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Self-Care: An Ethical Imperative for Anti-Racist Counselor Training

Michelle D Mitchell, Erin E Binkley

Attention has been given to multicultural counseling, social justice, and advocacy work over the last several decades; with this in mind, it is essential counselor educators work as anti-racist change agents to understand the role of self-care in advocacy and be armed with self-care strategies based on racial identity standing. Working through the lens of racial identity development models, educators will learn ways to support students of the dominant culture in engaging in self-care without initiating oppressive behaviors and, conversely, will learn strategies to assist Black, Indigenous, Persons of Color in enacting self-care without assisting in their own oppression. Thus, the purpose of this conceptual manuscript is to (a) provide a rationale for self-care as an ethical imperative, (b) introduce self-care strategies to employ while supporting anti-racist andragogy through intentional wellness, and (c) call students to build self-care routines focused on multiculturalism and social justice.

Keywords: school counselors in training (SCIT), social justice, social determinants of health

Multicultural competence and self-care are essential components of ethical clinical practice and professional advocacy. While the connection between the concepts of multicultural competence and professional advocacy are obvious, this article will outline the necessity of self-care as counselors explore their racial identity and fight against oppression. Over the last few decades, multicultural counseling has gained importance and has been included in guidelines for training, research, and practical competence (American Counseling Association [ACA], 2014; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016; Ratts et al., 2016). Part of this integration has involved a more expansive and inclusive lens by which to view culture in counseling. Similarly, counselors are expected to engage in activities that maintain and promote emotional, physical, mental, and spiritual well-being to aid in meeting professional duties (ACA, 2014). Likened to multicultural counseling, self-care is an expansive concept in that those implementing self-care while actively engaging in advocacy work are pushing against White norms built within society (Seth, 2018; The Nap Ministry, n.d.). Thus, self-care is an

imperative, not an adjunctive, concept for counselor educators (CEs) to teach when encouraging future counselors to utilize clinical spaces as platforms for advocacy work.

Moreover, within this article terms such as *multicultural competence* and *multicultural counseling* are used interchangeably. Thus, note such terms are utilized to describe an intersectional approach that enables counselors to implement (a) awareness, (b) knowledge, (c) skills, and (d) action in confronting the concepts of privilege, oppression, and discrimination in clinical practice (Mitchell, 2018). A different yet related concept, social justice will be defined as “the fair equitable distribution of power, resources, and obligations in society to all people, regardless of race, gender, ability status, sexual orientation, and religious or spiritual background” (Hage, et al., 2010, p. 103).

Cultural Challenges in Counselor Education

Unfortunately, white supremacy culture is present throughout many facets of work culture in the Western world, and academia is no exception. Char-

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acteristics such as perfectionism, a sense of urgency, defensiveness, quantity over quality, worship of the written word, the concept of only one way being the right way, paternalistic management styles, either/or thinking, power hoarding, fear of open conflict, individualism, a push for progress over process, objectivity, and the right to comfort are a few of the ways white supremacy may occur in workplace culture (Hiraldo, 2019; Jones & Okun, 2001; Wilson, 2021) and drive high levels of burnout. Exposure to microaggressions, experiences of tokenism, and pervasive absence of dialogue in classrooms and curricula regarding issues facing faculty and students of color further the persistence of white supremacy in higher education and, therefore, in counselor education (Hiraldo, 2019; Linder, et al., 2015; Wilson, 2021). Multiple studies have shown that to combat the pervasive, detrimental impacts of white supremacy culture in higher education, educators must work to create institutional and departmental cultures of inclusivity, as well as provide active support and mentorship to both faculty and students of color (Linder et al., 2015; Salazar, 2009). CEs therefore must be prepared to identify ways such characteristics appear in counselor training programs and work to offset them by teaching differing perspectives. White supremacy work culture drives burnout (Linder et al., 2015), which is particularly dangerous in the field of counselor education. If CEs are unaware of the influences of white supremacy on the ways with which they engage in work, they run the risks of experiencing related burnout, which may impact counselor trainees and in turn model for them a work culture that ultimately causes impairment, detrimentally impacts personal and professional well-being, and negatively impacts clients. Engaging with wellness activities such as self-care can help CEs and counselors resist the effects of white supremacy work culture and better model for client's healthy holism. Additionally, self-care practices can support healthy racial identity development, which will be expanded on further.

Racial Identity Development

Racial and Cultural Identity Development

One of the foundational topic areas of multicultural counseling is training and competency in working with clients of differing racial and ethnic

identity, namely Black, Indigenous, and Persons of Color (BIPOC) clients (Sue & Sue, 2008). Scholars often agree each racial group (e.g., African American/Black, Asian American/Pacific Islander, Latino/a/x American, Native American) encompasses their own unique cultural heritage and worldview that distinguishes each from one another (Sue & Sue, 2008). For this reason, several racial and cultural identity development models can be found in literature that highlight the aforementioned racial groupings specifically (Casas & Pyluk, 1995; Cross, 1978; Horse, 2005; Nadal, 2004; Root, 1997).

