." Wellness is also considered as a guiding theory of counseling, counselor development, and counselor preparation (ACA, 2014; CACREP, 2016; Myers, 1992). According to CACREP, students are expected to engage in activities to that encourage personal and professional development and to understand how their personal characteristics, skills, and orientations, affect helping relationships; this includes their personal wellness and self-care.

Burnout is a well-known factor that may arise for counselors and lead to professional impairment (Roach & Young, 2007). Burnout is a psychological syndrome that affects a person's overall health and wellness after prolonged periods of emotionally demanding situations (Lambie, 2006). Burnout leads to physical and emotional exhaustion, poor self-concept, reduced job satisfaction, and "loss of concern and feeling for clients" in counselors (Roach & Young, 2007, p. 30). Physical symptoms of burnout manifest as chronic fatigue, decreased energy, and

weakness. Cognitive symptoms range from cynicism to negative self-concept and attitudes towards clients and work, and emotional symptoms include feelings of hopelessness and helplessness (Lambie, 2006). Counselors and counselor trainees are particularly at-risk for burnout because of psychologically intense work with clients and high-stress work environments (Skovholt, 2001). With the demands of earning a degree, balancing personal and work schedules, and caring for clients, it is easy to imagine how burnout may occur for counselor trainees. Despite the risk of burnout, research illustrates that counselors are "often reluctant to admit they have a problem", disclose symptoms burnout, or get help (Roach & Young, 2007, p. 30). Researchers have not discovered any specific reasons why counselors do not reach-out for professional help, but self-stigma or public-stigma might account for why counselors do not seek assistance (Sullivan & Mancillas, 2015). Many mental health practitioners subscribe to stereotypical beliefs about mental health (i.e., stigma surrounding treatment) (Corrigan, 2004). CITs may avoid seeking mental health services due to this perceived stigma. However, counselors failing to address their own needs may negatively impact their interactions with clients (Sullivan & Mancillas, 2015). Failure to recognize the signs of burnout, or to seek help poses an ethical threat to the counselor, client, and to the integrity of the counseling relationship overall (Ohrt et. al, 2013). The ACA *Code of Ethics* (2014) emphasizes the importance of counselor self-care practices to maintain their personal well-being. Section C.1 states "counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their personal responsibilities (ACA, 2014, p. 8)."

Wellness Models

Wellness is often construed as an observable and measurable set of behaviors that can be assessed and evaluated empirically. The first proposed measures to assess wellness were Hinds'

(1983) *Lifestyle Coping Inventory* and Hettler's *Hexagon Model* (1984) (Hattie, Myers, & Sweeney, 2004). These two models are grounded in the medical model and do not emphasize psychological development; this creates a gap in utilizing these assessments in counseling (Hattie, et al., 2004).

The *Wheel of Wellness* (Myers et. al, 2000) emerged from cross-disciplinary studies and was created in 1991, revised in 1992, and finalized in 2000 (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). The individual is viewed as greater than the sum of its parts, taking into account mental and social factors rather than symptoms of disease. The *Wheel of Wellness* centers holism as the foundation to the wellness approach in counseling (Myers, & Sweeney, 2000). The *Wheel of Wellness* (Myers, et al., 2000) and its counterpart, the *Wellness Evaluation of Lifestyle* (WEL) assessment (Myers, Sweeney, & Witmer, 1998) are grounded in theoretical and empirical literature. These tools capture multiple facets of wellness including work, friendship, love, family, religion, education, business, media, government, and community (Hattie, et al., 2004). The WEL was designed to assess the factors of the Wheel of Wellness. The instrument yielded good evidence of reliability and construct validity overtime; however, the final analysis of the instrument did not support the circumplex model, leading to the development of a new model (Myers & Sweeney, 2005).

The *Indivisible Self Model* (IS-Wel) emerged from the *Wheel of Wellness* as an evidence-based model of wellness (Myers & Sweeney, 2005). This model is also rooted in Adler's idea of holism and indivisibility of self; the person is greater than the sum all its parts (Myers & Sweeney, 2005). Philosophically, the IS-Wel provides structure, outlining how work, friendship, love, family, religion, education, business, media, government, and community interact and contribute to overall wellness. This model includes five primary domains: The Essential Self,

