

**University of Houston Graduate College of Social Work**  
**Self-Care in Social Work**

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Alexander, G. (2013). Self-care and yoga—academic—practice collaboration for occupational health. *Workplace Health & Safety*, 61(12), 510-513. doi: 10.3928/21650799-20131206-02

[ABSTRACT FROM AUTHOR] “High rates of stress and burnout among nurses and other health care providers justify the exploration of innovative interventions designed to reduce stress and promote self-care among this population. A growing body of evidence supports the physical and psychosocial benefits of yoga and suggests the potential for yoga to support self-care and reduce stress among health care providers. This article describes the formation of an academic—practice collaboration to use yoga as a model for occupational health and wellness among nurses employed at a tax-supported urban health system. In addition, recommendations for program sustainability over time are discussed.”

Agllias, K. (2012). Keeping safe: Teaching undergraduate social work students about interpersonal violence. *Journal of Social Work Practice*, 26(2), 259-274. doi:10.1080/02650533.2011.610890

While most social work graduates will not practice in organizations specializing in the threat or aftermath of violence, they will encounter clients affected by interpersonal violence and trauma in almost all fields of practice. Therefore, the social work curriculum should provide students with the knowledge and skills necessary to work with these clients. In developing a suitable curriculum it is important to be mindful of the adverse reactions students might experience when exposed to traumatic material, especially those who have experienced prior trauma. This article discusses a third-year social work course that examined social work interventions in response to interpersonal violence, with a focus on sexual assault and domestic violence. It describes four “safety strategies” implemented in 2010; (a) ongoing recognition of, and education about, self-care and vicarious trauma, (b) development of a supportive culture in the classroom, (c) accessible avenues of personalized support and debriefing, and (d), providing transparent and diverse curriculum. Finally, it draws from relevant research and student feedback to discuss the strengths and limitations of each “strategy.” [ABSTRACT FROM AUTHOR] “In this article, the author described four safety processes she used to reduce stress, burnout, and vicarious trauma in a social work course about interpersonal violence. These included the promotion of self-care, a supportive peer culture, personalized sources of support, and transparent and diverse curriculum. Student feedback suggested these processes were somewhat effective in reducing the effects of exposure to traumatic material. However, areas for improvement were also identified, including the inclusion of relaxation techniques in the curriculum, increasing immediate avenues of support for students, and potential screening prior to entry into the course.”

Bourassa, D. (2009). Compassion fatigue and the adult protective services social worker. *Journal of Gerontological Social Work*, 52(3), 215-229. doi:10.1080/01634370802609296

Compassion fatigue is a relatively new term that describes the symptoms that are experienced by social workers and other helping professionals who work with clients experiencing trauma. This article defines the concept of compassion fatigue and relates compassion fatigue to Adult Protective Services (APS) social workers. It is proposed that APS social workers may be susceptible to the deleterious effects of compassion fatigue due to the nature of their work and environment. Suggestions for avoidance of compassion fatigue are also discussed, including self-care strategies and the need for continuing education regarding this phenomenon. [ABSTRACT FROM AUTHOR] "First and foremost, education about compassion fatigue and recognizing the symptoms and effects of compassion fatigue are crucial to the identification and treatment of this syndrome. For the new APS social worker, as well as the seasoned APS social worker, developing peer support may prove to be helpful in the prevention of compassion fatigue. In addition, it is essential to allow some time to defuse at the end of the work day to prevent compassion fatigue."

Bourassa, D. (2012). Examining self-protection measures guarding adult protective services social workers against compassion fatigue. *Journal of Interpersonal Violence*, 27(9), 1699-1715. doi: 10.1177/0886260511430388

[ABSTRACT FROM AUTHOR] "Little research has focused on the risk factors, effects, and experiences of compassion fatigue among gerontological social workers. This qualitative study explores the experiences and perspectives of nine Adult Protective Services (APS) social workers in relation to compassion fatigue. Results show that the APS social workers combined personal characteristics and professional factors to develop boundary-setting mechanisms that protected them from experiencing the deleterious symptoms and effects of compassion fatigue. Implications center around the elements needed to implement boundaries in order to maintain a separation between the work and home environment. Suggestions for future research are provided."

Berceli, D. & Napoli, M. (2006). A proposal for a mindfulness-based trauma prevention program for social work professionals. *Complementary Health Practice Review*, 11(3), 153-165. doi: 10.1177/1533210106297989

This article explores social workers' personal and professional challenges caused by the experience of mass trauma. This mindfulness-based trauma prevention program is designed to teach social workers and other health professionals effective self-directed techniques to maintain composure when confronting danger and human suffering. The goal of the program is to reduce the incidence of secondary trauma and posttraumatic stress disorder. Components of the program include mindfulness of breathing, body scan, and trauma-releasing exercises.

Bonifas, R. P., & Napoli, M. (2014). Mindfully increasing quality of life: A promising curriculum for MSW Students. *Social Work Education*, 33(4), 469-484. doi:10.1080/02615479.2013.838215

[ABSTRACT FROM PUBLISHER] “MSW students may experience considerable stress during graduate school due to multiple life demands and the challenges of social work curricula, which often involves exposure to distressing client situations. Students' quality of life may be negatively impacted without sufficient tools to manage these stressful experiences. This paper presents evaluative findings of a course/module designed to enable MSW students in a university in the Southwestern United States to increase their quality of life and build stress coping abilities by incorporating mindfulness into their daily self care routines. Findings reveal that after completing the course/module, students reported increased quality of life even though perceived stress levels did not improve. Accordingly, mindfulness holds significant promise for bolstering students' ability to cope with the challenges of graduate school and preparing for professional practice.”

Bradley, N., Whisenhunt, J., Adamson, N. & Kress, V. E. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health*, 8(4), 456-469. doi:10.1080/15401383.2013.844656

[ABSTRACT FROM AUTHOR] “Professional counselors experience a range of emotional and personal demands, which can easily impact their quality of life and clinical efficacy. Creative engagement and expression may be effective in managing the impact of a career in helping. In this article, the authors present an overview of counselor self-care, including its applicability to the American Counseling Association Code of Ethics (2005) and the 2009 Council for the Accreditation of Counseling and Related Educational Programs standards. Strength-based, creative approaches to counselor self-care are provided and discussed.”