Although it is well documented that each racial group has distinctive differences, similarities do still exist across BIPOC racial identity development based on the patterned adjustments utilized in response to cultural oppression (Sue & Sue, 2008). The identification of such patterns led to the development of the minority identity developmental model (MID; Sue & Sue, 1990), which was later renamed the racial and cultural identity developmental (R/CID) model. The R/CID model was designed to aid counselors in their conceptualization of BIPOC individuals as clients attempt to better “understand themselves in terms of their own culture, the dominant culture, and the oppressive relationship between the two cultures” (Sue & Sue, 2008, p. 242). The R/CID encompasses five stages of development, which include (a) conformity, (b) dissonance, (c) resistance and immersion, (d) introspection, and (e) integrative awareness.

White Racial Identity Development

In an effort to assist White-identifying individuals in understanding their role in perpetuating societal and structural racism and to help them understand the necessity of their role in the responsible dismantling of racism by building awareness of their privilege, Helms (1995a) created the White Racial Identity Development Model (WRID). The model is divided into six main stages (contact, disintegration, reintegration, pseudo-independence, immersion/emersion, and autonomy) and moves individuals from recognition and abandonment of racism to the hopeful eventual building of an actively anti-racist identity. Due to its developmental nature, Helms' model provides a helpful context through which CEs can implement self-care strategies for

counseling students as they work through training programs.

Counselor Educators and Counselors as Advocates

CEs, parallel to their responsibility for initiating and modeling essential self-care practices for counselor trainees, have an obligation to initiate and model involvement in advocacy. As professional standards shift toward a focus on advocacy for counselors, CACREP (2016) has begun to integrate themes of advocacy within guidelines for faculty and programs. CEs are specifically called to provide the potential for advocacy experiences for doctoral students (6.A.3.f) who must be trained in “ethical and culturally relevant leadership and advocacy practices” (6.B.5.1). Additionally, CEs are required to engage in “professional service in advocacy and counseling” (1.X.3.b) outside of their teaching and supervision duties. These guidelines emphasize the need for CEs to engage in advocacy efforts in individual, community, and national arenas.

As CEs engage in advocacy efforts in both professional and educational arenas, they act as change agents for counselor trainees and their clients through modeling and mentorship. Using the aforementioned ethical and professional standards as guiding principles, CEs may foster an awareness and commitment to underserved and underprivileged populations among trainees (Coutinho & Dakis, 2017). In this way, involvement in social action can orient students toward both community wellness and personal well-being (Toporek, 2018).

Master’s level counselor trainees are required to learn “advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients” (CACREP, 2016, 2.F.1.e) as well as “theories and models of multicultural counseling, cultural identity development, and social justice and advocacy” (2.F.2.b). Similarly, the American Counseling Association’s ethical standards (2014) state counselors “are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered” (p. 8). Building on these expectations, the Multicultural Social Justice

Counseling Competencies (MSJCC) were developed to broaden the definition of multiculturalism and to encourage more active social justice through counseling advocacy (Ratts et al., 2016). The MSJCC expounded on the integration of social justice and advocacy within the field of counseling, which were set forth by the Advocacy Competencies (Toporek et al., 2009), which highlight advocacy as an essential aspect of ethical service to clients.

Burnout

CEs are subject to risks for burnout similar to counselors (Moate et al., 2016). Academic work can be overwhelming, leaving educators seeking more hours with which to complete assigned tasks and commitments (Hill, 2004). Motivating students to care for themselves may be difficult to prioritize. And yet, like much of counselor training, self-care is a parallel process that CEs must engage with to model effective wellness practices to students. CEs are tasked with maintaining wellness routines such that they may provide healthy outlets for students coping with the unfortunate downsides of engagement in advocacy during training (Hill, 2004; Moate et al., 2016).

The challenge of burnout has significant implications for students; however, they are most pertinent to racially diverse students, who experience exponentially higher rates of burnout (Hubain et al., 2016; Smith et al., 2007). Central to the differences in burnout rates among students of color are the continual experiences of microaggressions, hostile campus environments, negative stereotypes, and “racially biased course content and ... instructors” (Smith et al., 2007, p. 552). The modeling and teaching of burnout prevention and response through self-care practices are critical elements of advocacy work for which CEs must be responsible to provide an ethical education to students of all racial identities.

Throughout training programs, students are taught to practice self-care to avoid burnout (Lee et al., 2007), which can be defined as “the failure to perform clinical tasks appropriately because of personal discouragement, apathy to symptom stress, and emotional/physical harm” (p. 143). Burnout can be displayed as emotional and physical exhaustion,

and irritability and high levels of stress are immediate indicators of burnout. Conversely, the presentation of burnout can be far more covert as a lack of satisfaction in work and a decreased sense of self-efficacy. Despite the presentation of burnout, a myriad of negative effects may include (a) difficulties setting boundaries or feeling an unwillingness to control work stressors, (b) a tendency to withdraw or a reluctance to discuss problems, and/or (c) feelings of cynicism, disillusionment, hopelessness, and suicidal thoughts (Lawson & Myers, 2011).

