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## Using Art to Mitigate Burnout for Those Working in Direct Care

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USING ART TO MITIGATE BURNOUT FOR THOSE WORKING IN DIRECT CARE

USING ART TO MITIGATE BURNOUT FOR THOSE WORKING IN DIRECT CARE

Capstone Thesis

Lesley University

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Specialization: Art Therapy

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### **Abstract**

Through a critical review of the existing literature, this capstone thesis seeks to investigate the potential benefits and drawbacks to the integration of guided artistic practices within the workplace. The literature reviewed focused on both qualitative and quantitative studies of burnout and explored the professional benefits that art making can provide in mitigating burnout for those within a western culture working in the field of mental health and social services, particularly in the capacity of a direct care worker (DCW). Through the review of the literature a case can be made for the benefits of using visual art to engage DCWs, their supervisors and company administrators in an open dialogue about their work experiences and serve as a tool to build social connections and professional skills. Recommendations and considerations are made surrounding corporate and worker benefits of having art making integrated into the workplace, as well as suggestions for future research in this area.

**Keywords:** Burnout, direct care workers, self-care, art, art therapy, workplace stress, employee mental health, organizational culture

## Using Art to Mitigate Burnout for Those Working in Direct Care

### Introduction

*“We think, mistakenly, that success is the result of the amount of time we put in at work, instead of the quality of time we put in.”*

—Arianna Huffington, Thrive

In 2015, the average American worker spent 1,811.16 hours a year at work (Pew Research Center, 2016). With people spending so much of their time at the workplace it is no surprise that many suffer the effects of workplace stress. Workplace stress is strongly associated with broader worker mental health problems; which in turn lead to socio-economic consequences including absenteeism, increases in worker turn over, loss of company productivity, higher instances of employee injury and thus disability costs (EU-OSHA, 2014).

The frequency of workplace stress is particularly high for those working in the field of healthcare and social work (Health & Safety Executive, 2013). For the purposes of this paper, this author will narrow focus to look at the stress reported by those working in the role of direct-care staff, working across all populations including, children, older people and people with intellectual disabilities in residential settings. Those working in direct-care are at high risk for workplace stress and burnout due in large part to the person focused nature of the work (Heckenberg, Kent, & Wright, 2018; Italia, et al., 2008). While there are significant stressors that are inherently part of working with these populations, such as, lack of client reciprocity, challenges in communication, high levels of physical aggression, self-injurious behaviors, and significant emotional labor (Moore & Cooper, 1996); many studies have shown that a more persistent and damaging stressors is the attitude and lack of support provided by the

organizations and supervisors rather than the stressors experienced as a result of the job's day to day responsibilities (Gibb et al., 2010).

There is increasing evidence to show that nurturing employee mental health and well-being is cost-effective for organizations in that it leads to higher job satisfaction, improves productivity, and contributes to lower absenteeism, resulting in increased profits for the corporation, longer terms of employment and increased productivity (Heckenberg, Kent, & Wright, 2018). There are no quick solutions for the reduction of workplace stress and the enhancement of employee mental health. Rather it is through the implementation of comprehensive organizational strategies, such as changes to organizational culture around health care, including establishing a relationship of reciprocity between worker and organization that companies can work to both build connection and improve employee health at a preventative level (Schaufeli, 2006).

Fostering a reciprocal relationship between employer and employees can be achieved by providing employees with a space to share their work experiences (Rose, et al., 2010). Sharing experiences fosters an environment which allows an employee to feel seen and heard that employers can hope to provide a structure to counteract the lack of reciprocity, or unbalanced structure between client and DCW, and between DCW and employer (Schaufeli, 2006). One way that employees can share their experiences and express their feelings about the workplace is through art making, using art as a tool for telling their stories (Huet & Holttum, 2016).

This capstone thesis examines the effects of burnout on those working in direct care, and other helping professions. It looks at how self-care practices and art therapy practices can contribute to the improvement of working conditions and well-being of mental health workers. This author aims to make recommendations and highlight the significant gaps within the research

around the use of art and art therapy in the workplace, as well as discussing the potential benefits and drawbacks to art integration for those working in traditional health care, human services and other direct care settings.

## **Literature Review**

### **Direct care workers and Burnout**

*“Even the most experienced clinicians become emotionally fatigued processing the life traumas of their clients, a process that is an inescapable part of the therapeutic procedure”*

Riley, 1997, p. 1

In the workplace, burnout can be seen in response to multiple job-related stressors, these include; work overload, ambiguity about job roles, conflicts within a job role, limitation to job autonomy, and demands of client population (Devereux, et al., 2009). The Maslach Burnout Inventory - Human Service Survey (MBI-HSS; Maslach & Jackson, 1996) is a 22-item measure that assesses three components of burnout; described as, emotional exhaustion, a reduction in both personal and professional accomplishments, and a feeling of depersonalization (Maslach & Jackson, 1996, Maslach, 1993, Maslach, 1982). Without the adequate resources, an individual experiencing repetitive stress may begin to undergo the behavioral changes associated with burnout (Maslach, 1982).

Direct Care Workers provided and teach basic living and social skills, they help to contain and maintain the safety and physical well-being of patients, often through the use of physical restraints (Gray-Stanley, & Muramatsu, 2011; Barbosa, et al., 2015; Porter, 2015). Due to the importance of building relationships and face to face interactions with patients, DCW are at an increased vulnerability to suffer the effects of workplace burnout and stress (Heckenberg,

Kent, & Wright, 2018; Barbosa, et al., 2015). Using The Maslach Burnout Inventory Gray-Stanley, & Muramatsu (2011) argued that the stages of burnout can be seen in the following ways in DCW; emotional exhaustion can be the result of being in multiple situations where one's emotions have been overextended and eventually depleted, without time to process their experiences a DCW can become emotionally numb to client's needs. A reduction in personal accomplishments can be seen in how a DCW views their professional performance and is often exhibited as reduction in feelings of competence and achievements. A DCW experiencing depersonalization may have feelings of cynicism and detachment, both relating to their overall work or with regard to a client's individual treatment. A DCW experiencing depersonalization can be seen as negative, cold, with disengaged responses to clients (Heckenberg, Kent, & Wright, 2018). The effects of burnout typically develop gradually as workers begin experiencing a divergence from their personal expectations of themselves as an employee and the expectations placed upon them by the organization (Maslach, 1982; Maslach 1993; Gray-Stanley, & Muramatsu, 2011).