Clements, J. A., & Minnick, D. J. (2012). “But I'm too stressed to learn about groups!:" Using stress-management groups to teach group work skills. *Social Work with Groups*, 35(4), 330-344. doi:10.1080/01609513.2012.664323

Rural BSW students are facing additional stressors today than in previous years. At the same time, group work advocates are fighting for the group work method to remain an integral part of the social work curriculum. Group work educators have long known that a combination of classroom and experiential exercises is important to student learning. The findings of a preexperimental, mixed-methods research design showed that mutual aid-based stress-management groups for rural BSW students can reduce stress, teach self-care techniques, and simultaneously exhibit core group work skills. [ABSTRACT FROM PUBLISHER]. The results from the Wilcoxon signed-rank test indicated that stress levels were significantly lower upon completing six weeks of group (Median = 10.00) than at the start of the group (Median = 21.00),  $t = 0$ ,  $p < 0.05$ ,  $r = -.86$ . Cohen's benchmark of .5 signals a large change in stress levels between pre- and posttest evaluation.

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A. & Benight, C. C. (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services*, 11(1), 75-86. doi: 10.1037/a0033798

[ABSTRACT FROM AUTHOR] “The study provides a systematic review of the empirical evidence for associations between job burnout and secondary traumatic stress (STS) among professionals working with trauma survivors, indirectly exposed to traumatic material. Differences in the conceptualization and measurement of job burnout and STS were assumed to moderate these associations. A systematic review of literature yielded 41 original studies, analyzing data from a total of 8,256 workers. Meta-analysis indicated that associations between job burnout and STS were strong (weighted  $r = .69$ ). Studies applying measures developed within the compassion fatigue framework (one of the conceptualizations of job burnout and STS) showed significantly stronger relationships between job burnout and STS, indicating a substantial overlap between measures (weighted  $r = .74$ ; 55% of shared variance). Research applying other frameworks and measures of job burnout (i.e., stressing the role of emotional exhaustion) and STS (i.e., focusing on symptoms resembling posttraumatic stress disorder or a cognitive shift specific for vicarious trauma) showed weaker, although still substantial associations (weighted  $r = .58$ ; 34% of shared variance). Significantly stronger associations between job burnout and STS were found for: (a) studies conducted in the United States compared to other countries; (b) studies using English-language versions of the questionnaires compared to other-language versions, and (c) research in predominantly female samples. The results suggest that, due to high correlations between job burnout and STS, there is a substantial likelihood that a professional exposed to secondary trauma would report similar levels of job burnout and STS, particularly if job burnout and STS were measured within the framework of compassion fatigue.”

Csiernik, R., Smith, C., Dewar, J., Dromgole, L., & O'Neill, A. (2010). Supporting new workers in a child welfare agency: An exploratory study. *Journal of Workplace Behavioral Health*, 25(3), 218-232. doi:10.1080/15555240.2010.496333

[ABSTRACT FROM AUTHOR] “It takes upwards of 2 years for a child protection worker to fully develop the necessary knowledge, skills, abilities, and dispositions to work independently. Previous studies have shown child protection workers have high levels of stress, and it is common for turnover rates to be high in child welfare. One factor that has been purported to mediate workplace stress is social support provided by peers and more experienced colleagues. This led the Children's Aid Society of London and Middlesex to develop a social support group for new child protection workers. Thirteen of 20 child protection workers hired between April and August 2008 participated in an 8-session social support group that ran more than 6 months and was led by 2 senior nonsupervisory workers. Topics discussed included preparing and interacting in the courtroom, healthy stress management, managing work/home life, positive interactions/interventions, self-care, staff interactions, and effective use of supervision. During the course of the study participants reported experiencing a range of stressful critical incidents inside and outside of work including perceptions of being verbally harassed and threatened that in turn led to a range of psychosocial issues that affected their wellness. Participants reported a small though statistically insignificant decrease in hopefulness and social supports over the course of the study. However, they also indicated that the new worker support group was a valuable additional resource to the social supports they used to deal with the workplace-generated stress they experienced.”

Cox, K., & Steiner, S. (2013). Preserving commitment to social work service through the prevention of vicarious trauma. *Journal of Social Work Values & Ethics*, 10(1), 52-60.

The importance of self-care in social workers is now widely recognized. Yet, little is known about the specific ways in which helping professionals can and do manage stress when faced with client suffering or trauma. This article explores cognitive coping strategies used by practitioners—tools that may serve to buffer them from vicarious trauma, thus preserving their dedication to the social work value of service. The Trauma and Attachment Belief Scale (TABS) data revealed that the mean T-score for respondents on the total scale was 48.9 (SD = 8.4), falling into the average range established with a nonclinical standardization group. This indicates that, overall, participants reported relative freedom from schema disruption. There was not a significant difference in total T-scores based on level of experience in the field, but a greater percentage of inexperienced workers (two years or less in field) than more experienced workers (3 or more years in field) scored very high or extremely high on this scale (14% versus 5.9% , respectively). Average T-scores were also obtained on data produced by all ten of the instrument's subscales, as shown in Table 1. It can be seen that none of the subscale mean scores fell above the average interpretive range. These findings are consistent with research reported by the TABS developer, indicating that trauma therapists (n = 266) scored in the low average to average range on all subscales in this measure, while psychiatric inpatients (n = 207) displayed elevated scores (Pearlman, 2003). In the current study, an examination of the frequencies of higher scores on the TABS subscales reveal that disruptions (scores in the very high or extremely high range), were most prevalent in the domains of other-safety, selfintimacy, and self-control (16.7% of participants each). Results of the qualitative analysis of focus group discussions reveal that the participants in this study have been exposed to an assortment of traumatizing situations. Efforts here were often focused on identifying where and how the worker could gain the support needed to process difficult cases or release tension and emotions.

Decker, J. T., Constantine Brown, J. L., Ong, J., & Stiney-Ziskind, C. A. (2015). Mindfulness, compassion fatigue, and compassion satisfaction among social work interns. *Social Work & Christianity*, 42(1), 28-42.

[ABSTRACT FROM AUTHOR] “This exploratory study examined the relationship between mindfulness, an evidence-based practice model, and the risk for compassion fatigue and potential for compassion satisfaction among master's level social work student interns. MSW student interns (N=111) completed the Professional Quality of Life Scale (Stamm, 2010) and the Five Facets of Mindfulness Questionnaire (Baer, Smith, Hopkins, Krietemeyer & Toney, 2006) to examine the effects of mindfulness as it relates to compassion fatigue and compassion satisfaction. Data revealed that greater levels of mindfulness positively correlated with greater potential for compassion satisfaction ( $r = .46, p < .00$ ) while lower levels of mindfulness increased a student's risk for compassion fatigue ( $r = -.53, p < .00$ ). Results suggest that mindfulness may be an important variable in mitigating compassion fatigue and increasing compassion satisfaction for helping professionals.”

