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Literature Review: Foundations of Self-Care Practice Utilizing Expressive Arts for Counselors in Training

Capstone Thesis

Lesley University

May 21, 2022

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Expressive Arts Therapy

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Abstract

In this thesis I explore the concept of self-care for graduate students in the field of mental health counseling through their pre-licensure period, who I refer to as counselors-in-training. The thesis begins with a description of the existing literature on what challenges are unique to this field and population and how self-care may mediate the impact of such stressors as burnout, secondary or vicarious trauma, and compassion fatigue, all of which can lead to impaired competence and/or leaving the profession. I have identified three foundational components to approach self-care: self-awareness/self-reflection, self-compassion, and balance. I believe these foundational elements are best accessed through expressive art therapy interventions. I have selected two modalities, mindfulness and journaling within expressive arts that I have found to be the most accessible and impactful in developing a sustainable self-care practice for the long-term well-being of counselors-in-training. A review of literature and discussion of my own experience utilizing these modalities have proven to be a valuable approach to creating an effective set of skills and methods to use as a counselor-in-training as well as use within my professional practice.

Keywords: self-care, counselors in training, burnout
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I lied and said I was busy.

I was busy;
but not in a way most people understand.

I was busy taking deeper breaths.
I was busy silencing irrational thoughts.
I was busy calming a racing heart.
I was busy telling myself I am okay.

Sometimes, this is my busy -
and I will not apologize for it.

―Brittin Oakman, Anxiety Doesn’t Knock First

What if the solution was as simple as making time to breathe? At the age of 54, in my final year of a master's program in mental health counseling in expressive arts therapy, as I was beginning my clinical practicum and due to a significant personal loss, I found myself experiencing traumatic grief and emotional depletion. My choices seemed limited: defer graduation or actively engage every self-care tool available to maintain my well-being and avoid impairment. I chose to conduct my capstone inquiry into what we know about effective self-care practices in the field of counseling. Specifically, what expressive arts interventions for self-care have been studied and recognized as helpful in creating an effective, sustainable self-care practice? I focused my inquiry to target graduate students and pre-licensure counselors in the
helping roles in psychology and mental health. There are many ways to refer to this specific population of soon-to-be or new practitioners; I will refer to them as counselors in training (CITs). I looked at what research has been done to evaluate strategies and how expressive arts have been used to develop best practices in an ongoing self-care practice.

Although mental health professionals create a therapeutic environment where healing and or reduction in pain can be addressed, they often feel the effects of the stress from the work they do. Techniques, modalities, and methods vary within this profession; however, aspects of the work as a helping professional can be draining. Research shows that having a self-care practice could mediate the effects of stress and burnout among counselors (Bradley et al., 2013; Branco & Patton-Scott, 2020; Callan et al., 2021; Coaston, 2017). Research I looked at reported that compassion fatigue and burnout are among the most significant challenges in the mental health profession (Coaston, 2017; Dorian & Killebrew, 2014). The literature review also includes many researchers, such as Dorociak et al., (2017) who point out that practitioners in the helping field often do not tend to their own needs (Lawson, 2007; Macchi, 2014).

Professional organizations for counselors and psychotherapists recognize the need for mental health self-care for practitioners. American Counselors Association's (ACA, 2014) code of ethics states that "counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (p. 8). The acknowledgment of the need for self-care as part of the counseling practice is evident by ACA’s development of a Task Force on Counselor Wellness and Impairment. In a public significance statement, Callan et al. (2021) shared that "Considering self-care is an American Psychological Association mandated ethical standard, it is important to establish empirical evidence for how to and what to train regarding self-care with the dual goals
of preventing burnout and protecting patient welfare" (p. 117). The American Psychological Association (APA) has recognized the need for such a standard but has not gone so far as to guide the most effective approach to self-care training in counseling programs.

Very little research in the counseling field looks explicitly at expressive arts as a self-care tool. The overall research is limited in identifying any specific strategies as evidence-based for proven self-care. Stuckey and Noble (2010) conducted a literature review of creative arts and health outcomes that provide some art-based interventions found to be effective in reducing physiological and psychological outcomes. I will explore interventions identified in Coaston's (2017) article “Self-Care through Self Compassion: A Balm for Burnout,” in which she identified various interventions that utilize expressive arts and more holistic approaches to avoid burnout.

I found that the amount of research done on the importance of self-care is far greater than the amount of research on how to create a self-care practice or best practices for self-care (Plath & Fickling, 2020). Based on my literature review, I identified what I believe are the three foundations of meaningful self-care for people working in the helping field. I highlighted two types of specific interventions, utilizing expressive art therapies which I found most beneficial and believe would best serve other CITs as they develop lifelong patterns of proactive, sustainable, effective self-care routines. I also remind readers and fellow graduate students why they need to approach self-care as an ongoing practice that needs to be constantly accessed for effectiveness and sustainability. By committing to establishing strong self-care patterns and competencies, CITs will develop career-sustaining behaviors to mitigate tendencies toward impairment (Lawson, 2007).
Method

I reviewed the research available on self-care methods related to the population of graduate students entering the field of mental health. Specifically, I looked at the population of graduate students in mental health counseling and similar helping professions, from entering the graduate program through their internships until they become licensed, which could be no less than 2 years to no more than 8 years. In addition, I looked for research on self-care practices and other methods to reduce burnout, vicarious and or secondary trauma, and compassion fatigue for future counselors/therapists. Another concept I included is counselor impairment, which has the potential outcome of unmitigated burnout, compassion fatigue, vicarious trauma, and so forth, on CITs. Specifically, I looked at ways expressive arts can be an effective method for developing a self-care practice for graduate students through pre-licensure. I focused on two expressive arts interventions and why these interventions are impactful in creating a meaningful self-care practice that will be sustainable over one’s career.

I used the Lesley Library Online portal, Google Scholar, and ResearchGate to conduct my literature search. Initially, I collected 128 articles, and found I needed to adjust the scope of my research to expressive art interventions, which most connected to the foundational themes I identified as being critical to self-care that would benefit me personally and professionally. I found it most challenging to find studies explicitly done using expressive arts interventions in addressing self-care. When I found articles that I deemed relevant and valuable, I collected them in Zotero as my citation management software and kept track of short notes about each source. I kept a research journal that included my observations, experiences, and conversations with Lesley cohorts. I also maintained my personal exploration of self-care experientials and methods in my research journal. In addition, I utilized Oprah’s The Life You Want Planner (Winfrey,
2021) as a consistent tool to set my intentions and reflect on my daily experience with self-care. I also utilized an iOS application on my phone called *Sparkle: Self-Care Checklist* (Tarkpea & Friendrich, 2021), which provides a daily log for what practices I engaged in with an additional opportunity to add reflective notes (Appendix C). Finally, I created artistic responses throughout the thesis development process (see Appendices A and B).

