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Dear Esteemed Readers and Contributors,

It is with profound joy and a sense of renewed purpose that I announce the official relaunch of the Therapeutic Speakeasy Quarterly. In attempting to encapsulate the deep challenges that we have collectively confronted over the past few years, one finds it difficult to do justice to the complex tapestry of experiences that have tested our mettle as professionals, as members of society, and above all, as humans. The production and development of TSQ issues, which serve as a vital reservoir of knowledge and insight, regrettably had to take a temporary backseat to the relentless onslaught of the pandemic and the subsequent recovery and stabilization efforts.

For those of us who dedicate our lives to the noble cause of healing and support, these past few years have ushered in seismic shifts in the way we deliver services. We have borne witness to a burgeoning need that has never been more apparent. It is an opportune moment to pause, reflect, and pay tribute to the profound work that each of you undertakes. Serving others is not only deeply fulfilling but also an immense responsibility that demands much of us.

I fervently hope that each of you recognizes the immense importance of your contributions and the manner in which your work, like seeds in fertile soil, nurtures resilience, healing, and positivity within this world. Equally, I genuinely hope that you are taking adequate measures to care for yourselves, for only through self-care can we continue to serve with compassion and unwavering dedication.

Please be assured that our team is thrilled to reintroduce this invaluable professional service to you. The discourse within our field is a privilege we hold dear and one we approach with the utmost seriousness. We understand that the knowledge and insights shared within these pages have a profound impact on the individuals and communities you serve.

As we embark on this new chapter, let us come together, like a symphony of compassionate voices, to address the pressing issues of our time and navigate the ever-evolving landscape of therapeutic practices. The relaunch of Therapeutic Speakeasy Quarterly is a testament to our resilience, adaptability, and unwavering commitment to the betterment of our shared humanity.

Thank you for your unwavering dedication to this vital profession. I look forward to the remarkable conversations and discoveries that await us in the pages of TSQ, as we continue our collective journey toward creating a more resilient, healing, and positive world.

Dr. Sarah Stewart Spencer | Editor in Chief



Walking the Tightrope

Supervision training and research regarding the supervisor-supervisee relationship is rife with caution. Supervisors are laden with supervisory models, research, ethical guidelines, the danger of dual relationships, the gatekeeping process and the evaluative hierarchy that exists. Supervisors are traditionally taught that addressing multiple relationships within the supervisor-supervisee relationship requires careful consideration of ethical standards and role conflicts (Bernard & Goodyear, 2019). While no one would argue this, what is often not discussed is the real relationship that develops between supervisor and supervisee. This relationship is an important aspect of the supervisee's development. The real or personal relationship between supervisor and supervisee plays a crucial role in the formation, maintenance, and successful outcome of the supervision process. It can positively or adversely affect the entire supervisory experience. For anyone who has assumed the role of clinical supervisor, it is hard to deny there is indeed an affecting and palpable real or personal relationship element that is very much a part of the supervision relationship. Effective clinical supervisors find ways to create relationships with their supervisees that feel both personal and professional. Supervisors who have made a positive personal connection with their supervisees are often favored by the supervisees (Bernard & Goodyear, 2009). So, how do you walk this tightrope in complying with ethical standards while also feeling comfortable in this real relationship?

If we look at relationships in general, strong ones are built on effective communication where each participant listens to each other, shares feelings, and attempts to keep the environment open and honest. You should know what life goals and aspirations drive each other, the values that are important, hopes and fears, virtues and flaws, and things they like and dislike about themselves (Kessler, 2023). Only when you truly understand your supervisee, can you understand their actions. What is a relationship if there is no empathy and a sense of responsibility toward nurturing it? A real relationship takes time, it is cumulative of communication, care, intimacy, respect, mutual understanding, and support. When a supervisor takes the time to cultivate these dynamics, a real relationship forms.

In a meta-analysis, Park et al., (2019) revealed that the impact of the supervisory relationship on supervision satisfaction is specifically related to goals, tasks, and the bond formed between supervisor and supervisee. Holloway (2016) discussed 7 dimensions in approaching supervision. The core dimension around which all others evolve is the supervisory relationship. Holloway (2016) described the relationship between supervisor and supervisee as the heart of clinical supervision. She also mentioned the relational tension supervisors hold in this role. Supervisors begin to care about their supervisee and form a real relationship. Supervisors worry as this relationship forms and can feel a sense of discomfort in a gray area few seem to talk about.

As human beings we are wired to connect with others. Belonging is a principle that gets to the essence of what makes us human. A sense of belonging is a primal need (Lieberman, 2013). Even though we are wired to connect, we often have trouble relaxing in these relationships, thus we feel that tension Holloway (2016) described. We are constantly assessing boundaries and roles. We ruminate on our role asking questions such as: Is it okay if I go to my supervisee's graduation, visit them in the hospital, attend an important event in their life, and is it okay to have a relationship once supervision is complete? Simply acknowledging that a real relationship develops and normalizing this process would benefit both supervisors and supervisees.