Dombo, E. A., & Gray, C. C. (2013). Engaging spirituality in addressing vicarious trauma in clinical social workers: A self-care model. *Social Work & Christianity*, 40(1), 89-104.

Research has shown that vicarious trauma results in great personal and professional costs for social workers (Bride, 2007). The social work profession has an obligation to their members, and those they serve, to ensure that those providing mental health interventions are functioning optimally (National Association of Social Workers, 2008). Burnout and vicarious trauma prevent workers from functioning at maximum capacity. Clinical social workers are particularly vulnerable to burnout with spiritual dimensions in the form of questioning the meaning of work, loss of purpose, hopelessness, and internalizing the suffering of their clients' trauma. Spiritual practices have often been engaged to lessen the effect of trauma and facilitate personal and professional growth (Siegel, 2010; Stern 2004). Social workers can re-engage with the meaning of their work through concrete spiritual practices that improve their ability to sustain the amount of emotion involved in working with trauma (Collins, 2005; Trippany, Kress & Wilcoxon, 2004). This article addresses ways social workers can support themselves and their work through spiritual self-care, in the service of improving client outcomes through sustained connection. Spiritually based practice will be explored as a way to re-connect to the meaning of the work and the satisfaction compassion can bring (Griffith & Griffith, 2002; Pargament, 2007). A self-care model will be presented to help individual workers address the impact of the work, and organizations to address the environmental and cultural contributors to vicarious trauma. This model will integrate spiritual practice and present specific spiritual self-care meditation practices. (Journal abstract).

Dorian, M. & Killebrew, J. E. (2014). A study of mindfulness and self-care: A path to self-compassion for female therapists in training. *Women & Therapy*, 37(1-2), 155-163. doi: 10.1080/02703149.2014.850345

This study explores the influence of a course on mindfulness for female psychotherapists-in-training. It evaluates outcomes of a 10-week elective course offered at California School of Professional Psychology at Alliant International University in San Diego, CA. The article suggests that mindfulness training can build strategies for both stress prevention and coping. The article concludes that training in mindfulness benefits not only women psychotherapists-in-training, but also their future clients.

Gockel, A. A. (2010). The promise of mindfulness for clinical practice education. *Smith College Studies in Social Work*, 80(2-3), 248-268.

This article reviews the recent trend in mindfulness-based psychotherapies and explores the utility of mindfulness training for clinical practice education. It presents the current literature and evidence suggesting that mindfulness training may provide a vehicle to foster essential clinical skills and attitudes, increase self-care and reduce the impact of occupational stress, and prepare students to understand and use mindfulness-based interventions in practice. (Journal abstract)

Gockel, A., Burton, D., James, S. & Bryer, E. (2013). Introducing mindfulness as a self-care and clinical training strategy for beginning social work students. *Mindfulness*, 4(4), 343-353. doi: 10.1007/s12671-012-0134-1

This study uses a mixed-methods design to investigate the effects of integrating a small dose (10 minutes per session) of mindfulness training into a clinical interviewing class with beginning

social work students. Results demonstrated that students valued the training and saw it as relevant to their role as future clinical practitioners. Students' long-term participation in mindfulness practice was correlated with their degree of improvement in counseling self-efficacy over the course of the training.

Graham, J.R. & Shier, M.L. (2014). Profession and workplace expectations of social workers: Implications for social worker subjective well-being. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community*, 28(1), 95-110. doi: 10.1080/02650533.2013.810613

[ABSTRACT FROM AUTHOR] "The expectations people have of social workers, and those that social workers hold of themselves, can negatively affect social worker's perceived well-being, via work stress and strain and other negative workplace experiences. This qualitative research presents findings that help to better understand what aspects of these expectations have the greatest impact on the well-being of a sample (n = 19) of social workers with reported low levels of workplace and profession satisfaction. Our data support a conceptual framework of social worker's expectations that relate to outcomes of practice, social worker roles, the perceived functioning by other health-related professionals, conflict in direct practice with social worker identity and having to work in adverse situations, as all contributing to the well-being of social workers. Findings are discussed in relation to social work practice and the role and function of professional associations and educational programmes in addressing these issues that emerge in practice."

Holt, M., & Treloar, C. (2008). Managing mental health problems in everyday life: Drug treatment clients' self-care strategies. *International Journal of Mental Health & Addiction*, 6(3), 421-431. doi:10.1007/s11469-007-9114-4

Using data from a qualitative study of drug treatment and mental health, the authors identify the self-care practices of drug treatment clients diagnosed with anxiety and depression (n=77 from 4 sites across Australia). Participants described a range of self-care practices for mental health including: self-medication, seeking social support, physical exercise, counseling-derived techniques, keeping busy and other less common strategies. These findings show that drug treatment clients undertake similar self-care practices to the general population and illicit drug users and that these activities echo beneficial practices identified in the research literature. The results suggest opportunities for service providers to work with clients on self-care activities that may improve mental health. Tensions between consumer and professional views of self-care, and the limits to encouraging self-care as a substitute for treatment, are discussed.

Jouper, J. & Johansson, M. (2013). Qigong and mindfulness-based mood recovery: Exercise experiences from a single case. *Journal of Bodywork and Movement Therapies*, 17(1), 69-76. doi: 10.1016/j.jbmt.2012.06.004

The aim of this study was to elevate the participant's mood to a positive, functional level and to increase her amount of daily physical exercise following a period of depressed mood and professional burnout. The twelve-week intervention combined mindfulness practice and Qigong exercise. Exercise was recorded daily, stress-energy and wellness were followed up weekly, and

mindfulness was followed up after four, nine and twelve weeks. After the intervention, Sara reported that she enjoyed life more with an increase in mood stability (good to very good) and mindfulness (4.2 on a 6-point scale). This article suggests that exercise professionals may effectively use mindfulness practice and Qigong exercise when seeking to improve mood and prevent burnout.