As students maneuver training programs, they will often encounter clients who face “inadequate social services” and “strict regulations” in their lives, creating frustration and fatigue for trainees; this frustration increases burnout and decreases new practitioners’ interest in working with “underserved and vulnerable populations” (Coutinho & Dakis, 2017, p. 905). If not prepared to practice adequate self-care, counselors in training who are learning the value of social justice advocacy work encounter burnout symptoms such as (a) the deterioration of psychological and physical well-being, (b) hopelessness, (c) disillusionment, and (d) withdrawal from advocacy work (Gorski & Chen, 2015). Maneuvering the challenges inherent to engaging in social justice advocacy early in training requires students to learn the value of rigorous self-care routines. Central to feminist theory, self-care routines leverage personal care as a political act, rest as resistance, and wellness as a human right (Cardenas & Mendez, 2017).

Self-Care

Although several conceptualizations of self-care exist within literature (Barnett et al., 2005; Dorociak et al., 2017; Norcross, 2000), within this article, self-care will be defined as “self-initiated behaviors that promote good health and well-being” (Christopher et al., 2006, p. 496). Enacting self-care requires an active engagement in one or more activities designed to address aspects of one’s wellness (e.g., spiritual, emotional, physical, social; Baker, 2003; Carroll et al., 1999; Myers et al., 2000); however, it is often perceived as a process for mental health professionals to engage in on an as-needed basis. In this way, self-care is widely advertised as a luxury while companies, agencies, and schools prey on individuals’ burnout by marketing items such as

scented candles, bath and body products, athleisure clothing, alcohol, and other indulgences. In fact, self-care is not a luxury or a one-time act but rather an intentional routine of consistent strategies aimed at developing and maintaining a healthy and holistic lifestyle, preventing burnout, and promoting wellness (Myers et al., 2000; Posluns & Gall, 2020).

Counselor Educators

Considering “faculty are expected to serve as role models to counseling graduate students, and if faculty are not teaching, advocating, or practicing self-care, students likely will not engage in strategies to alleviate their own stress” (Nelson et al., 2018, p. 122), one may assume a model to integrate self-care techniques within training curricula exists. However, despite extensive research within the area of self-care in counselor education (Coaston & Lawrence, 2019; Foss-Kelly & Protivnak, 2017; Nelson et al., 2018), there is no template for how to infuse self-care practices into a graduate counseling training curriculum, and therefore, self-care training is rarely meaningfully integrated. Some programs offer stress management electives, but the optional nature of these courses may communicate to students that “self-care is optional” (Nelson et al., 2018, p. 122). Being encouraged to practice self-care without sufficient training in how to do so can send mixed messages to students as they pursue counselor training and transition to professional work (Christopher et al., 2006). To establish examples for counseling students and supervisees (who will eventually model wellness for their clients), it is critical CEs not only engage in active self-care routines and practices but likewise provide opportunities for practice to students as an intentional part of the counselor education curriculum.

Counselor Trainees

Counselors in training are taught that self-care is a critical component of counselor effectiveness and wellness (Christopher et al., 2006). Practicing active self-care can provide healthy modeling for clients (Lawson, 2011; Mayorga et al., 2015), promote counselor identity (Hendricks, 2008), and assist in avoiding impairment, fatigue, and burnout (Lawson, 2007; Newell & Nelson-Gardell, 2014). However, counselor trainees are often expected to take on the task of maintaining their own wellness throughout

training while also engaging in the all-encompassing personal and professional growth processes associated with acquiring knowledge, deepening awareness, honing skills, and managing client concerns (Thompson et al., 2011). The balancing of both professional and personal concerns can result in little time or energy left with which to develop healthy self-care routines (Christopher et al., 2006; Mayorga et al., 2015). Thus, a model is needed to assist counselor trainees in the integration and implementation of self-care as an essential aspect of their development.

Self-Care as an Anti-Racist Approach

The concept of self-care as it is marketed by White, capitalistic culture focuses strictly on indulgence; however, movements within anti-racist social justice communities aim to recapture the essence of self-care by shifting its focus from indulgence to radical, curative care (Seth, 2018; The Nap Ministry, n.d.). For BIPOC individuals and communities, self-care may represent a reclaiming of physical, mental, and emotional autonomy as resistance against the marginalization and oppressions inherent to living in a world that centers White comfort (Borges, 2020; Seth, 2018; Trombetta, 2018). For White individuals and communities, self-care may be used to “build up stamina” and tune into the discomfort of examining racism and White privilege (Borges, 2020, p. 1). The labor involved in dismantling racism through professional advocacy and equity work requires self-care as a core component, recognizing that the work is deeply personal and difficult and cannot take place without rest and replenishment (Borges, 2020; National Museum of African American History and Culture, n.d.). In these ways, self-care is both a critical foundation on which anti-racist work can take place as well as an anti-racist act in and of itself.

