Virtual Vitality

Bridging the CSI Counselor Wellness Competencies and the CHANGES Model for Accessible Telehealth Supervision

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> "The intersection of wellness, telehealth, and disability access is not a niche concern — it is the new ground in supervision standards.." - Kayla Newkirk

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The Problem We Cannot Ignore

The Current Reality

- Telehealth supervision is the **permanent norm**, not a pandemic stop-gap
- Supervisees with disabilities and neurodivergence face unique digital barriers to professional vitality
- Most supervision models address accommodation as **compliance** (legal minimum) rather than wellness promotion
- Early-career clinicians with accommodations report higher burnout and attrition risk

⚠ **Compliance does not equal vitality.**
Compliance is a floor.
Wellness is a ceiling.

The profession is losing talented, diverse clinicians at the very training stage — not because they lack skill, but because the systems around them lack vision.

Where the Gap Lives

The Supervisee Experience

Feeling "Other'd"

Receiving accommodations while feeling high-maintenance or burdensome to the system

Digital Fatigue

Compounding existing wellness challenges in an already demanding training environment

Gatekeeping Culture

Supervisors trained in gatekeeping, not wellness catalysis

The Supervisor Experience

Operationalizing Wellness

Unsure how to apply wellness frameworks within a telehealth frame

Limited Tools

Lacking instruments to assess beyond symptom checklists

Defaulting to Compliance

Wanting to support but falling back on compliance language

The Cost: The profession loses talented, diverse clinicians at the training stage.

Learning Objectives

By the end of this presentation, you will be able to:

1

Synthesize CSI Competencies

Synthesize the nine CSI Counselor Wellness Competencies within a telehealth supervisory context

2

Apply CHANGES Precursors

Apply CHANGES model precursors to virtual environments, activating precursors relevant to supervisees with accommodations

3

Design a Wellness Protocol

Design a humanistic Telehealth Wellness Protocol using IS-Wel dimensions

CSI Counselor Wellness Competencies

Source: Chi Sigma Iota (CSI)

Self-Care

Counselors practice self-care by monitoring personal wellness; devoting time to utilizing self-care strategies that maintain mental, emotional, physical, spiritual, social, and cultural health; and making choices that promote optimal well-being.

Personal Relationships

Counselors develop and maintain intimate and trusting relationships with family, significant others, and supportive friends.

Boundaries

Counselors establish and maintain healthy personal and professional boundaries to support their wellness.

Stress, Burnout, and Impairment

Counselors engage in self-reflective practices that allow them to assess their holistic wellness in order to develop and maintain professional effectiveness by addressing stress, burnout, and impairment.

Professional Support Practices

Counselors appropriately seek, utilize, and provide consultation, supervision, education, mentorship, and/or personal counseling to maintain healthy personal/professional environments.

Wellness Promotion

Counselors model and encourage wellness practices that help others realize the benefits of making choices that promote wellness across the life span.

Wellness Research

Counselors incorporate theoretical and empirical wellness models and tools in their counseling, consultation, supervision, instructional, and leadership roles.

Wellness Assessment

Counselors appropriately utilize empirically-based wellness assessments and help clients interpret the results of these assessments for optimal well-being.

