Spring 5-5-2023

Applying Self Care Methods: Burnout Prevention for an Art Therapist in Training

Hannah Marshall
hmarsha2@lesley.edu

Applying Self Care Methods:

Burnout Prevention for an Art Therapist in Training

Capstone Thesis

Lesley University

May 5, 2023

Hannah Marshall

Art Therapy

Raquel Stephenson

Abstract

This paper explores the literature and the relationship between burnout and self care. Though a range of resources are investigated, the primary focus is on mental health clinical intern graduate students. Specifically, using a burnout tracker and self reflective data, I examine my own relationship to burnout and self care as a clinical intern while sustaining a full time job and final semester graduate level coursework. Using an individualized method of data collection and analysis, I can understand my own relationship to self care and burnout. This journey of both self discovery and evidence based research provides insight into burnout as a phenomenon that is spoken about freely, frequently, and yet is not fully addressed. This paper demonstrates and applies the balance between clinical practices regarding burnout and implementing self care strategies.

Keywords: Self care, burnout, wellness, intern, art therapy, response art

Developing a Method of Self Care: Burnout Prevention

Introduction

Burnout, compassion fatigue, and emotional exhaustion are three different experiences familiar to many people who work in human services. Though there are nuanced differences between these terms, this paper focuses on burnout. In this thesis, I will define burnout as the concept of being exhausted–emotionally, physically, and mentally as a result of emotionally demanding work (Warlick et al., 2021). Many studies seek to understand, quantify, address, and define burnout. Within the literature, there appears to be a consistent antidote to burnout: self care. Self care is an umbrella term for prioritizing oneself over external demands, and does not refer to a singular activity or routine, but is highly individualized. Research supports mindfulness, individual therapy, exercise, and having a support network as some of the key components to any self care routine.

Burnout is a problem throughout the fields of human services and mental health care, but the focus of this paper will be clinical interns in mental health counseling programs. Interns are uniquely positioned within the field and the vast majority of internships available to graduate students are unpaid. More than ever before, interns are juggling full-time or part-time jobs, field placements, and coursework while navigating a treacherous and ever growing socioeconomic strain. Recently, the cost of living has increased faster than typical wage increases (U.S. Bureau of Labor Statistics, 2023). Perhaps previously, it was easier for students to forgo working to focus on their studies. Currently, however, this is less feasible. Financial stressors are real for everyone, and for graduate students especially. Expecting students to forgo working in order to focus on their studies is increasingly difficult, before considering the cost of education,

impending student loan payments, and low starting wages for newly and conditionally licensed clinicians.

In addition to exploring the literature, this paper presents options and strategies for developing a self care plan, and proposes a self care method. I am my own intended audience, therefore, I have recorded my levels of burnout and sought to understand the impact of self care on my experience as an art therapist in training. It is my hope that this research, process, and applied routine will be useful to other graduate level interns in the field of art therapy and mental health counseling.

Literature Review

Across the fields of mental health and human services, burnout is widely studied and understood. This is relatively new research–the majority of the resources available regarding burnout are published after 2000, many after 2010. Burnout was further highlighted during the COVID-19 pandemic and its impact on mental health. I am defining burnout as being emotionally, physically, and mentally exhausted as a result of emotionally demanding work. The literature discussed here will describe the symptoms, impact, and causes of burnout, explore self care as burnout prevention, and establish gaps in research and possible areas for future studies.

Burnout

Symptoms of Burnout

Symptoms of burnout can include emotional exhaustion, depersonalization, and lack of feelings of personal accomplishment (Green et al., 2014). Burnout is generally associated with workplace cynicism, irritability, and lack of motivation. Prolonged burnout can also have impacts on physical health including heart disease, high blood pressure, and vulnerable immune system (Mayo Foundation, 2021). Burnout symptoms are also unique to the individual, and one

person's burnout may look different from another's. Symptoms of burnout are prevalent in both the body and mind and permeate into everyday life, with the potential to harm an individual in short and long term ways.

Impact of Burnout

Regardless of the method of research, angle, or perspective, every study on burnout finds negative effects. Clinicians, clients, and agencies all suffer as a result of burnout. Ray and colleagues looked at burnout on an organizational level and client outcomes, showing that treatment efficacy, client satisfaction, and quality of treatment are all adversely affected by mental health providers experiencing burnout (Ray et al., 2013). Clients are in treatment longer, are more likely to seek treatment multiple times, or may have negative experiences that turn them away from future mental health care. Burnout among psychologists can lead to unethical or dangerous clinical decisions (Elman & Forrest, 2007). Clients suffer when clinicians are experiencing burnout.

Burnout is also detrimental to the health and wellbeing of clinicians. Pope & Tabachnick (1994) found burnout levels among psychologists are strongly correlated to behaviors and thoughts of suicide and self harm, depression, and anxiety. Green and colleagues developed a qualitative study surveying 322 mental health providers about burnout. This study showed emotional exhaustion, depersonalization and disconnection with clients, and lack of feelings of personal accomplishment and satisfaction (2014) are all related to burnout. Burnout leads to lower workplace morale, decreased productivity, and increased cost for the company (Ray et al., 2013).

Burnout is not only experienced by licensed clinicians. Among graduate students, burnout is correlated with lower grades and higher dropout rates, and though not yet confirmed

by longitudinal studies, many theorize graduate students struggling with burnout absorb less material as students, calling into question their future efficacy as clinicians. To further understand this problem, we can also look to other fields. Among medical students, self report measures show burnout correlates to cheating and unethical clinical actions (Dyrbe & Shanafelt, 2015). This provides insight that burnout does not only exist in the world of mental health students, but other fields as well.

Warlick et al. and (2021) Brown et al. (2017) both sought to discover whether clinical graduate students have similar rates of burnout as compared to clinicians who are established in the field. Both studies showed no significant difference between clinicians and graduate students. Warlick and colleagues further identified both groups as high risk for personal burnout. Burnout is not caused by time in the field.

The findings regarding burnout are grim. Burnout is bad for clients, bad for agencies and employers, bad for clinicians, and bad for the education of those who haven't yet become clinicians. There is good news to be found in the literature: we know what burnout is, we can seek to understand how it is caused, and perhaps we can address and prevent it.

Causes of Burnout

Burnout can be attributed to a myriad of responsibilities associated with clinical work. It is likely that no one specific job task is directly causing burnout, but a combination of many. Large caseloads, lack of control over schedule, unsafe working conditions such as unpredictable home visits, and administrative documentation tasks do not contribute to job satisfaction and have all been reported to contribute to feelings of burnout (Chen et al., 2019). Additional studies have found both clinical and non clinical factors including working with high risk clients such as those with severe trauma histories, or suicidal ideation and behaviors of self harm and suicide

can contribute to burnout (Sim et al., 2016). Non clinical factors can range from paperwork responsibilities to negative workplace culture and low salary (2016).

Burnout among individuals may be prolonged due to misidentifying burnout symptoms as personal shortcomings. Chen et al. investigated burnout prevention and coping among marriage and family therapists and determined that rather than seeing burnout symptoms as a result of stressors, they may feel their exhaustion is a result of personal investment. Clinicians may see burnout as "caring too deeply" (Chen et al., 2019, p. 206), wearing their burnout as a badge of honor, a righteous indication of commitment to the profession. Working in a helping profession can be seen as a form of self-sacrifice where individuals feel compelled to support others at the expense of their own well-being with burnout simply being part of the job. Clinicians may believe this is how they're supposed to feel, and not seek support thus allowing the burnout to linger and cause further harm.