To appropriately engage in professional advocacy, provide educational opportunities for students, and model healthy and effective involvement in social justice advocacy work, CEs should implement an anti-racist andragogical approach as they engage in and model self-care practices. As a result, anti-racist consciousness and behavior call for CEs to engage in “self-awareness, knowledge, and skills” in hopes “to challenge, interrupt, modify, erode the manifestations of racism within one’s own sphere(s)

of influence” (Derman-Sparks & Phillips, 1997, p. 3). In this way, anti-racist change agents are persons who are able to (a) identify systemic oppression, (b) recognize one’s own complicity in systemic oppression through unearned privilege(s), and (c) develop strategies to alter systemic inequalities (Lynch et al., 2017). Thus, the anti-racist framework outlined within this article assumes CEs have begun exploring themselves as racial beings and have sufficiently completed the majority of the developmental stages that most closely align with their cultural identity.

Although racism impacts everyone within society, this article will highlight self-care strategies CEs can implement to support both BIPOC and White-identifying students. Strategies should be different for students of differing racial identities based on their respective structural relationships to racism (Derman-Sparks & Phillips, 1997). BIPOC students should be supported in the development of self-care strategies designed to assist them in battling the harmful and deleterious effects of racism external to themselves. For this reason, strategies may explore self-awareness; however, it is important to note techniques associated with self-awareness and self-care are not mutually exclusive. In contrast, White-identifying students should be supported in navigating the challenges associated with gaining awareness of their own unconscious behaviors that perpetuate racism and related feelings of loss of control.

Most counselor trainees are able to benefit from even a basic approach to self-care. However, providing support specific to racial identity development meets individual needs more fully and creates opportunities for deeper reflection and awareness toward the development of an anti-racist counselor identity. For BIPOC individuals, self-care can lend support to the detrimental experiences of racism and its physical, psychological, and emotional impacts (Shonkoff et al., 2021). For White-identifying students, the experience of learning about White privilege and complicity in racism may be distressing, and self-care may provide the support necessary for active engagement with such difficult new knowledge (Borges, 2020). For all students, understanding the effects of systemic racism on well-being is critical in preventing client harm. Therefore,

these authors propose that CEs create focused self-care practices aligned with counselor trainee racial identity development to build anti-racist awareness and advocate for a more socially just profession. CEs have a fundamental responsibility to understand, engage in, and teach identity-aligned self-care as an ethical obligation of the profession.

Anti-Racist Approach for BIPOC Students

Sue and Sue's R/CID model (2008) is explained through five stages; we have divided this theoretical framework into three general stages for the purpose of this paper. The development and utilization of self-care strategies is imperative for BIPOC students who explore and navigate their racial identity through the formulated stages. For this reason, the stages and their characteristics are outlined below alongside suggestions for how CEs may support student self-care.

Stage 1

Within the initial stage of the R/CID model, BIPOC individuals often hold a preference for White cultural values, while holding negative views of their own racial cultural values and ways. The collection of such behaviors are known as *conformity*, and BIPOC individuals within this stage are often task-oriented as a means to avoid self-reflection. Similar to work with clients, there are practical implications for students functioning within this stage.

Student characteristics. Students within this stage of development may be resistant to the overall exploration of their racial/cultural identity. Thus, any course that adequately integrates discussions of culture, especially those that require self-reflection, may trigger negative feelings and responses. The appreciation the student has with self-exploration may be masked with problem-solving approaches as a means to avoid "going deeper" to better understand one's thoughts and feelings surrounding feelings of race and culture. Thus, BIPOC may hold preferences toward White professors and White cultural values in their learning style, evaluation, and andragogical approaches. Conversely, such BIPOC may also have negative feelings and/or resistance toward BIPOC professors.

Counselor Educator Support. Within the initial stage of the R/CID model, BIPOC individuals notably display reactive emotions to circumstances that challenge their pre-established understanding of themselves and their worldview, which is dominated by a White cultural lens.

Thus, when CEs are able to identify BIPOC students who are functioning within this stage, one notable self-care practice would be the implementation of affirmations. Since individuals within this stage may experience defensiveness around discussions of racial/cultural values, the utilization of affirmations to preventably reduce a negative response to the perceived threat would be a helpful strategy (Critcher et al., 2010). Conversely, such a strategy may not be as effective if affirmations are suggested retroactively to address a defensive response; therefore, the timing of this intervention is imperative on its effectiveness and impact on identity development (Critcher et al., 2010).

Since it is unpredictable when BIPOC may encounter a trigger within their training programs, it is important that CEs provide opportunities for self-care that is reactive in nature as well. Mindfulness breathing is known to decrease recovery time after a negative emotional event (Arch & Craske, 2006). Therefore, integrating the use of mindfulness breathing scripts for student use within the classroom setting would be a helpful practice. In particular, students who have encountered challenging discussions would benefit from the use of mindfulness and grounding activities. These activities can be implemented independently with little to no tools.