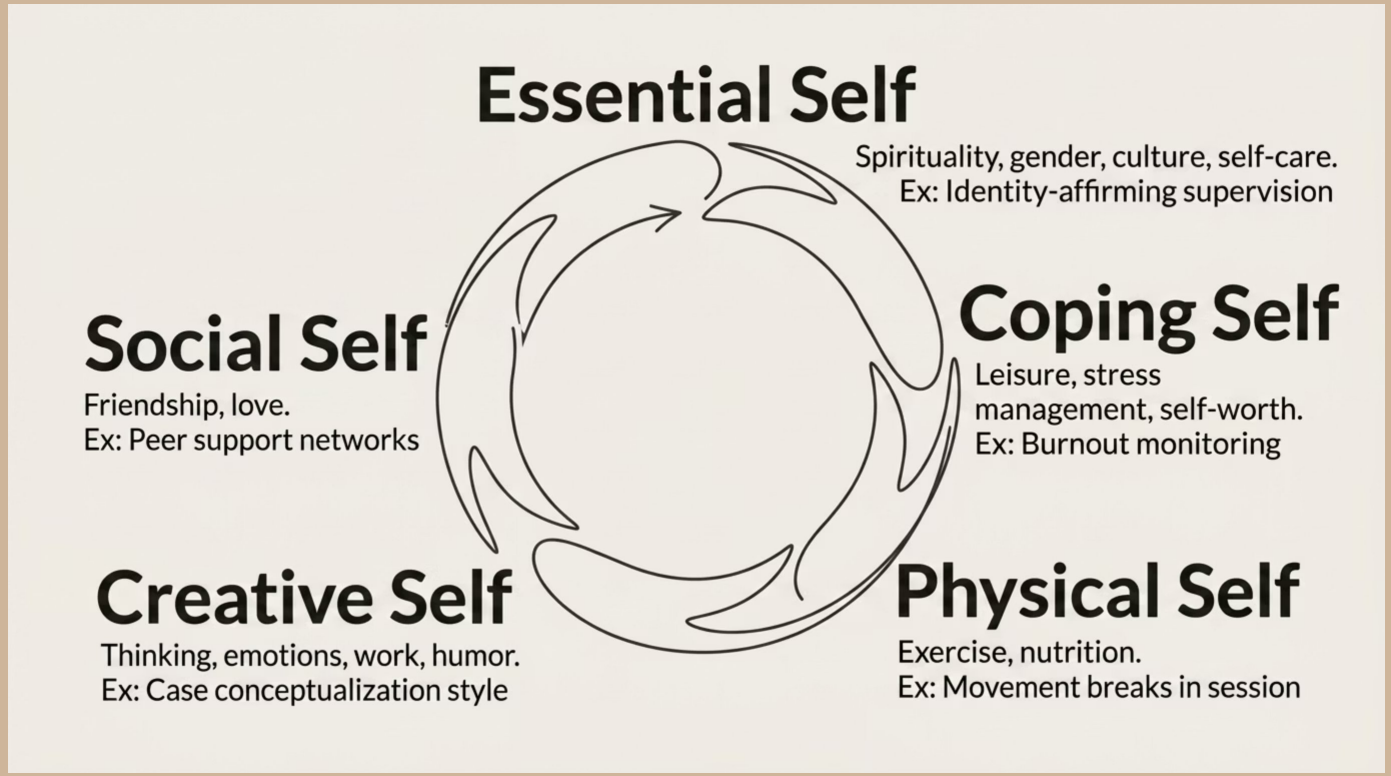
Wellness-Based Goal-Setting and Plans

Counselors appropriately utilize assessment data to help them and their clients implement a "personal wellness plan" with specific, measurable, and manageable goals designed to increase holistic wellness.

The Indivisible Self (IS-Wel) Model

Source: Myers & Sweeney (2004)

The IS-Wel model operationalizes wellness into five measurable selves — each one a domain of supervisory attention:



Each self is both a wellness domain to assess and a lever for supervisory intervention. When one self is depleted, the others are affected — the model is truly indivisible.

The CHANGES Model

Source: Wilkinson & Hanna (2025)

Seven precursors of therapeutic change — each must be activated for meaningful change to occur. Originally developed for therapy with difficult clients, these precursors apply directly to the supervision relationship.

C	**Confronting the problem**	Is the supervisee able to honestly name the barriers they face — clinical, systemic, or personal?
H	**Hope for change**	Does the supervisee believe that growth and wellness are possible in this context?
A	**Awareness of the problem**	Is there emerging insight into patterns that need shifting?
N	**Necessity for change**	Is there an internalized sense that change is non-optional — not just preferred, but needed?
G	**Grit**	Is the supervisee prepared to tolerate discomfort in service of growth?
E	**Effort or will toward change**	Is there sustained, active work being done — not just intention?
S	**Social support for change**	Is there relational scaffolding — from supervisor, peers, mentors — to sustain the process?

Why These Two Models Together

Each model has a limitation the other solves. Together, they form a complete supervisory roadmap.

CSI / IS-Wel Strengths

- Identifies **what** wellness looks like
- Static dimensions of self
- Outcome-oriented
- Lacks a change mechanism

CHANGES Strengths

- Identifies **how** change happens
- Dynamic process of activation
- Process-oriented
- Lacks a wellness framework

Integration: IS-Wel tells us *what* wellness looks like in five domains. CHANGES tells us *how* to activate it — by confronting, hoping, becoming aware, recognizing necessity, mustering grit, exerting effort, and drawing on social support.