Supervisors can comply with ethical standards and hold a real relationship at the same time. Perhaps we can jump off the tightrope if we open the door to acknowledge the inevitability of the real relationship that forms between supervisor and supervisee. Maybe we can lessen the feelings of doubt and uncertainty we carry regarding our relationship with our supervisee. Perhaps we can focus more on being human. In doing so, it seems important to acknowledge the true role of our social nature in our happiness. If we acknowledge this, we see how a real relationship with our supervisee is normal and not something to fret over. According to Brené Brown (2012) "Connection is why we're here. We are hardwired to connect with others, it's what gives purpose and meaning to our lives, and without it there is suffering." (p. 8).

In his book, *Social: Why Our Brains Are Wired to Connect*, Lieberman (2013) made the case through social neuroscience, that our need to connect is even more fundamental than our need for food and water. He also indicated being connected needs no ulterior motive.

By recognizing and addressing these factors, the supervision process can become effective and supportive. It allows for open communication, trust-building, and a deeper understanding of each other's perspectives. This, in turn, can enhance the quality of supervision and ultimately benefit the professional growth and development of the supervisee (Park et al., 2019). It seems that if we are wired to connect, it can be done with no ulterior motive, and the relationship holds the most important position in clinical supervision, there is a place for openly discussing our real relationships.

In my own role as a clinical supervisor, I was invited to the wedding of one of my supervisees. She talked about her upcoming wedding in supervision, and I happily engaged in listening to the details feeling a contagious sense of excitement. However, upon receiving the invitation, my initial thoughts immediately went to, is this ethical, harmful, okay, but I really want to go. When I mentioned to a colleague that I was attending the wedding, I got a certain look making me question if this was okay. It made me stop and think about perceptions. I made the decision to go yet had a difficult time relaxing and being me. I was still walking the tightrope.

Dr. Samantha Wheeler | Associate Editor



Dusk to Dawn:

Gradually visible trends in counseling & psychology

AI Integration in Counselor Education: Navigating Ethics, Opportunities, and Innovations

Over the decades, Artificial Intelligence (AI) has quietly infiltrated our lives, often without us even realizing it. For instance, smartphones now serve as commonplace dictation devices, and GPS systems are our trusted guides, rerouting us as needed. While these technologies undoubtedly offer many benefits, they have also raised contentious debates. Innovations such as ChatGPT are considered disruptive technologies, signifying transformative potential in the realm of education (Maurya & Cavanaugh, 2023). This transformation offers a unique opportunity to enrich the doctoral-level supervision experience in innovative ways.

Historically, the introduction of calculators into classrooms sparked heated discussions among educators (Ellis & Slade, 2023; Maurya & Cavanaugh, 2023). Today, calculators are not only widely accepted but encouraged in education. Counselor educators should similarly embrace a thoughtful examination of AI's potential as an educational support rather than merely seeing it as a tool for cheating detection. With students rapidly adopting AI, whether academia endorses it or not, educators must proactively adapt to this evolving technological landscape (Maurya & Cavanaugh, 2023) and responsibly integrate its usage within the academic setting.

However, these promising technologies also raise ethical concerns regarding their appropriate use and integration. Like any new tool, educators must carefully weigh the benefits and limitations of AI. When employed correctly, AI can significantly enhance education. For instance, AI applications offering counseling services have emerged, effectively reducing symptoms, providing psychoeducation, and engaging in text conversations. These applications draw from diverse theoretical orientations, such as motivational interviewing, cognitive behavioral therapy, and solution-focused brief therapy (Fulmer et al., 2021). Notably, some AI applications, such as Woebot and Tess, operate without clinical supervision, presenting risks to vulnerable individuals seeking mental health support. Researchers have even created a Rogerian counselor bot named Eliza (Fulmer, 2019). The ethical considerations surrounding the use of AI in counseling education are indeed significant (Ellis & Slade, 2023). However, with appropriate oversight and understanding, AI technologies like Woebot and Tess can enhance access for underserved populations or serve as valuable supplements. Supervision is paramount in this context to guide individuals in ethically implementing new technologies.

As AI continues to evolve and expand, counselor educators hold a crucial role in developing best practices for integrating AI into doctoral-level courses, particularly in the field of supervision. Counselor educators must embrace these new technologies responsibly, thoughtfully, and creatively while upholding fundamental principles, such as client welfare, informed consent, diversity, and social justice within the supervisory relationship. The American Counseling Association (2014) underscores the importance of competence, a concept emphasized throughout its Code of Ethics (Fulmer et al., 2021). It is important to develop

responsible practices with regard to the integration of AI in counselor training programs.