Given CACREP-accredited programs are called to integrate concepts of multiculturalism and diversity throughout all aspects of their course curriculum (CACREP, 2016), CEs should consider integrating the aforementioned self-care practices within their course curriculum at the outset of a student's tenure within the program. For this reason, students would benefit from these self-care practices as aspects of foundational content counseling courses (e.g., Introduction to Counseling, Ethics, Counseling Theories).

Stage 2

Within the second and third stages of the R/CID model, BIPOC individuals are more culturally

aware and may blame society and the establishment for their challenges. During this time, BIPOC individuals are considered to be in the “dissonance” and “resistance and immersion” stages of racial development, which involve identity conflicts, an action-based orientation, and the challenging of racism.

Student characteristics. Within the middle stages of the R/CID model, BIPOC individuals often experience a variety of emotions and thus may display differing emotional responses as they navigate the stages of dissonance, resistance, and immersion. BIPOC within these stages often are becoming more aware of the inconsistencies between values held within the White culture and their own cultural group. The juxtaposition of such cultural values initiates questioning, confusion, and the exploration of further cultural information within BIPOC students. This may present itself through the preference of a professor who is culturally competent and able to answer questions despite the professor’s cultural background.

As BIPOC students obtain the answers to the questions that they seek, feelings may shift from curiosity to anger and distrust of the establishment and institutional structures. In concert with these negative feelings with the status quo, positive feelings are developed for oneself and their racial group at large. The practical presentation of a student toward the end of this stage may make sweeping generalizations about elements within their program and training curriculum that uphold the establishment and implement the values of White (dominant) society.

Counselor Educator Support. In an effort to assist BIPOC students within this stage, White-identifying CEs would benefit their students by taking a nondefensive approach to aid the student(s) in their own exploration and positionality on racial/cultural subjects. Students within this stage should have been exposed to the self-care strategies outlined within stage 1; therefore, it may be helpful to remind students of their affirmation and mindfulness-based skill sets. However, in addition to the aforementioned skills, the additional skills outlined below may empower BIPOC students during this stage in their racial/cultural development.

CEs encountering students within this developmental stage may suggest a temperature check for BIPOC students as they navigate the internal and external conflicts encountered at this time. As previously described, students are likely to experience a variety of emotional responses throughout this stage. Thus, it would be helpful for students to identify what feelings are being engaged at what specific times and with whom. Students would benefit from curriculum-based activities that formulate structure around such a temperature check.

Moreover, CEs may also want to lead students in a sand tray activity that is based on one’s own values (Anekstein et al., 2014; Binkley, 2019). Such an activity would allow students to freely express their thoughts and feelings in a semistructured manner for the purpose of gaining a better awareness of their views of their own racial/cultural identity in context of the greater society. This self-care activity does not require the student to share with others, and materials are easily accessible with a small container, sand, and a few essential play figurines. Further, as CEs implement and suggest this sand tray activity, prompts can be written based on the developmental stage of the student; however, this is not a requirement. This self-care strategy would be best suited to be explored in content-based systems-oriented courses (e.g., family counseling, counseling children and adolescents).

Lastly, students within this stage of racial/cultural students would benefit from the identification of other BIPOC as a means of community and support. Engaging in discussion and sharing space with other people who share a similar heritage and values may serve as a support for students during this emotionally complicated time within their developmental process. Lastly, engaging in community-based interactions may also serve as a useful strategy that also allows BIPOC students to seek holistic wellness through their own collectivistic cultural values.

Stage 3

Within the fourth (introspective) and fifth (integrative) stages of the R/CID model, BIPOC individuals may initially present similar to those who appear within the initial “conformity” stage; however, the intention in separating oneself from aspects of their cultural group differ within this stage. As time

progresses, those within this stage have developed a sense of pride in their racial/cultural heritage, while being able to appreciate the racial/cultural differences of others. Considering BIPOC individuals are functioning from an action or systems orientation within this stage, self-exploration is imperative within this stage of development.

Student characteristics. Within the last stages of the R/CID model, BIPOC individuals “begin to question the psychological cost of projecting strong feelings toward dominant cultural groups” (Center for Substance Abuse Treatment, 2014, p. 40). In this way, students are gaining autonomy in their own development, which at times is consistent with the rest of the cultural groups’ values and other times it is not. Herein lies the major difference among individuals in this stage compared with those in stage 1 of development.

As students navigate their way through this stage, they begin to obtain comfort in their desired level of autonomy as it relates to their engagement and utilization of cultural heritage and values. Students who are securely functioning within this stage are able to both hold pride for themselves and their cultural group and hold an appreciation of other cultural groups. For these reasons, BIPOC students within this stage may hold a preference for a professor of their own race, while remaining receptive to professors of other races as well. As students navigate through this stage, they may also eliminate a racial preference for instructors; however, instead, the focus may shift to a preference for a CE who appreciates all oppressed and diverse groups.