Burnout may also be caused by clinicians feeling a lack of alignment between their values and those of the agency. For example, marriage and family therapists who are likely to use relational frameworks with clients may be at odds with an agency's pressure on billable hours, client contact time, and other agency requirements (Chen et al., 2019). These responsibilities and realities of the job are inherent stressors of clinical work and the emotional output required of therapists. These factors may be exacerbated in organizational settings that don't seek input from employees and don't actively promote mental well being of clinicians.

Most of the research on burnout does not address systemic barriers or white supremacy embedded in mental health and educational institutions. It is essential to consider environmental factors and systemic oppressive systems beyond clinicians' control (Basma et al., 2021). Burnout does not happen in a vacuum, and factors contributing to burnout range from structural and

systemic to agency and individual specific. In a study investigating burnout among BIPOC counseling students, burnout could be predicted by discrimination–an unsurprising but disturbing reality for clinicians of marginalized populations (2021). Factors of race and gender increase burnout (Warlick et al., 2021), with exhaustion rates being higher among male students than female students (Basma et al., 2021). Exhaustion rates being higher among men may be related to internalizing vs. externalizing feelings of burnout. Differences in burnout symptoms can lead to burnout being misidentified or going unaddressed.

There are many factors that can contribute to feelings and symptoms of burnout. Some are inherent to clinical work or work with specific populations. Others are due to unjust or dysfunctional mental health care systems.

Self Care

Nearly all of the literature points to self care as the best tool to defend against and overcome burnout. To define and describe self care is similar to defining and describing burnout–definitions vary from paper to paper and person to person. Self care must be an intentionally developed set of strategies that fit the individual (Chen et al., 2019). Self care moves beyond a list of care tasks that one can compile like ingredients to a recipe to prevent burnout–self care is a mindset and a routine. It is important to develop self care practices that address domains of physical, mental, social, and spiritual wellness (Posluns & Gall, 2020).

Turner et al. surveyed 363 interns around their self care routines and how effective they perceived their self care to be. They found a strong positive relationship between frequency of self care strategies and effectiveness. This finding suggests that the more one engages in a self care activity, the more effective it becomes.

Mahoney surveyed graduate students around their self care routines. Surveys found that the most used self care tools include reading for pleasure, exercising, taking vacations, having a hobby, supervising peers, and praying or meditation (Mahoney, 1997). Mindfulness and meditation is perhaps the single most effective tool we have for self care. Myers and colleagues reviewed several studies investigating mindfulness as a tool to address stress and burnout. In each of them, mindfulness activities from structured coursework, present-moment awareness, and guided meditations have been shown to decrease levels of stress and increase quality of life (Myers et al., 2012). Brown and colleagues found the absence of mindfulness is related to higher levels of burnout in both mental health professionals and among clinical graduate students (Brown et al., 2017).

It is important to note the distinction between burnout and stress. Burnout can be prevented, addressed, and minimized. Stress, however, can be managed, but cannot always be reduced or eliminated. High levels of unmanaged stress over time can lead to burnout. Colman and colleagues (2016) used meta-analytic techniques to compile current research on self care efficacy among psychology graduate students. Overall, they found any use of self care was beneficial to graduate students when compared to graduate students not engaging in self care at all. However, exercise was correlated with significantly higher stress levels (Colman et al., 2016). Those engaging in exercise may have higher rates of stress to begin with, and self care activities aren't intended to eliminate stress, but to support overall well-being despite stress. By using exercise as a self care activity during a stressful time, these individuals may have been preventing burnout over a longer span of time.

Colman and his team concluded that the specific type of self care was not a significant predictor of positive outcomes. McKinzie and colleagues also found higher levels of stress were

correlated with routines that include fewer hours of sleep, suggesting the importance of rest in a self care routine (2006). Overall, the most important factors are participation in any self care activities and duration of time engaging in self care routines (Colman et al., 2016; McKinzie et al., 2006).

Self care can also be implemented at a policy level within agencies and organizations. In addition to methods of self care that primarily occur outside work, clinicians also may benefit from the autonomy to decorate and arrange their workspace as they desire. This may include furniture that is physically comfortable, personal artifacts or wall art, or even being able to paint the walls. Employees need to feel a sense of control over their work, and the workspace is one way that can be accomplished (Chen et al., 2019).

From an art therapy perspective, self care missing from the aforementioned research includes visual processing. Art therapists understand the importance of response art, or art made as a way of responding to an experience related to a client (Nash, 2020) to hold, process, and contain a session or experience with clients. Visual images made after sessions can support therapists in releasing traumatic disclosures shared by clients, and can "clear an internal, emotional, and somatic space in the body of the therapist…" (2020, p. 45). Many art therapists report the benefits of making response art immediately after sessions to help reset prior to the next client. Nash posits that response art has self care and therapeutic benefits for the art therapist who can literally transfer the challenging emotions outside of themselves and into the artwork. By letting the feelings rest on the page, clinicians don't have to hold the emotions within themselves, and can return to a more balanced and aware state.

Clinical Instruction

Unpaid internships are the most common types of internships for clinical mental health counselors. This is a problem in the field and means the options for entering the field include taking on significant student loan debt, being independently wealthy or coming from wealth, depending on others to support living expenses, or to work for pay while simultaneously working at an unpaid internship. More than 70% of graduate students describe being so stressed it impedes their ability to complete work or maintain activities of daily living (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). Many have argued that in order to address burnout among clinicians, clinical programs need to incorporate self care measures into the curriculum. Brown and colleagues argue that learning how to care for oneself while in graduate school may protect clinicians from burnout in their future career. This could lead to less turnover (Brown et al., 2017) and better care and outcomes for clients.

In addition to the emotionally demanding life of an intern learning clinical skills, supporting clients who need mental health care, and completing challenging coursework, financial strain is an additional factor. University funding including grants and stipends are scarce and competitive (Offstein et al., 2004). The cost of graduate degrees has increased faster than the cost of living and faster than wages. There are few resources available to support graduate students and significant costs associated with earning a master's degree.

Some clinical programs have incorporated self care into the curricula and the responsibilities of the advisors. Faculty advisors play a significant role in modeling and supporting students' need for learning self care strategies. Students must feel their advisor is invested in their success, trustworthy, and available (Offstein et al., 2004). Even when students have excellent advisors, it may be challenging to seek support in developing a self care plan from the person responsible for assigning them a passing grade. Students may feel pressure to appear

fine to their instructors, and hide their burnout for fear of negative academic repercussions (Warlick et al., 2021). If a student shares how exhausted they are feeling, or even more vulnerably, the impact burnout has had on their work, they may receive lower grades or additional scrutiny. Recall the medical students who self reported higher instances of cheating and unethical clinical decisions (Dyrbe, 2016); this could have a significant negative impact on their academic progress. In order to gain support, students may have to admit failure to professors to whom they want to maintain an image of excellence. If these students were to share with faculty about their unethical, burnout-induced behavior, there would likely be negative repercussions for academic integrity violations. If students were able to get resources and support when experiencing burnout, perhaps this behavior could be prevented. Advisors could help students to implement individualized self-care plans and check in with them to ensure efficacy (Colman et al., 2016) before it's too late.

Graduate students are uniquely vulnerable to assumptions of their own ineffectiveness as the cause for negative outcomes or feelings of burnout. Interns are not expected to know how to solve all clinical situations, and they may not know what it feels like to not be burned out. Despite knowing ways of managing stress and coping with daily challenges, graduate students aren't always able to ward off burnout (Bamonti et al., 2014). If graduate students' coping skills fail, they feel more exhaustion, burnout, depression, and guilt for not effectively managing, or for having the wrong priorities (Offstein et al., 2004).

