Novice Counsellors Experiences of Self-Care: An Interpretative Phenomenological Analysis

by

Carla Petker

A thesis submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Counselling Psychology

Department of Educational Psychology
University of Alberta

Abstract

Self-care for psychotherapists is an important part of maintaining competence and preventing burnout. Early career therapists may be particularly vulnerable to stress at this stage of counsellor development. This qualitative study strove to understand the phenomenon of self-care by examining the experiences of five, female, novice, clinical counsellors. Assisted by the use of Atlas.ti software, interpretative phenomenological analysis of verbatim transcribed interviews identified the participant's meanings of self-care, and generated two higher order themes; the layers of self-care and, transitions: challenges of self-care. Sub themes included, identifying a threshold, prioritizing self, the internal battle and reality of the work. Analysis also provided guidance for counselling training programs such as normalizing the challenge of self-care, preparing students for the transition to work, and engaging in ongoing discussions of self-care.

Preface

This thesis is an original work by Carla Petker. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name "Novice Counsellors Experiences of Self-Care: An Interpretative Phenomenological Analysis", No. Pro00037660, May 23, 2013.

Dedication

This work is dedicated to the memory of Bob and Lorna Setter, whose stories ended much too soon.

Acknowledgments

A research project such as this does not get completed in isolation, even though proposing, conducting and writing a dissertation is at times a very isolating endeavour. There are numerous people for whom I am extremely grateful and without their help I would not have accomplished this goal.

First of all I would like to thank the five participants who freely gave their time to help me bring this research to fruition. Thank you for sharing your stories with me, and the community of readers who will benefit from your experiences.

To my dissertation supervisors, Dr. George Buck and Dr. Sophie Yohani, your support and dedication to my learning has helped me to grow and to develop as a researcher. I appreciate your patience and valuable knowledge, kindness, time and, energy. I am so grateful. Thank you! I would also like to thank Dr. Cheryl Poth for believing in my ability and challenging me to improve my work. I appreciate your positivity, enthusiasm, and encouragement.

To my classmates, thank you for your support, and laughter. I feel incredibly fortunate to have been able to learn with and from you. You have all been a big part of my self-care and my graduate school family. It is so exciting to be a part of this wonderful profession with all of you.

I would also like to take this opportunity to thank the many teachers and clinical supervisors who have influenced my practice. Thank you for sharing your experience and expertise.

Finally, to my friends and family, thank you for believing in me and encouraging me. Jason, you travelled the entire country to help me make my dreams come true. Your support is priceless. Thank you for caring for me and helping me care for myself.

Table of Contents

List of Tables

List of Figures

Chapter One: Introduction

Background

Psychotherapy is an emotionally and mentally demanding profession leaving psychologists vulnerable to burnout (Canfield, 2005). Psychologists experience the same life struggles as the average person; marital, relationship, grief, depression, anxiety, alcohol and drug abuse (Gilroy, Carrol & Murra, 2002) that are often compounded by the psychologist's experience of emotional exhaustion as they are witness to client's traumatic stories (Rupert & Morgan, 2005). However, it is difficult to estimate the level of impairment among practicing psychologists since many underestimate their level of impairment, afraid of possible repercussions if they were to divulge their vulnerabilities (Smith & Moss, 2009).

Importance of Self-Care

Ethical necessity. Ethical competence as therapists, involves taking care of the self in order to be most effective and present for clients. Various articles on ethics (Barnett, 2007; Elman & Forrest, 2007; Pope & Vasquez, 2007; Schoener, 2007; Werth, Cummings, & Thompson, 2008; Barland-Edmondson, 2009) signify the acknowledgment of self-care as an important aspect of maintaining competence for ethical practice of psychology: "Failure to do so may result in harm to our clients, our profession, ourselves and others in our lives" (Barnett, 2007, p. 603). Psychotherapists may become so busy contemplating and attending to the needs of clients that their own needs for establishing and maintaining a healthy lifestyle become secondary. Psychotherapists are held up to a standard that protects the profession of psychology and the public, and as such are expected to role model self-care behaviours (Canadian

Psychological Association, 2000). The Canadian Code of Ethics for Psychologists (CPA, 2000) calls for psychologists to practice self-care in order to avoid burnout or any other condition that might impair judgment and challenge a psychologist's ability to help rather than harm others. Further, the code of ethical conduct standards of clinical practice and guidelines for registered clinical counsellors, calls for engagement in self-care activities, in recognition of the unique professional stresses involved in counselling practice, and in order to maintain optimal levels of professional practice (British Columbia Association of Clinical Counsellors, 2008).