AI's limitations in terms of cultural considerations and diversity should raise concern, particularly for counselor educators whose ethical obligations include avoiding harm and promoting justice (American Counseling Association, 2014). The professional values of counselors involve advocating for social justice and adopting multicultural approaches with their clients. Thus, counselor educators will want to address the ethical integration of AI by teaching students how to utilize this technology thoughtfully, in a socially conscious manner that respects diversity. This can be achieved through the examination of case studies and sample exercises, facilitating the adoption of AI in an ethical, diversity-affirming way within pedagogical contexts.

Counselor educators have an array of tools at their disposal to instruct, evaluate, and develop future counselors, and AI is just one more tool to incorporate into this toolbox. These tools may include using AI to create prompts for role plays, material for class discussions, and the analysis of case vignettes. Chatbots could be deployed in role plays to offer students realistic supervision scenarios for analysis and discussion (Maurya & Cavanaugh, 2023). Quizzes and tests could utilize AI question generation to expand the pool of assessment items. Further, counselor educators can develop curriculum around using AI in the practice of mental health counseling, to include developing psychoeducation materials, assist with treatment planning, and point clients in the direction of AI resources to support their mental health needs.

Amy Vogel | Contributor

Dr. Robyn Trippany Simmons | Contributor



Behind the Curtain:

Explore the experiential world with thoughts from the counselor's couch that speak to the heart of practice

The Art of Showing Up



What sits behind the curtain of the counselor? Upon thoughtful examination, one might see a uniquely personal window that is reflective of common humanity. For the counselor does not sit tableau rosa in their interactions with clients. Rather, the authentic counselor knows that they bring with them the confluence of knowledge, ideas, thoughts, beliefs, and behaviors, shaped by experiences and environment. Morally and ethically, they embrace and understand how all these parts of themselves show up in the behaviors,

shaped by experiences and environment. Morally and ethically, which the counselor is genuine, transparent, and honest in their interactions with the client. While Rogers (1961) believed that self-expression, self-awareness, and self-determination were necessary for clients to act authentically, the same interlocking principles can be applied to the counselor.

Returning to the metaphor of the window, self-expression might refer to the degree to which the counselor can pull back the window covering, warranting the question of appropriate authentic vulnerability with clients. Yalom (2013) points out that the healing and the healed are more like fellow travelers, bound together by existence, humanity, and vulnerability. In the spirit of this authenticity, then, the therapist might never ask the client to be or do something they are incapable of being or doing themselves. However, counselors may be resistant to maintaining professionally vulnerable due to the inherent risks such as isolation, rupture, rejection, responsibility, or failure associated with such an expression. As Yalom (2002) illuminates, the relationship has the power to heal, making vulnerability an imperative.

Self-awareness, then, can be likened to the clarity and constitution of the window. Counselor self-appraisal is an ethical mandate, and while utilizing checklists and screeners related to counselor self-appraisal have been a widely accepted practice in the profession, the idea of applying Yalom's therapeutic factors in reflective awareness has merit. For instance, how ready is the counselor to instill hope, demonstrate universality, act with altruism, take risks, or assume responsibility? It is through such genuine self-dialog that the counselor can see their true potential and recognizes their therapeutic value. Extending this idea further, by consistently operating with self-awareness, the counselor is able to admit bringing awareness to the room, the counselor is able to freely own their limitations and take responsibility for their errors (Yalom, 2010).

Words of Wisdom

Counselor meditations for daily clarity

Our other core need is authenticity. Definitions vary, but here's one that I think applies best to this discussion: the quality of being true to oneself, and the capacity to shape one's own life from a deep knowledge of that self

Gabor Maté, *The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture*

Self-determination refers to the existential choice, freedom, and responsibility to open and lower the windowpanes. People, including counselors, are driven by innate needs for autonomy, competence, and relatedness. For counselors, this might be related to the intrinsic motivation to help others through the meaningful act of counseling. While the autonomy and readiness to change greatly depends on the client's motivation, it can be heavily influenced by the counselor's presence. In essence, the idea of self-determination, when applied to the counselor, is the act of showing up. Ironically, the same experiential and environmental factors that shape authenticity can act as barriers to acting on it. For instance, Moynihan et al. (2018) challenged that a lack of perceived meaning can elicit defensive responses, essentially shuttering the window. The idea of meaning maintenance, specifically designed to cope with the onset of defense mechanisms, cognitive dissonance, unexpected events, and other challenges to their worldviews, might be beneficial. In keeping with the importance of supporting one's authentic self, counselors may engage in rituals that are meant to be specific to the individual in order to restore, strengthen, or maintain their sense of meaning, purpose, and coherence.