Knight, C. (2013). Indirect trauma: Implications for self-care, supervision, the organization, and the academic institution, the clinical supervisor. *The Clinical Supervisor*, 32(2), 224-243. doi: 10.1080/07325223.2013.850139

[ABSTRACT FROM AUTHOR] “In this article, the nature of what is referred to in this article as indirect trauma, or the ways in which clinicians are affected by their work with survivors of childhood trauma, is examined. Based upon current research and theory, three manifestations of indirect trauma are identified and discussed: secondary traumatic stress, vicarious traumatization, and compassion fatigue. Factors that may mitigate or increase the risk of experiencing indirect trauma are then presented. The implications that indirect trauma has for self-care strategies, as well as for clinical and trainee supervision, the organization, and the academic institution are presented in light of relevant research. Case examples are employed throughout to illustrate key concepts.”

Killian, K.D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44. doi: 10.1177/1534765608319083

[ABSTRACT FROM AUTHOR] “There is burgeoning interest in secondary traumatic stress, compassion fatigue, and self-care in the helping professions. This multimethod study focused on therapists’ stress and coping in their work with trauma survivors, identifying factors related to resilience and burnout. Semistructured interviews were conducted with 20 clinicians subscribing to a systems perspective, and 104 clinicians were administered a questionnaire inquiring about their caseloads, trauma history, coping styles, emotional self-awareness, work stress, compassion satisfaction, compassion fatigue, and burnout. Interview data demonstrated that therapists detect job stress through bodily symptoms, mood changes, sleep disturbances, becoming easily distracted, and increased difficulty concentrating. Self-care strategies included processing with peers/supervisor, spirituality, exercise, and spending time with family. In the quantitative study, social support, work hours, and internal locus of control accounted for 41% of the variance in compassion satisfaction. Multiple regression procedures accounted for 54% of the variance in compassion fatigue and 74% of the variance in burnout. Implications for clinical training and organizational policy are discussed. ”

Kalliath, P. & Kalliath, T. (2014). Work-family conflict: Coping strategies adopted by social workers. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community*, 28(1), 111-126. doi: 10.1080/02650533.2013.828278

This study discusses social workers’ coping strategies for coping with the competing requests of their workplace and family. Using a sample of 439 Australian social workers, this study analyzed responses to two open-ended questions explored the struggles they experienced in meeting their



employer and family needs, and the coping skills they utilized when dealing with these difficulties. The findings confirm that social workers experience work-family conflict, which they cope with through multiple strategies, such as support from colleagues and supervisors, timely communication, time management, and developing personal hobbies.

Lizano, E. L. & Barak, M. E. M. (2012). Workplace demands and resources as antecedents of job burnout among public child welfare workers: A longitudinal study. *Children and Youth Services Review*, 34(9), 1769-1776. doi: 10.1016/j.childyouth.2012.02.006

[ABSTRACT FROM AUTHOR] “This three-wave longitudinal study is the first multiple point longitudinal study to examine the impact of workplace demands and resources on the development of emotional exhaustion and depersonalization among public child welfare workers. This study is contextualized within the Job Demands and Resources (JD-R) theoretical model of burnout development. Growth curve analyses results from an availability sample of 335 public child welfare workers indicate that emotional exhaustion and depersonalization increase over time. Organizational tenure, job stress, and work–family conflict were found to be associated with the development of emotional exhaustion, while age, work–family conflict, and organizational support were related to the development of depersonalization. Implications for workforce management in child welfare organizations and directions for future research are discussed.”

Lawson, G. & Myers, J. E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling & Development*, 89(2), 163-171. doi: 10.1002/j.1556-6678.2011.tb00074.x

[ABSTRACT FROM AUTHOR] “A sample of 506 professional counselors who were members of the American Counseling Association completed measures of professional quality of life, career-sustaining behaviors (CSBs), and wellness. Significant differences were found both within the sample based on caseload characteristics and between the participants and available norm groups. Counselors with high wellness scores engaged in more CSBs and reported higher positive professional quality of life factors (compassion satisfaction). Implications for counselors, counselor training, and research are discussed.”

Larkin, S. S. (2010). Spiritually sensitive professional development of self: A curricular module for field education. *Social Work & Christianity*, 37(4), 446-466.

Professional development is an expected outcome of social work field education, yet little is known about how students become professionals. This article presents a pilot project of a curricular module for field education that explores professional development from a spiritually sensitive perspective. Students considered three areas, 1) meaning and purpose in work, 2) reflection and discernment for ethical practice, and 3) spiritually- based self-care. The concept of spiritually sensitive professional development was developed as the result of a faculty mentoring program which encourages mission driven education grounded in the values of Jesuit education and Ignatian pedagogy. The feedback from the students who participated in the pilot project indicated support for the module and its relevance to professional development. Spiritually Sensitive Professional Development is defined as professional development that considers the

whole student, is grounded in an understanding of meaning and purpose in one's work, utilizes a process of reflection and discernment for ethical practice and emphasizes spiritually-based self-care. (Journal abstract)

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society*, 94(2), 96-103. doi:10.1606/1044-38944289

This article explores current conceptualizations of self-care, provides a clear conceptual definition of an applied framework for self-care, and explicates the framework's implications for practice, education, research, and the culture of the social work profession. In the short term, the framework encourages outcomes such as stress reduction and appropriate use of self in the professional role. In the long term, it provides a structure to potentially decrease burnout and secondary traumatic stress through increasing educational and training efforts related to self-care and worker well-being. The article recommends the development of a reliable instrument to measure frequency of self-care practice in order to investigate the utility of self-care.

Macchil, C.R. , Johnson, M.D., Durtschi, J.A. (2014). Predictors and processes associated with home-based family therapists' professional quality of life. *Journal of Marital and Family Therapy*, 40(3), 380-390. doi: 10.1111/jmft.12016

This study examined whether home-based family therapists' (HBFT) workload and clinical experience were directly and indirectly associated with their professional quality of life through self-care activities and frequency of clinical supervision. Hypotheses were tested using structural equation modeling with a sample of 225 home-based therapists. The results indicated that a higher perceived workload and having less HBFT experience were directly related to lower levels of professional quality of life. The study revealed that a higher perceived workload was related to engaging in less self-care activities and receiving more supervision. Therapists with less HBFT experience were found to receive more frequent supervision. HBFT experience was not related to frequency of self-care. Receiving more supervision and a higher frequency of self-care activities were both related to a higher professional quality of life. These associations between therapists' workload and HBFT experience were partially mediated through participation in self-care and frequency of clinical supervision.