Coping Self, Creative Self, Social Self, and Physical Self (Myers & Sweeney, 2005). Within each of these domains, second-order factors are included leading to a total of 17 sub-factors overall. The first factor, the Creative Self relates to how we positively interpret our world through problem-solving, creativity, sense of control, sense of humor, and emotional awareness. The creative self is comprised of thinking, emotions, control, positive humor, and work subfactors. The second factor, the Coping Self refers to how individuals deal with negative experiences in their life and is comprised of leisure, stress management, and sense of worth subfactors. The third factor relates to how we connect with others, the Social Self. The Social Self is comprised of the following subfactors: friendship and love. The fourth factor, the Essential Self refers to our life's meaning. Self-care, gender and cultural identity, and spirituality comprise this factor. The final factor in the model, the Physical Self includes exercise and nutrition and how it relates to over-all bodily wellness (Myers & Sweeney, 2005). The Physical Self subfactors include exercise and nutrition.

5F-Wel

The components of the IS-Wel model are measured with the *Five Factor Wellness Inventory* (5F-Wel; Myers & Sweeney, 2005). The 5F-Wel is an empirically validated instrument used in counseling; it has been used for several years to measure wellness (Myers & Sweeney, 2008). The 5F-Wel has sound psychometric qualities which are developed through the IS-We an evidence-based model (Abrahams & Balkin, 2006). However, there are some limitations of the 5F-Wel worth noting. There is inadequate data available about the psychometrics properties of the 5F-Wel related to validity and reliability compared to the original WEL (Lonborg, 2007).

In addition, there is some question whether or not the instrument measures wellness beliefs versus behaviors, and discrepancies between item content and factor descriptions in the manual (Lonborg, 2007). With this in mind, counselors should exercise some caution when interpreting the scores of the 5F-Wel. Despite the challenges with the instruments psychometric properties, there is some certainty that the factors in the IS-Wel model do interact and that a change in one domain causes change in other domains in the model, for better or for worse (Myers & Sweeney, 2008). A study by Rachele, Cuddihy, Washington and McPhail (2014) found that the 5F-Wel provided some empirical evidence for the reliability of instrument and support the dimensions of the model. Overall, the IS-Wel model and 5F-Wel can be used to conceptualize wellness and may be very useful in assessment and developing strategies to improve wellness for clients (Abrahams & Balkin, 2015; Myers & Sweeney, 2005; Myers & Sweeney, 2008).

As counselors integrate an approach to wellness, an understanding of wellness models, research, and applications is critical (VanLone, 2007). Puig and colleagues (2012) used the 5F-Wel (Myers & Sweeney, 2005) and found a negative relationship among mental health professionals' levels of exhaustion and their Physical Self, Creative Self, and Coping Self. These findings suggest that "counselors' susceptibility to burnout may be influenced by personal factors" highlighting the need for concrete and empirically supported wellness strategies in supervision and practice (Ohrt et. al, 2015, p. 43). In addition, a study by Shofner & Manyam (2014) utilized the 5F-Wel to assess the wellness of CITs after participating in a wellness intervention during practicum. The results of this study found a medium to high effect size in participants' posttest scores following a wellness seminar and workshop and personal wellness

plans during counseling practicum (Stalnaker-Shofner & Manyam, 2014). Thus, infusing wellness strategies in practicum may provide necessary benefits to CITs.

Counselor Education and Supervision

CITs are tasked with the responsibilities of maintaining both academic and professional duties during counselor preparation. "When counselors-in-training do not balance the demanding academic load of graduate school with self-care, they may miss out on an optimal time to develop the tools necessary to create a healthy balance in their lives" (Wolf, Thompson, & Smith-Adcock, 2012, p. 59). It is important to integrate a wellness model throughout training as a preventive strategy for burnout, as a means to practice self-care both personally and professionally (Myers & Sweeney, 2005). Counselor educators and supervisors have an ethical duty to encourage trainees to develop "creative coping strategies and finding meaningfulness in their work with clients; however, the literature on effective interventions to prevent or reduce burnout among professional counselors is limited" (ACA, 2014; Ohrt, 2015, p. 43). Infusing wellness strategies during the first year of training models the importance of wellness and self-care early on (Stalnaker-Shofner & Manyam, 2014). For example, wellness can be discussed in classes across the curriculum so that CITs have a strong wellness foundation before entering practicum. In addition, programs can state a wellness statement in their program manuals to set wellness and self-care as an expectation of the program and the profession; "if counselors see other counselors taking time to practice self-care, they may feel encouraged to do the same" (Stalnaker-Shofner & Manyam, 2014; Wolf, et al., 2012, p. 59). As a result, CITs may enhance personal development and be more readily prepared to meet the demands of their training and future career stress, and prevent burnout (Roach & Young, 2007).