In 2015, there were an estimated 2.3 million total direct care workers, this number consisted of 1.3 million nursing assistants, home health aides, or psychiatric aides, and just over 1 million were personal care assistants (HRSA, 2018). These numbers failed to take into account the thousands of individuals working one-on-one with intellectually challenged individuals, in residential school and group home settings. In 2019, the Bureau of Labor Statistics estimated that home health aides and personal care assistance, both a subset of direct care workers, are among the top five occupations with the fastest job growth in the U.S. economy. With the large population of DCWs across multiple population groups and the increased growth in the field, there is an abundance of literature that highlights the high levels of stress and burnout

experienced by DCWs (Gray-Stanley, & Muramatsu, 2011; Moore, & Cooper, 1996) along with numerous interventions to mitigate stress and burnout. However, there is limited research on the value of art in the use of mitigating the effects of stress and burnout for DCW.

Gray-Stanley & Muramatsu (2011) surveyed 323 DCW from five community organizations including, residential, vocational and personal care services for adults with intellectual and developmental disabilities were surveyed. The focus of the study was on how a DCW's locus of control affects their responses to stress and ultimately to how they experience burnout. Using the nine-item emotional exhaustion sub-scale from the Maslach Burnout Inventory Human Service Survey shortened version the authors had participants complete a self-administered survey pertaining to their perceptions of their work stress, work social support, locus of control, burn out and how these related to their daily work routine.

When looking at the effects of locus of control orientation Gray-Stanley & Muramatsu (2011) were able to highlight that this association between locus of control and burnout was dependent on the degree to which an individual participated in workplace decision-making. Those who had strong internal locus of control experienced lower levels of workplace stress and felt more included in workplace decision making. In contrast those who had strong external locus of control often perceived that they had higher workloads, less control over their workplace environment and thus experienced a higher level of workplace stress and burnout. This study also determined that the level of social support from peers and especially from supervisors and administrators and providing DCW with more of a say in workplace decision-making contributed significantly to the level of reported stress and burnout.

Gray-Stanley & Muramatsu (2011) were able to demonstrate that the effects of DCWs locus of control depended heavily on the perceived workloads placed upon them, fewer instances



of burnout for workers was dependent on lower workloads and higher DCW workplace participation. Indicating that as DCW experience increases in their workload, outer supports prove to be more effective. The finding that social support, from both peers and administrators, is associated with lower levels of burnout when workloads increase and internal locus of control reduced burnout when workloads were lower suggest that are limits for an individual's "internal control resources" (p. 1073). While an internal locus of control in itself might not be able to contract an individual's perceived workload, the addition of workplace social supports add a valuable level of emotion support, professional and personal feedback and provide a sense of community and belonging.

Heckenberg, Kent & Wright (2018) explored how self-care, workplace resources, and professional support, such as supervision, critical to maintaining the well-being and mental safety of DCW. Using the Job Demands-Resources Model, Heckenberg, Kent & Wright (2018) described the value of using quantitative data collection through questionnaires to help understand DCW workplace stress. This data proved to be more fruitful when the participants were first interviewed through a qualitative lens to identify and narrow the themes of a particular site. The power of having the space for an open discussion with workers, "...can often provide more detailed information than one-on-one interviews and questionnaires as the "group effect" opens a greater scope of discussion as participants share similar experiences and thoughts" (Heckenberg, Kent & Wright, 2018, p. 753). The use of open ended questions allowed Heckenberg, Kent & Wright (2018) to narrow on the overarching themes encountered by DCW. These themes centered on funding insecurity, time pressure, hindrance demands, poor systems (both workplace and outside services), emotional engagement and DCW handling client crises.

It is interesting to note that only four out of the six demands identified by the DCW related to their work with clients, the remaining two dealt with the administrative side of their work. Heckenberg, Kent & Wright (2018) asserted that this is due to the fact that the core of a DCW's job is that of helping clients achieve a goal, as a result it may feel like less of an immediate stressor. Whereas, administrative "red tape" type stressors may not feel like a daily job requirement and as a result both add to a DCW's daily stress and create a more compounding level of issues such as job ambiguity, and working outside of defined roles. All while receiving little to no workplace resources to elevate these stressors.

One of the ways to relieve workplace stress is through workplace education and training around the DCW's populations. Barbosa, et al., (2014) presented a study that assessed the effectiveness of a person-centered (PCC) education program (St. Ambrose University, 2020) for DCW working with older adults who had dementia. The authors goals of PCC education was to teach DCW how to provide care with individual suffering from dementia with a focus on the value of the professional relationship and interactions; while also using psycho-educational interventions to teaching the DCW how to value their own experiences and the importance of having the caregiver's "emotional strains acknowledged" (p. 28).

Each session consisted of two sections, education and support; during the PCC education component DCW were taught the principles of PCC. These included basic information about dementia, verbal and nonverbal communication strategies to interact with residents (e.g. using short, simple sentences and maintaining eye contact during conversations). Recognition of patient's life histories and viewpoints and using that to help interpret their behavior, and PCC-based interaction strategies including motor stimulation, (e.g. encouraging patients to perform

one or part of physical task) and multisensory stimulation (e.g. providing massage and physical touch while hair washing or lotion application) (Barbosa, et al., 2014).

Barbosa, et al., (2014) gathered data from 56 female DCW working at four aged care facilities in central Portugal. Participants were randomly assigned into two groups; Those in the experimental group received PCC based psycho-educational interventions occurring over the course of eight weekly sessions 90 minutes each. Those in the control group, did not receive the psycho-educational interventions component only the education of PCC and three-day post check ins. The environment established by the facilitators was one that fostered support and acknowledged the competencies and skills possessed by the DCW. Pre and posttest measurements of burnout, job satisfaction and stress were gathered using Maslach Burnout Inventory (Maslach, Schaufeli, Leiter, 2001), Minnesota Satisfaction Questionnaire-short form (Ferreira, et al., 2009) and Perceived Stress Scale (Cohen, et al., 1983) respectively, along with follow up interviews.

To help participants gain mastery in PCC skills, three days post session the facilitators checked in with the DCW and would make suggestions or refer to previous PCC interventions that might be applicable to the DCW's current work situation. During the supportive section participants were instructed in strategies aimed at reducing work stress and burnout, these included: active exercises and group participation and discussion around topics such as, time management, teamwork strategies, relaxation techniques, stretching and strengthening exercises.