Maschi, T., Macmillan, T., & Viola, D. (2013). Group drumming and well-being: A promising self-care strategy for social workers. *Arts & Health: International Journal for Research, Policy & Practice*, 5(2), 142-151. doi:10.1080/17533015.2012.748081

[ABSTRACT FROM PUBLISHER] "Background: The purpose of this pilot study was to examine the influence of recreational drumming among social workers on measures of well-being, empowerment and connectedness. Methods: A pretest-posttest design was used to evaluate outcomes among a sample of 73 social workers who participated in the two-hour "I-We Rhythm" program for recreational drumming. Results: Results of paired t-tests analyses revealed significant differences in levels of stress, energy and feelings of empowerment and community between pre- and posttest measures. Medium effect sizes were seen for all results. As such, the results of this pilot study are promising but should be viewed with caution. Conclusions: Recreational drumming is a promising group-oriented self-care strategy among social workers,

who often hold high-stress occupations.” (Library does not have this article, would have to get it from Interlibrary for results.)

McKim, L. L. & Smith-Adcock, S. (2014). Trauma counsellors’ quality of life. *International Journal for the Advancement of Counseling*, 36(1), 58-69. doi: 10.1007/s10447-013-9190-z

[ABSTRACT FROM AUTHOR] “Mental health professionals working with trauma survivors often experience both psychological costs (e.g., compassion fatigue) and benefits (e.g., compassion satisfaction). In this study, trauma counsellors’ individual characteristics as well as workplace conditions were examined to determine their relative influence on compassion fatigue and compassion satisfaction. Lack of control over workplace, over-involvement with clients, and secondary exposure to clients with serious trauma symptoms were significantly related to compassion fatigue. Counsellors’ perceived control of the workplace, personal trauma history, and years of clinical experience were significantly related to compassion satisfaction.”

McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-Care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work*, 30(3), 212-233. doi:10.1080/15426432.2011.587384

[ABSTRACT FROM AUTHOR] “The demands placed on human service workers in supporting people through challenging circumstances can contribute to high levels of stress and burnout. Self-care practices implemented regularly may decrease the impact of the high levels of stress while also serving as strategies for coping during particularly stressful times. The interconnections between contemplative practices, including mindfulness, as coping and preventative strategies for self-care practice among human service workers are beginning to emerge. We used a multimethod study to examine the effectiveness of eight weeks of contemplative practice training in increasing self-care, awareness, and coping strategies for 12 human service workers. Paired t-tests conducted on pre- and post-training scores on the Perceived Stress Scale and the Mindfulness Attention and Awareness Scale showed that mindfulness was significantly increased and that stress significantly decreased over the intervention. Thematic analysis from participant journaling and a focus group discussion suggests that time, permission, and place for learning and practicing mindfulness-based activities are necessary. A meditative model is presented to illustrate how enhanced awareness through mindfulness practice can increase self-care which can, in turn, positively affect the service human service workers provide to their clients.” (Library does not have this article, would have to get it from Interlibrary for results.)

Moore, S. E., Bledsoe, L. K., Perry, A. R., Robinson, M. A. (2011). Social work students and self-care: A model assignment for teaching. *Journal of Social Work Education*, 47(3), 545-553. doi:10.5175/JSWE.2011.201000004

A teaching model is introduced to address the complex life as a social work student. It analyzed the impact of the journaling assignments on 22 graduate social work students in terms of using it as a learning experience since 2004. In the journals students discussed reasons of choosing certain self-care activities, specific issues that the activities helped address, and how the

activities contributed to their spiritual, mental, social, emotional and physical well-being. Each biweekly entry was no more than three typed pages with at least three references from social work journals to support their findings. Stress reduction was expressed as a major goal.

Napoli, M., & Bonifas, R. (2011). From theory toward empathic self-care: Creating a mindful classroom for social work students. *Social Work Education*, 30(6), 635-649.  
doi:10.1080/02615479.2011.586560.

Social work students experience stress, emotional exhaustion and vicarious trauma during their education; these reactions can negatively impact their ability to objectively practice and integrate course material. When social work students are mindful in the classroom, meaning they are present without internal or external filters, they are better able to regulate emotions and are more open to diverse perspectives. Teaching social work students to become mindful can improve self-care and is also the first step toward developing empathy. As such, mindful practice can help enhance practice skills, especially those related to tuning in to clients. This paper describes the elements of a mindful classroom, introduces a framework for teaching mindful practice, and presents the results of a research study that examined learning outcomes associated with this framework. Graduate students participated in a 16-week course that focused on enhancing self-care and professional development via the use of formal and informal mindful practice strategies. The Kentucky Inventory of Mindfulness Scale was administered before and after the course to assess changes in students' use of mindfulness skills. Four skill areas were tested: acting with awareness, observing, accepting without judgment, and describing; results indicate that students significantly increased their use of mindfulness in the first three areas. Research Question 1: Changes in Use of Mindfulness Strategies Before and After Exposure to Quality of Life Curriculum. Results indicated that students made statistically significant gains in three of the mindfulness domains: Accepting without judgment ( $p < 0.05$ ), Acting with awareness ( $p < 0.001$ ), and Observing ( $p < 0.001$ ). Statistically significant gains were not made on the Describing domain. Research Question 2: Are Some Mindfulness Practice Strategies Used More Often Than Others After Exposure to Quality of Life Curriculum? Results indicate that students made the largest gains on four single items from the Observing scale and one from the Describing scale: 'I pay attention to whether my muscles are tense or relaxed' (mean diff  $\frac{1}{4}$  1.16; SD  $\frac{1}{4}$  1.13); 'I notice how foods and drinks affect my thoughts, bodily sensations, and emotions' (mean diff  $\frac{1}{4}$  1.13; SD  $\frac{1}{4}$  1.15); 'I intentionally stay aware of my feelings' (mean diff  $\frac{1}{4}$  1.06; SD  $\frac{1}{4}$  0.96); 'I notice changes in my body such as whether my breathing slows down or speeds up' (mean diff  $\frac{1}{4}$  1.03; SD  $\frac{1}{4}$  1.02); and 'My natural tendency is to put my experiences into words' (mean diff  $\frac{1}{4}$  0.97; SD  $\frac{1}{4}$  1.08). Minimal gains were made in two individual items on the Accepting without judgment scale, one on the Observing scale, and two on the Describing scale, specifically: 'When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words' (mean diff  $\frac{1}{4}$  0.16; SD  $\frac{1}{4}$  1.32); 'I believe some of my thoughts are abnormal or bad and I shouldn't think that way' (mean diff  $\frac{1}{4}$  0.16; SD  $\frac{1}{4}$  0.93); 'I have trouble thinking of the right words to express how I feel about things' (mean diff  $\frac{1}{4}$  0.16; SD  $\frac{1}{4}$  0.93); 'I tend to evaluate whether my perceptions are right or wrong' (mean diff  $\frac{1}{4}$  0.13; SD  $\frac{1}{4}$  1.06); and 'I notice when my mood begins to change' (mean diff  $\frac{1}{4}$  0.09; SD  $\frac{1}{4}$  0.94).