To find nuanced information, I looked at research in the following themes: what needs have been identified in the mental health field with regards to compassion fatigue, vicarious trauma/secondary trauma and burnout, and their implications on the CIT population; and research on specific expressive art interventions to address well-being and self-care. Specific searches included definitions or shared understanding of self-care, wellbeing, burnout, compassion fatigue, and vicarious/secondary trauma. Search terms consisted of these keywords and combinations of these words; self-care, counselor training, burnout, vicarious trauma, secondary trauma, creative arts, expressive arts, expressive art therapy, creativity, self-reflection, self-compassion, pre-licensed counselors, counselors in training, mental health professionals, graduate training, and compassion fatigue.

**Literature Review**

Mental health professionals are faced with many stressors from the emotional demands that client work entails. Not surprisingly, the unique and plentiful stressors impact both experienced practitioners and graduate trainees who report a high level of stress and distress (El-Ghoroury et al., 2012; Posluns & Gall, 2020). Many helping professionals are not fully aware of the level of impact the myriad of stressors produce and so often are less likely to engage in preventative measures (Barnett & Cooper, 2009; El-Ghoroury et al., 2012; Posluns & Gall, 2020). Research is consistent in identifying that these work-related stressors, if not mediated, may to result in
burnout, compassion fatigue and professional impairment (Barnett & Cooper, 2009; Posluns & Gall, 2020).

Burnout is a psychological syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Posluns & Gall, 2020, p. 426). Clinicians who suffer from burnout often describe feeling overextended, depleted, distanced in their relationships with clients and their work, and the development of negative cynical attitudes (Posluns & Gall, 2020, p. 426). Studies have shown that the prevalence of burnout in helping fields is a leading cause of why clinicians leave the field (Hayes & Yang, 2020). A recent meta-analysis of 33 studies showed 20 to 40% of psychotherapists could be categorized as experiencing burnout (Hayes & Yang, 2020).

Posluns and Gall (2020) explored the role of self-care in attaining well-being for mental health practitioners in their literature review. One study showed that 49% of counseling or clinical trainees reported experiencing burnout linked to mental and physical health problems (p. 3). The impact of unaddressed burnout also affects the quality of care provided to clients, as indicated in a study in which a psychologist’s emotional exhaustion and depersonalization of clients was related to over involvement with clients and then engaging in negative behaviors (p. 3). Although those in the helping profession have a predisposition and training as caregivers, research has shown they often fail to focus on their own needs and can use maladaptive coping strategies for avoidance and or minimization (Barnett & Cooper, 2009).

Clinicians who work with trauma are also exposed to additional risks known as secondary victimization or vicarious trauma (Figley, 2002). Vicarious trauma has been recognized as a distinct occupational hazard for mental health professionals and has been shown to cause counselor impairment that affects the therapeutic work and thus puts clients at risk.
Researchers have shown that practitioner burnout is not mediated through reactive interventions and therefore preventative measures are the best and only option (Posluns & Gall, 2020, p. 3). Researchers confirmed that lack of self-care is linked to higher levels of burnout and secondary or vicarious trauma stress symptoms and lower quality well-being (Santana & Fouad, 2017) whereas utilization of self-care is associated with improved well-being (Coleman et al., 2016; Goncher & Sherman, 2013).

What is Self-Care?

Researchers strongly support the importance of self-care; however, very little evidence-based research has been done to formally define self-care (Richards et al., 2010), identify a measurement tool for self-care competency (Rupert & Dorociak, 2019), recommend specific strategies that have been found effective, and or implement best practices for teaching self-care to CITs (Bamonti et al., 2014; Branco & Patton-Scott, 2020; Colman et al., 2016).

One of the major limitations in the research and in the ethical imperatives identified by the ACA and APA is the lack of clear definition self-care. For the purposes on this paper, I have selected a version included in Baker and Gabriel’s (2021) article:

an ongoing process of caring for yourself; making a conscious effort to do things that maintain, improve and repair your mental, emotional, physical and spiritual wellness. It’s about having awareness of your own being, identifying needs … Protecting and preserving yourself in the face of challenging work, self-care is also important when dealing with the troubles that arise from our personal life, e.g., bereavement, illness, family difficulties, financial stresses etc. (British Association of Counseling and Psychotherapy, 2018, as cited in Baker & Gabriel, 2021, p. 436)
This definition is comprehensive and highlights the importance of awareness and self-monitoring and relates it to the necessity of doing the work. Self-care as an ongoing practice and a method for not only preventing negative outcomes among mental practitioners and their clients but promoting well-being. Fostering self-care includes awareness, balance, flexibility, physical health, social support, and spirituality. An abundance of studies exist that identify self-care as necessary; however, very little has been written about how to integrate holistic self-care into the lives of mental practitioners or what interventions have proven to be effective.

Counselors-in-Training

The audience I am focusing on in my thesis are CITs, which includes current graduate students through their pre-licensure period. This population has been studied from multiple angles. The results are consistent that graduate trainees in psychology report high levels of stress and depression (Richardson et al., 2020, p.187). Richardson et al. (2020) wrote about trainee wellness and the tendency toward self-critical perfectionism that contributes to depression burnout among doctoral psychology trainees. The study found a strong correlation between higher self-critical perfectionism and higher levels of depression and burnout (p. 187). The study also found that those higher in self-compassion experienced lower levels of depression and burnout. Richardson et al. found that counselor trainees who experienced symptoms of depression at the beginning of their training programs tended to increase symptoms which have been found to impact clinical performance negatively (p.188). Another finding included that burnout among graduate trainees was linked to lower self-compassion which translated to compassion for others also being depleted, suggesting an impact on their clinical effectiveness. Another consequence was that burnout affected clinicians’ confidence of their treatment effectiveness and their tendencies to distance themselves from their clients (p. 188).
Callan et al. (2021) conducted a systematic review looking at what research methodologies have been used to train future psychologists to be competent in self-care. The study focused on types of training being done, techniques, content and outcomes as well as the effectiveness of the training methods. Callan et al.’s findings had many limitations as most of the conclusions were based on dissertation research rather than peer reviewed journals. The researchers also identified that the lack of standard definitions for self-care and lack of measurement as obstacles to being able to create best practices for training future clinicians or recommending self-care interventions for clinicians in the mental health field. Researchers have shown that novice clinicians are more vulnerable to burnout, compassion fatigue, vicarious trauma, and secondary trauma than more experienced clinicians (Callan et al., 2021; El-Ghoroury et al., 2012; Posluns & Gall, 2020). One meta-analysis found that engaging in self-care was linked to less stress and higher life satisfaction and self-compassion (Coleman et al., 2016).