IS-Wel Wellness Crosswalk

Full Matrix: Each IS-Wel Domain × Its CHANGES Precursors × Supervision Interventions

Creative Self •
Coping Self •
Social Self •
Essential Self •
Physical Self

Based on Myers & Sweeney (2004) · Wilkinson & Hanna (2025) · Virtual Vitality | IAWC 2026

THE MATRIX

IS-Wel Domain	CHANGES Precursors Activated	What This Means in Supervision	Telehealth Tools & Interventions
Creative Self **Thinking · Emotions · Control** **Work · Positive Humor**	Awareness Necessity Grit Effort	Help the supervisee name their patterns and commit to growth. Use screen-share for collaborative goal-setting and session recording review to increase awareness.	Shared docs (Google Docs, Miro, Notion) Session recording review (Zoom, Theranest)
Coping Self **Leisure · Stress Management** **Self-Worth · Realistic Beliefs**	Confronting Hope Awareness Grit Effort	Center the supervisee's wellness as a clinical priority. Introduce wellness tracking (Apple Health, FitBit) and co-work focus timers to build coping routines.	Wellness tracking platforms Co-working focus timers Body-doubling sessions
Social Self **Friendship · Love**	Confronting Social Support	Activate the supervision relationship and peer scaffolding. Use asynchronous check-ins (Loom, Signal) and triad supervision to build relational momentum.	Asynchronous check-ins (Loom, voice memos, journals) Triad supervision (peer+supervisor)
Essential Self **Spirituality · Gender Identity** **Cultural Identity · Self-Care**	Hope Awareness Necessity Social Support	Align supervision with the supervisee's identity and purpose. Use values-clarification exercises and cohort-based reflection to sustain motivation.	Digital wellness plans Values reflection prompts Cohort peer groups
Physical Self **Exercise · Nutrition**	Awareness Grit Effort	Normalize body state as supervision-relevant. Incorporate movement breaks, sleep/nutrition check-ins, and energy tracking as part of the wellness conversation.	Movement break prompts Sleep & nutrition checklists Energy trackers

IS-Wel = Indivisible Self Wellness Model (Myers & Sweeney, 2004)

IS-Wel Domain	Subscales	CHANGES Activated
Creative Self	Thinking, Emotions, Control, Work, Positive Humor	Awareness · Necessity · Grit · Effort
Coping Self	Leisure, Stress Management, Self-Worth, Realistic Beliefs	Confronting · Hope · Awareness · Grit · Effort
Social Self	Friendship · Love	Confronting · Social Support
Essential Self	Spirituality, Gender Identity, Cultural Identity, Self-Care	Hope · Awareness · Necessity · Social Support
Physical Self	Exercise · Nutrition	Awareness · Grit · Effort

Coping Self is the hub

Activates 5 of 7 CHANGES precursors — more than any other domain. When Coping Self is depleted, nearly every precursor becomes harder to reach.

Creative Self activates grit

The only domain that directly activates Grit — the willingness to tolerate discomfort in service of growth.

Social Self is the bridge

The only IS-Wel domain that activates Social Support from the CHANGES model. Without it, the change process lacks relational scaffolding.

Physical Self is foundational

Body state directly shapes supervision readiness. Movement breaks and sleep/nutrition check-ins are not optional extras — they are wellness interventions.

Coping Self is the activation hub — depleted Coping Self makes nearly every precursor harder to reach.

Telehealth-Specific Affordances

Digital tools are not just accommodation — they are **activation mechanisms** for specific CHANGES precursors. The tools are already in the room. The framework is what makes them wellness assets instead of logistics.

Affordance	Activates	Empowers
Synchronous live transcription (e.g., Otter.ai, Zoom captions, Google Meet live captions)	Awareness of the problem (see your own words in real time)	Neurodivergent note-taking access
Digital wellness-mapping platforms (Apple Health, FitBit, etc)	Effort or will toward change (visible progress tracking)	Coping Self
Shared-screen collaborative docs (e.g., Google Docs, Miro, Notion)	Confronting the problem + Social support for change	Social Self
Asynchronous check-in tools (e.g., Loom video messages, voice memos, shared journals)	Hope for change + Social support for change (relationship between sessions)	Essential Self
Session recording review (e.g., Zoom cloud recordings, Theranest, SimplePractice)	Awareness of the problem + Confronting the problem	Creative Self