Additionally, in a clinical internship setting, many interns are tasked with taking on a hybrid of administrative and client facing roles. Though this is the case throughout many clinicians' careers, interns are not practiced at balancing multiple roles and are learning to navigate challenging client cases and demanding administrative workloads simultaneously.

In order to support clinical graduate students in burnout prevention, internship sites could promote the importance of self-care not only by modeling it among leadership, but also by providing training, and teaching the importance of self care to all staff (Turner et al., 2005). Additional research is needed to understand the impact of self-care promotion at the field training site level, and if interns report lower rates of burnout working at agencies that promote well being.

In terms of curriculum and training, Dialectical Behavior Therapy (DBT) may be a promising method to reduce symptoms of burnout (Carmel et al., 2013). Therapists trained and implementing DBT reported lower levels of burnout as compared to clinicians not trained or practicing DBT. There may be several reasons for this including client outcomes, default structure that lowers the response effort in planning sessions, or simply knowledge of the skills. DBT's core framework includes mindfulness techniques, emotional regulation, and distress tolerance skills. Providers who are trained in this modality are more likely to be able to apply such skills, and the training can serve as a protective factor against burnout.

Future of Research

Despite the significant increase in peer reviewed studies addressing the topics of self care and burnout–especially among clinical graduate students–there still are limits to the research and areas for future study. Perhaps the weakest point of the literature is determining whose responsibility it is to prevent or address burnout, as well as empirically valid methods companies and agencies can implement from the top down (Chen et al., 2019). More clear guidelines are needed around burnout prevention, including general agreement in the field on where the burden of burnout prevention falls.

Within education, it is not currently known whether self care habits as students contribute to long term wellness of clinicians. Colman and colleagues propose the need for further research to determine the connection between self care curricula and graduate students' self care practice. Further, longitudinal studies are needed to understand the link between self care training and longevity of self care habits and rates of burnout. Currently, it is unknown whether learning self care skills in school impacts self care habits later in clinicians' careers (Colman et al., 2016).

Finally, much of the literature continues to look past burnout on a systems level. Very few of the articles discussed here mentioned adversity specific to marginalized populations, or burnout as a result of structural and systemic barriers within clinical education and practice. It is crucial to have additional research considering the experiences of BIPOC students, and to propose methods that build upon cultural competence and awareness (Basma, et al., 2021). Burnout is not only an individual issue, but one that needs to be addressed at the systems level–in education, practice, supervision, and organizations. Burnout is not only an issue of efficacy, but is an ethical concern and priority (Warlick et al., 2021), and this needs to be reflected in the research.

Methods

To understand and apply the knowledge I learned from reviewing the literature, I needed a system of documenting my burnout and self care. The methods for this documentation evolved over time, beginning with daily journaling and reflection. After determining the effort required for this method was too high, I developed a simple burnout tracker. Each heading had a dropdown selection to reduce mental processing to complete the data collection. I compiled the data into a spreadsheet, and from there I gleaned useful information. I compared days with any

self care tasks to days I felt symptoms of burnout or higher stress levels. With this system of tracking, I was also able to reflect on the specific self care task as compared to stress and burnout.

My methods of self care varied and were inspired by both the research reviewed here as well as content presented in coursework. I used an intuitive system of trial and error to determine which self care activities were most beneficial to me at which times. This also allowed me to ensure my methods were consistent with what I discovered within the literature.

Methods of self care included the domains of physical, emotional, social, and spiritual wellness. Physical self care activities ranged from massage therapy to lap swimming to canoe racing, as well as maintaining a focus on eating enough and limiting caffeine consumption. Emotional self care included individual therapy, making art for art's sake, and crying when needed (frequently). Social self care filled my weekends with family gatherings, winter camping and hiking trips, Friendsmas and bachelorette parties, and meeting a friend for pedicures and lunches. Lastly, spiritual self care included guided meditations, yoga practice, journaling, and looking at the stars.

Results

At the onset of this process, I intended to track my daily self care and my burnout levels through journaling. Journaling has always been a part of my life, and my commitment to journaling ebbs and flows. There have been periods of time where I journal every day, and there have been moths at a time where I don’t journal at all. I intended for this to be a time in my life where I would journal every day. Beginning in September, I journaled frequently, describing my burnout and outlining myself care. Images 1 and 2 show early journal entries after sessions with

the same client processing and anticipating the untimely loss of her husband. As I muse onto the page, wondering if "I talked too much" or if "I tried to put words in her mouth." My own uncertainties seep into the pages as I reflect on my own presence and the work to do with her. These journal entries–and many like them–served as anchors for supervisions and sessions with my own therapist. Image 3 shows a mid October entry processing a book I read to further support this client, softly providing myself the reassurance that I was doing enough. The words on the pages became mantras, "It's okay that you're not okay." "We're not here to heal your pain, we're here to tend to it." My journaling supported me visualizing supporting clients in sessions, and served as documentation of my self care process.

Throughout September and October, I journaled to process clients and to note my self care routines. I was on track, I was committed–I had a process, a system, and the data was in the journaling. In November, my responses shifted from journaling to visual processing. Images 4 and 5 show the gradual shift and combination of words and imagery. Rather than frequent journaling between sessions, I would periodically reflect on my life, internship, and caseload as a whole. Stepping back allowed me to re-center self care and hold my own wellbeing as precious. I maintained this workflow until the holiday season and until the close of the fall semester.

Then in December, this process came to a screeching halt. End of semester assignments piled up, family commitments around the holidays took precedence, and a challenging family medical emergency diverted my attention away from assignments, away from my self-care practice, away from my goals. December marked a time of burnout for me. I was experiencing animosity and frustration towards coworkers at my day job, a sense of apathy towards assignments and deadlines, and–for the first time–I canceled on clients. I considered the

ramifications of a leave of absence, or a delayed graduation date. I was unconcerned and a bit numb–all the options seemed fine. In December, I did not journal at all.

The first week of January brought an increase in sunlight, a few walks on the beach, a long weekend in the woods, and a resurgence of my commitment to caring for myself. I took two weeks off from my job and my internship and gave myself some space. I re-evaluated my process of self care and burnout prevention. I realized daily journaling required more mental energy than I had available. I restructured my process and reduced the effort needed to track my self care. I also leaned into the research I had been doing about burnout prevention. I began scheduling self care activities as a means of setting boundaries. I returned to lap swimming, a meditative, quiet, independent form of exercise. I booked monthly massages, and I started with a new therapist.

To track and record this process, I developed a spreadsheet to track my daily burnout levels and my self care activities. Each week, after I made my grocery list, I would open this document and fill in the days and information. Generally speaking, my burnout levels stayed low. On days I reflected and noticed symptoms of burnout, I often would see a lack of self care tasks. Through this process, I learned the importance of constantly, unapologetically, prioritizing my own self care.

My response art shifted in imagery and tone as well as frequency. Image 6 allowed me to see my relationship to the complex interpersonal dynamics at my internship site, and the underlying stress of nagging documentation. I have continued to be able to show up and be fully present with my clients. I am energized and excited by the work. Image 7 is a reflection of the community I have within my graduate class, and the connection and camaraderie that comes with that community. Image 8 represents my relationship to documentation–here, now, I am able to

use response art to problem-solve and understand my position. As visible in this image, a sense of drowning comes when I considered documentation. Though I started this image focusing on the feelings of helplessness and overwhelm, I was able to consider what could help. I began to draw myself life lines and inflatable rafts, metaphors for supervision and guidance. This image pushed me to advocate for more support from my supervisor around the documentation process. The art making did not make my stress disappear, but made it more manageable, more tolerable.