Posluns and Gall (2020) identified flexibility, which refers to mental health practitioners using their coping strategies and openness to adapt, as an important aspect of self-care. In clinical practice counselors are expected to promote their own well-being to prevent negative outcomes. Because work as mental health professionals is filled with things not in a clinicians control, showing flexibility and resiliency with coping and responding to the demands of clients are faced with is of utmost importance. Posluns and Gall (2020) pointed out that, for mental health practitioners, there is often a need to suppress or control emotional reactions and limit self-disclosure in order to create a healthy therapeutic relationship. However, over the long term such expressive suppression may have negative outcomes for therapists with increased levels of stress, anxiety, and depression (Myers et al, 2012).
Colman et al. (2016) conducted a meta-analysis based on the existing literature, which included 17 studies, to see whether engagement in self-care activities could produce benefits or positive outcomes for professional psychology graduate students. The analysis evaluated if self-care strategies were associated with positive outcomes related to depression, anxiety, stress levels, level of self-compassion, better grades, self-efficacy beliefs, and so forth. The results showed engagement and self-care activities did have positive benefits, particularly in terms of gains such as self-compassion and less so on reduction of stress. The meta-analysis indicated that self-care activities can significantly reduce levels of stress; however, the effect on stress is smaller than the observed benefits in other areas. Rather than reducing stress, a self-care practice is more effective as a tool to manage the stress clinicians encounter personally and professionally. Colman et al. suggested that perhaps this is how self-care works for graduate students as it may change their outlook and provide a positive view of themselves or the situations rather than change the actual situations. The study results indicated that the benefits did not differ based on the type of self-care activity that graduate students engaged in such as mindfulness, social support, exercise, and so on. The authors speculated that perhaps this is because there is no one size fits all self-care plan—that, in fact, it should be individualized and is unique to each person. They suggested looking at self-care as a component of wellness in a more holistic view rather than a prescriptive view (p. 194). Results also indicated 80% of those graduate students in professional psychology programs who engaged in self-care activities received better outcomes than average graduate students who do not engage in self-care (p.194). This outcome has been supported in other literature (Balmonti et al., 2014; Barnett & Cooper, 2009).
Working in the helping field requires an ability to provide positive regard, empathetic listening, and therapeutic presence and being able to hold space for clients to share their experiences, which are often linked to pain or suffering. The relationship with the client is one sided so that counselors must hold on to their own emotions and react in ways that do not impede the ability to create a safe container for the client to share. Creating and maintaining this type of relationship is difficult and requires a lot of energy (Posluns & Gall, 2020). What is unique in this profession is that practitioners are the tool, or instrument, that works to bring about change and healing for clients. The concept of self as tool relates to this as practitioners only have their own resources to ensure connection and provide the therapeutic relationship.

Goncher and Sherman (2013) pointed out the apparent disconnect in the therapy profession with regards to self-care utilization and highlighted the need to provide training and offer appropriate strategies to graduate students. Goncher and Sherman reported that although there is an agreement of an identified need for and importance of educating CITs in self-care practices, many graduate trainees say they lack formal training in self-care. The APA found 82.8% of graduate students reported that their training program did not offer written materials on self-care or stress management (APA, 2006, as cited in Goncher & Sherman, 2013, p. 54); this study further found that 59.3% of graduate students reported that their training program did not promote an atmosphere of self-care. Goncher and Sherman found that perceived self-care emphasis was a significant and positive predictor of quality of life and utilization of self-care activities (p. 56).

Killian’s (2008) multimethod study focused on clinicians who specialized in working with trauma survivors researched how therapists' stress and coping strategies correlate to resilience and burnout. Interviews and questionnaires collected from the 104 participants' self-
reported experiences of job stress include somatic symptoms, shifts in mood, difficulty sleeping, distractibility, and increased difficulty concentrating (p. 1). Killian pointed out that these symptoms are consistent with the DSM-5's criteria for PTSD and are examples of secondary traumatic stress. The repeated exposure to a client's traumatic material through empathetic engagement causes the therapist to experience secondary or vicarious trauma, which causes the PTSD symptoms and can potentially lead to burnout and compassion fatigue. The study results did not find evidence that using coping strategies mediates the effects of secondary trauma.

Killian (2008) provided insight and a new perspective in the discussion section, which was not identified in most other studies I reviewed. She proposed a paradigm shift in looking at therapists' professional self-care as solely an individual responsibility. In contrast, she proposed looking at agencies and organizations as equally responsible for maintaining a culture of well-being, managing and balancing workloads, ensuring proper supervision, supporting and modeling self-care strategies, and providing a sense of control. The shift to a systemic approach toward healthier work conditions could benefit the counseling profession, leads to greater quality of care, and has the potential to mitigate significantly the unique and detrimental challenges faced in the helping field.

Branco and Patton-Scott’s (2020) article titled "Practice What We Teach" describes a wellness curriculum offered to masters-level graduate students in a clinical mental health counseling program. The initiative's goal was to promote wellness through modeling, educating students on the risks in the profession, and developing self-care and wellness strategies that could be utilized throughout student careers. The program used the F5-WEL assessment tool, developed by Myers and Sweeney, and provided the Five-Factor Wellness Inventory and Habit Change Workbook as an ongoing resource (p. 409). Other elements of the initiative included
providing all students access to free telehealth counseling services; ensuring advisors met with students twice per semester; students creating a self-care plan for their first year; and having students interview a licensed professional counselor to gain firsthand exposure (p. 408).

**Foundations of Self-Care**

My research consistently showed that self-care is a vital component to overall well-being. The research showed that it is not a one size fits all and each person needs to find what works best for them through experimentation and exploration. Regardless of the interventions one uses, I believe the foundation to any self-care practice requires self-awareness/self-reflection (Coleman et al., 2016), self-compassion (Neff, 2018; Nelson et al., 2018), and balance (Baker, 2003; Lawson, 2007). Through the literature review and my personal practice, I identified two specific expressive arts modalities which support and enhance these foundational concepts: mindfulness using Qigong and journaling.