Despite the lack of research documenting the effectiveness of wellness practices in counselor education programs, some research has suggested ways wellness can enhance well-being for CITs. Yager and Tover-Blank (2007) proposed 10 suggestions for infusing wellness into counselor training with the aim to strongly encourage "counselor educators to consider fully the importance of a wellness focus in training counselors" (p. 152). These suggestions are grounded in the Wheel of Wellness and Wellness Evaluation of Lifestyle inventory (Myers et. al, 2000) and include the following: *Introduce Wellness Directly; Associate the Self-Growth, Self-Awareness Emphasis of Counselor Education With Wellness; Model Wellness for Counseling Students; Communicate That Perfection Is Not the Goal of Wellness; Present Wellness as a Lifestyle Choice for Counselors; Encourage Personal Counseling as a Support; Review the Perspectives on Wellness in the ACA Code of Ethics; Promote a Wellness Philosophy in All Courses; Develop Innovative Ways to Reinforce Students' Attention to Wellness* (Yager & Tover-Blank, 2007).

Generally, CITS in practicum experience high anxiety, low confidence, and perceive themselves to be less competent compared to CITs farther along in their training (Binkley & Leibert, 2015; Kamen et al., 2010). Novice CITs are likely to feel incapable of working with clients, which further exacerbates their anxiety levels (Binkley & Leibert, 2015). Thus, integrating wellness practices into practicum supervision allows CITs to develop strategies to cope with the stress and anxiety related to seeing clients for the first time. In addition, supervisors should encourage CITs to continue the conversation about wellness and self-care with their clinical supervisor to further integrate wellness into the practicum experience.

Following the need for wellness in counselor training is a need for a model of wellness for supervision. Lenz and Smith (2010) developed the Wellness Model of Supervision

(WELMS) to bridge the gap the supervisory relationship; “trainees may not be receiving the primary wellness interventions during their preparation that is conducive to maintain higher wellness in a unique, sensitive, organized, and ethically responsible manner” (p. 230). They based their model from the work of Myers & Sweeney, (2004) and Granello, (2000) proposing that education about wellness concepts, assessment, planning, and evaluation are the key factors for developing personal wellness. Education is at the core of the WELMS model (Lenz & Smith, 2010); encouraging CITs to explore and refine their definitions of wellness and what this concept means for them personally and professionally. The assessment component of the WELMS begins during the first session and lasts the duration of the supervisory relationship; in this model the supervisor takes on the role of evaluator, educator, and provides guidance (Lenz & Smith, 2010). The next step, planning, begins with the CITs choosing which wellness domains they would like to improve; the supervisor cautions against setting multiple goals in each domain to prevent overwhelming the CITs. Evaluation is the last step of the WELMS model. This is an ongoing process and is measured through CITs self-report, journaling exercises, and formal assessments made available online. In this role, supervisors provide “verbal positive reinforcement and other certificates, supportive letters, and commemorations” and also encourage CITs to discuss their personal success and accomplishments throughout the supervisory relationship (Lenz & Smith, 2010, p. 241).

Strategies for Infusing Wellness into CITs Clinical Experiences

This paper will introduce an outline proposed model for infusing wellness into practicum and experiences based on the WELMS, to include practical interventions for instructors and CITs. Education about wellness, assessment, goal planning, and on-going evaluation of personal wellness have been identified as key factors for developing wellness (Myers & Sweeney, 2007;

Lenz & Smith, 2010). These fundamental components are the foundation of the WELMS model (Lenz & Smith, 2010) and will be used as a foundational and practical guide for integrating wellness strategies into CITs' practicum experiences in a university setting. We used five steps based on the WELMS: *Wellness Education with Supervisees in Practicum or Internship, Formal Assessment of Wellness for Supervisee(s), Planning for Long-term Sustainable Wellness, Evaluation of Progress Throughout the Supervisory Relationship, Termination and Final Wellness Evaluation.* The integration of these steps will begin during the first meeting of the practicum class and continue for the duration of the semester.