In February, two significant shifts occurred: I had the opportunity to independently run weekly art therapy groups at the intensive outpatient setting, and I moved into my own office (with two large windows) at my home-base internship site. These things combined meant that I could center art making in my process with clients, and develop a session structure that felt authentic to me. It also meant that I could have art materials out and on display–not only enticing clients to explore, but also supporting my own response art process. As the literature suggested, being able to align my own clinical values with the work I was doing increased my quality of life and overall wellness.

By late April, I maintained a balance of self care activities built into my schedule to support my own burnout prevention. I am completing this program, this thesis, this internship, and I do not dread this work. I do not feel I have sacrificed myself, I don't feel like I have given more of myself than what I need to. I feel ready to enter the field as a clinician who believes in and can practice the art of self care. I am confident that I can and will prioritize my own wellbeing in order to best support my future clients. As an employee and coworker, I will be a fierce advocate for others to take the time and space they need to care for themselves.

Discussion

After spending six months researching, understanding, and applying self care routines, I have a newfound relationship to burnout and self care. It has been useful for me to imagine the segments of the past year as seasons, my self care journey also marks passage of time. The results of this work are not only a personal lack of burnout, but also a deepening of self awareness.

Based on the data I collected and the established literature, four main themes emerged. Here, I will discuss burnout awareness, art therapy as burnout prevention, screen time, and time management.

Burnout Awareness

Despite my best intentions to combat and prevent burnout, there were several times throughout the last year that I felt symptoms and signs of burnout. In the literature, Chen and colleagues suggest that new clinicians will attribute feelings of burnout to personal clinical inadequacies or a belief that the work of a therapist is so emotionally draining that this is just how *everyone* feels (2019). Rather than attributing feelings of being inadequate as an inherent cost to being an intern, I could look at my tracker and visually see an increase in stress and burnout. Instead of assuming misery was something I signed up for, I looked to address my burnout. I would increase my frequency of self care tasks, schedule time to go for walks, book a massage or a pedicure, and name my burnout. I leaned into the research and would implement the self care tasks discussed, starting with increasing my mindfulness routine (Mahoney, 1997). As Colman and his team suggested, I found that engaging in any self care task was beneficial (2016). When I did experience this burnout, it never lasted more than a work week. I also examined potential symptoms of burnout, and learned to recognize feelings of irritability,

cynicism, and lack of motivation (Green et al., 2014). For me, the first sign was resentment– towards my colleagues, partner, families I work with, or clients for canceling sessions. On days when I felt I was surrounded by incompetence, I could partake in physical exercise and quality time with a loved one and start to recalibrate my expectations. I began to recognize this irritation as a sign that I needed to take better and more immediate care of myself, and so I did.

This awareness also led me to ask for support when I needed it. I spoke with so many people about burnout and self care, and could vent when I needed to vent and cry when I needed to cry. I am beyond fortunate to have the support that has helped me to survive this year, and part of this process has been asking for help.

Art Therapy as Burnout Prevention

Beyond self prescribed self care tasks, I found that the more I have been able to engage with clients through art therapy, the less stress and overwhelm I have felt associated with working with clients. Towards the beginning of my internship, I was in an observation role at the IOP, and was working with individual clients who were seeking talk therapy and CBT. Gradually, I began to incorporate art therapy directives into individual sessions, and develop art therapy groups for the IOP. This shift was also driven by having my own office space. Currently, I run two art therapy groups per week, one is directive based and one with an open studio approach. Through this process of continuous reflection, I have been able to realize the connection between *doing* art therapy and feelings of burnout. Though this is not explicitly stated in any of the literature I read, it is consistent with similar concepts. When I have been able to do what I am well trained in, confident in, and passionate about, I am inherently reinforced by the work. When I was co-facilitating IOP groups teaching DBT skills using handouts and a lecture-

based format, I did not have that intrinsic reward. Being in an art therapy role has supported my wellbeing.

As proposed by Carmel (2013), the introductory training that I have had with DBT may also serve as a protective factor to prevent burnout. I am not certified to implement DBT, but I have had a lot of exposure to the methodologies and techniques. I have learned many of the skills, and have implemented mindfulness techniques, emotional regulation tools, and distress tolerance skills into my daily life.

I also began to incorporate response art into my routine after particularly emotionally demanding sessions. As Nash proposes, transferring emotions from the body to the page can release the clinician and support clearing the mind (2020). This process was beneficial was for me and is something I built into my schedule and my days.

Screen Time

Though not mentioned in any of the articles, I also tracked my screen time and immediately noticed social media scrolling as precursor signs of burnout. If screen time was up, I was probably avoiding tasks. As I deepened my self care journey, I tried to lean into awareness and mindfulness. I got to know myself better: why am I avoiding tasks, what's fueling this procrastination? Sometimes, it was the need for connection or affection. Other times it was mental disconnection–I needed to step back.

I hypothesize now that screen time is warning of impending burnout symptoms. My screen time increases before I start to feel other telling indicators of burnout including resentment, numbness, and self-doubt. I have tried to increase my awareness and intentionality with regard to screen time. If I find myself scrolling as a means of procrastinating, or if I start to feel guilty for wasting an hour on my phone, I look at my overall self care. If what I need is rest

and a mental break, I give myself permission to do so. To rest without guilt has been more effective than when I feel I "should" be doing something else.

Time Management

Within my ability to structure my own time, I have been able to stack my Mondays through Thursdays, and leave Fridays with a lot fewer demands. This was not the case back in September, but through this process, I was finding that I was exhausted by Fridays whether I was busy 8-10 hours Monday-Thursday or 12 hours Monday-Thursday. So, I rearranged my schedule and now leave Fridays open to catch up on emails, assignments, notes, errands, and rest.

Another aspect of self care that I discovered that was outside of any of the literature was the harsh prioritization that I had to create. This could be defined as setting boundaries, but it also required a very honest look at my to-do list each week: there are not enough hours in a day to complete all of these tasks. Throughout the semester I have driven professors and supervisors nuts with my untimely submission of documentation notes and discussion board posts. These are not great habits to build, and I have a lot of shame around submitting assignments late, and falling behind on documentation and emails. There are days where I have chosen the wrong tasks to prioritize and I have let others down–I have let myself down. I do not suggest this as an effective solution to "too little time", however, this mindset did allow me to focus on self care and build it into my schedule as non-negotiable. As Offstein (2004) found, having faculty who understand the importance of self care has been crucial to my wellbeing. I am privileged and fortunate to have professors who understand the importance of self care, and who have not penalized me for this. Rather, when experiencing symptoms of burnout or requesting extensions, I have been met with compassion and understanding. When I have needed support developing self care routines, my faculty have been supportive and assisted me in incorporating self care into

my coursework and daily life. Consistent with the research, this support aided in my education of self care–I was not pressured to cut corners on work in order to appear competent (Offstein, 2004).

This time management process also supported me in prioritizing rest and sleep. McKinzie and colleagues found that higher levels of stress were correlated with routines that included fewer hours of sleep (2006). Based on this, I would strive to be in bed early enough to feel rested when my alarm went off the next morning.

At home, my partner has done the vast majority of the household work, and prompted me more than once to do laundry so that I would have clean clothes. I am privileged and fortunate to have a support network that could pick up the slack throughout the past 6 months. Life is a team sport.

Despite having to triage and eliminate some tasks, I have focused my energy into being present wherever I am. Whether it is sitting with a client, participating in a clinical meeting, or providing feedback to staff at my job, I try to remain present. Being present required a mindfulness practice, a tool consistently found to decrease rates of burnout. Brown and colleagues determined the absence of a mindfulness practice almost always related to higher levels of burnout both among clinical students as well as professionals (2017). I found my data mirrored these results–when my mindfulness routines fell away, my stress and burnout increased.