Prevention of burnout and other compassion fatigue syndromes. For over three decades researchers have studied the effects of burnout (Freudenberger, 1975; Kahill, 1988; Cordes & Dougherty, 1993; Maslach & Leiter, 2008) and the personal lives of psychotherapists have been studied for over twenty years (Guy, 1987; Mahoney, 1991; Skhovoldt & Ronnestad, 1992). Burnout is considered a result of chronic emotional and interpersonal job stressors with three dimensions; exhaustion, cynicism and inefficacy (Maslach, Schaufeli & Leiter, 2001). Exhaustion occurs when emotional and physical resources are pushed past their limits. This can lead to physical illnesses as well as feelings of discouragement, boredom, and anger, and behaviours such as risk-taking and inflexibility (Freudenberger, 1975). Exhaustion can lead to cynicism, the interpersonal component of burnout in which individuals may develop "a negative, callous, or excessively detached response to various aspects of the job" (Maslach et al., 2001, p. 399). Inefficacy refers to the aspect of burnout that is more self-evaluative and is characterized by "feelings of incompetence and lack of achievement and productivity at work" and is most likely influenced by both exhaustion and cynicism (Maslach et al., 2001, p.399).

Research on burnout specific to workers in the helping professions has also been conducted throughout the years. In her article about recognizing and coping with burnout in the nursing profession, Joinson (1992) spoke with a crisis counsellor, Doris Chase, who referred to "a unique form" of burnout she called compassion fatigue which is specific to "people in caregiving professions" (p. 116). Symptoms of compassion fatigue can include shortened attention span, exhaustion and related physical complaints (i.e. headaches or stomach aches), depression, and anger that is incompatible with the situation (Joinson, 1992). Many researchers since have studied compassion fatigue including how it relates to counsellors. Figley is one such researcher who, since the 1970's, has been studying the effects of caring for those who have endured trauma. Figley (2002) explores the concept of compassion fatigue, which he argues differs from burnout because it involves "specific exposure to the trauma and suffering of a specific client" (p. 1436). "The meaning of compassion is to bear suffering. Compassion fatigue like any other kind of fatigue reduces our capacity or interest in bearing the suffering of others" (Figley, 2002, p. 1434).

Other terms have been used to describe the stress syndromes related to providing therapy. McCann and Pearlman (1990) used the phrase "*vicarious traumatization*" to describe the "profound psychological effects […] that can be disruptive and painful for the helper" and may "persist for months or years after work with the traumatized person" (p. 133). Stebnicki (2008) theorizes counsellors who are client-centered and have strong empathic connections with their clients are at greater risk for developing what he refers to as *empathy fatigue.* Empathy fatigue can have "acute, cumulative and delayed onset reactions" due to engaging in numerous client

sessions (trauma or non-trauma related) which may lead "to a deterioration of counsellor resiliency or coping abilities", and cause "psychological, emotional, mental, physical, spiritual, and occupational exhaustion" (Stebnicki, 2008, p. 15-16).

Researchers of burnout have given the phenomenon recognition and have provided understanding of the effects of not taking care of self. An estimated 6000 publications on burnout have been printed in the last 35 years (Schaufeli, Leiter & Maslach, 2009). Recent research suggests a shift in research focus from remediation to understanding prevention in order to learn what can be done to prevent the damaging effects of burnout on the professional and personal lives of psychologists (Skovholt & Trotter-Mathison, 2011). It is no longer sufficient to only treat burnout but to learn how to prevent it in order to circumvent the loss of years of study and experience it takes to be a competent therapist.

Researcher Background

I was diagnosed with a chronic illness when I was an adolescent and have spent many years accommodating for an illness that has been life changing and unpredictable. My interest in self-care was further heightened when I began graduate school in the field of counselling psychology. A full program of practice, research, and academic study left little time for self-care. I was supposed to focus on my health and make sure I got the rest and balance my body needed. Yet the academic and practice (i.e. counselling clients) components of graduate school added another dimension to an already full life. Caring for another human being's mental health is an overwhelming task for the neophyte amidst all the other requirements of graduate school. How

was taking care of myself going to fit into this new life? I decided to investigate how self-care becomes part of a psychotherapist's practice for my master's research.

One way of learning to prevent burnout by creating a self-care practice is to learn from those who are more experienced. My master's thesis produced narratives from three practicing psychotherapists who were peer identified as being effective at maintaining self-care. Their narratives revealed learned self-care lessons over the course of their personal and professional lives. These stories became the impetus for the current research. The lessons or themes derived were (1) Balance, (2) Boundaries, (3) Relationships, (4) Recreation, (5) Priorities, (6) Opportunities, (7) Self-Awareness, and (8) Work as Self-Care (Petker, 2009).

Several questions arose for me at the conclusion of this research. How to disseminate this information? Could this information now be applied to benefit others? Would it be helpful? Among the literature there are several articles that discuss the self-care strategies that psychologists use to prevent burnout. The narratives of these seasoned therapists interviewed for my thesis provided hope that self-care can be developed and become an integrated part of professional practice. However, I was still concerned about the difficulties of starting practice for new therapists and feeling curious about the experiences of self-care for novice therapists. Novice therapists encounter an extra challenge simply by being new to the profession. As someone early in her therapeutic career, I can identify with the insecurity and discomfort of growing pains around finding confidence in this profession. While conducting my master's thesis, I was struck by the uniqueness of the narratives. There are some clear themes to self-care strategies but the actual act of self-care is very unique and a "one-size fits all" plan may not be

the most effective way to promote self-care practice. One of my goals of self-care research is to provide a greater understanding of the phenomenon, in order to promote the practice and to aid practitioners. To facilitate this endeavor, my curiosity about what would be helpful for neophyte therapists to support their self-care journey is focused on the experiences of novice counsellor's self-care.