**Self-Reflection/Self-Awareness**

Awareness requires knowledge of what is needed in the mental health profession to competently engage in helping others by acknowledging and attending to their needs (Richards et al., 2010). Awareness requires understanding what one needs to do the work responsibly while maintaining one’s own well-being requires self-monitoring as well as self-awareness (Posluns & Gall, 2020; Richards et al., 2010; Skovholt et al, 2001). Translating assessment of needs into a proactive self-care practice is required to mitigate the various stressors which come with the work. Awareness requires noticing and reflecting on one’s personal experience (Posluns & Gall, 2020; Sanchez-Reilly et al., 2013). It requires more than noticing when one needs to be replenished. Awareness requires taking an ongoing reflecting approach that is both proactive and involves constant self-monitoring. Self-monitoring and awareness have been related to lower
levels of emotional exhaustion (Posluns & Gall, 2020). The literature supports that ongoing self-awareness of one's personal experience is vital to a self-care practice (Barnett et al, 2007; Posluns & Gall, 2020).

A qualitative study by Richards et al. (2010) looked at the effect self-care has on self-awareness and mindfulness and their associated effects on well-being. The study surveyed 148 mental health professionals practicing in the northeastern United States. Self-awareness can be defined as awareness or knowledge of a person's thoughts, emotions, and behaviors and considered both a state as well as situational. Mindfulness includes internal and external awareness of our thoughts, feelings, and experience in the present moment (p. 251). Richards et al. explored the connection between self-care and well-being for mental health counselors by examining self-care practices, self-awareness, mindfulness, and well-being. They presented three hypotheses: (a) a positive correlation would exist between self-awareness and mindfulness, (b) the path from self-care to mindfulness to well-being would be stronger than the direct path from self-care to well-being, and (c) the path from self-care to self-awareness to well-being would be significantly stronger than the direct path from self-care to well-being. Various scales were used in the study, such as Self-Care Frequency, Self-Care Importance, Self-Reflection and Insight Scale, Mindful Attention Awareness Scale, and the Schwartz Outcome Scale-10. Basic demographics were also collected: age, gender, race, and ethnicity, educational degree, area of study, and professional practices. The results of the study were as expected in that self-care practices have both direct and indirect effects on well-being. The study results indicated, that as self-awareness increases so does mindfulness and vice versa. The results supported that the relationships between the importance of self-care, self-awareness, and well-being, with mindfulness being a significant mediator (p. 258). These results also suggested that to gain the
full benefits of well-being by seeing self-care as important, one must achieve a state of mindfulness (p. 258). A previous study by Christopher at al. (2006) also found that mindfulness and well-being were correlated. Mindfulness is also considered a state of being versus something that individuals “actually do” which connects with the idea that valuing the importance of self-care may elicit a mindful state (Richards et al., 2010, p. 250).

A notable finding from Richards et al.’s (2010) study was that mindfulness was not found to be a mediator in the relationship of self-care frequency and well-being, which disproved the second hypothesis that the path from self-care to mindfulness to well-being would be significantly stronger than the direct path from self-care to well-being. Other important findings of this study, which were consistent with previous research, indicated an increase in self-care activities improved well-being. Researchers also found that self-awareness was not a significant mediator of the relationship between self-care and well-being, which indicated that an individual did not need to have a state of self-awareness to engage in self-care. Because of the significant positive correlation between self-awareness and well-being, this result suggested that an increase in self-awareness would increase well-being. Another positive correlation was found between self-care frequency and self-care importance: increased engagement in self-care activities led to increased perceived importance and vice versa (p. 260).

A critical component of self-care for CITs is self-reflection and self-awareness. Self-awareness includes self-observation of one’s physical and psychological experience to the degree possible without distortion or avoidance (Baker, 2003, p.14). Baker (2003) pointed out that, unless counselors are aware of their own needs and what is coming up for them in their work so that they may modify, adjust, and attend to these needs, they risk acting out repressed emotions in an indirect, passive-aggressive, or potentially harmful way, which could affect counselors.
personally and professionally as well as their clients and those in counselor’s personal lives (p. 14). Baker wrote that "unless we are aware of our self needs and self-dynamics, we may unconsciously and unintentionally neglect our patients or exploit them to meet our own needs for intimacy, esteem or dominance” (p. 14). Baker reported that self-awareness is directly connected to therapeutic efficacy and therapy outcome as evidenced by multiple studies cited.

**Self-Compassion**

One of the most potent components of self-care that I have found in my research is self-compassion. In evaluating my practice, I have personally struggled with this area the most. Its importance, however, has only become more self-evident. Almost all the articles I reviewed connect self-care to self-compassion. Dorian and Killebrew's (2014) study pointed out that self-compassion is critical for self-care and a requirement in the healing relationship. The authors further wrote that self-compassion is linked to psychological well-being, optimism, curiosity, and connectedness; and, to decreased anxiety, depression, rumination, and fear of failure (p. 156). Richardson et al. (2020) found those with higher self-compassion experienced lower levels of depression and burnout (p. 193).

According to Neff’s research, self-compassion has three elements: self-kindness, common humanity, and mindfulness (Neff & Germer, 2018). Self-compassion requires being kind and understanding while acknowledging that everyone experiences pain, failure, and feelings of inadequacy as humans (Brown, 2021). Rather than being self-critical, self-compassion allows humans to recognize and accept that these experiences of suffering are inevitable. Self-compassion allows counselors to treat themselves as they treat their friends, with kindness, patience, and acceptance without self-judgment (Brown, 2021, p. 138). Neff explained the second element as recognizing one’s pain and suffering as part of common humanity or
shared human experience. Through self-compassion, counselors can recognize that they are not alone, which can be especially helpful to CIT as they are juggling personal, academic, and clinical demands. The third element is mindfulness, which allows for openness and a non-judgmental stance. In a state of mindfulness, we can observe thoughts and feelings without pushing them away, avoiding them, or ignoring them. Neff described the importance of not overidentifying with one’s thoughts and feelings and becoming reactive; instead, by feeling compassion for ourselves, people are less likely to be pulled toward negative self-talk or criticism (Brown, 2021; Neff & Germer, 2018).