Step One: Wellness Education with CITs in Practicum or Internship

The first step introduces wellness education by discussing the foundations and theories of wellness and the implications for clinical work and personal and professional development. This step should begin during the initial practicum meeting; by starting supervision with a wellness focus, a precedent for wellness in supervision is established. CITs will construct their own personal definition of wellness and share their definitions and experiences with wellness with the supervisor and/or group. Example prompts for supervisors to use include: "What does wellness look like to you?"; "Personally, how do you strive to define and maintain wellness?" and "Tell me how you define self-care and wellness?" These questions not only allow the supervisor to work with the CITs to develop their wellness understanding, it allows for the supervisor to assess CITs understanding of self-care and wellness.

At this point, the IS-Wel (Myers & Sweeney, 2005) will be introduced to the CITs as a strengths-based and empirically supported paradigm for wellness in counseling. Each domain within the model will be explored in detail; this will include defining each domain and providing example of what wellness may look like in that domain (i.e., spiritual wellness might include

practicing beliefs and behaviors that serve an individual meaning or purpose in life. Some self-care practices include: yoga, meditation, attending a religious service (such as church, mass, mosque, or synagogue).). Student will identify appropriate examples of self-care and wellness strategies that fit into each domain that they can utilize over the course of the semester. This can be achieved through a worksheet-type activity that will allow CITs o explore specific areas where they can engage in self-care as outlined below in figure 1.

[insert Figure 1 here]

The concluding component of the first step is to engage in a discussion with CITs regarding burnout. This discussion will outline the principles of burnout and implications for counseling, including the ethics of impaired practice. Supervisor and counselors-in- training will explore the signs and symptoms of burnout and burnout prevention strategies and best practice for counselors in training. CITs will identify strategies they have used both historically and presently to "recharge their batteries" and minimize the possibility of burnout. If CITs do not have a foundation for self-care practices they will be encouraged to develop possible strategies during the supervision process. These strategies should be documented by the student as outlined in figure 1

Step Two: Formal Wellness Assessment of Counselor(s)-in-Training

In the second session, assessment will be introduced to CITS as an ongoing process and expectation in their field experiences. Formal assessments strategies will be used to gauge student's wellness levels. CITs can engage in formal self-assessment by taking the 5F-Wel (Myers & Sweeney, 2005) "a psychometric instrument developed to assess strengths and areas for growth within each domain and sub-domain" is based on the IS-Wel model (Moe, Dilani, Perea-Diltz, & Rodriguez, 2012, p. 7). Once the assessment(s) are scored, CITs will identify and

record their personal strengths and areas for growth within the context of wellness. CITs will engage in individual, triadic, or group exercises to explore the results of their assessment. Some prompts for the discussion of results include: "What was it like to complete that wellness assessment?" "Tell me what you see in your results," "Tell me about the strengths and growing edges that you see in these results?"

Step Three: Planning for Long-term Sustainable Wellness

In the third session of supervision, or following the formal wellness assessment the supervisor will begin the session by reviewing the previous sessions' discussion of wellness, specifically asking CITs to recall their personal wellness strengths and growing edges. At this point the supervisor will work with CITs to develop tangible goals following the SMART acronym: *Specific, Measurable, Assignable, Realistic, Time-Related* (Doran, 1981). SMART provides a simple framework for defining and implementing goals and objectives, and has been used over time "by helping people focus their attention in these five areas, they would improve their chances for success" (Haughey, 2014, n.p.). SMART is an empirically validated framework that may be used in research and program planning settings (Schwartz et al., 2013). Further, the validity of the SMART model criteria has been supported by both qualitative and quantitative data (Schwartz et al., 2013). Thus, the SMART model continues to be used as a framework for goal development across disciplines.

CITs will revisit their personal definition of wellness and refine these definitions based on their knowledge of wellness and individual self-assessments. CITs will use this information to construct a personal wellness plan. CITs will review IS-Wel model (Myers & Sweeney, 2005) outlined in figure 1 and develop, for instance, two to three goals for one target area; focusing on one area of growth at a time is less overwhelming for CITs and creates a great chance of success

(Lenz & Smith, 2010). CITs will share their goals with the supervisor (and/or other CITs) and receive feedback.

Step Four: Evaluation of Progress Throughout the Supervisory Relationship

Wellness-based supervision will occur alongside routine clinical supervision based on the CITs personal wellness plans. The supervisor and the CITs will utilize individualized wellness plans to gauge both wellness and self-care throughout the semester. It is important to re-visit and prioritize wellness throughout the supervisory relationship; this is an ethically appropriate practice (ACA, 2014), in comportment with guidelines for counselor education (CACREP, 2016), and has implications to reduce burnout and protect CITs clients (Ohrt et. al, 2015).