Statement of Purpose

The proposed study is guided by the question: What is the self-care experience of novice counsellors? This qualitative study reaches beyond provision of a description of the self-care process; it provides insight into the meaning of self-care for early career therapists as well as providing participants with an opportunity to reflect about their own self-care. It also provides guidance for training programs in ways in which they can be helpful in creating an environment that boosts confidence and promotes the practice of self-care.

There is a paucity of literature recognizing the effectiveness of self-care education for psychologists (Smith and Moss, 2005), which is puzzling when psychologists have indicated a lack of knowledge on how to remediate impairment (Sherman, 1996). However, when psychologists are more educated in self-care activities in order to prevent burnout they are more likely to engage in them (Skorupa & Agesti, 1993). Graduate training programs usually lack clear and consistent support for the self-care of its students with only a few exceptions (Christopher, Christopher, Dunnagan, & Schure, 2006). Once students graduate from school they lose the everyday support of classmates and professors, supervisors and colleagues. This leads to vulnerability if they have not been given the guidance necessary in graduate school to develop a

self-care regime and awareness. There is a likelihood of younger therapists working in higher stress settings with little supervision (Baker, 2003) such as agency work which is generally more populated by younger psychologists and is usually more stressful (Rupert & Morgan, 2005). New therapists are at greater risk of ignoring self-care (Ackerley, Burnell, Holder, & Kurderk, 1988; Sherman & Thelen, 1998) and "young therapists who are beginning their careers should be especially cognizant of possible impairment because of the stress inherent in starting a practice" (Sherman & Thelen, 1998, p. 83).

The body of literature on self-care is growing, providing valuable information and insight into the phenomenon. Yet this newly acquired knowledge is not always applied in future research for further examination of its relevance and usefulness. Research and case work influences and supports professional practice. The bulk of the research to date is focused on self-care strategies and recommendations for creating a self-care practice. However, there is a gap in the counselling literature relevant to a clinician's real experiences (McLeod, 2002); therefore, a production of research with practical relevance to psychologists work is needed (Fishman, 1999). With this research project I hope to shed further light on the self-care experiences of novice counsellors, an often vulnerable population when it comes to the stress of beginning in the profession of psychotherapy.

Overview

In the following chapter I present a review of the literature base on self-care including definitions of self-care and the findings from my thesis research. In chapter three I discuss my methodological framework, research design, data collection, management and analysis, as well

as explanation of steps to ensure validity. Chapter four introduces my participants and the findings of my analysis including a description of themes, and discusses how this research adds to our knowledge base. Finally, chapter five discusses the implications of this research, recognizes its limitations, and provides recommendations and suggestions for future directions.

Chapter 2: Literature Review

The following review of the literature begins with a look at the various attempts to define the concept of self-care as well as to identify the competency motivated behavior that is associated with good self-care. Also, studies of self-care of students, and licensed therapists, as well as the findings of my thesis on self-care are presented.

Self-Care Defined

Several authors define self-care as the integration of physical, cognitive, emotional, play, and spiritual elements of the self (Faunce, 1990; Moursand, 1993; Porter, 1995). Another describes self-care as a self-motivated practice of behaviors that encourage health and wellness (Bickley, 1998). Further, self-care is defined as the creation of a high level of professional and personal functioning involving intentional engagement in specific activities (Cooney, 2007).

There are several proponents of developing a deeper level of knowing and a strong self-awareness (Baker, 2003; Weis, 2004; Stevanovic & Rupert, 2004; Richards, Campenni, & Muse-Burke, 2010). According to Baker (2003) there are three components of self-care: self-awareness, self-regulation, and balance. Self-awareness involves kind, honest and direct observation of our own physical and psychological experiences, and supplies the information needed to attend to one's own needs, which is essential to being a responsible and effective psychotherapist (Baker, 2003). Self-regulation of emotion and stimulation aids in creating and maintaining balance. Balance is fundamental in tending to our physical, mental, and spiritual needs as well as interpersonal and professional needs. Weis (2004) also discusses the importance of self-awareness by encouraging therapists to learn to understand one's inner world and to be

aware of their physical and emotional limits.

Others perceive self-care as part of the larger concept of wellness. Myers, Sweeney and Whitmer (2001) developed their model of wellness from multiple disciplines; personality, social, clinical health and developmental psychology as well stress management, behavioural medicine, psychoneuroimmunology, ecology and contextualism. Their definition of wellness is "a way of life oriented toward optimal health and well-being in which body, mind and spirit are integrated by the individual to live more fully within the human and natural community" (Myers, Sweeney & Whitmer, 2001, p. 252).

Competency based definitions.