> When we practice generating compassion, we can expect to experience our fear of pain. Compassion practice is daring. It involves learning to relax and allow ourselves to move more gently toward what scares us…. in cultivating compassion, we draw from the wholeness of our experience--our suffering, our empathy, as well as our cruelty and terror. It has to be this way. Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity. (p. 138)

The component of shared humanity is central to self-compassion. Here is where we acknowledge our humanness and that all humans are flawed and make mistakes in life; we are not alone. Neff and Germer (2018) wrote that self-compassion honors the reality that life includes suffering for everyone, which is part of the human condition (p. 10). As helpers, CITs will inevitably make mistakes and show our humanness, and this is both normal and natural. Neff and Germer
explained that people are more critical toward their own mistakes, and when we do suffer, people
tend to feel isolated and alone in their suffering. Only with self-compassion and acknowledging
one’s humanness can CITs transform their experience and connect with others authentically.

Neff and Germer (2018) wrote that mindfulness connects to self-compassion because it
helps humans be in the moment and have self-awareness of our suffering rather than avoid it.
Neff wrote that it is easy to shift toward problem-solving, rather than be in the moment when
confronted with life challenges (p. 11). They went on to explain that mindfulness counters this
tendency to avoid and allows us to face our experiences even when they are painful. Neff and
Germer explained that rumination can limit the ability to bring compassion to challenges and can
lead to exaggeration. When engaging with clients in our roles as a helper, we need to have the
self-awareness to recognize our need for self-compassion so we can acknowledge the pain and
suffering in others without exaggerating or avoiding it in order to take a more mindful,
therapeutic presence approach with ourselves and our clients.

Beaumont and Martin (2016) noted while in clinical training CITs are likely to
experience traumatic events that can lead to empathetic fatigue, burnout, stress and or self-
criticism, which are likely to impact their abilities to feel compassion toward themselves or their
clients (p. 111). Beaumont and Martin proposed teaching a framework called Compassionate
Mind Training (CMT) to student therapists. The training model utilized compassion focus
therapy (CFT) and (CMT) methods of providing effective interventions to cultivate self-
compassion to reduce distress for student therapists. The authors identified this form of self-care
as designed to increase levels of self-compassion and compassion for others by providing
interventions to combat self-criticism and promote self-care. The Dalai Lama suggested that
individuals must first learn to love themselves before they can develop compassion for others.
and gain the ability to provide care for their well-being (p. 111). The literature supports that practicing self-compassion and promoting therapists’ continued well-being is best done during the early years of training and can lead to the likelihood of continued longevity in the field (Beaumont & Martin, 2016; El-Ghoroury et al., 2012). Beaumont and Martin (2016) reported limited studies have examined the process of teaching CIT’s self-compassion strategies for self-care.

**Balance**

Baker (2003) describes balance as a positive connection and relationship with oneself and others where helpers can attend to their core needs and concerns of the body, mind, and spirit (p. 16). The goal of balance is an ongoing process to learn, practice, maintain, and regain our balance. Baker describes his process is searching for center as being on a continuum between the extremes, evaluating trade-offs, and weighing costs and benefits (p. 16). Lawson (2007) describes the concept of balance as the impairment-wellness continuum (p. 8). Maintaining competence and effectiveness in the counseling profession requires ongoing attunement of one’s place on the continuum and utilizing effective self-care strategies.

Balance in terms of self-care can affect multiple domains, personal, professional, spiritual, physical, and so forth (Posluns & Gall, 2020). CITs can be particularly challenged to navigate this goal which extends beyond the over-simplified concept of work-life balance. Research is consistent showing work-life imbalance leads to the many stressors identified in this paper, such as compassion fatigue, burnout, vicarious and secondary trauma, and stress (Baker, 2003; Killian, 2018; Posluns & Gall, 2020). Balance requires self-awareness of what challenges or stressors a counselor is facing and then having the ability to modulate and place their attention on their personal and professional needs and attend to those deficiencies. Strategies to achieve
balance include cultivating non-work-related passions, interests, relationships, and a holistic view of well-being.

Posluns and Gall (2020) identify flexibility as an important aspect of self-care which refers to mental health practitioners using their coping strategies, openness to adapt and adjust behaviors to promote their well-being and prevent negative outcomes. Because mental health professionals’ work is filled with things not in a clinician’s control, it is important to show flexibility and resiliency with coping and responding to the demands the clinician and their clients are faced with (p. 6). As mental health practitioners, often there is a need to suppress or control emotional reactions and limit self-disclosure to create a healthy therapeutic relationship however over the long term such expressive suppression may have negative outcomes for the therapist with increased levels of stress, anxiety, and depression (Myers et al, 2012).

**Creative Expression**

The concept of creative expression having healing effects has been embraced and practiced in many different cultures for centuries. Stuckey and Noble (2010) stated that utilizing creative pursuits may be a way to alleviate the burden of chronic disease facing our nation as it has the potential to reduce the effects of stress and depression (p. 254). In their exploration, looking at the connection between art, healing, and public health, the researchers determined what creative arts were most often utilized for healing. They identified four primary modalities: music engagement, visual arts, movement-based, and expressive writing. Stuckey and Noble reviewed qualitative and quantitative research to determine what creative modalities were effective at improving health and wellness in both clinical and personal practice. They noted that globalization had brought broader cultural diversity. They highlighted the need to find ways to find shared meaning and meaningfulness, which has always been one of the benefits of engaging
in the creative artistic process. Empirical research is limited in this area, and only in recent years have systematic and control studies focused on measuring the therapeutic effects and benefits of the arts on healing (p. 255).

The studies reviewed by Stuckey and Noble (2010) looked at the impact of visual arts on various populations that have experienced either chronic illness or trauma. Specifically, studies found that visual arts express experiences and emotions that may be difficult to put into words and assist participants in meaning-making, as evidenced by several studies with cancer patients. One study noted decreased physical and emotional distress while in treatment for those who participated in art-making.

In Stuckey and Noble's (2010) review, Walsh et al.’s quasi-experimental study with 40 family caregivers of patients with cancer evaluated the impact of a creative arts intervention on the dependent variables: stress, anxiety, and emotions. The study was conducted over 6 months at a regional cancer center. Family caregivers in this study received a variety of creative art activities, which were provided at the bedside. The findings indicated a reduction in stress and anxiety as well as increases in positive emotions. In addition, the data showed short-term improvement in well-being as well as improved communication with patients and health care providers (p. 258).