L.O. 1 — Synthesize CSI Competencies in Telehealth

Practical Supervision Behaviors

Competency	Telehealth Application
Self-Care	Co-create a digital wellness plan in session 1; check in on mental, physical, spiritual, and cultural health domains
Personal Relationships	Explore how telehealth affects work-life boundaries and time with family/significant others; normalize relationship strain during training
Boundaries	Collaboratively establish digital boundaries (response times, after-hours contact, camera-on expectations) in a written telehealth agreement
Stress, Burnout, and Impairment	Use shared wellness trackers and session check-ins to monitor burnout indicators; name impairment risk early in the virtual space
Professional Support Practices	Facilitate virtual peer consultation groups; normalize seeking mentorship and personal counseling as professional strengths
Wellness Promotion	Model visible self-care practices on camera; invite supervisees to share wellness strategies with peers in the cohort
Wellness Research	Incorporate empirical wellness models (IS-Wel, CHANGES) into supervision; invite supervisees to contribute to wellness scholarship
Wellness Assessment	Administer empirically-based wellness assessments digitally; review results collaboratively via screen-share
Wellness-Based Goal-Setting and Plans	Use assessment data to co-develop a personal wellness plan with specific, measurable goals; review quarterly via shared digital portfolio

L.O. 2 — Apply CHANGES in Virtual Settings

Three precursors most amplified by telehealth

Awareness of the Problem

- Live transcription captures supervisee's own speech patterns, blind spots, and growth edges
- Side-by-side video review of recorded sessions
- Digital genograms and ecological maps built together in real time

Social Support for Change

- Virtual triad supervision: peer + supervisor + supervisee
- Shared wellness dashboards visible to the cohort
- Asynchronous peer consultation channels (Signal, Slack, encrypted messaging)

Confronting the Problem

- The digital record cannot be "forgotten" — session transcripts and shared notes make avoidance harder
- Supervisors can name the data: "You said you wanted to focus on self-care. Your wellness tracker shows no new entries since our last session."
- Telehealth documentation creates a shared reality that both parties can confront honestly

L.O. 3 — Designing the Telehealth Wellness Protocol

Phase 1 — Assessment (Session 1)

Complete IS-WEL inventory together. Map results onto CHANGES precursors using the crosswalk. Identify which precursors are already active and which are dormant.

Phase 2 — Activation (Sessions 2–4)

Select 1–2 digital tools that open blocked areas of the model (e.g., Otter.ai for Awareness, Loom for asynchronous Social Support). Introduce the tool with intentional framing. Supervisee sets a wellness micro-goal each session.

Phase 3 — Integration (Sessions 5–10)

Review IS-Wel scores at session 5 mark. Adjust tool selection based on whether Effort or will toward change is visible. Introduce Social support for change.

Phase 4 — Sustainability (Sessions 10+)

Wellness portfolio: supervisee documents growth narrative across all seven precursors. Plan for independent wellness maintenance. Supervisee articulates their own wellness-supervision philosophy.

Case Vignette — "Alex"

Background

Second-year MA intern, diagnosed ADHD and generalized anxiety. Requested captioning and flexible scheduling through disability services. Alex explained that previous supervision they were receiving could be described as *"compliant but lifeless"* — focused on case competency, but never wellness. Alex frequently apologized for *"being a lot"* and minimized accommodation needs, even when supports were clearly warranted. On IS-WEL intake, Coping Self scored lowest, while Hope and Grit precursors were dormant.

Outcome

By session 10, Alex's Coping Self score increased 2 points. They stopped apologizing for accommodation needs and began advocating more openly for peers. Alex reported feeling **"seen as a whole person, not a problem to manage."** They initiated a peer wellness check-in group within the cohort and requested to co-present at a conference on accessible supervision — the presentation that follows grew directly from that experience.

Ses.	Intervention	Crosswalk Alignment
1	IS-Wel assessment; Coping Self scored lowest	Coping Self → Hope for change
2	Introduced live transcription so Alex could see session patterns	Awareness of the problem → Creative Self
4	Shared-screen Trello board; named together: "This is how we confront the problem"	Confronting the problem + Effort → Coping Self
6	Body-doubling via co-working focus timer; discussed necessity — "Why does this matter to you as a clinician?"	Necessity for change → Essential Self
8	Supervisee designed own wellness tracking format and shared with cohort peer	Social support → Social Self
10	Wellness portfolio review; Coping Self up 2 points. Discussed grit — "What did you have to tolerate to get here?"	Grit → Coping Self

Supervisor Self-Wellness Check

> You cannot catalyze what you do not embody.