Barbosa, et al. (2014) reported that for both groups there was a positive change from the pre to post tests with regards to perceived stress, but the differences were not statistically significant. There were however significant differences noted on the results from Maslach Burnout Inventory (Maslach, Schaufeli, & Leiter, 2001), showing that the experimental group

had a reduction in their emotional exhaustion scores, while the control group showed an increase. The remaining section of the Inventory showed little difference. Both groups showed positive changes in overall job satisfaction.

Participants in the experimental group reported that through the psycho-education they had developed a feeling of intimacy with their coworkers which in turn had allowed for the facilitation of openness and sharing of experience, emotions and an overall increase in empathy and understanding. As participants' views on the value of self-care and skills around behaviors of self-control, knowledge of dementia increased, they developed greater empathy with patients and reported feeling more confident and comfortable in their professional roles. Participants also reported that they felt more valued for their abilities and appreciated for their work by their facilitators. This appreciation and recognition gave DCW enthusiasm and enhanced their work performance and overall well-being. "The facilitators have told us 'good work, congratulations.' I think this motivates us to carry on and improve" (DCW2, experimental group, Barbosa, et al., 2014, p. 135).

It is important to note that the role of a DCW and their clients is not a reciprocal one. Rose, Madurai, Thomas, Duffy, & Oyebode (2010) found that DCW perceived themselves as investing more time in their relationships with co-workers and their employment organization than they were experiencing in return. "...a lack of reciprocity, or an unbalanced helping relationship, drains the professional's emotional resources and eventually leads to emotional burnout" (p. 456). Thus, these DCW had three regular social working relationships in which they perceived as being one-way reciprocity relationships. The ratio reciprocity scores used by Rose, et al. (2010) indicated the least reciprocal of these relationships was that of the employing organization,

followed by clients and the while still not completely reciprocal, the relationship between DCW and their colleagues showed the highest score for reciprocity. These results suggested that one of the significant factors on stress and burnout lies in the lack of reciprocity in the relationship between employing organization and DCW. Thus placing a greater emphasis on organizational relationships particularly in providing support training and inclusion in client treatment; not only is the well-being of the DCW improved but the well-being of the client, and organization as well (Rose, et al., 2010; Gray-Stanley & Muramatsu, 2011).

### **Self-Care in the Prevention of Burnout**

*“If self-care is not practiced, a treatment provider may experience high degrees of stress, burnout, compassion fatigue, and other negative consequences”*

Parsonson & Alquicira, 2019, p. 2034

Self-care is most often described as being the personal practice of “...engaging in behaviors or activities that promote health and well-being... doing things to make oneself feel better physically and emotionally” (Rupert, & Dorociak, 2019, p. 1). However, it can be difficult to define what parts of self-care are the most successful for promoting the betterment of one's physical and mental wellness. Most literature on self-care states its inherent role in the psychological management of stress, and thus is valuable in the prevention of burnout and other negative professional outcomes (Rupert, & Dorociak, 2019).

Rupert, & Dorociak (2019) list five self-care factors; professional support, professional development, life balance, cognitive awareness and daily balance. The authors suggest that as an individual's level of stress increases their ability to participate in all of the five types of self-care

decreases. The exceptions seemed to be around professional development and cognitive awareness. So, while an individual may no longer be able to utilize all of their previously successful coping tools they are able to protect themselves using their higher levels of awareness and personal accomplishments to sustain some level of positive feelings during times of high stress (Rupert, & Dorociak, 2019).

Wise, & Barnett, (2016) assert that self-care is not only a valuable tool in the well-being of an individual's life and their professional practice but for therapists and those working in the helping professions, such as DCW, self-care is an ethical imperative. The negative impact of stress and burnout can have significant effects on the competence and clinical effectiveness of mental health care workers (Parsonson, & Alquicira, 2019). Having a personal self-care practice should be part of a professional's ongoing effort to develop and maintain competence. The American Psychological Association ethics code says that mental health professionals need to include personal and professional wellness in their professional development and maintenance (APA, 2002).

Parsonson, & Alquicira (2019) interviewed nine female sex offender treatment providers regarding their perspectives on self-care, how they utilized it, valued it and benefited from it. The finding suggested that having a variety of both personal, professional and organizational strategies was the most effective. Those interviewed identified personal self-care strategies that focused social connections on community engagement, family, and vacations. They also highlighted individual activities that allowed the providers time to step back from work and turn inward, such as, hobbies, exercises, spirituality and personal therapy. When asked about their professional self-care participants talked about building their skills, continuing education and networking; going to conferences, diversifying their work assignments and stepping outside their

workplace comfort levels to build skills. Professional self-care differed from organizational self-care experiences. Organizational self-care was identified as utilizing employee assistance programs, attending trainings, mentoring, supervisions and debriefings.

The years of experience between the sex offender treatment providers varied between 15 and three years. Parsonson, & Alquicira (2019) noted that more experienced participants had the more likely they were to highlight the value of work and organizational activities in their self-care practice. Whereas those who had the least experience were more likely to name specific self-care strategies and named less self-care options overall. When asked about how they view work in their lives, the more experienced workers stated that they focused on "...the impact of work on their frame of mind." In contrast to those with less experience who noted "...the impact of their work on personal experiences" (P. 2029).

While the authors were unable to definitively say that experience related to higher or lower levels of stress and burnout, there seemed to be a correlation between years of experience and gathering and diversification of self-care strategies. It could be that those who have experienced more stressful work experiences have tried and learned more of what skills work best for them in particular situations. This suggests that one or more significant factors in being able to implement self-care strategies rely on having self-awareness regarding what coping strategies have worked in the past and which have not. While this is something that can be learned through personal experience, it is also something that can be taught through supervision, personal therapy or training and it should be considered an integral part in the professional training of mental health professionals (Parsonson, & Alquicira, 2019).

Wise, & Barnett, (2016) place strong emphasis on not only using self-care as protection and processing of the negative but to promote the positive as well. By placing focus on an

individual's power to flourish rather than simply survive it shifts the role of self-care to a cornerstone of daily life rather than a lifeline used only in times of struggle. Wise, & Barnett, (2016) recommend employing the tenets of positive psychology and the principles of mindfulness to self-care. Positive psychology focuses on the alleviation of suffering through the establishment of a purposeful, meaningful, life with feelings of self-reliance and self-control. Positive psychology sees these as essential components in mental health and that the pursuit of them can help individuals achieve optimal functioning (Rubin, 2016). Mindfulness, a practice traditionally in Buddhism, involves bringing complete attention to one's present experience, often through meditation or repetitive activation such as chanting (Malchiodi, 2012). In psychotherapy mindfulness is often used in stress reduction practices, such as learning to bring awareness to one's self to both assess and reduce stress base reactions and "...enhance self-regulation and elevate positive emotions and outcomes..." (Siegel, 2007, p. 97).