Counselor Educator Support. To support BIPOC students within these last stages of development, it would be beneficial to provide students opportunities to engage in self-exploration. As previously mentioned, students may want to engage in self-care strategies from previous stages of development prior to the utilization of the strategies outlined below.

Since BIPOC students within this stage are attempting to negotiate what cultural values to utilize and where it’s best for their energy to go, boundary implementation would be a self-care strategy. Implementing boundaries toward others can be done through a variety of activities. This may include a

mandala activity (Binkley, 2019; Jackson et al., 2009) to provide students with an opportunity to visually distinguish their boundaries. For this activity, the positive establishment of boundaries will be placed in the inner mandala circle, while badly implemented boundaries will be listed in the outer circle. Further, to assist students in this activity, the following sentence stems may be provided: (a) “my boundaries are good when ...” and (b) “my boundaries are bad when”

Lastly, to ensure the continued maintenance of BIPOC students racial/cultural development, CEs may want to integrate the creation and suggest the utilization of a self-care routine. Outlining such a self-care routine can be done creatively through a wellness wheel or a self-care vision board. Nevertheless, CEs must inform BIPOC students that any self-care routine must be reviewed and updated periodically.

Anti-Racist Approach for White-Identifying Students

Although Helms’ WRID model takes place across six stages, we have divided the model into three general stages for the purpose of this paper. As White-identifying students develop their racial identity through these stages, self-care strategies must shift in parallel. Stages are summarized below, along with respective student characteristics and suggestions for how CEs might support student self-care through the stages.

Stage 1

In early stages of Helms’ WRID, White individuals present as oblivious to the presence of racism, may see themselves as “colorblind,” and are unaware of their privileges, biases, and prejudices. As they begin to move through the stages of identity development, they are challenged to begin to see racial disparities. It becomes impossible to maintain previous perspectives with this new awareness, and individuals may experience resulting internal conflict and moral dilemmas as their internal values are challenged.

Student characteristics. As White-identifying counseling students move through early stages of White identity development, they may first present

with unconsciousness of racial identity and its detrimental potential impacts on clients. Many have entered the field of counseling wanting to help and viewing color blindness as an asset meant to communicate altruism toward all people. As they move through the counseling curriculum, they are often confronted with experiences that build an awareness of their White privilege. As this awareness grows, they may begin to experience feelings of denial, guilt, and shame. Meaningful outlets for these emotions are beneficial at this stage.

Counselor Educator Support. As students navigate early stages of White identity development, they are also generally navigating early stages of counselor identity development. Many students at this stage of development worry about competence and capability; they rely heavily on concrete guidelines and often compare themselves to others (Ronnestad & Skovholt, 2003). CEs can help students maneuver this stage of development by providing encouragement and reassurance to students as they learn to become comfortable with ambiguity. Students at this stage must learn to focus on the process rather than on perfectionism and on the abstract rather than the concrete.

CEs can support students through this stage of development by teaching them self-care practices that focus on normalizing difficult feelings, such as the anger, shame, and guilt they may be experiencing. For counselors in this stage, connection to self and others may be a useful means of tending to these overwhelming emotions.

One way CEs can encourage this type of self-care is by integrating a “free day” into a course calendar, potentially midsemester or at a time when students feel particularly overwhelmed. The free day can be scheduled as needed; students are asked to spend the day in intentional connection with themselves and others. CEs should communicate the expectation that students do not work on material for the course (or potentially other courses) on this day. Students might choose to connect with themselves through meditation or mindfulness practices, journaling, exercise, religious or spiritual practices, engagement with creative outlets, or any other activity they perceive will allow them to reflect and ground themselves. To connect with others, students might choose to reach out to a friend or

family member, connect with a religious or spiritual group, talk with a counselor, or connect with a mentor. Students should be deliberate in their choice of activities. By assigning intentional connection with self and others, CEs communicate to students the importance of taking time to disengage from work, especially when emotions feel challenging or overwhelming. Students learn through modeling to identify times when they may need to deliberately disengage and take part in self-care activities (Grise-Owens et al., 2018); over time, this allows them to develop healthy self-care routines in support of anti-racist growth and development.

Stage 2

In the middle stages of Helms’ WRID, individuals experience feelings of superiority as they try to make sense of recognizing the privileges they have as members of the dominant group. They first wrestle with feeling deserving of these privileges and eventually shift to understanding that privilege should not be inherent to one’s racial identity. However, at this stage, there is not yet an understanding of the responsibility to confront or dismantle racism.

Student characteristics. Counseling students working through these stages of development may first present with feelings of superiority, deserved privilege, and victim blaming of BIPOC individuals for their marginalized experiences. Eventually, they may shift to an intellectualized understanding of racism but may still seek external validation from BIPOC individuals. These beliefs and ways of being can be particularly harmful if perpetuated with clients.