We expect a certain level of competence from psychotherapists. Some authors describe states to which therapists should strive in order to be more competent. The behaviours necessary to achieve these states are those which in the previous section have been defined as self-care. It would seem then self-care behaviours promote these states described in the following section; fitness to practice, passionately committed, career sustaining, and well-functioning.

***Fitness to practice*.** Fitness to practice describes the optimal state the therapist must be in to perform therapy (Tribe & Morrisey, 2005). Therapist's must possess strength of character to be aware of and work with difficult emotional and cognitive states around which they must maintain boundaries in order to remain engaged in the client work (Tribe & Morrisey, 2005). Therapists need the physical ability to sit undistracted, to be a clear presence and to reflect, and to use what is said in session for the benefit of the client (Tribe & Morrisey, 2005). In short emotional, intellectual, and physical ability are integral to the therapists work and a deficit in one

may possibly diminish the therapist's ability to help her clients. However, if a therapist's capacity to work feels diminished in any way, stopping work is not necessarily the ideal way to manage compromised fitness to practice. Early cessation of client work could cause more harm than continuing treatment on a reduced schedule. Tribe & Morrisey (2005) clarify a counsellor "needs to be good enough, not perfect" (p. 153), normalizing the fact that some challenges towards fitness to practice during a therapist's career are inevitable. The key is to make sure the client's needs are prioritized.

Passionately committed. In order to learn more about psychotherapists who remain passionate about their work, Dlugos and Friedlander (2001) studied the experiences of twelve peer nominated psychotherapists. Through a review of the literature on optimal experience, burnout and commitment, Dlugos and Friedlander (2001) developed the following definition for passionate commitment to guide their research:

> ...a sense of being energized and invigorated by work rather than exhausted by it; the ability to thrive and love one's work in spite of the personal and environmental obstacles one might face in it; a demonstrable sense of balance and harmony with other aspects of one's life; and a sense of energizing and invigorating those with whom one works (p. 298).

The narratives developed from the participant interviews revealed four main themes with several categories within each theme. The first theme of *balance* was acknowledged by all participants and was further defined by four categories: maintaining boundaries between work and personal life, engaging in non-professional activities to maintain balance and passion, seeking diversity

within work activities, and recognizing the power of economic forces to diminish passion. Participants highlighted the importance of balancing the business aspect of psychology noting that being focused on the financial gains of the work does not promote passion for the work. The second theme was *adaptiveness and openness* which describes the flexibility the participants demonstrated in dealing with difficulties of therapeutic work. The categories that elucidated this theme were obstacles become challenges, and hunger for supervision. Participants were asked about the obstacles that interfere with their work and they explained changing perspective to view the obstacles as challenges, and using supervision, were ways they managed these obstacles. The third theme *transcendence and humility*, is furthered clarified by the categories of acknowledgement of the spiritual dimension of being a therapist, and locating the significance of therapy within social and communal responsibility. Finally the fourth theme*, intentional learning*, was identified by the researchers as most influential to the participants. The specific categories under this theme were; complementarity of personal and professional development, work as a therapist facilitates congruent self-expression, and continued fascination with human development and change. Participants indicated work as a therapist has helped them to learn more about themselves, to realize that it is part of who they are, and the work is a privilege.

In an extension of Dlugos and Friedlander's (2001) work, Miller (2007) discovered very similar themes yet highlighted two additional themes, personal fit with role, and passion-supporting beliefs. Within the theme of personal fit participants revealed the importance of intimacy and connecting with their clients, motivation to practice therapy, and enjoying the "aesthetics" of therapy (Miller, 2007, p. 175). Beliefs that seem to support a therapist's passion

are viewing the therapeutic relationship as an equal one, and practicing from a strengths-based approach. Miller (2007) believes these are key components to maintaining energy and passion for the work.

Career sustaining. Career sustaining behaviours (CSB) refer to the activities or strategies to "enhance, prolong, or make more comfortable one's work experience" (Brodie, 1982, p. 1). Subsequent researchers have pursued this particular idea of career sustaining behaviours. For example, Kramen-Kahn and Hansen, (1998) studied the interrelationships between hazards, rewards, and coping strategies of psychotherapists, including what was considered career sustaining behaviour. Some of the most endorsed CSB's by the 208 participants were maintaining a sense of humour, perceptions of clients problems as interesting, renewal from leisure activities, maintaining objectivity about clients and case consultation.

Stevanovic and Rupert (2004) explored gender differences of career-sustaining behaviours of professional psychologists. The career-sustaining strategies ranked as most valuable were: spending time with family/partner, maintaining balance between personal and professional lives, having a sense of humour, self-awareness and maintaining professional identity. Female participants indicated several career-sustaining behaviours were central to their well-functioning; personal therapy, time with friends, discussing work frustration with colleagues, participating in case conferences, regular contact with referral networks, continuing education, reflection on positive experiences, and engagement in quiet leisure activities. These CSB's were also important to men but to a lesser degree with personal therapy seen as somewhat less important to the male participants. These results are similar to what Mahoney (1997)

reported when he surveyed psychotherapists attending a conference on briefer therapies noting more female respondents indicated they were more likely to engage in personal psychotherapy. However, Lawson and Myers' (2011) study of counsellors use of career-sustaining behaviours differed slightly from Stevanovic and Rupert (2004), and indicated counsellors top rated CSB's were to; reflect on positive experiences, engage in quiet leisure activities, and try to maintain objectivity about clients.