Sacco and Amende (2021) proposed using creative means to engage in self-reflection for CITs. The authors acknowledge that most counseling programs only use writing and journaling for their reflective process. They note that CITs can come from diverse cultural backgrounds, noting emphasis on verbal language as predominate in western cultures, and may be an obstacle for some CITs. The authors present their stance that by providing experiential creative interventions for reflection, CITs may enhance their focus toward process versus outcome (p. 2).
Obstacles toward reflection for counseling students includes the expectation of dualistic thinking, that there are “right and wrong” ways of engaging in self-reflection. Unlike their undergraduate experience, counseling students must develop their skills toward self-awareness and identity development through their awareness of bias, values and views of self (p. 3). Overcoming the concept of “right answer” and having the ability to search inward creates flexibility and curiosity to occur, both of which are valuable in counseling. The author provides research and case examples of using metaphor, photovoice/photography, music, and video as examples of creative interventions for reflection.

**Mindfulness**

Some examples in my initial research review have found that it is surprising that experiential mindfulness curricula are not more widely used in counseling programs, given the many personal and professional benefits it appears to provide (Dorian & Killebrew, 2014, p. 162). Mindfulness is one of the self-care methods that has been studied and found beneficial to therapists in training (Branco & Patton-Scott, 2020; Schure et al., 2008). In conducting my literature review, I reviewed articles that explored incorporating mindfulness as part of future graduate-level mental health clinicians (Chrisman et al., 2009; Christopher et al., 2006). Although each study was unique, they required experiential mindfulness practice as part of the curriculum. The studies were consistent in finding that the benefits of creating a mindfulness practice would improve their clinical competencies and they would personally benefit from the mindfulness experience (Branco & Patton-Scott, 2020; Brown et al., 2017; Dye et al., 2020; Dorian & Killebrew, 2014; McCollum & Gehart, 2010; Nissen-Lie et al., 2021; Schure et al., 2008).
Mindfulness is based on cultivating awareness, as Kabat-Zinn describes, "with the aim of helping people live each moment of their lives - even the painful ones - as fully as possible" (Kabat-Zinn, 1993, as cited in Christopher & Maris, 2010, p. 115). Mindfulness is beneficial for various medical conditions, including but not limited to heart disease, chronic pain, gastrointestinal disorders, anxiety, depression, and even skin conditions (Christopher et al., 2011). The goal of mindfulness is to be present with whatever our experience is in the moment, without judgment. The purpose of teaching counseling students about mindfulness is to focus on specific benefits that are part of the work in the helping field and become less reactive to stress-related or anxiety-provoking events or more able to sit with clients discussing painful emotions (Conversano, 2020; Schure et al., 2008). Counseling students can learn new ways to relate to their emotional life, including awareness and tolerance instead of avoidance and reactivity (Christopher & Maris, 2010). Self-awareness and mindfulness can assist counselors to be more present and connect with themselves, their clients, and their supervisors (Christopher & Maris, 2010).

Schure et al. (2008) conducted a 4-year qualitative study with graduate-level counseling students who enrolled in the elective class, Mind/Body Medicine & the Art of Self-Care. The purpose of the study was to expose the students to mindfulness and contemplative practices and how they relate to the field of counseling while also offering tools for self-care. The course was based on the mindfulness-based stress reduction program (MBSR), which has been well researched since its development over 30 years ago by Jon Kabot-Zinn. The course was offered twice a week with 75 minutes of mindfulness practice, including relaxation and body scan techniques. Students were able to choose from various modalities; meditation, yoga, or Qigong and were required to engage in their selected practice for a minimum of 45 minutes a day, 4 days
a week outside of class. The method used focus group qualitative data gathering. Students found the course was a high-quality, valuable experience that helped them grow personally and professionally (p. 502).

A study by McCollum and Gehart (2010) explored how learning mindfulness might assist marriage and family therapist graduate students in developing a therapeutic presence. One of the essential skills counseling students learn is how to form a therapeutic relationship with their clients, which is known to be the most significant predictor of successful outcomes in therapy. Students were asked to complete a daily mindfulness practice and reflect on the experiences in a weekly journal and log. The goal of the reflection was to show the impact of their training on their professional work and personal lives. The critical finding reported by students was that they could better attend to their inner experience and be more aware of what was happening with their clients during their sessions (p. 350). Students also experienced many expected benefits of mindfulness, such as feeling calmer, quieting inner chatter, and slowing down. Other notable experiences reported were having increased acceptance and compassion toward themselves, which also extended toward their clients, and recognizing their shared humanity (p. 351).

Qigong. Qigong is an ancient practice in Chinese medicine dating back almost 5,000 years (Chrisman et al., 2009; Holden, 2017). Qi (Chi) means life force energy, and Holden (2017) refers to it as “your aliveness” (p. 1). According to ancient Qigong masters, Qi permeates throughout the universe and can be internally accessed and moved to open up flow within your body (Chrisman et al., 2009; Holden, 2017). Gong means to cultivate or master a skill. It is a healing technique that combines breathwork, movement, meditation, and visualization. There are various forms of Qigong practice worldwide; some promote health, spirituality, and mindfulness, while other versions lean more toward martial arts (Chrisman et al., 2009; Holden, 2017).
Using movement, meditation, and visualization, Qigong is done using a series of movements and flow sequences that can be practiced almost anywhere. Qigong also engages with the meridians, which circulate the Qi and their associated organs, balancing physical, emotional, and spiritual levels (Holden, 2017).

Chrisman et al. (2009) conducted a qualitative study on the master's level counseling students on the effects of Qigong. Previous research on students in other fields such as nursing, medicine, and counseling experienced psychological and physical health benefits (p. 236). Further studies using various populations found significant improvement in body awareness, posture, and balance, increased relaxation, better sleep, greater mobility, and reduced pain. The authors noticed that Qigong had been beneficial in reducing symptoms of multiple conditions, such as anxiety disorder, chronic fatigue, fibromyalgia, and depression in the elderly (p. 238). The study also reported biochemical changes from a Qigong practice, where serum levels and blood lipid levels were reduced after a month-long daily routine, suggesting that less blood moved into the liver through the mindful practice (p. 239). The 15-week qualitative study found three themes: physical, emotional, and mental changes. Increased group awareness and attunement/connection were also reported at the end of the course.

Schure et al. (2008) recognized that the multiple stressors that can affect counseling students include emotional exhaustion, compassion fatigue, and vicarious trauma experienced in their clinical work. They also acknowledge that the harmful effects of the various challenges faced in this helping field impacted students' effectiveness by reducing their capacity for attention, concentration, and decision-making skills (p. 47). In this study, the authors pointed out extensive research on stress management in the education of health care professionals, and various interventions provided promising results to lower levels of anxiety depression, improved
capacity for empathy, and improvements in their overall well-being (p. 47). In the study, the students provided feedback on which of the practices they practiced, what they were drawn to, and how it affected them.