Limitations

Despite how useful these discoveries have been for me as an individual, there are of course several limitations to this study. First, my data collection method shifted part way through this endeavor. Though I now have some extremely useful data, I only have it for a portion of the

time I had hoped. It would have been more powerful if I had developed the tracker towards the beginning of the project and been able to compare across time.

The tracker itself also has several limitations. One is that it is not an evidence-based method of tracking burnout or self care. Self-report measures can be unreliable, particularly because I did not have an explicit definition for burnout, stress, or the levels of low, medium, or high that I recorded. Each time I would record my burnout and stress levels, I would simply evaluate how I was feeling that day. The empirical validity of this process could be strengthened with the use of a tracker or assessment tested for validity and reliability. Turner (2005) and Mahoney (1997) used assessments to empirically compare rates of burnout before and after implementing self care routines. To begin again, I would implement such an assessment and periodically have objective data representing my burnout levels.

In my tracker, I logged all self care tasks as equal and in a narrative list form. Because of this, I only can anecdotally report on the self care activities that felt more impactful than others. To fully understand which self care tasks had the greatest influence, I would need a more detailed and categorized system of tracking my self care and burnout.

Beyond the scope of this paper is determining the reasons for not implementing self care when it could be done. Despite the evidence and support for self care as an effective tool for combating burnout, many agencies don't support clinicians in their self care endeavors (Brown et al, 2017). Perhaps clinicians are unaware of the research, perhaps agencies are unaware of the importance of clinicians taking time to care for themselves. Though these questions are not contained within the framework of this research, they are important questions to investigate in future studies.

Implications

These findings have helped me learn about myself and how to best care for my wellbeing. They have also opened my eyes to deep challenges within the field, and have inspired me to look critically at the structures mental health care is build upon. For example, the concept of an unpaid, required internship, is just accepted as the only option. Though I am unsure of how this can start to shift, I hope future graduate students will be paid for their work as interns.

I also am curious about how burnout as a student affects one as a clinician later. If students are doing the bare minimum to pass courses, are their future clients suffering? How can the field ensure quality education and student investment when burnout prevails?

These questions have emerged for me, but I am also comfortable knowing the burden of the answers is not on me alone. I understand that I may not change the direction of the field–and if I do, it won't be at the expense of my own wellbeing.

I am looking forward to graduation and to changes in my time commitments that lie ahead. Despite fluctuating feelings of the symptoms of burnout throughout this process, I can confidently say that I am not burnt out. I am energized by the work I am doing and I can continue to be present, excited, and engaged with clients. This is not to say that my process is fool-proof, or that I somehow magically was able to alleviate stress

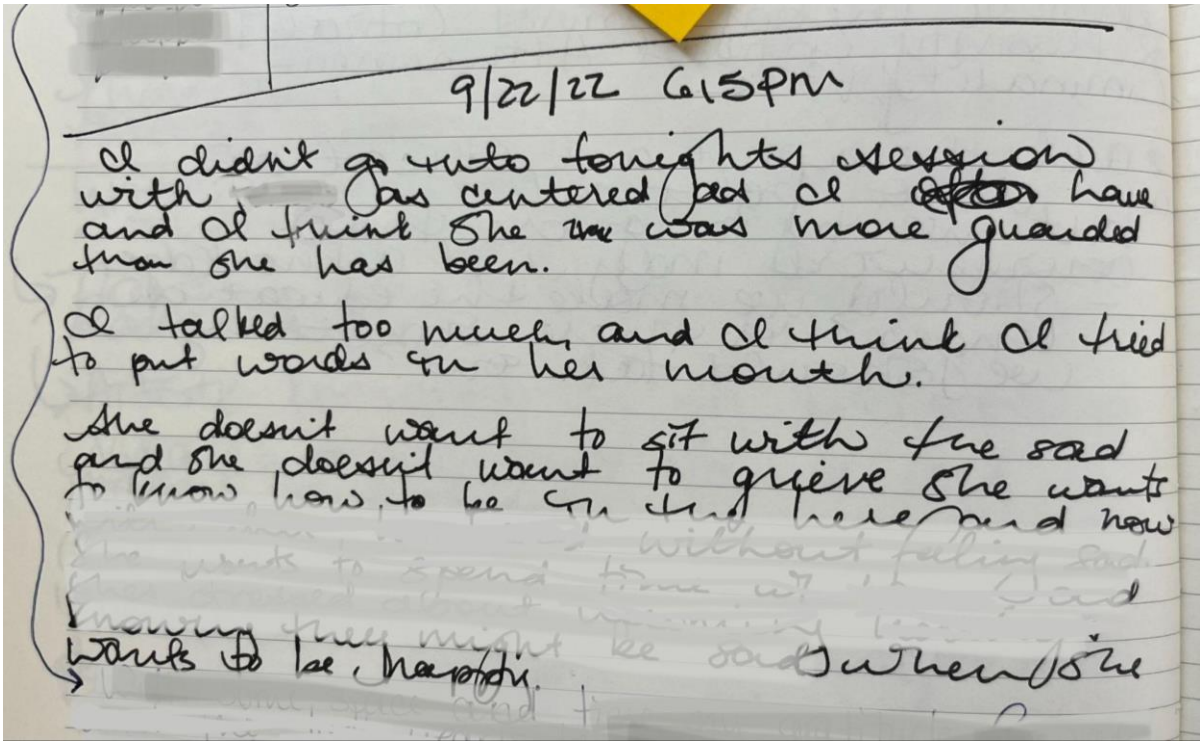
Conclusion

I am sure there will be points in my life and career that I will experience burnout. My hope with this thesis is not to always prevent burnout–though that would be nice. Instead, my wish for myself is that as symptoms of burnout do crop up, that I am able to quickly recognize them, take a step back, and remember what is at the core of the work that I do. I will seek individual therapy and supervision, refresh my self care routine, and do what is needed to get

back on track. I will recognize the inherent dangers of practicing clinically in the midst of burnout. By prioritizing my own needs, I will prioritize my clients.

Though it is not our obligation, as the new generation of mental health providers, we are uniquely positioned to change the field. As new clinicians, we are motivated to bring about positive change in several domains– self-care and burnout prevention can be one of them.

We are invested in viewing clients as a whole person, appreciating and validating the intersection of their identities and experiences. We will use clients' correct pronouns, name the oppressive systems at play, and will not try to ignore the white supremacy ideals woven into the history of mental health care (lookin at you, Freud). As a new generation of therapists, we can lead by example and build burnout prevention into our professional workflow.