IS-Wel for the Supervisor

Creative Self

Am I bringing fresh perspective to my supervision?

Coping Self

Am I modeling boundaries with my supervisee?

Social Self

Do I have peer supervision of my own?

Essential Self

Is my supervision identity aligned with my values?

Physical Self

Do I take care of my body between back-to-back virtual sessions?

CHANGES for the Supervisor

Confronting the Problem

Am I naming my own growth edges as a supervisor?

Hope for Change

Do I genuinely believe my supervisee can thrive?

Grit

Am I willing to sit with the discomfort of honest feedback?

Organizational Implications

The protocol requires institutional support to be sustainable. Individual supervisor commitment is necessary but not sufficient.

Training Programs

Embed IS-Wel + CHANGES in supervision coursework as foundational frameworks, not elective enrichment

Clinic Directors

Allocate budget for telehealth wellness tools — transcription platforms, collaborative boards, wellness tracking software

Disability Services

Move from compliance hand-off to co-creation with supervision teams — a partnership model, not a referral model

Professional Associations

Organizations like IAWC can endorse a Telehealth Wellness Protocol standard and create accountability structures

Limitations

Honest Acknowledgment

Not Yet Empirically Validated

This protocol is framework-integrated, not evidence-based in the strict RCT sense. Rigorous outcome studies are needed.

Technology Comfort Required

Requires supervisor comfort with technology — meaningful training investment is needed before implementation.

Socioeconomic Access Gaps

Not all tools are equally accessible across socioeconomic contexts. Equity must be built into tool selection.

Risk of Wellness-Washing

Using the language without structural change is a real danger. Accountability mechanisms must accompany adoption.

Voices Missing

Disabled and neurodivergent supervisee voices must be centered in further model development — not consulted, but co-created with.

Future Directions

1

Longitudinal Outcome Study

Supervisee wellness scores pre/post protocol implementation across multiple training sites

2

Qualitative Research

Supervisee lived experience of wellness-oriented telehealth supervision — centering disabled and neurodivergent voices

3

Cross-Cultural Adaptation

IS-Wel dimensions vary by cultural context — international adaptation studies needed

4

AI-Assisted Wellness Mapping

Ethical integration of AI into supervision wellness tracking — with robust consent and privacy frameworks

5

IAWC Training Module

IAWC-endorsed training module for supervisors — standardizing the protocol across the profession

Key Takeaways

1 **A Complete Supervisory Roadmap**

CSI Wellness Competencies + CHANGES = a complete supervisory roadmap. IS-Wel answers *what* wellness looks like. CHANGES answers *how* to activate it.

2 **Telehealth Is an Amplifier**

Telehealth is not a barrier — it is an amplifier for Awareness of the problem, Confronting the problem, and Social support for change when used intentionally.

3 **Accommodation Is the Floor**

Accommodation is the floor — wellness is the ceiling. The protocol moves supervisees from compliant to vital.

4 **Supervisor Wellness Must Be in the Frame**

The supervisor's own wellness must be visible and tended. We cannot offer what we do not embody.

Closing & Resources

> "When we design for accommodation, we meet the standard. When we design for wellness, we raise the standard. The supervisees who need this framework most are also the ones who will teach us how to make supervision better for everyone."

Resources

Chi Sigma Iota. (n.d.). *Counselor wellness competencies*. https://www.csi-net.org

IS-Wel assessment instrument (free access)

Wellness Crosswalk template (downloadable PDF)

Myers, J. E., & Sweeney, T. J. (2004). *The Indivisible Self: An evidence-based model of wellness. Journal of Individual Psychology, 60*(3), 234–245.

Wilkinson, C., & Hanna, F. J. (2025). *Therapeutic change with difficult clients* (2nd ed.). American Psychological Association.

Q&A

So what does this look like in your practice? What questions do you have about applying the IS-Wel and CHANGES model with your own clients or supervisees?

Call to Action

01

Try One Crosswalk Alignment

Use the matrix in your very next supervision session

02

Join the Network

Connect with the IAWC Supervision Interest Network

03

Share Your Pilot

Tag your experience: **#VirtualVitalityIAWC**

Scan to download resources and see more