There are many benefits to Qigong as a form of mindfulness (Chrisman et al., 2009). Participants who engaged with Qigong reported feeling themes of increasing energy, centeredness, a sense of mind-body-emotion connection, and fluidity (Schure et al., 2008). Compared to the other practices, Qigong's impact can be felt immediately, even for participants new to the method (Chrisman et al., 2009; Schure et al., 2008). The overall results of Schure et al.’s (2008) study were consistent over the years and among participants' responses. The results from this study were significant as the positive outcomes and with multiple groups were consistent over the four years (p. 54). The study’s qualitative design allowed participants to share their experiences, reporting notable effects on their emotional, physical, attitudinal, or mental changes and spiritual awareness (p. 54). Many noted the class led them to evaluate their own beliefs and values, resulting in improved self-confidence, self-exploration, and changes to their interpersonal relationships and capacity to interact with others which will benefit them throughout their career.

Christopher et al. (2006) collected qualitative data through a focus group from 11 students who also enrolled in the Mind-Body Medicine and Art of Self-Care class. Students in their focus group described the many benefits of the course and that their experience affected them personally and professionally with the possibility to impact their therapeutic presence. One student reported, "in a lot of ways, I feel like this was the most important class that I've taken, just learning to be present in a different way. It has huge implications in the counseling area" (p. 505). Another student commented that they noticed they had more control over their body and
now realize using their breath, they could make shifts in ways they hadn't been able to prior.

Students in the study reflected that they experienced significant changes working with clients due to taking this class. Also noted, the students valued this course and even committed to four more sessions outside of class time. The research findings are consistent with my own experience.

**My Experience.** The mindfulness intervention I used in my self-care practice was Qigong; I experienced the benefits immediately and practiced daily while also utilizing it in my clinical practice during my internship. The Qigong version I used focused on improving health, energy cultivation, and stress management. It is also a powerful mindfulness technique that integrates the mind, body, and spirit trinity. After completing my daily practice, I felt warmth and ease throughout my body. By utilizing breath and movement, I was able to open up areas of tension and bring almost immediate relief. I suffer from chronic fatigue, which impacts my energy level daily; I have found Qigong to create energy throughout my body by simply utilizing a series of flow movements. It has been helpful as a grounding tool for myself and my clients and is a tool for me to bring awareness to my mind-body-emotion connection. This practice is incredibly accessible to me as I can spend as little as a few minutes, up to an hour, each time getting immediate benefits. Tuning into my body and focusing on my breathing has finally enabled me to confidently say that I have a solid and consistent mindfulness practice. It has been one of the single most beneficial tools in my personal and professional practice and contributed to my overall well-being.

**Journaling**

Writing can be a powerful way to work through and process life challenges; it can be a protective factor against mental health conditions (Gladding & Drake Wallace, 2018). Gladding
and Drake Wallace (2018) provide 18 writing exercises developed to promote well-being and encourage self-awareness. Writing as a therapeutic tool is known as *scriptotherapy*, primarily used as a narrative therapy approach, making writing accessible with any counseling theory. Writing allows one to access their thoughts and feelings in a form that can be accessible and flexible. By documenting their experiences, individuals can rework their own stories, understand themselves more deeply and engage in meaning-making. Writing also allows reflection and perspective-taking to gain a sense of hope and optimism. Studies conducted with vulnerable populations have found that expressive writing can provide multiple health benefits to decreasing isolation, relieving pain, improving resilience, and encouraging personal growth (p. 380).

Expressive writing also provides opportunities to work with metaphors. Metaphors are a way to express an idea using implied comparison. They can be compelling in increasing self-awareness, reframing a problem, and exploring a story or problem one faces in a new and different way (Gladding & Drake Wallace, 2018). According to Gladding and Drake Wallace (2018), metaphors provoke experiential responses because of the different layers of sensory and informational meanings. Metaphors can often create a visual picture in clients' minds, which helps situate them, opening them up to find more creative paths for change.

Gladding and Drake Wallace (2018) found writing can also create an emotional connection; studies have shown this can be a powerful therapeutic tool when used between clinician and client. This form of reciprocal writing is based on solution-focused therapy and narrative therapy. Sharing correspondence can promote a client's sense of safety, respect, and acceptance while creating a container for a collaborative relationship (p. 385). Research shows that using journaling between a client and their counselors creates a neuropsychological response of empathetic attunement, affecting the brain of both counselor and client (p. 381).
Smyth and Helm (2003) suggested focused expressive writing (FEW) as an accessible method to help individuals process difficult emotions related to stressful and or traumatic experiences (p. 228). Reviewing past research using FEW, they found it can also be used as a tool for self-help as writing can be equally as effective outside the therapeutic relationship. FEW encompasses participants exploring their deepest emotions and thoughts surrounding the most stressful or traumatic events of their entire lives (p. 228). Study participants were typically brought into the research setting for three to five sessions on consecutive days to write. Participants wrote about their topic or event continuously for 20 to 30 minutes as a free write, without concern for spelling or grammar. Participants were told that, during their writing sessions, if they got to a place where they did not feel they had more to write, they should continue exploring topics related to the event by describing details or move on to an additional stressful or traumatic experience (p. 228). The control group had the same instructions but wrote about an emotionally neutral topic, such as time management. Results showed the participants received the same benefits whether or not the traumatic or stressful event had been disclosed to others, which suggested that the reorganization of the memory into a narrative is what makes FEW so effective.

The research showed a 23% greater improvement of the FEW participants over the control groups (Smyth & Helm, 2003, p. 228). Interestingly, although it was shown to have improvements for various outcomes such as physical help and biophysical measures like improved immune function, the notable exception was writing did not influence health behaviors or self-care behaviors (Smyth & Helm, 2003, p. 229). Although the larger meta-analysis study was only on healthy individuals, other research has shown that utilizing FEW has benefits for
those facing chronic illnesses and for individuals with medical problems (Smyth & Helm, 2003, p. 229).