9/22/22 6:15PM

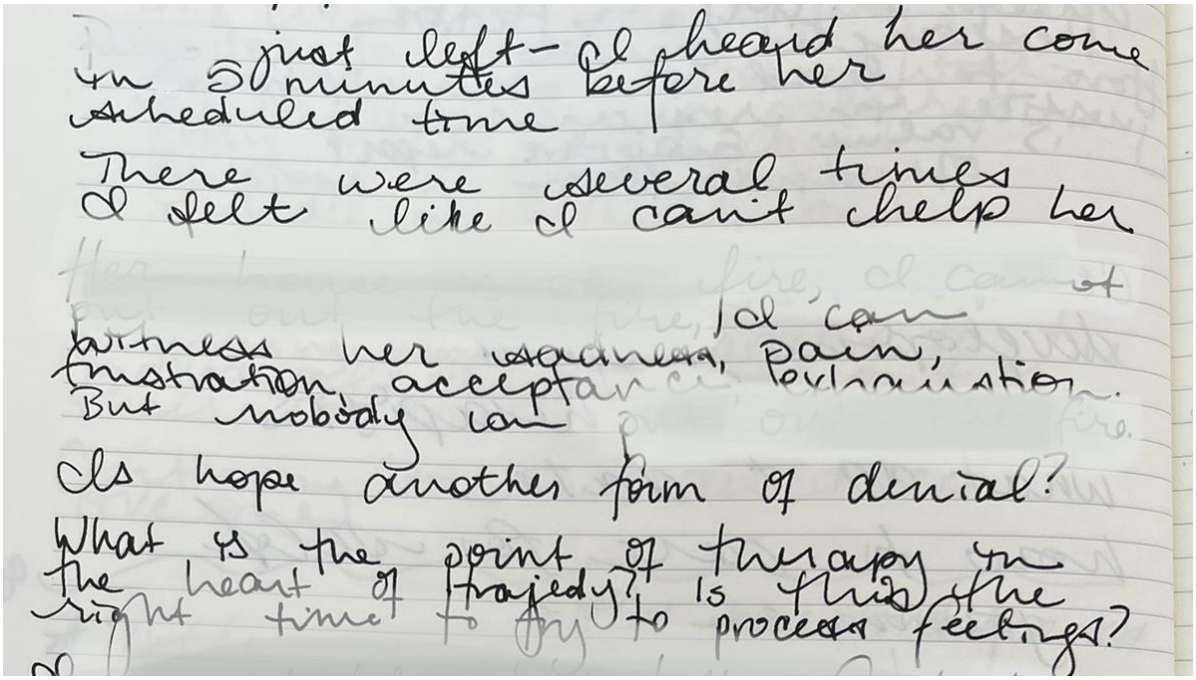
I didn't go into tonights session with [redacted] as centered as I have and I think she was more guarded than she has been.

I talked too much and I think I tried to put words in her mouth.

She doesn't want to sit with the sad and she doesn't want to grieve She wants to know how to be in the here and now

knowing they might be sad when she wants to be happy.

Image 1


just left- I heard her come in 5 minutes before her scheduled time

There were several times I felt like I can't help her

I can witness her sadness, pain, frustration, acceptance, perseveration. But nobody can

Is hope another form of denial?

What is the point of therapy in the heart of tragedy? Is this the right time to try to process feelings?

Image 2

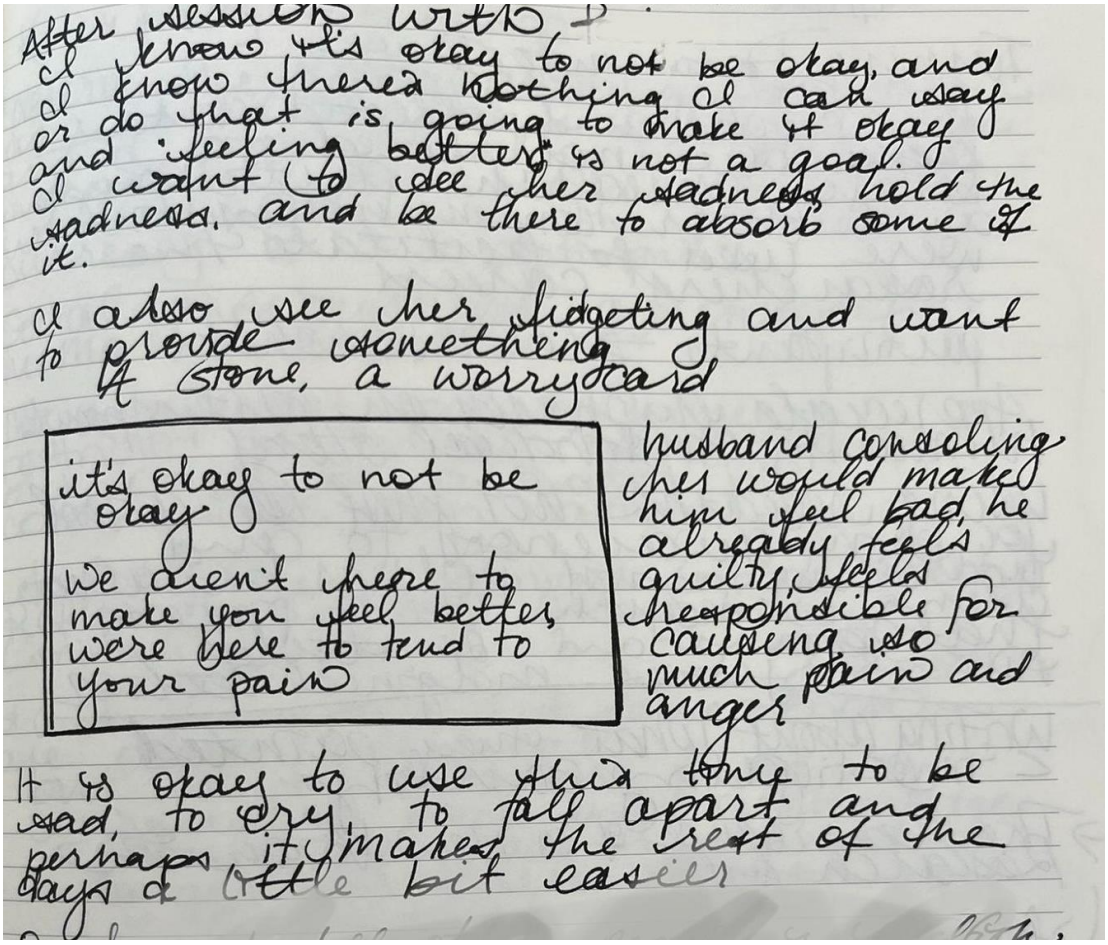

After session with D.
I know it's okay to not be okay, and I know there's nothing I can say or do that is going to make it okay and "feeling better" is not a goal. I want to see her sadness hold the sadness, and be there to absorb some of it.
I also see her fidgeting and want to provide something, a stone, a worry card
it's okay to not be okay
We aren't here to make you feel better, we're here to tend to your pain
husband consoling her would make him feel bad, he already feels guilty, feels responsible for causing so much pain and anger
It is okay to use this time to be sad, to cry, to fall apart and perhaps it makes the rest of the days a little bit easier