Dorociak et al. (2017) attempted to provide an accurate reporting method for research in self-care in the designing of a self-care scale to measure self-care factors in professional psychologists. The 21 item Self-Care Assessment for Psychologists (SCAP; previously known as the Professional Self-Care Scale) uses five factors to define the significant workplace elements that contribute to an individual successful self-care outcomes. These five factors are:

“Professional support (cultivating supportive relationships with colleagues), Professionals Development (seeking opportunities for professional growth and involvement in enjoyable professional activities), Life Balance (cultivating relationships and activities outside of work), Cognitive Awareness (monitoring workplace stress and reactions), Daily balance (managing demands and structuring the workday)” (Rupert, & Dorociak, 2019, p. 2).



Dorociak et al., (2017) linked those who practiced the five factors of self-care with having positive outcomes. Those with higher scores showed critically lower levels of burnout, perceived themselves as having less stress and reported greater life satisfaction. When this study was replicated by Zahniser, et al. (2017) using clinical psychology graduate students, they were again able to link self-care with positive comes. Showing that students who had higher scores on each factor reported better moods, lower stress and had a greater overall well-being.

With the development of the SCAP, self-care had reached a significant step in that researchers now had a tool that provided critical measurements in the identification of critical domains of professional self-care and linking them to an individual's professional self-care and personal well-being. While there are multiple articles examining the role that self-care plays in the reduction of professional stress, it is still critical that research continues to define and clarify our understanding of how to effectively develop approaches for the use of self-care in the world of the helping professions.

Much of the professional literature around self-care indicates a focus on two connected, but significantly different areas. That using self-care those working in the psychological profession can manage their professional stress and therefore prevent any negative outcomes, such as burnout, and as consequence damage to their professional abilities. Zahniser et al. (2017) suggested that there is some validity in that view of self-care. The authors gave participants measures in the following categories: program self-care culture, perceived progression graduate training, perceived stress, affect, and well-being. The authors found that students who had higher scores and thus more self-care practices and stronger supports were better protected against the negative impact of perceived stress with regard to the students'

success and ability to thrive in their academic and professional environments. In contrast the students who lower scores and were at higher risk for both academic and professional burnout.

Murrant, Rykov, Amonite and Loynd (2000) examined the power of using creativity to enhance self-care for hospice workers. The authors designed a day long program broken into three sections including journaling, music therapy and art therapy; throughout the day the group rotated between the three activities. As the program began many participants reported feelings of “selfishness” around taking this time for themselves (p. 44). During the initial segment of journaling participants participated in meditation, relaxation, sensory stimulation and visualization to stimulate their creative writing process. Music therapy consisted of experimentation with different instruments and using them as an alternative way to communicate, play and improvisation was encouraged. Art therapy included the making of three images, first using color and line to represent feelings, building to the sharing of personal feelings through the second image. The third and final image was produced after a guided visualization using the theme of self-care, as a way for participants to reflect on their personal needs.

As the participants reflect on their experiences, they report feelings of happiness brought on by memories of childhood, of playing and experimenting, of having creative freedom. There were also reports of surprise at the level of insight and revelation of inner feelings that participants discovered in their artwork (Murrant, et al., 2000). This study is a good example of using expressive therapies in a short-term workshop for the building of community. With the establishment of this training as a regular practice they might have been able to successfully combine such programming in a regular rotation of staff enhancements, perhaps building new skills, enhancing existing training and organizational culture.

### **Art Therapy in the Workplace**

*“In this way the door of symbolic imagery was opened, and a deeper level of meaning became accessible”*

Riley, 1997, p. 122

Riley (1997) presented the idea of psycho-neurology viewing, implying that from birth and all throughout their lives, human beings perceive the world through images. Through visual association with verbal cognition, people are able to process information and emotions. We are all natural image makers, instinctively making connections between our environment and our emotions through the building of an inner visual network. Through art making we are able to gain access to this silent level of our intellect.

The connection between burnout and working as a DCW are clear, but to what extent is art an appropriate means of mitigating and preventing that burnout? How successful have art and art therapy interventions been used in the workplace and who is the most appropriate person to facilitate those interventions? It can be a daunting, even dangerous task for an employee to reveal how they are feeling about their job and themselves in relation to that job. There is not only the fear of self-revelation and personal judgment but also an all too real fear, that their livelihood is at stake.

Belfiore (1994) created a short-term art therapy workshop for doctors and nurses who were providing care for terminally ill patients. The group consisted of eight participants (five nurses and three doctors) who met for three hours once a week over the course of six months. The goal of the group was to provide its participants with nonverbal tools to express their workplace experiences through art making, symbolic form and playful expression. This would

also provide participants an opportunity to build skill in expressing their feelings to each other and learn to hold and make space for safe expressions for others.

Belfiore (1994) found that participants were struggling to settle into the sessions, first concerning art making and being new to using the material, but then people began to reveal that they had a significant amount of fear around sharing work experiences and their emotions behind those experiences. As the art making progress participants begin to see the power of revelation in their art pieces and some found that their artwork showed an “avoidance of self-disclosure” (p. 121). For the group to progress and be beneficial this “...fear of revealing oneself” (p. 121) had to be acknowledged and the author needed to provide support and containment for that fear. Without the building of trust the group could not continue. Nor could the use of art making to facilitate a dialogue about stressful workplace experiences be of any benefit.

Belfiore (1994) fails to consider the genuine fears and social implications that the revelations of personal feelings about work, while at work, can have. Two other early studies to show interest in applying art therapy techniques in the workplace of mental health care workers were Klein (1973) and Riley (1997). Both of whom worked within an identified lens of psycho-education and psychological theory which succeeded in grounding the practice and safely contained participants.