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and

preventive methods for clinicians and researchers. *Best Practice in Mental Health*, 6(2), 57-68.

[ABSTRACT FROM AUTHOR] The emotional and psychological risks associated with providing direct social work services to vulnerable populations have been largely overlooked in social work educational curriculum and agency training (Cunningham, 2004; Courtois, 2002; Shackelford, 2006). These risks should be conceptualized as occurring in two separate forms: trauma-related stress and professional burnout. Vicarious trauma, secondary traumatic stress, and compassion fatigue are conditions related specifically to work with trauma populations, while professional burnout is considered a more general phenomenon which may occur within any social service setting. The forms of trauma-related stress conditions and professional burnout are often erroneously discussed either interchangeably or grouped together as one condition in the literature. It is best to conceptualize each of these conditions separately in order to have a comprehensive understanding of these complex phenomena. It is important that direct practitioners and educators understand the risk factors and symptoms associated with these phenomena in order to identify, prevent, and/or minimize their effects. As a best-practice initiative, it is appropriate that information on these conditions be infused into social work curricula as a first-line preventive measure for the training of inexperienced social workers who may be more vulnerable to the effects of these conditions (Lerias & Byrne, 2003). Information on these topics should also be included as part of agency training for practitioners already working in the field. This article provides a brief review of professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue, including the risk factors and symptoms associated with these conditions. Particular attention is paid to the inclusion of this material and the practice of self-care in both macro and micro social work education, as well as agency-training curriculum.

Newell, J. M. & Nelson-Gardell, D. (2014). A competency-based approach to teaching professional self-care: An ethical consideration for social work educators. *Journal of Social Work Education*, 50 (3), 427-439. doi: 10.1080/10437797.2014.917928

[ABSTRACT FROM AUTHOR] "Incorporating material on professional self-care into social work course content is valuable to the education of neophyte social work practitioners. This article presents a review of the literature on professional burnout, secondary traumatic stress, and compassion fatigue, including the risk factors associated with the experience of these conditions. The literature suggests that students are particularly vulnerable to these conditions as they enter their field placements due to their lack of professional practice experience. To address this educational need among social work students, this article provides suggestions for incorporating material on professional self-care into both micro and macro course offerings and includes a sample case study that links self-care to the current Council on Social Work Education social work competencies and practice behaviors."

Negash, S. & Sahin, S. (2011). Compassion fatigue in marriage and family therapy: Implications for therapists and clients. *Journal of Marital and Family Therapy*, 37(1), 1-13. doi: 10.1111/j.1752-0606.2009.00147.x

[ABSTRACT FROM AUTHOR] “Given that marriage and family therapists are exposed to a wide range of circumstances that leave them uniquely vulnerable to experiencing compassion fatigue, it is important to examine the stresses and hazards they face and what those consequences mean for both themselves and clients. It is essential that they identify how compassion fatigue negatively affects the therapeutic relationship and overall treatment outcome as well as that of the personal life of the family therapist. The marriage and family therapist is responsible and ethically obligated to identify and implement ways in which he or she can prevent and remedy compassion fatigue.”

Newsomea, S., Waldo, M. & Gruszkaa, C. (2012). Mindfulness group work: Preventing stress and increasing self-compassion among helping professionals in training. *The Journal for Specialists in Group Work*, 37(4), 297-311. doi: 10.1080/01933922.2012.690832

This study examined the effects of a 6-week mindfulness group for 31 college students, who were intending to enter helping professions such as social work, counseling and nursing. Group exercises included meditation, yoga, body scan, and Qigong. Participants completed the Perceived Stress Scale, the Mindfulness Attention Awareness Scale, and the Self-Compassion Scale at pre-pre, pre, post, and follow-up intervals. Results indicate that perceived stress significantly decreased, and mindfulness and self-compassion significantly increased.

Potash, J. S., Ho, A. Y., Cheng, C., Chan, F., & Wang, X. L. (2015). A model for art therapy–based supervision for end-of-life care workers in Hong Kong. *Death Studies*, 39(1), 44-51. doi:10.1080/07481187.2013.859187

[ABSTRACT FROM PUBLISHER] “End-of-life care workers and volunteers are particularly prone to burnout given the intense emotional and existential nature of their work. Supervision is one important way to provide adequate support that focuses on both professional and personal competencies. The inclusion of art therapy principles and practices within supervision further creates a dynamic platform for sustained self-reflection. A 6-week art therapy–based supervision group provided opportunities for developing emotional awareness, recognizing professional strengths, securing collegial relationships, and reflecting on death-related memories. The structure, rationale, and feedback are discussed.”

Rossi, A., Cetrano, G., Pertile, R., Rabbi, L., Donisi, V., Grigoletti, L.,..., Amaddeo, F. (2012). Burnout, compassion fatigue, and compassion satisfaction among staff in community-based mental health services. *Psychiatry Research*, 200(2-3), 933-938. doi: 10.1016/j.psychres.2012.07.029

[ABSTRACT FROM AUTHOR] “Providing care to individuals with complex mental health needs can be stressful. However, little research has focused on the emotional, cognitive, and physical consequences of providing mental health care. The aim of this study is to assess burnout (BO), compassion fatigue (CF) and compassion satisfaction (CS) among staff at the four community-based mental health services (CMHS) of Verona, Italy. All staff were asked to complete anonymously the Professional Quality of Life Scale, the General Health Questionnaire, and a socio-demographic questionnaire. In total 260 staff participated (a response rate of 84%). Psychiatrists and social workers were the professionals with the highest levels of BO and CF.

Workers with psychological distress reported both higher BO and CF scores, and lower levels of CS. A significant increase in the BO and CF scores was also detected for each extra year spent working in a CMHS. A higher level of CF was associated with female and having been experienced one negative life event in the previous year. These findings are useful for health managers and team leaders to identify factors affecting the professional quality of life of mental healthcare staff, and can provide a rationale for detecting staff at risk for developing negative work-related outcomes.”