CITs will then reflect on their personal progress. This can be achieved through a variety of means. One way to keep CITs engaged is encouraging them to document wellness and self-care in weekly wellness journal, identifying any barriers and progress. In addition, supervisors should prioritize wellness check-ins during supervision. This will allow the CITs to express their struggles, concerns, and/or success while receiving verbal feedback from the supervisor and other CITs (if in a supervision group). Some example prompts that supervisors can use with CITs include: "What are you noticing while you are working on your individual wellness plan?"; "What are some successes and barriers to your wellness?" and "Tell me about how wellness is influencing your counseling practice?" CITs will document their wellness behaviors and progress using a personal action plan based on the IS-Wel model (Myers & Sweeney, 2005; Wolf-Pence, 2017).

Step Five: Supervision Termination and Final Wellness Evaluation

CITs will complete a final wellness assessment using the 5F-Wel and will compare and share the results of their first and final assessments. CITs will note any changes and identify

how implementing wellness shaped these changes. In addition, CITs will review their goals and outcomes of their individual wellness plans. This allows CITs to celebrate their successes, and/or discuss any areas that remain in-progress, and how they will continue working toward their personal and professional wellness; verbal feedback will be provided by the supervisor and peer group (if in a group supervision setting). Some example prompts supervisors can use with CITs include: "What have you learned about yourself during this process?"; "What expectations did you have for your overall wellness at the end of the semester?"; "What are your plans for continued wellness?" Supervisors will wrap-up the evaluation and termination stage by reiterating the need for personal and professional reflection across the lifespan.

Implications and Future Research Directions

These interventions have not been empirically validated. Evaluating the effectiveness of specific wellness-oriented supervisor interventions is an important step in establishing their efficacy and relevance to supervisory practice. Evaluation of wellness interventions in supervision could be carried out in a variety of ways and contexts. First, researchers could explore the impact that wellness initiatives have on two groups of CITs, utilizing a quasi-experimental pre-test, post-test design. Group 1 will take the 5F-Wel to establish their baseline wellness before entering practicum or internship (i.e. pretest). Group 2 will retake the 5F-Wel at the conclusion of their practicum experience to measure any changes that may have occurred. This could establish the specific impact that wellness interventions have on CITs development and overall wellness. Other research designs, such as qualitative research, could explore the experiences of supervisors and/or CITs who facilitate or experience wellness supervisory interventions. These studies could illuminate the usefulness of these interventions on an

individual level. Overall, more research is required on the subject of wellness in counseling supervision to ensure that CITs of all levels are well and counseling without impairment.

This article proposes concrete ways in which university supervisors can integrate wellness into their supervision practices with master's-level CITs. These strategies could provide supervisors with the concrete tools that they can use throughout their supervision relationship with their CITs to increase wellness, prevent burnout, and protect clients from impaired practitioners. Most importantly, integrating wellness into practicum university supervision establishes very early in counselors' careers the importance of wellness and self-care practices. This article highlights the importance of wellness practices in supervision and offers specific interventions that supervisors can use in supervision sessions with CITs in practicum experiences. In addition, counselor educators should work towards removing the stigma related to help-seeking behaviors for CITs. Counselor educators can discuss the topics of stigma in training programs; this would be salient to CITS in practicum since this experience occurs early on in their training and they will learn that seeking help is essential to maintaining wellness and self-care.

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Figure 1: Wellness Domain Identification and Planning

Wellness Domain	**Coping Self**	**Creative Self**	**Essential Self**	**Physical Self**	**Social Self**
Example Activity	Identify and describe at least one activity to manage stress.	Identify and describe at least one activity that encourages intellectual stimulation; a sense of curiosity.	Identify and describe at least one activity that promotes self-care, spirituality, gender and cultural identities.	Identify at least one activity that promotes physical health and healthy diet.	Identify and describe at least one social activity to interact with others.
Historical Self-Care Activity	*Take a walk outside.*	*Attending a workshop for professional growth.*	*Attending a personal religious event.*	*Taking the stairs instead of the elevator.*	*Invite a friend or family member to get lunch.*
New Self-Care Activity	*Keeping a personal reflection journal.*	*Reading a book about a new topic that interests me.*	*Attend a cultural event in the community that I am not a part of.*	*Attend a yoga class and replace soda with water.*	*Attend a social event on campus that I have never been to and connect with new people.*