Based on their study of career-sustaining behaviours, Rupert and Kent (2007) developed and recommended three strategies: follow a cognitive strategy for keeping work in perspective, foster self-awareness and self-monitoring, and work towards maintaining a healthy balance between work and personal activities.

Rupert, Miller, Tuminello Hartman & Bryant (2012) used the data from the Rupert and Kent (2007) study to identify factors that predict high levels of career satisfaction by generating two groups from the participant data, those with high career satisfaction and those with moderate career satisfaction. By distinguishing the data in this way, the recommendations were somewhat different than the previous study: balancing professional and personal lives through relationships and activities outside of work, establishing cognitive strategies such as maintaining objectivity, awareness, and savouring the rewarding aspects of the work were more highly recommended (Rupert et al., 2012).

Briggs and Munley (2008) conducted a quantitative study searching to answer the following questions: How stressed psychotherapists feel overall in their lives?, How stressful clinicians find their work as psychotherapists?, and How stressful clinicians experience their

therapeutic work with the one individual client studied as part of the current investigation? More experienced therapists reported less overall stress and less work stress, as well as experiencing less stress with the identified client they selected to report on for the study. More experienced clinicians also reported engaging in more career sustaining behaviours and maintained better working alliance with their clients even if the client was considered difficult. What constitutes as "experienced" therapists differs among studies, with a minimum of ten years of experience being the lowest requirement (Theriault & Gozzola, 2005; Moltu, Binder & Nielsen, 2010; Oddli & Ronnestad, 2012). Therapists reporting higher overall stress, work stress and client stress reported lower working alliance scores and less use of career sustaining behaviours. These results indicate therapist stress may influence psychotherapy, and specifically working alliance. The implication then, is by actively maintaining their own self-care, psychotherapists may also maintain better working alliances with clients.

Well-functioning. Well-functioning refers to the "enduring quality in one's professional functioning over time and in the face of personal and professional stressors" (Coster & Schwebel, 1997, p.5). Coster and Schwebel (1997) researched what psychologists considered to be most important to well-functioning. Based on their findings they suggest a number of actions to assist with signs of impairment: (1) interpersonal support including connecting with peers to manage the stresses of the profession, as well as support from friends and family, (2) intrapersonal activities such as self-awareness and self-regulation, (3) professional and civic activity which may encourage a sense of community, and accomplishment by being part of

something larger; and (4) self-care activities that tend to personal well-being and professional development.

Summary.

Despite the variations in defining self-care, there appears to be a consensus in terms of knowing self, tending to one's needs and wants, and the creation of balance. Physical, cognitive, emotional, playful and spiritual elements of self are all important in self-care as well as the ability to be flexible, to be open, and to keep a sense of humour. One's intentional participation in behavior which encourages good health and wellness as well as setting and maintaining boundaries allow a psychotherapist to engage in emotional work and in fact be invigorated by it.

Further Research on Self-Care

Psychotherapists strive to help others live the best lives possible, and this drive may cause them to ignore the pursuit of their own best life. As mentioned in chapter one, the present research is influenced by the findings of my master's thesis (Petker, 2009). This 2009 study's participants provided insight into the subtleties of self-care, providing lessons to other psychotherapists which are outlined in the following themes; balance and priorities, boundaries, relationships, recreation, opportunities, self-awareness, and work as self-care.

Balance and priorities. Balance as a strategy for self-care is referenced throughout the literature (eg. Baker, 2002; Stevanovic & Rupert, 2004; Miller, 2007). Baker (2002) refers to the dualism inherent in balance as we try to negotiate "opposing forces" in life. Some of these forces specific to therapist self-care are balancing the needs of self with the needs of others (time for

self and time for others) and professional activities with non-professional activities (work and leisure).

In my thesis, balance and priorities are separated as two themes. After reflection and more reading, these two seemed to naturally fit together. Knowing what one's priorities are in life helps one to understand where one spends time. Our time is ultimately what we need to balance. There is no explicit mention of setting priorities in the literature, yet it seems to appear implicitly in relation to balance and boundaries. As noted in my thesis, one participant's insight was particularly intriguing; she spoke about giving time away, reflecting that the most important things being in your calendar and your cheque book. Where one chooses to give one's time may be indicative of priorities and lead me to ask the following questions: Is it nurturing? Is it supportive of their goals? Is it restorative? A lesson taught by the participants was to understand what balance means for the individual and how our priorities influence our self-care.

Boundaries. Norcross and Guy (2007) recommended setting boundaries as one of their strategies, and boundary setting was also considered a critical part of self-care according to my participants. The participants all mentioned creating work schedules that fit with their lifestyles and establishing boundaries in their professional and personal lives. Participants also discussed the need to establish clear boundaries with client's, noting that part of this boundary is recognizing the responsibility the client has for making change in their life. One participant revealed her boundaries are influenced by "what she is willing to do, wants to do, and will do" (Petker, 2009, p. 94). Participants also spoke of being able to create a mental and sometimes physical boundary between work and home life and the importance of avoiding engaging in a

therapist role in personal relationships.