Raheim, S., & Lu, J. (2014). Preparing MSW students for integrative mind-body-spirit practice. *Clinical Social Work Journal*, 42(3), 288-301. doi:10.1007/s10615-014-0484-3

[ABSTRACT FROM AUTHOR] “Knowledge of new developments in social work education supports clinical practitioners' professional development and their supervision of students and early career social workers. Integrative mind-body-spirit (IMBS) practice is a holistic paradigm that is emerging in social work education and the profession. IMBS modalities have a growing evidence base and are congruent with the healing practices of many cultures, thereby supporting culturally competent practice. This article explores the development, implementation, and outcomes of an elective MSW course designed to critically examine the IMBS and biomedical paradigms and introduce students to IMBS practice. Two sections of this course were piloted (n = 35) and pre- and post-assessments administered. Findings suggest that experienced clinicians can support the professional development of novice practitioners by encouraging ongoing exploration and critical assessment of the IMBS and biomedical paradigms and incorporation of evidence-based mind-body-spirit practices in their clinical work and self-care.”

Ray, S. L., Wong, C., White, D. & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology*, 19(4), 255-267. doi: 10.1177/1534765612471144

[ABSTRACT FROM AUTHOR] “Frontline mental health care professionals (FMHPs) in a variety of roles such as nursing, social work, psychology, psychiatry, case managers and mental health workers are often required to provide a high degree of care to clients over time which can result in physical and psychological complaints often referred to as compassion fatigue (CF). The aim of this nonexperimental, cross sectional study was to determine the relationships among compassion satisfaction (CS), compassion fatigue (CF), work life conditions and burnout among FMHPs. The Professional Quality of Life Revision IV (ProQOL), the Areas of Work Life Survey, Maslach Burnout Inventory-General Survey and a Demographic Data sheet were completed by 169 FMHPs. Consistent with our hypothesis, higher levels of compassion satisfaction, lower levels of compassion fatigue, and higher overall degree of fit in the six areas of work life were predictive of lower burnout in FMHPs.”

Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and Qigong. *Journal of Counseling & Development*, 86(1), 47-56. doi: 10.1002/j.1556-6678.2008.tb00625.x

This 4-year qualitative study examined the impact of teaching hatha yoga, meditation, and Qigong to counseling graduate students. Thirty-three first- and second-year students in the 15-week, 3-credit mindfulness-based stress reduction course reported positive changes in the areas of physical, emotional, mental, spiritual and interpersonal health. They also reported that the course had substantial effects on their counseling skills and therapeutic relationships. Most students reported intentions of integrating mindfulness techniques into their future practice.

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children & Youth Services Review*, 49, 54-61. doi:10.1016/j.chilyouth.2014.12.023

[ABSTRACT FROM AUTHOR] “Child welfare workers are routinely exposed to multiple traumatic events when working with children and families, and are at an increased risk of experiencing burnout and secondary trauma. Self-care is often recommended as a restorative or protective activity against the negative effects of working with traumatized individuals, although few studies have examined the benefit of self-care empirically. Trauma-informed self-care (TISC) includes being aware of one's own emotional experience in response to exposure to traumatized clients and planning/engaging in positive coping strategies, such as seeking supervision, attending trainings on secondary trauma, working within a team, balancing caseloads, and work-life balance. Compared with generic personal care activities, TISC is likely to be especially relevant for child welfare workers. This study examined the role of TISC on compassion satisfaction, burnout and secondary trauma which was assessed by administering surveys to a sample of 104 child welfare case managers and supervisors. Almost one third of the sample reported high levels of burnout (29.8%) and secondary trauma (28.8%), and low levels of compassion satisfaction (31.7%). Results suggested that workers who engaged in higher levels of TISC experienced higher levels of compassion satisfaction and lower levels of burnout, although there was no relationship with secondary trauma. Findings provide preliminary evidence that TISC may be a beneficial practice to reduce risk of burnout and preserve workers' positive experience of their job, however workers experiencing secondary trauma are likely to need additional specialized intervention to assist them with their recovery.”

Shannon, P. J., Simmelink-McCleary, J., Hyojin, I., Becher, E., & Crook-Lyon, R. E. (2014). Developing self-care practices in a trauma treatment course. *Journal of Social Work Education*, 50(3), 440-453. doi:10.1080/10437797.2014.917932

[ABSTRACT FROM AUTHOR] “This article describes the development of self-care practices of social work students who were part of a larger study of students' experiences in a graduate course on the treatment of trauma. Consensual qualitative research methods were used to analyze 17 participant journals submitted at 4 times during the course. Findings indicated that students benefited from being introduced to evidence-based practices for mediating the stress of trauma education, including journaling and mindfulness-based stress reduction. Although students reported struggling with developing effective self-care practices, they demonstrated an ability to integrate self-care into their professional practice behaviors. The authors review recommendations for research and pedagogy of self-care practices in courses on trauma treatment.”



Shannon, P. J., Simmelink-McCleary, J., Hyojin, I., Becher, E., & Crook-Lyon, R. E. (2014). Experiences of stress in a trauma treatment course. *Journal of Social Work Education*, 50(4), 678-693. doi:10.1080/10437797.2014.947901

[ABSTRACT FROM AUTHOR] “This study explores the reactions of social work students in a course on trauma treatment and how those reactions changed over time. Consensual qualitative research methods were used to analyze 17 participant journals submitted at 4 times during the course. Findings indicate that students experienced a range of responses to traumatic material, including both positive and negative emotional, cognitive, behavioral, physical, and relational reactions. Student survivors of trauma reported reactions related to their own trauma. Although student reactions became less acute over time during the course, recommendations for the pedagogy of trauma are offered, including curriculum related to the management of vicarious and secondary trauma reactions as well as the development of evidence-based practices for self-care.”

Tan, S. & Castillo, M. (2014). Self-care and beyond: A brief literature review from a Christian perspective. *Journal of Psychology & Christianity*, 33(1), 90-95.