In Klein’s (1973) study, staff working on an inpatient psychiatric unit were invited to explore their feelings of countertransference towards their patients. Two patients were selected who were identified as being particularly challenging at that point in time. Participants self-selected into one of the groups and used simple art materials to show their current feelings toward that client. While the participants had no trouble classifying challenging patients, they did struggle to find a comfort and ease with the art making. After completing their artwork each

group was asked to write their thoughts and feelings that they hoped to convey in their artwork. The two groups then exchanged both artwork and lists with the intentions of comparing the meanings observed by the viewers and those intended by the artists. By having the groups compare observable meaning with intended meaning, participants were able to have any potential countertransference with patients highlighted, so they can begin to explore those feelings.

When the two groups observed each other's work, several themes began to emerge. In group one there were clear and observable feelings of negativity toward patients represented in the artwork, there were also observable and unacknowledged feelings that suggested punishing and aggressive attitudes. When this was discussed many participants identified these feelings as a reflection of their own feelings of helplessness and hopelessness, along with thoughts that they had failed their patients. Whereas in group two, there were themes of loneliness and depression in the lives of the patients and there was also a suggestion that the patient was aggressive and manipulative. After this observation was made group two was able to identify that they were in fact having feelings of anger and had often felt their feelings were manipulated by this patient.

Through their co-worker community, the use of the artistic medium and providing a safe space, participants were able to see how art could be used as a reflecting tool for conversations and gaining understanding about their hitherto unknown counter-transference towards patients. Participants were able to develop an understanding about their reactions to patients and it paved the way to learning how to react less defensively and with an eye inward toward the personal sources of participants' reactions, i.e. reacting in anger when feeling helpless, while wishing to be caring and professional.

Riley (1997) presented an art therapy intervention to aid in the stress reduction for a group of clinicians, counselors, social workers and psychologists who all come from a background of working with individuals with a history of severe abuse. The author stated that clients often leave their therapist with an “...uninvited shadow” (p. 407) an emotional byproduct inspired by the client's experience which a therapist unknowingly holds onto. This study proposed to coax out that uninvited shadow into an external form using art making. While this was not designed as group therapy, Riley advises that a group of this kind be led by an art therapist so that strong emotions, defenses, triggers and personal feelings can be safely contained and contextualized.

Riley (1997) allowed participants the freedom to explore their own unconscious and placed value on staying open to not knowing or looking for an interpretation in the artwork. Sessions were based on a “social constructionist and narrative belief system” (p. 409). Social constructionism theory examines how we as humans view reality and our development of meaning making is shaped through our sociological connections. Social constructionism often employs narrative theory, separating individuals from their problems, thus giving the individual distance and power to retell or rewrite their experience (Gergen, 2009).

Participants were asked to engage in making a mural where they would create representational images based on clients, work-related, or worries around their professional practice. Participants were also asked to create individual pieces illustrating a current dilemma, this provided the foundation for group discussion. Participants were then invited to cut up their individual pieces and reconstruct them together into a group piece. As specific difficulties emerged during discussions they were then incorporated into artmaking, themes such as financial and therapeutic transactions, wishing to escape from the distress of a client, feelings of

ambivalence toward work. Participants then created individual self-boxes, these boxes represented participants' inner and outer self, professional and personal self.

Riley (1997) was able to identify the link between visual images and trauma memory, indicating the value of arts-based interventions with those who have experienced secondary traumatic stress through their work with traumatized individuals. Secondary traumatic stress disorder is defined by Figley (1978) (as cited in Russell & Cowan, 2018) as "...a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g., anxiety) associated with the patient. It is a function of bearing witness to the suffering of others" (p. 4).

A limitation of Riley's (1997) study was in the lack of empirical measures to give strength to the value of the interventions used. While some participants are quoted in the article as giving support to the benefits of the interventions and process, it is unclear what the level of experience and trauma these participants were experiencing or had been exposed to. There was also no information on the groups size, duration, participant's cultural backgrounds or number of years working in their fields.

Nainis (2005) used art therapy interventions with oncology staff as a preventative measure against burnout. Art interventions were used as a regular training for oncology staff with two separate groups, one was during orientation to give space for reflection of the emotions brought up through caring for patients. The other was during a retreat for existing staff members. During the initial stage of starting to use art therapy groups regularly participants were resistant to take this time to process their emotions. Echoing Murrant et al. (2000) participants, they did not want to take this time for themselves, though they were open to sharing within the space of the group. The goal of the group was to use art to "...facilitate a better

understanding of teamwork and communication” (p. 151). While on a staff retreat small groups of three or four participants collaborated in the creation of a picture expressing what it meant to be part of an oncology care team. During sessions participants would alternate between art making and being pulled away for massage sessions. The authors describe this as part of the process, as the act of being pulled away to another activity was a common experience working on the unit. At the completion of the project participants reflected on their experiences making the art, collaboration on the art and their feelings being pulled away from the art making, of missing the communal interactions, and having to relinquish their artistic control to someone else.

Nainis (2005) reported that the use of art therapy has become an integral part of this oncology program for both patients and staff members. The improvement both in staff turnover and patient satisfaction on the unit has been attributed in part to the use of art therapy. Nainis (2005) highlighted that while the work is still incredibly stressful and challenging “...they now have another tool to help them cope more effectively” (p. 154). Although it is presented as an effective tool for this particular hospital there are no empirical measurements of this intervention or the ongoing process.

One of the first studies to use art as an assessment in the measurement of work stress through qualitative and quantitative measures was Juilliard, Intilli, Ryan, Vollmass, & Seshadri (2002). The authors recruited 16 medical residents and had them draw three separate images of, their feelings about the most recently completed residency, the sources of stress during that year and what had helped them cope with this stress. Immediately following the image making participants were interviewed about their images and the process of creating them. These interviews were written down by the interviewer and using the interview and the images three art



therapists "...Formulated verbal statements about formal elements and psychological themes they found in the art work" (p. 6) to test for correlations between risk factors such as age, gender and nationality the chi-square test was utilized.

The authors were able to identify ninety-three themes, 77% were seen by the authors as negative (helplessness, anxiety, hopelessness, etc.) 7% were positive (confidence, meaningful, etc.) the remaining 16% were unclassified (powerful colors, multiple colors, etc.) The conclusion was that the stress levels of these medical residency were significantly high and recommended that participants engage in stress-reducing activities. While this study has multiple limitations, including but not least of which is the fact that the formal elements used to assess the contents of a participant's drawing was not clearly defined. This study serves as an example of how art making and a discussion of that art making with the participants can open the door to examining the stress experienced in the workplace.