Stuckey and Noble (2010) cite Pennebaker, a leading researcher on expressive writing for healing, that although studies show positive results, no single theory or a theoretical perspective explains the how or why (p. 259). Pennebaker explains, "expressive writing occurs on multiple levels - cognitive, emotional, social and biological - making a single explanatory theory unlikely" (Pennebaker, 2004, as cited in Stuckey & Noble, 2010, p. 259). Stuckey and Noble share that dozens of studies utilizing expressive writing have demonstrated measurable health improvements including, but not limited to, improved immune function, reduction in stress hormones, decrease in blood pressure, and improvement of various cognitive variables (p. 259). Another critical finding within these various studies on expressive writing shows that the effects are consistent among multiple age groups, multicultural backgrounds, and different skill sets (Gladding & Drake Wallace, 2018; Stuckey & Noble, 2010).

Bernstein (2020) described Dr. Pennebaker’s report that he had been involved in hundreds of studies over several decades looking at the benefits of expressive writing with people with various illnesses ranging from cancer, depression, asthma, arthritis, and posttraumatic stress disorder. Bernstein shared Dr. Pennebaker’s findings that writing strengthened the immune system and even lowered the rate of cold and flu as well as improved mood, memory, and sleep. Brian Marks, Professor of Psychiatry at Boston University School of Medicine, and Deputy Director of the Behavioral Science Division of the National Center for PTSD shared that "the more you avoid a problem, the more trouble you have with it, because you create a loop of trepidation and apprehension and increasing negative emotions" (p. 1). Identifying emotions and feelings by putting words to them can dampen the neural activity in the
threat area of the brain and increase activity in the regulatory area according to Annette Stanton, Chair of the Department of Psychology and Professor of Psychiatry and Biobehavioral Sciences at UCLA (p. 1).

**My Experience.** Journaling, like Qigong is very accessible and one of the reasons I selected it as a strong intervention for developing my self-care practice. There are very few barriers to accessibility in terms of time, cost, experience, or materials, making it a worthwhile intervention for CITs. Experimentation and variety in modalities were beneficial as I had both personal and professional challenges to explore, process and mediate.

My own journaling practice took multiple forms, some traditional, reflective writing in my thesis journal and other times I used journaling as an intermodal extension to my art-making or emotional processing after therapy sessions. My journaling took many forms, bullet-journals, journal entries in my iPhone Apps (Appendix C), and in my daily planner which included reflection and intension sections. I benefitted in many of the ways described in my research; reduced isolation, reflexivity, meaning making, awareness, as well as cathartic moments.

**Discussion**

As you grow older, you will discover that you have two hands, one for helping yourself, the other for helping others.

—Sam Levenson, *In One Era & Out the Other*

This literature review on self-care for counselors-in-training was far too broad and multifaceted to cover effectively, as there are additional elements related to self-care which were not covered. One of the challenges I faced in this process which I believe correlates to future studies is that it is not a one size fits all. In addition, although often presented as an individual responsibility as a counselor, there are many systems which impact and influence a person’s
ability to effectively mitigate the multitude of stressors and challenges in the helping field. It begins with our education and includes the preparation for our work in the field, support provided during our academic journey, the modeling we witness at our internships, and interactions with and access to faculty and mentors, all of which build skills or set us up for ongoing struggle post-graduation. Then there are systems in the mental health profession, such as associations, government agencies, community providers, and insurance companies which also impact experience and ongoing exposure to job-related stress. My assessment based on my thesis experience is that if CITs can focus on the core foundational components—self-awareness/self-reflection, self-compassion and balance—while proactively engaging in an ongoing, sustainable practice, they can build the necessary scaffolding to create a pathway to well-being and enriching career in the helping field.

Some of the gaps in research include lack of shared definition of self-care among professional associations, specific credentialing requirements for how and what to include as part of clinical training programs, education of self-care supports included in supervision training and practice, and measurement tools for monitoring clinical competency. Much of the studies done to date include limited diversity in participant demographics and few include longitudinal data. As evidenced by one of the first articles I reviewed, “Toward a Culture of Counselor Wellness” by Lawson (2007), and over the 15 years since, I do not see much change in the recommendation section of articles which look at how to incorporate self-care into clinical training (Barnett et al., 2007; Callan et al., 2021; Colman et al., 2016; El-Ghoroury et al., 2012; Goncher & Sherman, 2013; Nelson et al., 2018; Richardson et al., 2020). Research is important to provide evidence-based data to inform and guide those in the field to shift the depleted state of the profession and
create creative, innovative solutions which will benefit not only those in the helping field but the clients they serve.
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Rage Kindelsperger.


# Appendix A

## Table of Self-Care Interventions

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<thead>
<tr>
<th>Key</th>
<th>Inventions/Activity</th>
<th>Goals</th>
<th>Success toward Goal</th>
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<td>D</td>
<td>Qigong</td>
<td>Mindfulness</td>
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<td>Flexibility</td>
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<td>Energy</td>
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<td>Emotional Release</td>
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<td>Gratitude Prayer</td>
<td>Positive Focus</td>
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<td></td>
<td></td>
<td>Gratitude</td>
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<td>D</td>
<td>“Happy” &amp; Nature Snuggle time</td>
<td>Emotional Support</td>
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<td></td>
<td>Walks in woods</td>
<td>Reward</td>
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<td>(My dog’s name is Happy)</td>
<td>Renewal</td>
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<td>Relaxation</td>
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<td>D</td>
<td>Sparkle: Self-Care Checklist</td>
<td>Utilization</td>
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<td>Measurement</td>
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<td>D</td>
<td>Reading – Audio Books</td>
<td>Break</td>
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<td>Rejuvenate</td>
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<td>Education</td>
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<td>I</td>
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<td>Mindfulness</td>
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<td></td>
<td>RAIN (Tara Brach)</td>
<td>Grounding</td>
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<td>Loving Compassity</td>
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Key: D = Daily  E = Event  W = Weekly  I = Intermittent  M = Mixed Frequency
Note: Measurement of meeting the goals of interventions is imperfect and subjective. I used inktense watercolor pencils and made marks that came up for me in reflecting on my ongoing self-care practice.
Appendix B

Examples of Artistic Explorations

*Where I Come From*
Collage using mixed media

*Find Flow*
Acrylic pouring

*What Now*
Collage using mixed media

*Happy Chillaxing*
Photo editing using Procreate
Appendix C

Screen Shots of the Sparkle: Self-Care Checklist
Student’s Name: Wendy Chambers Brown
Type of Project: Thesis
Title: Literature Review: Foundations of Self-Care Practice Utilizing Expressive Arts for Counselors in Training

Date of Graduation: May 21, 2022

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

Thesis Advisor: Donna C. Owens, PhD