My participants did not mention setting boundaries with co-workers but perhaps this is because the participants were nearing the end of their careers and it was no longer a challenge for them. Participants of one dissertation (Martin, 2009) noted it was expected the new psychologists would take on additional clients and clinical responsibilities to prove they were interested in professional growth which would often require longer hours. Setting limits with supervisors or colleagues was a challenge for participants because it was not always perceived as taking care of themselves but as being unmotivated. In another study, participants also talked about setting limits and boundaries realizing that if one goes beyond their limits they are more likely to burnout and be less helpful to their clients (Fucci, 2008).

Relationships. Cultivating and maintaining professional relationships with peers and supervisors as well as personal relationships with friends and family has been recognized as a key ingredient to self-care (Norcross, 2000; Stevanovic & Rupert, 2004; Rupert & Kent, 2007; Norcross & Guy, 2013). Participants indicated the value they placed on professional and personal relationship in regards to self-care. Colleagues provide a space to discuss challenges associated with therapeutic work, and interactions with friends and family ground them in life outside of work.

Recreation. Participants acknowledged the sedentary nature of therapeutic work and advocated for incorporating physical recreation into life. Norcross and Guy (2007) compiled years of research on self-care to develop a guide to therapist self-care. One suggestion they

make is sustaining healthy escapes. Healthy escapes include; vacations, leisurely pursuits, play and meditation.

Fucci (2008) interviewed nine female graduate students from a clinical psychology program about their experiences of vicarious trauma including what types of self-care and support they found helpful. The most common type of self-care was exercise with leisure activities being a close second. Reading, cooking, listening to music, spending time with family and friends were also important self-care activities.

Another study questioned what leisure contributes to the well-being of mental health professionals (Grafanki, Pearson, Cini, Godula, McKenzie et al., 2005). Four themes were discovered*; leisure mind, leisure space, connection and reward*. *Leisure Mind* is a general state of mind and attitude that allows for enjoyment of being in the moment and experiencing true leisure. Participants identified that age was a factor; as the participants got older they realized that time was passing by and therefore more precious. While engaged in true leisure, participants reported feeling fewer demands, less pressure and worry, stating their minds were relaxed, calm and at peace. These feelings allowed participants to let go and truly connect with their experience and to truly be in the moment helping participants to be more aware of their surroundings. Participants also indicated that leisure needs to be an end in itself; to consciously relax and unwind.

Leisure Space refers to the "where" of leisure with nature (e.g., sky, water, wind, woods, beach, as well as seasons and natural elements) in helping them enjoy true leisure moments and also come closer to their spirituality. Participant's images of leisure were often related to

spiritual moments when they felt a closer connection with something bigger. Leisure pursuits that appeared to bring participants closer to spirituality included: arts, cooking, music, meditation, physical activity, walking/trekking, swimming, physical labour and prayer.

Under the theme of *Connection*, connection with self, connection with family, and connection with a wider community, were all indicated as important aspects of leisure. Intimacy and sharing with family and friends emerged as paramount. Leisure contributed to individual spirituality and to a greater sense of self. Half of the participants expressed the importance of contributing and creating within their larger communities.

The theme of *Rewards* illuminates the perceived benefits and outcomes of leisure. Participants reported that leisure was very important in establishing and maintaining balance in their lives. Leisure was considered a means of coping with daily life, offering a refuge from life's fast pace. Leisure created meaning making and purpose in their lives via the ability to replenish and renew. Participants also revealed taking time for leisure allowed them to work better with clients as they could ground themselves and be more present and available to their clients.

Quality of leisure was more important than quantity. Leisure seems to help professionals expand their empathy and understanding of clients since it appears to assist therapists in becoming more connected with the deeper parts of their own selves.

Opportunities. Participants spoke of seizing opportunities when they arrive. The search of the literature provided little evidence of taking advantage of opportunities as a part of self-care. However, Dlugos and Friedlander (2001) noted that passionately committed therapists are open to experiences that may provide energy or sustainability. Attending to environment may

help therapists become more open to opportunities. Self-awareness and understanding may help a therapist to discover which opportunities will be energizing and career-sustaining.

Self-Awareness. As mentioned in the previous sections, the literature has endorsed the importance and usefulness of attending to one's own well-being, including observing when one may not be well (Maslach & Goldberg, 1998; Schwebel & Coster, 1998; Norcross, 2000; Baker, 2003; Weiss, 2004). Part of the discussion with the participants of my thesis was talking about the opposite of self-care which meant they were engaging in activities that were contrary to what was supportive and inauthentic to their being. For the participants the opposite of self-care was feeling run-down, not being in their bodies, and not being physically active. However, the participants understood what was happening. In some cases others close to the participants had recognized the dysfunction before the participants saw it. These participants were also self-aware and innately knew what was going on when their bodies and minds were not well. This need for self-awareness to have effective self-care is congruent with the definition of self-care discussed previously.