Visnola, Sprudz, Blake, & Pike (2010) were the first researchers to use saliva to test participants' levels of cortisol before and after art making. When experiencing stressful situations there is an increase in adrenocorticotrope, a hormone that activates the adrenal cortex, which in turn extracts cortisol (Kemper, 1990 as cited in Visnola et al., 2010). Measurable changes in an individual's cortisol level are an indicator of their stress level (Visnola et al., 2010). Using a quantitative quasi-experimental design, the authors recruited 60 female health care workers, which they then divided into two equal groups. Data was gathered using three methods: the Stress Questionnaire, which was developed by the Institute of Occupational and Environmental Health of Rīga Stradiņš University, and was based on the model of the Finnish Institute of Occupational Health (Bake, 2007 as cited in Visnola et al., 2010). The Spielberger examination of anxiety with State-trait Anxiety Inventory Form Y-1 (Spielberger & Vagg, 1984

as cited in Visnola et al., 2010), and the high performance liquid chromatography method (PPLC Water Alliance with UV detection) to identify participants levels of cortisol (Kawasaki, Maede, & Tsuji, 1979 as cited in Visnola et al., 2010).

The art therapy sessions used a cognitive behavioral therapy (CBT) approach, which is a short-term goal oriented approach that focuses on the present thinking, behavior, and communication of an individual rather than on their past experiences (Leahy, 2009). The sessions took place over two months and consisted of nine, two-hour sessions with a half hour afterwards from discussions along with homework to be completed independently. Each session was divided into three sections, the first section was to help identify stress in the body; participants were invited to draw a “tree of emotion” (Visnola et al., 2010, p. 86) as a way to identify how and where their bodies were holding emotions. The second section was for CBT and incorporated storytelling as well as Mandala making a way to reflect on personal job satisfaction. The final section identified “self-awareness, symbolism and positive emotions” (Visnola et al., 2010, p. 87) by having participants identify positive attributes and symbols that represented strength for both themselves as individuals and the collective groups they belonged to.

The results of the questionnaires showed significantly lower levels in the study group ( $P < 0.05$ ) compared to those in the control group. The level of cortisol was also significantly lower ( $P < 0.05$ ) were found in the study group after the intervention, the control group showed no change. Finally, there was a reported decrease in the State Anxiety level ( $P > 0.05$ ) with the study group, while no change was reported in the control group. The Stress Questionnaire and the Anxiety Inventory also showed the study groups reporting improved levels of communication, co-worker cohesion and feelings of commonality with their colleagues. The control group

reported no social workplace changes. This study was able to demonstrate that art making and the use of art as a vehicle for workplace discussions, had a positive impact in combating workplace stress and the actively improved workplace experiences. Two of the limitations of this study are that participants were all female and had volunteered, indicating they may have had a personal interest in the research topic and may not be a clear representation of the target population (Visnola et al., 2010).

Huet & Holttum (2016) attempted to identify the value of incorporating not only art making, but also the viewing of art as a way to provide health and social care workers with better tools to articulate their thoughts and feelings around work; including work-related stress and personal professional perspectives. During initial interviews participants were asked to describe their most common workplace stressors. These were highlighted as poor organizational communication, pacing and depth of changes within the organization and the participants' feelings of helplessness in relation to those areas. Loss of personal motivation and negative peer and organization attitudes were also identified. The study was held at participants' worksites and took place over three 90 min sessions and one pre and post sessions for participants reflections. There were 20 participants, all working in health care, the majority were nurses (14) and the remaining (6) were administrators and managers.

The aim of the study was to identify information within three different areas: stress and job satisfaction, participant's personal history with art, and awareness of art within the workplace. At the conclusion of the study participants were asked to reflect on these three areas and report any changes that could be credited to the processes used in the study. Each of the three sessions include the following phases; viewing and discussing artworks that were exhibited

within the workplace, art-making by the participants as a way to respond to the previous discussion, and finally viewing and discussing artworks that had been made by the participants.

The artworks were selected by the authors (Huet & Holtum 2016), due to their capability to offer multiple layers of discovery and meaning for viewers. These artworks were visual in nature and consisted of two-dimensional works in multiple styles of media including: oil, watercolors, silkscreen printing, photography and collage. As each piece of art was introduced to the group they were also given biographical details of the artist, technical information for the art techniques used and historical contextual facts. There was a strong emphasis on the enjoyment of the art and the act of engaging with both the piece and other participants. The language used by the facilitators was free of jargon and participants were asked to suspend any feelings they may have around their own personal deficits about artistic expertise that may inhibit their reactions to the artwork.

After the viewing of artwork participants engaged in discussions about their workplace and work experiences. The artwork was still present during these discussions and participants reported that having the art talk and artwork present enhanced their participation and vocabulary during these discussions. While there were some disagreements during these discussions, they were contained and held by the artwork and not directed at peers. The artworks were able to serve as a place to externalize a challenging topic, making what would otherwise have been difficult subject matter more accessible. Participants were also able to feel a sense of playfulness and a connection to their colleagues during the artwork conversations. Many participants reported new insights influenced by the conversations and ideas brought up by their colleagues. When seeing these same artworks later participants were also able to connect the memories of

that experience to the piece, making an emotional association that participants reported as being positive.

During the art-making portion participants reported that the experience was more difficult and it took multiple sessions for participants to feel comfortable with, identifying feelings of intimidation and frustration, worries about lacking artistic abilities and how much time it would require to create what they really wanted to say. Once people were more comfortable with the art making process, they began to find that their artwork was revealing more and more of their inner feelings. This artistic reflection of participant's feelings led to some moments of discomfort, due to participants' initial desires to avert interacting with these feelings. However, as participants became accustomed to the space and the safety that both the space and the art held, they became more comfortable with the sharing of their ideas and feelings that they artworks were expressing.

Huet and Holtum's (2015) study does a good job of highlighting common themes identified by the participants as they gained comfort and skill in both working with the art material and discussing art with each other. The study would have benefited from more sessions, participants reported that they had only just become used to the process. One weakness of this study lies in the fact that participants had self-selected to participate in this study, indicating perhaps a genuine interest in the study and also suggesting a lack of diversity in participants with regards to the fields from which they were representing.

### **Discussion**

*“Successful protocols, once identified, can contribute to improved DCW job morale and ultimately better client care.”*

Gray-Stanley & Muramatsu, 2011, p. 1073

This literature review presented key findings from multiple articles demonstrating that due to the nature of direct care work, DCW are at an increased risk to experience the effects of burnout. With this knowledge in mind it is important for employers and administrators to recognize the signs, and symptoms of burnout, the situations that will increase the likelihood of burnout and intervention techniques that can be used both in the workplace and in the lives of DCW (Rose, al et., 2010).