“The article offers information on the concept of self-care from a Christian perspective. It is said that researchers have considered ongoing self-care as a foundational professional competency and an ethical imperative for practice. Self-care is said to be crucial for the efficient, effective, and ethical practice of counseling.” (Journal Abstract)

Oser, C. B., Biebel, E. P., Pullen, E., & Harp, K. H. (2013). Causes, consequences, and prevention of burnout among substance abuse treatment counselors: A rural versus urban comparison. *Journal of Psychoactive Drugs*, 45(1), 17-27. doi:10.1080/02791072.2013.763558

In 2008, focus group data from 28 rural and urban counselors in a southern state were analyzed, revealing three burnout themes across all counselors: causes, consequences, and prevention. However, there were various differences between rural and urban counselors in subthemes, with only rural counselors citing office politics and low occupational prestige as causes of burnout. Only urban counselors reported responses endorsing the subthemes of role reversal, clients trying to choose their counselors, and changing jobs as consequences of burnout. All counselors cited coworker support, clinical supervision, and self-care as important strategies for managing burnout. In sum, context clearly matters as rural counselors cited more causes of burnout; yet, the implications of burnout are universal in that they often lead to poor quality clinical care. There is a continued need for greater understanding of addiction as a disease, which would reduce stigma, especially in rural areas, as well as increase the prestige and earning potential of the substance abuse counseling occupation.

Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development*, 86(1), 47-56. doi: 10.1002/j.1556-6678.2008.tb00625.x

A 4-year qualitative study examined the influence of teaching hatha yoga, meditation, and qigong to counseling graduate students. 33 1<sup>st</sup> and 2<sup>nd</sup> year participants in the 15-week, 3-credit mindfulness-based stress reduction course reported positive physical, emotional, mental, spiritual, and interpersonal changes and substantial effects on their counseling skills and therapeutic relationships. Students expressed different preferences for and experiences with the 3 mindfulness practices. Most students reported intentions of integrating mindfulness practices into their future profession.

Sprang, G., Craig, C., & Clark, J. (2011). Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups. *Child Welfare*, 90(6), 149-168.

This study describes predictors of secondary traumatic stress and burnout in a national sample of helping professionals, with a specific focus on the unique responses of child welfare (CW) workers. Specific worker and exposure characteristics are examined as possible predictors of these forms of occupational distress in a sample of 669 professionals from across the country who responded to mailed (e-mail and post) invitations to participate in an online survey. Email and home mailing addresses were secured from licensure boards and professional membership organizations in six states from across the country that had high rates of child related deaths in 2009. Respondents completed the Professional Quality of Life IV (Stamm, 2005) to ascertain compassion fatigue (CF) and burnout symptoms. Being male, young, Hispanic, holding rural residence, and endorsing a lack of religious participation were significant predictors of secondary traumatic stress. Similarly, being male and young predicted high burnout rates, while actively participating in religious services predicted lower burnout. CW worker job status as a professional was significantly more likely to predict CF and burnout compared to all other types of behavioral healthcare professionals. Based on the findings from this study, this paper proposes strategies for enhancing self-care for CW workers, and describes the essential elements of a trauma-informed CW agency that addresses secondary traumatic stress and burnout.

[ABSTRACT FROM AUTHOR]. The dependent variables for this analysis were CF ( $M = 14.85$ ,  $SD = 12.21$ ) and burnout ( $M = 17.48$ ,  $SD = 5.77$ ). Because the CF variable was positively and significantly skewed, a square-root transformations was performed ( $M = 3.49$ ,  $SD = 1.64$ ). CF was significantly ( $p < 0.001$ ) correlated with burnout ( $r = 0.66$ ).

Taylor, P. G., & Cheung, M. (2010). Integration of personal/professional self (IPPS) through reflective/experiential learning. *Journal of Teaching in Social Work*, 30(2), 159-174. doi:10.1080/08841231003705248

[ABSTRACT FROM AUTHOR] "This mixed-method in vivo exploratory study examines the learning strategies that prepare students for social work practice and shows that these strategies can make a measurable difference. Though many authors have called for self-awareness to promote cultural sensitivity, the concept of the integrated personal/professional self has not previously been defined, operationalized, or formally validated with any instrument. From 1999 to 2004, a total of 24 Title IV-E stipend students explored personal life issues through an individualized "SELF" course. Thematic analyses and t-tests of alumni data showed significant improvement in cognitive and ethical development, burnout reduction, and competency enhancement by participation in SELF."

Warren, J., Morgan, M. M., Morris, L., & Morris, T. (2010). Breathing words slowly: Creative writing and counselor self-care—The writing workout. *Journal of Creativity in Mental Health*, 5(2), 109-124. doi:10.1080/15401383.2010.485074

Clients' stories of loneliness, fear, abuse, and anger frequently fill the landscape of a counselor's work. Counselors may experience burnout, compassion fatigue, and vicarious trauma by failing to recognize and adequately address the negative emotions and thoughts they may unintentionally carry from their work. By prioritizing and attending to self-awareness and self-care, counselors maintain their clinical efficacy and personal well-being. This article presents creative writing as a valuable self-care technique, offers a writing structure for counselors to use, and includes two brief illustrations of creative writing that promote self-care. The article found that writing can enhance awareness and mindfulness in counselors that practice this technique. "The writing workout" 1) "Warm-up": "a) use a pen you love; b) find a paper type that feels as comfortable as a warm blanket; c) go to a place of privacy; and d) decide that the goal is not a certain quality or quantity of product but simply to write whatever comes to mind. During the warm-up, for up to 3 minutes, the writer completes sentence stems. There are many creative sentence stems, and we suggest just a few as a starting place: Love is . . . For me, to be happy is . . . My two biggest fears are . . . Three wishes I have are . . . I . . . 2) "Sprint": "During this stage, the writer writes continuously without pausing, rereading, or evaluating what she or he has written". 3) "Sit-ups": For a 5-minute period, the writer completes two lists. On one, the counselor lists all the projects or activities which need to be done by tomorrow— a "to-do" list. On the second list, the counselor imagines all the creative ways he or she can use a square of colored molding clay". "The second, creative list usually evokes an experience of fun and expansiveness, allowing writing without obligation or outcome. Humor, openness, and creativity counterbalance the to-do list experience". 4) "Yoga": "For 10 minutes, the writer focuses on a specific, troubling experience". Alternatively, the counselor may write a poem, song lyrics, a short story, or anything else that helps give voice and meaning to troubling inner feelings and experiences". 5) "Relaxation": "At this level, the writer returns to a less focused form of writing and is invited to write whatever is meaningful to him or her, outside of the events or emotions that were the focus of Level 4. The counselor may write descriptions, poetry, short stories, or just free associate about the events of the day, positive appreciations, or whatever comes to mind".