Image 3

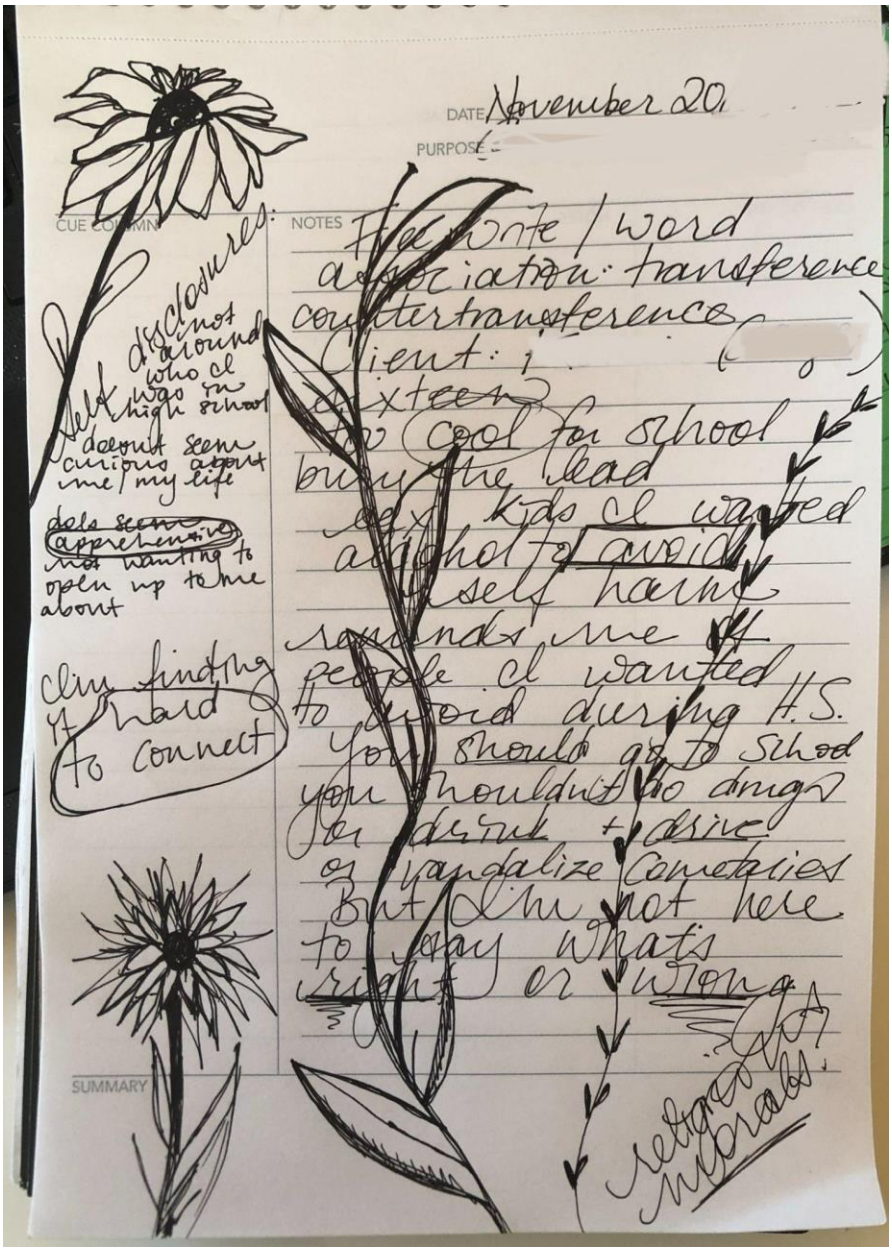

DATE November 20
PURPOSE
CUE COLUMN
NOTES
Free write / word
association: transference
countertransference
Client: 1
sixteen
too cool for school
but in the lead
kids cl wanted
alcohol to avoid
self harm
surrounds me
people cl wanted
to avoid during H.S.
You should go to school
you shouldn't do drugs
or drink + drive
or vandalize cemetaries
But I'm not here
to say what is
right or wrong
disclosures:
disclosing not around who cl was in high school
doesn't seem curious about me / my life
does seem apprehensive not wanting to open up to me about
Cliy finding it hard to connect
SUMMARY