The creation of programming that provides support and develops the skills of its DCW is a key component in the prevention of burnout. Part of this process is for organizations to meet their staff where they are, recognizing existing skills and looking to enhance those skills less developed. Gray-Stanley & Muramatsu (2011) found that staff that possessed a strong internal locus of control were better able to regulate their emotions and approach work situations from a place of problem solving since they could view workplace challenges as external. It cannot be expected that all DCW will possess a strong locus of control. The growth and change of DCW, particularly when it involves the hard work of adjusting one's default responses, is not something that will be seen overnight. When organizations understand this, they can provide training to foster these skills. This kind of change will require a shift in an organization's culture, both in language and in practice. Through targeted training and continued support those working as DCW will gradually develop and foster internal controls, build active coping behaviors and learn interventions that are specific to the population and situations that are encountered with clients.

In addition to building skills to support DCW in client based coping skills and interventions employers and employees need to develop skills that support the self-care practices of DCW. Along with its role in helping individuals to both cope with and respond effectively to

stress, self-care has the potential, when practiced and trained regularly, to serve as a proactive measure in the decrease of stress and the promotion of more effective professional and personal performance (Parsonson, & Alquicira, 2019; Wise & Barnett, 2016). The goal of self-care is not only in creating a protection from bad or unpleasant outcomes but also in the promoting of and highlighting of positive outcomes. (Wise & Barnett, 2016; Wise et. al., 2012) By shifting from only focusing on the negative, individuals and organizations will gain the tools that can lead to continued flourishing rather than simply surviving. (Rupert & Dorociak, 2019).

The value of social support in the workplace cannot be understated and it is important for employers and administrators to understand the importance of their role in its facilitation and maintenance. Social support in the workplace can be utilized as a means of creating and facilitating a collaborative work environment where staff are able to share their experiences and through those shared experiences, work with their administration to create meaningful workplace growth and changes (Gray-Stanley & Muramatsu, 2011; Moyle et al., 2003). This collaboration between DCW and administration helps foster personal agency in DCW and moves them from being just a body who works with the company clients to an individual with experiences and perspectives that contribute to the betterment of the organization as a whole.

Art based interventions can provide a critical communication between DCW, co-workers and employing agencies. Using art making in a professional setting, DCW are able to share and express their work experiences in a space and medium that provides a safe container for the sharing of common experiences (Riley, 1997). The tool of art making, and at times art viewing (Huet & Holttum, 2016) could be used as a tool to guide DCW in reflecting on their work experiences and aid them in gaining understanding about their personal counter-transference towards clients.

Art making in the workplace can also provide DCW with new perspectives about and empathy towards their co-workers. This will ultimately lead to greater team cohesion and communication between team members. When art making is in conjunction with training and psychoeducation DCW are able to provide more competent treatment and for clients, in addition to building a more understanding caring working environment for themselves and their peers (Visnola et al., 2010; Klein, 1973).

The literature reviewed here presents a variety of approaches for the use of art with DCW in the prevention of burnout. It can serve to enhance organizational communication, skill building and support self-care practices. There is a large body of research into the value of employer supported self-care, both in and out of the workplace. With this amount of resources an organization is more able to customize supports that best fit their staff and client populations. It is important that the connection between art in the process of mitigating burnout continues to be studied. While research into this line of study is relatively small, those conducting the research between stress, burnout and the use of art as a preventative measure, appear to be invested and interested in seeing these interventions reach a place where they can regularly be applied in the workplace setting.



## References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060-1073.
- Barbosa, A., Nolan, M., Sousa, L., & Figueiredo, D. (2015). Supporting direct care workers in dementia care: effects of a psychoeducational intervention. *American Journal of Alzheimer's Disease and other Dementias*, *30*(2), 130–138. <https://doi-org.ezproxyles.flo.org/10.1177/1533317514550331>
- Belfiore, M. (1994). The group takes care of itself: Art therapy to prevent burnout. *The Arts in Psychotherapy*, *21*(2), 119–126. doi:10.1016/0197-4556(94)90017-5
- Cohen, S., Karmarck, T., Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, *24*(4), 237-248.
- Devereux, J. M., Hastings, R. P., Noone, S. J., Firth, A., & Totsika, V. (2009b). Social support and coping as mediators or moderators of the impact of work stressors on burnout in intellectual disability support staff. *Research in Developmental Disabilities*, *30*(2), 367–377doi:10.1016/j.ridd.2008.07.002.
- Dorociak, K. E., Rupert, P. A., Bryant, F. B., & Zahniser, E. (2017). Development of a self-care assessment for psychologists. *Journal of Counseling Psychology*, *64*, 325–334. 10.1037/cou0000206
- European Agency for Safety and Health at Work. (2014). *Calculating the cost of work-related stress and psychosocial risks*. [https://osha.europa.eu/en/publications/literature\\_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks](https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks)
- Ferreira, J., Fernandes, R., Haase, R.F., Santos, E. (2009). Minnesota satisfaction

questionnaire-short form: estudo de adaptacao e validacao para a lingua portuguesa.

*Psychologica*. 51, 251-281

Gergen, K. J. (2009). *An invitation to social construction*. Thousand Oaks: Sage Publications.

Gibb, J., Cameron, J. M., Hamilton, R., Murphy, E., & Naji, S. (2010). Mental health nurses' and allied health professionals' perceptions of the role of the Occupational Health Service in the management of work-related stress: how do they self-care? *Journal of Psychiatric and Mental Health Nursing*, 17(9) doi:10.1111/j.1365-2850.2010.01599.

Gray-Stanley, J. A., & Muramatsu, N. (2011). Work stress, burnout, and social and personal resources among direct care workers. *Research in Developmental Disabilities*, 32(3), 1065–1074. <https://doi-org.ezproxyles.flo.org/10.1016/j.ridd.2011.01.025>

Health and Safety Executive. (2013). Stress and psychological disorders in Great Britain..