Counselor Educator Support. As students move through the middle stages of Helms’ model, they may feel a sense of confusion. They have an intellectualized understanding that some of their life experiences may have taken place through a lens of unawareness, and this realization may create cognitive dissonance. Furthermore, they may still seek validation of their experiences from BIPOC individuals, which perpetuates harm and injures relationships. At this stage, as White-identifying students gain knowledge contrary to their previously held beliefs and experience resulting feelings of desperation, they must learn to disrupt their own need for

external validation, especially from BIPOC individuals. It is critical that they learn to develop healthy boundaries and coping skills for feeling out of control; otherwise, they run the risk of using clients to meet their identity-related emotional needs. CEs can be most supportive of this process by promoting self-care activities that assist students in coping with the feelings of fear and inferiority that underlie the self-righteousness of assumed privilege.

Several self-care activities may be useful for students in these stages. First, CEs may choose to help students assess their own feelings with a temperature check. For instance, students may be asked to give an internal weather report or describe a movie or song to best represent their experience. Temperature checks can be done creatively in a variety of ways (many examples are available online). Next, CEs can encourage students to have compassion for the feelings they have identified. Metaphors (Smith & Bird, 2014; Storlie et al., 2018) may help illustrate relatable feelings of frustration, for example, CEs may share with students the metaphor of a child learning to walk. The child will attempt to walk many times before succeeding and will even stumble, fall, and get hurt repeatedly, but the child does not lose hope or stop trying. This metaphor can be used to illustrate and normalize the fact that feelings of confusion are simply part of the process. Finally, CEs can brainstorm with students' ways in which they cope when they feel like they are stuck in a pattern of "falling down" or when life feels difficult, and they are not in control. It is possible that some students may not have coping skills for losing control; some White-identifying students will never have experienced problems without solutions as adults, as their privilege has allowed them to consistently have their needs met. It is important that as students learn that it is not always appropriate to be in control in the role of counselor, CEs help them learn to cope with feelings of loss. Mindful breathing scripts and grounding activities may be useful self-care practices to round out this stage (Dye et al., 2020).

Stage 3

In the latter stages of Helms' WRID model, individuals develop an understanding that the responsibility to engage in anti-racist work truly must be carried by members of the dominant group. In these

stages, connection with other growth-committed White individuals is most salient as a person seeks to develop a personal, experiential, affective understanding of racism, which does not burden BIPOC individuals. Ideally, a White-identifying individual reaching these latter stages of development is able to construct a positive White racial identity focused on social justice.

Student characteristics. As students navigate more advanced stages of Helms' model, they begin to develop a sense of autonomy, and there is an understanding that having a positive White racial identity means engaging in actively anti-racist pursuits. These individuals feel lowered anger, guilt, and fear and are able to accept differences in values and experiences between themselves and BIPOC individuals. As these stages are characterized by engagement in advocacy and social justice, counselors understand that anti-racist policies and practices are necessary and result only from ongoing work.

Counselor Educator Support. As students move into these more advanced stages of Helms' WRID, they run the risk of encountering burnout as they engage in social justice initiatives. This risk is especially high as counselors first encounter these stages; their energy for advocacy is high, and they may feel they have wasted time by not understanding the need for anti-racist work sooner. They may feel compelled to over-engage as they attempt to make up for this lost time.

CEs can best support students in this stage of identity development by communicating the importance of self-care for burnout prevention and teaching students to engage in self-care routines (Grise-Owens et al., 2018). Regular self-care routines are critical for recognizing the signs of burnout and understanding the need to disengage, rest, and re-engage with renewed energy for advocacy. Without consistent attention to self-care, counselors may experience the detrimental effects of impairment and may, in turn, cause harm to clients. CEs should provide opportunities for routine wellness checkups so that students learn the connection between consistent self-care and increased efficacy and can establish healthy routines as part of their training. During these stages of development, accountability to self, clients, and community should be highlighted as major components of self-care.

One activity that may be useful for students in these stages of racial identity development is a life roles pie chart. Based on the Wheel of Wellness first conceptualized by Myers et al. (1998), this activity provides students an opportunity to explore the idea of time and energy as limited resources and identify how they are choosing to invest their own time and energy. Students should start by drawing a circle on a sheet of paper and dividing the circle into “pie slices” according to how they perceive they are spending their time. Students may include sections of the circle to represent work, leisure, rest, socializing, spirituality, exercise, specific relationships (partner, parent, friend, etc.), or any other activities they feel are relevant to them. Students should choose how to divide the circle and label the sections based on their own time and/or energy expenditures. Once they have identified how they are currently spending their time and energy, they should draw a second circle and divide the sections based on how they’d like to ideally spend their time and energy. Once both pie charts are completed, students are asked to reflect on what intentional changes can be made for the ideal circle to become reflective of their reality. This activity allows students an opportunity to brainstorm what an ideally balanced life may look like for them and what changes are needed to maintain such a balance. There are several variations of this type of wellness activity, and educators may choose to give students differing prompts for wellness checkups based on perceived present needs. Additionally, educators may use this activity regularly as a means of helping students engage in and build routine self-care activities.