These participants were seasoned therapists with a keen awareness of their strengths and limitations. Due to this strong sense of self-awareness they were able to make change and care for themselves, demonstrating a commitment to clients and to themselves. Participant stories also highlighted the many pressures that influence psychologists including, societal, professional and personal, and how important it is to establish and maintain realistic expectations for oneself. For example, one participant thought she needed to keep up with her peers who were seeing more clients per day than she was, so she opened up her schedule for more client appointments. Within

in a very short amount of time she noticed the toll it was having on her and in fact needed time to recuperate from that experience. Her story highlights how unhelpful it is to compare ourselves to others, and to tend to our own needs.

In one study, participants stated they started their own individual therapy while in graduate school which helped them manage the change and growth they were experiencing (Fucci, 2008). Student therapists enrolled in a cognitive therapy training course recognized the benefit self-reflection and self-knowledge provided to themselves and to their feelings of competence (Bennett-Levy et al., 2001).

Work as self-care. Contrary to escaping work, I was enlightened by my participants who suggested that work could indeed contribute to self-care. One participant indicated her self-care was enhanced through work because it was such a positive and exciting place to be as their group practice developed. This surprised me and I became aware that I believed work was the opposite of self-care.

My thesis participants all said they were are able to leave work behind at the end of the day, but sometimes it can be very difficult to leave the stories of clients at the office. Psychotherapists often ponder cases while “off duty”. Earlier I noted the participants spoke about boundaries, creating spaces and choosing to give time. It is imperative therapists cognitively and consciously engage in behaviours and set boundaries in order to maintain a sense of control.

The career-sustaining behaviours noted earlier, may provide some explanation for work as self-care by highlighting the stimulation that can come from the work, and not viewing work as stressful but as important and beneficial (Miller, 2007). This is evident in one participant’s

statement about their work, "making that connection with clients, not as a patient but on a very personal level. I look for that all the time. That is my joy" (Miller, 2007, p. 175). Further, benefits of therapeutic work such as knowing you have been helpful, and creating freedom and independence as part your practice could be arguments for work as self-care (Norcross & Guy, 2013).

Mindfulness. One strategy for self-care my participants did not discuss specifically is mindfulness, which has received much attention in the counseling literature and has been developing as an area of interest within the self-care research. The following section highlights some of the studies directly related to therapist's use of mindfulness as a self-care strategy.

In recognition of the lack of self-care education within training programs Christopher et al. (2006) developed and evaluated a course for this purpose. Christopher et al. (2006) developed a semester length course for counselling students focused on stress reduction and incorporating mindfulness to build personal and professional growth. The course involved an experiential component including yoga, meditation, and mindfulness practices. Students were also expected to engage in these practices outside of class time. The course included readings, presentations and journal writing. Students participated in a focus group near the end of the course and revealed they were motivated to take the course to learn the techniques for themselves and their clients. Students indicated they noticed positive changes in their physical, mental, and emotional health as well as an ability to stay focused and in the present moment.

Christopher and Maris (2010) followed up with the students who had participated in the above mentioned mindfulness-based course. Students who had completed the course within two

to six years, engaged in semi-structured interviews. Participant responses revealed continued growth in physical, emotional, and mental health. Participants reported an increase in self-awareness and self-acceptance, and improved personal relationships. Participants also disclosed the course had a positive influence on their therapeutic relationships with clients as well as their theoretical and conceptual framework of counselling practice.

In 2007, Shapiro, Brown, & Biegel set out "to promote the well-being and stress tolerance of trainees preparing to enter the demanding counseling and psychotherapy professions" (p. 106). The purpose of this study was three fold. First, to measure the effectiveness of mindfulness-based stress reduction program (MBSR) (Kabat-Zinn, 1982) on the mental health of student therapist trainees, using a variety of cognitive and affective indicators. The second purpose of the study was to examine the process by which benefits are achieved through MBSR, and does MBSR increase mindfulness and have positive outcomes. The third purpose of the study was to explore the relationship between mindfulness practice and mental health outcomes, specifically examining the associations between amount of mindfulness practice and the well-being outcomes. Participants were 54 Masters level counselling students each attending one of three different classes. One class offered mindfulness-based stress reduction as part of the curriculum; the other two courses served as cohort controls.

Participants received eight weeks of two-hour sessions of mindfulness-based training modeled after the Kabat-Zinn (1982) program. Both didactic and experiential elements of MBSR were delivered. MBSR is premised on the belief that being aware in the here and now encourages a disengagement from self-related thoughts (rumination) and emotions (anxiety) that

could have a detrimental effect on well-being (Shapiro et al., 2007, p. 108). The students followed five mindfulness practices; sitting meditation, body scan, hatha yoga, guided loving kindness meditation, and informal practices which bring mindfulness into everyday life. Mindfulness-based stress reduction participants showed significant pre-post course increases in mindfulness relative to control group participants. "… an increase in mindful attention and awareness through pre-to post intervention predicted a drop in rumination, trait anxiety and perceived stress and an increase in self compassion" (p. 110). This increase in self-compassion is compelling since compassion for self and clients is integral to effective therapy. However, there were no significant effects of total weekly mindfulness practice time over the eight weeks of MBSR program on pre-post intervention changes in distress and well-being. The results of this study lead one to believe MBSR may not only lower stress and distress, but also enhance the ability to regulate emotional states, which may be important warding off depressive states.