<http://www.hse.gov.uk/statistics/lfs/strind2 3yr.xls>

Heckenberg, R. A., Kent, S., & Wright, B. J. (2018). Investigating the JD-R occupational stress model with Australian direct-care workers: A focus group approach. *Health & Social Care in the Community*, 26(5), 751–758. <https://doi-org.ezproxyles.flo.org/10.1111/hsc.12603>

Huet, V., & Holttum, S. (2016). Art therapy-based groups for work-related stress with staff in health and social care: An exploratory study. *The Arts in Psychotherapy*, 50, 46–57. <https://doi-org.ezproxyles.flo.org/10.1016/j.aip.2016.06.003>

Huffington, A. (2014). *Thrive: the third metric to redefining success and creating a life of well-being, wisdom, and wonder*. NY, NY: Harmony books.

Julliard, K., Intilli, N., Ryan, J., Vollmann, S., & Seshadri, M. (2002). Stress in family practice

- residents: An exploratory study using art. *American Journal of Art Therapy*, 19(1), 4-10.  
doi:10.1080/07421656.2002.10129727
- Klein, R. H. (1973). Art therapy with staff groups: Implications for countertransference and treatment. *Art Psychotherapy*, 1, 247-253. Doi: 10.1016/0090-9092(73)90041-0
- Malchiodi, C. A. (2012). *Handbook of art therapy, 2nd ed.* The Guilford Press
- Maslach, C. (1982). *Burnout: The cost of caring.* Englewood Cliffs, NJ: Prentice-Hall.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli & C. T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 19–32). Washington, DC: Taylor & Francis.
- Maslach, C., & Jackson, S. E. (1996). Maslach Burnout Inventory—Human Services Survey (MBI–HSS). In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *MBI manual* (3rd ed., pp. 3–17). Mountain View, CA: CCP.
- Maslach, C., Schaufeli, W. B., Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology* 52, 397-422
- Moore, K. A., & Cooper, C. L. (1996). Stress in mental health professionals: a theoretical overview. *International Journal of Social Psychiatry*, 42(2), 82–89.
- Moyle, W., Skinner, J., Rowe, G., & Gork, C. (2003). Views of job satisfaction and dissatisfaction in Australian long-term care. *Journal of Clinical Nursing*, 12(2), 168–176.  
<https://doi.org/10.1046/j.1365-2702.2003.00732.x>
- Murrant, G. M., Rykov, M., Amonite, D., & Loynd, M. (2000). Creativity and self-care for caregivers. *Journal of Palliative Care*, 16(2), 44–49.
- Nainis, N. A. (2005). Art Therapy with an Oncology Care Team. *Art Therapy Journal of the American Art Therapy Assoc*, 22(3), 150–154.

- Parsonson, K., & Alquicira, L. (n.d.). The power of being there for each other: the importance of self-awareness, identifying stress and burnout, and proactive self-care strategies for sex-offender treatment providers. *International Journal of Offender Therapy and Comparative Criminology*, 63(11), 2018–2037. <https://doi-org.ezproxyles.flo.org/10.1177/0306624X19841773>
- Pew Research Center (2016, October, 6). *The state of American jobs*. Retrieved February 14, 2020, from <https://www.pewsocialtrends.org/2016/10/06/the-state-of-american-jobs/#fnref-22004-8>
- Porter, J. A. (2015). The relationship between transformational leadership and organizational commitment in nonprofit long term care organizations: the direct care worker perspective. *Creighton Journal of Interdisciplinary Leadership*, 1(2), 65–85.
- Riley, S. (1997). An art psychotherapy stress reduction group for therapists dealing with a severely abused client population. *The Arts in Psychotherapy*, 23(5), 407–415. doi:10.1016/S0197-4556(96)00054-8
- Rose, J., Madurai, T., Thomas, K., Duffy, B., & Oyebode, J. (2010). Reciprocity and burnout in direct care staff. *Clinical Psychology & Psychotherapy*, 17(6), 455–462. <https://doi-org.ezproxyles.flo.org/10.1002/cpp.688>
- Ruban, J. A. (2016). *Approaches to art therapy*. Routledge.
- Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice*, 50(5), 343–350. <https://doi-org.ezproxyles.flo.org/10.1037/pro0000251>
- Russell, M., & Cowan, J. (2018). The making of compassion stress injury: A review of historical

and etiological models toward a de-stigmatizing neurobehavioral conceptualization.

*Challenges*, 9(1), 1-7.

Schaufeli, W.B. (2006). The balance of give and take: towards a social exchange model of burnout. *Revue Internationale de Psychologie Sociale*, 19(1), 87–131.

Siegel, D. J. (2007). *The mindful brain*. New York: Norton

St. Ambrose University (2020). Institute for Person-Centered Care.

[www.sau.edu/institute-for-person-centered-care](http://www.sau.edu/institute-for-person-centered-care).

U.S. Department of Health and Human Services, Health Resources and Services

Administration (HRSA), National Center for Health Workforce Analysis (2017). Long-term services and supports: direct care worker demand projections, 2015-2030.

Rockville, Maryland. Retrieved February 14, 2020, from

<https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hrsa-ltts-direct-care-worker-report.pdf>

U.S. Bureau of Labor Statistics (2019, September 4). Fastest Growing Occupations:

Occupational Outlook Handbook. Retrieved February 20, 2020, from

<https://www.bls.gov/ooh/fastest-growing.htm>

Visnola, D., Sprūdža, D., Ārija Baķe, M., & Piķe, A. (2010). Effects of art therapy on stress and anxiety of employees. *Proceedings of the Latvian Academy of Sciences. Section B. Natural, Exact, and Applied Sciences*, 64(1–2), 85.

Wise, E. H., & Barnett, J. E. (2016). Self-care for psychologists. In J. C. Norcross, G.

- R. VandenBos, D. K. Freedheim, & L. F. Campbell (Eds.), APA handbook of clinical psychology: Vol. 5. *Education and profession* (pp. 290–322). Washington, DC: American Psychological Association. 10.1037/14774-014
- Wise, E. H., Hersh, M. A., & Gibson, C. L. (2012). Ethics, self-care and well-being for psychologists: Re-envisioning the stress-distress continuum. *Professional Psychology, Research and Practice, 43*, 487–494. <http://dx.doi.org/10.1037/a0029446>
- Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology, 11*, 283–289. <http://dx.doi.org/10.1037/tep0000172>

***THESIS APPROVAL FORM***

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Expressive Therapies Division  
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**Student's Name:** Jessica Goodchild

**Type of Project:** Thesis

**Title:** Using Art to Mitigate Burnout for those Working in Direct Care

**Date of Graduation:** May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** : Kelvin Ramirez