Image 4

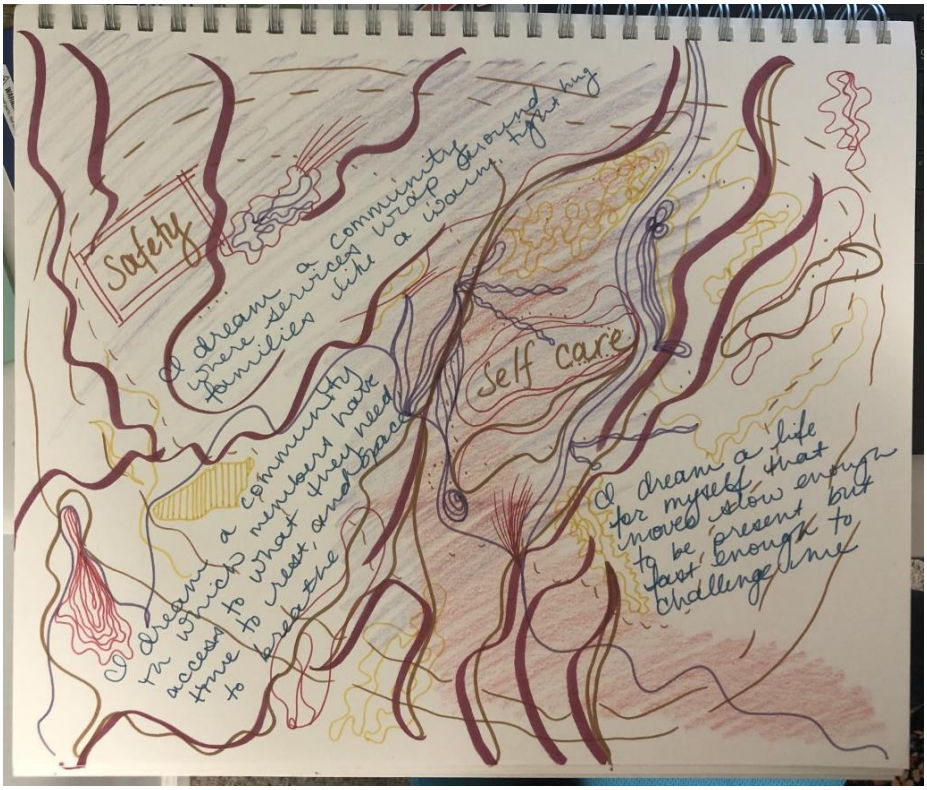


Image 5

Image 6

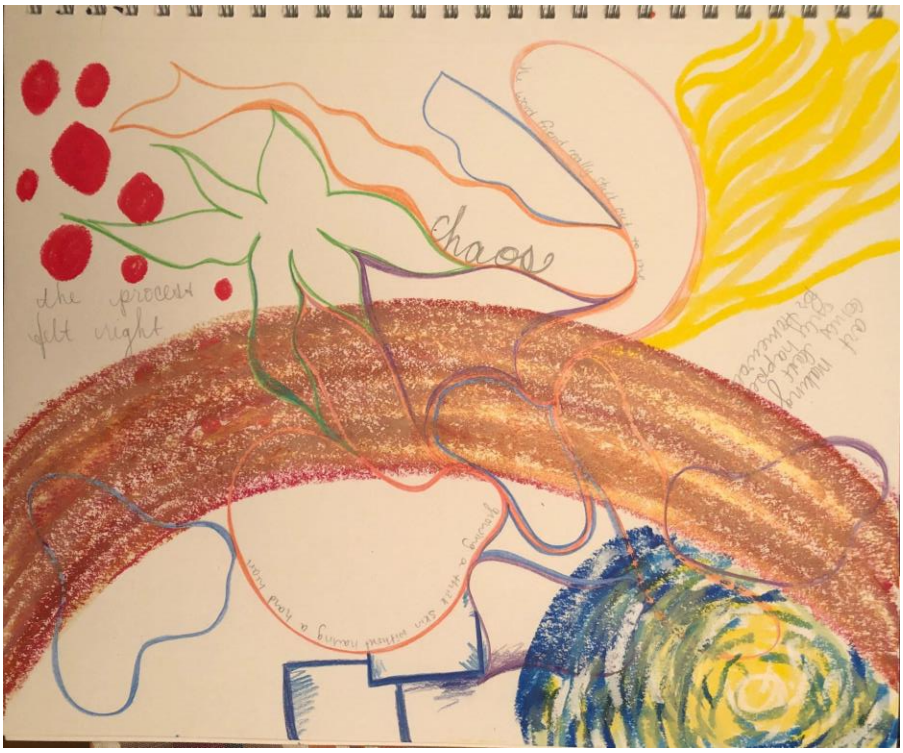


Image 7

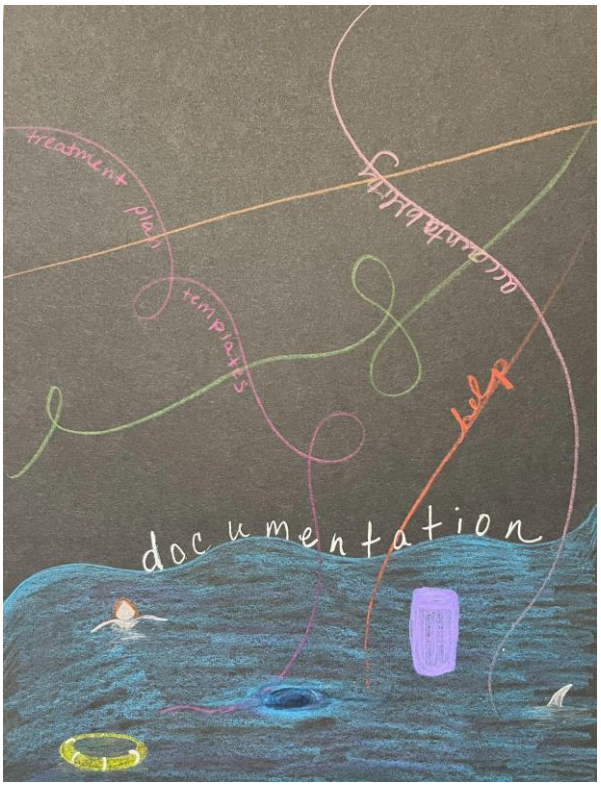


Image 8

References

Bamonti, P. M., Keelan, C. M., Larson, N., Mentrikoski, J. M., Randall, C. L., Sly, S. K., Travers, R. M., & McNeil, D. W. (2014). Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology, 8*(4), 253–260. https://doi.org/10.1037/tep0000056

Basma, D., DeDiego, A. C., & Dafoe, E. (2021). Examining wellness, Burnout, and discrimination among BIPOC counseling students. *Journal of Multicultural Counseling and Development, 49*(2), 74–86. https://doi.org/10.1002/jmcd.12207

Brown, J. L., Ong, J., Mathers, J. M., & Decker, J. T. (2017). Compassion fatigue and mindfulness: Comparing mental health professionals and MSW student interns. *Journal of Evidence-Informed Social Work, 14*(3), 119–130. https://doi.org/10.1080/23761407.2017.1302859

Carmel, A., Fruzzetti, A. E., & Rose, M. L. (2013). Dialectical behavior therapy training to reduce clinical burnout in a public behavioral health system. *Community Mental Health Journal, 50*(1), 25–30. https://doi.org/10.1007/s10597-013-9679-2

Chen, R., Austin, J. P., Sutton, J. P., Fussell, C., & Twiford, T. (2019). MFTs' burnout prevention and coping: What can clinicians, supervisors, training programs, and agencies do? *Journal of Family Psychotherapy, 30*(3), 204–220. https://doi.org/10.1080/08975353.2019.1655698

Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. *Training and Education in Professional Psychology, 10*(4), 188–197. https://doi.org/10.1037/tep0000130

Dyrbe et al., 2016

El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012

Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice, 38*(5), 501–509. https://doi.org/10.1037/0735-7028.38.5.501

Green, A. E., Albanese, B. J., Shapiro, N. M., & Aarons, G. A. (2014). The roles of individual and organizational factors in burnout among community-based mental health service providers. *Psychological Services, 11*(1), 41–49. https://doi.org/10.1037/a0035299

Mahoney, M. J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*, *28*(1), 14–16. https://doi.org/10.1037/0735-7028.28.1.14

McKinzie, C., Burgoon, E., Altamura, V., & Bishop, C. (2006). Exploring the effect of stress on mood, self-esteem, and daily habits with psychology graduate students. *Psychological Reports, 99*(2), 439–448. https://doi.org/10.2466/pr0.99.2.439-448

Mayo Foundation for Medical Education and Research. (2021, June 5). *Know the signs of Job Burnout*. Mayo Clinic. Retrieved March 5, 2023, from https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642

Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology*, *6*(1), 55–66. https://doi.org/10.1037/a0026534

Nash, G. (2019). Response art in art therapy practice and research with a focus on reflect piece imagery. *International Journal of Art Therapy*, *25*(1), 39–48. https://doi.org/10.1080/17454832.2019.1697307

Offstein, E. H., Larson, M. B., McNeill, A. L., & Mjoni Mwale, H. (2004). Are we doing enough for today's graduate student? *International Journal of Educational Management*, *18*(7), 396–407. https://doi.org/10.1108/09513540410563103

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, *25*(3), 247–258. https://doi.org/10.1037/0735-7028.25.3.247

Posluns, K., Gall, T.L. Dear Mental Health Practitioners, Take Care of Yourselves: a Literature Review on Self-Care. *Int J Adv Counseling* 42, 1–20 (2020). https://doi.org/10.1007/s10447-019-09382-w

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

Sim, W., Zanardelli, G., Loughran, M. J., Mannarino, M. B., & Hill, C. E. (2016). Thriving, Burnout, and coping strategies of early and later career counseling center psychologists in the United States. *Counselling Psychology Quarterly*, *29*(4), 382–404. https://doi.org/10.1080/09515070.2015.1121135

Turner, J. A., Edwards, L. M., Eicken, I. M., Yokoyama, K., Castro, J. R., Tran, A. N.-T., & Haggins, K. L. (2005). Intern self-care: An exploratory study into strategy use and

effectiveness. *Professional Psychology: Research and Practice*, *36*(6), 674–680. https://doi.org/10.1037/0735-7028.36.6.674

U.S. Bureau of Labor Statistics. (n.d.). *Consumer prices up 9.1 percent over the year ended June 2022, largest increase in 40 years*. U.S. Bureau of Labor Statistics. Retrieved March 5, 2023, from https://www.bls.gov/opub/ted/2022/consumer-prices-up-9-1-percent-over-the-year-ended-june-2022-largest-increase-in-40-years.htm#:~:text=Over%20the%2012%20months%20ended,Urban%20Consumers%20increased%209.1%20percent.

Warlick, C. A., Van Gorp, A., Farmer, N. M., Patterson, T., & Armstrong, A. (2021). Comparing burnout between graduate-level and professional clinicians. *Training and Education in Professional Psychology*, *15*(2), 150–158. https://doi.org/10.1037/tep0000328

Acknowledgements

This thesis would not be complete if I did not express my deepest, most sincere gratitude for those who have contributed to this journey.

Thank you to the many Lesley faculty including Raquel Stevenson and Michele Farro whose patience, understanding, and teaching have made this work possible.Thank you to my Lesley cohort for ongoing support, grace, and feedback.

Thank you to Lindsey, whose brilliant mind has supported my self discovery, academic and professional endeavors, and overall well being each day since we met. Your fierce advocacy for social justice, strong ethical and moral compass, and innovation in your field has been a constant source of inspiration. Your contributions to this thesis and to my process of discovering self care have been abundant, and your edits to the final stages of this paper are invaluable.

Thank you to Justin, whose consistent and stable presence in my life has made the demands of this past year feel comfortable and manageable; thank you for your understanding and support of my prioritization of self care over other tasks. Your confidence in me has carried me through the days and weeks where self doubt took over, and I am eternally grateful to you.

Finally, to the other members of my support system who have been essential to this endeavor. There are more people than I can name individually, which is a fortune that many do not have, and one I do not take for granted. I have been blessed to share laughter and tears with many. Thank you to those who have contributed thoughtful conversations as I muse about my thesis process, to those who have brought groceries and made me dinner when I have not made the time to cook for myself, to those who have had plans canceled or rearranged due to my schedule, and to Zuri, Margo, and Sully, for the affection and ridiculousness.