Discussion

In summary, the anti-racist approaches for both BIPOC and White students are designed to highlight self-care strategies for students to utilize as they navigate their own racial identity development. The models presented were developed through the incorporation of R/CID (Sue & Sue, 2008), WRID (Helms, 1995a), and a series of self-care strategies as theoretical foundations. Since these models were designed for students within counseling programs, it is imperative that CEs understand that the outlined stages are designed to be completed in sequential order. Therefore, the provided self-care strategies

are also presented sequentially and should be infused within the core curriculum with intention to support the racial/cultural identity development of students. Further, similar to many racial/cultural identity models (Casas & Pyluk, 1995; Cross, 1978; Horse, 2005; Nadal, 2004; Root, 1997), not everyone will successfully complete and progress through every aspect of the anti-racist approaches outlined within this article.

Last, for the successful implementation of these approaches for BIPOC and White-identifying students, support will be necessary for CEs. Support may include departmental discussions, professional development opportunities, and/or consultation with multicultural experts within the field of counseling. In this way, overt discussions surrounding how race, racism, and oppression influences and impacts and how such concepts present themselves in counseling andragogy may be helpful.

Implications and Limitations

Although these self-care strategies are designed with flexibility in mind, there are still several considerations CEs should take into account when implementing them. First and foremost, it is imperative that CEs utilizing these strategies have engaged in their own identity development process and have a working knowledge of their own strengths, limitations, and potential blind spots. Additionally, they should be implementing strategies to regularly engage in their own self-care. Otherwise, attempting to enforce self-care strategies while lacking in self-awareness could cause undue harm to both counselor trainees and their clients. White-identifying educators in particular should work to develop an awareness of their potential biases and the power dynamics their whiteness may create in the classroom and should work to counter these dynamics with intentionality. Next, educators should understand that not all students are open to developing robust racial identities; some students may be content not to engage in the difficult process of change, and some self-care strategies will only be beneficial for students who have awareness both of their own racial identity and of how that racial identity may be perceived by and affect others, such as peers and clients. Furthermore, CEs should understand that

some self-care strategies may be most beneficial if students already have some understanding of how to engage in related processes; for instance, a mindful breathing activity would be most conducive as a self-care strategy with students who have already had some introduction to mindfulness and how to take part in mindfulness-based practices. Finally, although we make several suggestions for activities relevant to specific stages of racial identity development, it is important to note that because not all students will begin or progress through stages of racial identity development at the same pace, ample opportunities for self-care should be made available to students in multiple courses and at multiple points during each semester. Furthermore, CEs may assess racial identity development through the student completion of a self-assessment intended to best identify self-conceptions of BIPOC or White-identifying individuals with respect to membership in their own racial group in contrast to other racial groups. This can be measured through either the People of Color Racial Identity Attitude Scale (POCRIAS; Helms, 1995b) or the White Racial Identity Attitudes Scale (WRIAS; Helms & Carter, 1991), both well-known assessments in the area of racial identity development (Bryant & Baker, 2003; Lewis et al., 2020; Perry et al., 2009). No matter a student's level of development, they should be taught that self-care is not an optional facet of counselor development, and there should always be available opportunities for coping with the growth process. Haynes (2017) found that faculty with a broader understanding of race consciousness understand the value of attention to racial identity across disciplines and curricula, and this attention is especially critical in a profession with direct impact to clients such as counseling. As suggested by CACREP (2016) and Haynes (2017), faculty should work to infuse opportunities for addressing learning standards throughout the curriculum, and self-care should be no exception.

Conclusion

Through focused attention to self-care and the constructing of consistent self-care routines, CEs act as agents of change by arming counselor trainees with the tools needed to combat burnout and advocate for social justice. Though many standard self-care practices will generally provide some level

of support to most counselor trainees, practices designed with distinct racial identities in mind may support the development of anti-racist practitioners more fully. Without robust self-care routines, counselors may become impaired by their inability to cope with difficult emotions, especially those pertaining to racism, and may inadvertently cause client harm. BIPOC trainees may become overwhelmed combatting racism in their own lives while attempting to support clients, whereas White trainees may feel overwhelmed by new awareness of racism and the tireless work required to combat it and may cause harm to clients by unintentionally wielding privilege. To prevent client harm and advocate for a more socially just profession, CEs have a fundamental responsibility to understand, engage in, and teach self-care as an ethical obligation of the profession.

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Appendix

Summary of Stages of Racial Identity Development and Corresponding Focus for Self-Care

BIPOC Students		White-Identifying Students	
Stages of Identity Development and Corresponding Characteristics	Counselor Educators (CE) Support/Self-Care Focus	Stages of Identity Development and Corresponding Characteristics	CE Support/Self-Care Focus
Early Stages: Resistance	Connection with self and internal dynamics	Early Stages: Denial	Connection with self and trusted others
Middle Stages: Conflict (internal and external)	Emotional clarity and validation through community	Middle Stages: Confusion	Healthy boundary development (self-restrictive)
Late Stages: Cultural Autonomy	Boundary implementation	Late Stages: Integration	Accountability to self and anti-racist work