Authenticity is a cognitively and behaviorally complex construct that requires intention on the part of the counselor. The degree to which one achieves authenticity with a client depends on the orchestra of several factors, with the locus of existential control belonging to the counselor. Behind the curtain, the individual must artfully balance expressiveness, awareness, and determination. Behind the curtain, there is a window that has been carefully constructed and maintained through which change, motivation, and understanding is visible and possible.

Dr. Susan Foster | Associate Editor



Hushed Tones:

Soothe your self with discussions on caring for the counselor, self-care and related thoughts

Making Time for Me

I sat down to write this article and reflected that five years passed between now the last time I wrote for Hushed Tones. Since that time, we lived through a pandemic, a controversial election, and a fluctuating economy. All these events changed lives physically, psychologically, and professionally. Due to many of these events and the accompanying stress there has been change in focus regarding self-care from the pre-Covid to the post-Covid environment. Prior to the pandemic less than 50% viewed self-care as a basic need. After Covid these numbers surged and at least 85% changed their belief about the need to engage in self-care (Smith, Alaa, Riboli, Bagkeris & El-Osta, 2023).

What is my time worth? What does time mean to me? What does my time look like? As counselor educators and as counselors we emphasize the importance of finding that moment for oneself. The question is, “how can you care for yourself during a chaotic time?” As counselors we tell our clients to take care of their mental, physical, emotional, social and spiritual well-being; however, what stops the counselor from doing the same? What makes self-care so important for counselors? Stress, burnout, compassion fatigue and professional impairment remain high among mental health professionals. These exert a negative effect on their clinical work (Posluns & Gall, 2020). Self-care includes self-reflection, knowing what the self needs and consciously pursuing resources that promote health and well-being (Colman et al., 2016; Pakenham, 2017).

In 2021, the American Psychological Association published a report that discussed counselors who offer mental health services rarely focus on engaging in activities that qualify as self-care. This places counselors at risk for professional impairment which in turn diminishes their effectiveness as mental health providers. For this reason, counselors need to make a conscious effort to pursue self-care as part of their professional responsibility.

Since the pandemic, research shows an increased demand for counseling services (Bethune, 2021). Therefore, the numbers of clients requiring services places stress on counselors' therapy practices as they attempt to alter their hours to meet the need. This increase in workload can lead to burnout. As counselors provide support to clients during difficult times, they often ignore the fact that they may be facing their own challenges.

Some psychologists debate self-care should not be optional but an ethical and moral imperative in the field. The question that needs to be asked: What exactly is self-care for

counselors? The American Counseling Association's code of ethics (2014) explains self-care as the activities that counselors engage in to promote their emotional physical, mental, and spiritual well-being to assist them in meeting their professional responsibilities in the most effective way. Practicing self-care decreases the chance of professional impairment, self-awareness and enhances professional responsibility. Counselors who practice self-care state that they develop healthier relationships, experience higher job satisfaction and have a better quality of life.

Self-care entails more than activities but a self-awareness of how the profession impacts a counselor's physical and mental well-being. Counselors need to ask themselves the same questions they ask clients so they recognize the early signs of burnout and stress. Once counselors establish awareness, they can engage in prevention such as noticing internal and external experiences and how these equate to personal needs that require attention (Posluns & Gall, 2021). Ways to develop this awareness include participating in mindfulness and meditation training, creative writing, and journaling (Pakenham, 2017).

Achieving a work/life balance improves quality of life. Using leisure time effectively helps in achieving balance along with setting professional boundaries. Other ways to promote a work/life balance include unplugging from devices for a set period of time each day (for example at dinner everyone places their cell phones in a basket), maintaining social relationships and spending time with friends. Try engaging in or developing a new hobby, interest, or participating in community volunteer opportunities (Posluns & Gall, 2021).

Maintaining good physical health practices promotes self-care. Mental health counseling is considered a sedentary profession; in other words, most counselors sit a large amount of the time. This leads to neck and back problems, which in turn cause headaches and can lead to a chronic pain syndrome. Using ergonomic furniture and computer accessories often alleviates these discomforts and prevents injury and walking around for several minutes every hour. Modern technology offers a solution for those in sedentary professions. Using Smart phones to set reminders and monitor activity acts as a motivator to increase movement. Lastly, engaging in physical activity such as biking, swimming, walking, Pilates or aerobic exercise a minimum of 30 minutes three days a week helps maintain weight, promotes cardiovascular health, and simply enhances overall physical and mental well-being.

Getting enough sleep remains an imperative to maintaining good health. Lack of sleep is linked to exhaustion which leads to both physical and emotional stress. Keeping a sleep diary and creating a sleep schedule helps in promoting good sleep patterns (Wolf and Rosenstock, 2017). Good habits also include decreasing screen time prior to bedtime, avoiding watching television in bed, and not going to sleep hungry or thirsty.

Dr. Alyssa Weiss | Associate Editor

Dr. Sally Weiss | Contributor



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