Another study found a group effect while learning the Chinese meditative practice of Qigong, "a 4,000- to 5,000-year-old Chinese tradition designed to cultivate and circulate qi (also known as chi or ki) and thereby maintain or restore health and well-being" (Chrisman, Christopher, & Lichtenstein, 2009, p. 237). Over the course of three years, 31 master's students from mental health, school, and marriage and family counseling, who were new to the practice of qigong, were enrolled in an elective graduate course titled "Mind/Body Medicine & the Art of Self-Care". The course ran twice a week for fifteen weeks with the purpose of familiarizing students with mindfulness and its relevance to counselling, psychotherapy, and behavioral medicine as well as to provide students with practical tools for self-care. Students participated in

a seventy-five minute in-class mindfulness practice using qigong, hatha yoga, sitting meditation, and conscious relaxation techniques. Participants were also required to practice some form of mindfulness outside of class for at least 45 minutes, four times a week. The course also included readings, journal writings, and research on empirical studies.

Students were instructed to write in their journal immediately after their first and last classes of qigong. Student responses were analyzed inductively for emerging themes such as physical, emotional, and mental changes that were present in the responses from the first and last session. The physical changes noted include increased energy and warmth, calmness and relaxation, awareness of stiffness and dizziness and nausea. Nervousness was the most common emotional response and in terms of mental changes participants were aware of their initial judgmental thoughts which they reported dissipating as the session progressed.

Two additional themes emerged from the final set of responses. The first was familiarity with the practice, which reduced performance anxiety and helped students to focus more on their practice in the moment. This also assisted in feelings of calmness and relaxation. Group consciousness was the second theme to emerge from the final responses. Students reported being aware of the group's energy and feeling connected to the group.

What started as an individual experience morphed into the ability to move out of oneself and share in connection with the group as a whole. According to the study researchers, qigong moved beyond the individuality of mindfulness practice and created group cohesion and connection for these participants. The researchers further argue that because qigong is an

accessible practice that can provide immediate results, and foster connectedness, qigong could indeed provide benefit to counseling students.

Maris (2009) conducted a first person case narrative on her experiences in a mind/body medicine class. Maris indicated her fears of inadequacy and incompetence were reduced, her trust in herself as a therapist increased as well as did her ability to be present for her clients. She also discovered it was easier to tolerate the ambiguity of the work and to give up control.

In additional to this research, Wise, Hersh and Gibson (2012) support a "mindfulness-based positive principles and practice" (MPPP) approach to self-care for psychologists (p. 487). Their positive approach suggests four principles that could benefit therapist well-being, (1) the ability to *flourish* which concentrates on seizing opportunities and building resilience, (2) being *intentional* about developing a self-care plan and making changes as needed, (3) the *reciprocity* that can exist in attitudes about health and lifestyle between therapist and client, and (4) *integrating* self-care into daily life versus "add[ing] onto our already busy" schedules (p. 488).

Boellinghaus, Jones and Hutton (2013), explored the experiences of therapist trainees practicing loving kindness meditation. Loving kindness is "meant to encourage feelings of kindness, compassion and care towards self and others" (Boellinghaus et al., 2013). The twelve participants were chosen partly based on previous attendance in a mindfulness based cognitive therapy course so that they were familiar with mindfulness practices in order to facilitate the loving kindness meditation. Interpretative phenomenological analysis uncovered a number of themes highlighting an improvement in the participant's self-awareness and self-compassion as

well as feeling more compassionate towards others. Participants ultimately indicated the loving kindness meditation had a positive influence on their self-care practice.

Implications of Self-Care Research

Self-care behaviour can simply be described as any behaviour which has a restorative effect on the physical, emotional, and spiritual health of a person. The options are limited only to the imagination and level of one's self-awareness to discover what would be restorative.

Review of the literature demonstrates there is still a desire and a need to identify ways to create work environments and training programs that integrate leisure in their activities in order to enhance the well-being and self-care of mental health professionals (Pakenham, 2014). Despite agreement that it is important, most training programs do not offer self-care training, making it more important for therapist trainees to seek it out on their own (Munsey, 2006). In a review of doctoral clinical psychology program handbooks, references to self-care seemed more geared towards remediation versus prevention (Bamonti et al., 2014). How does this affect trainees and new graduates? Doctoral clinical programs are encouraged to develop a self-care culture and advocate for the integration of self-care strategies within the curriculum (Hassan El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; Goncher, Sherman, Barnett & Haskins, 2013). There is an ethical obligation to warn trainees about the risks of working with trauma clients; teaching them protective practices and training could then assist in the prevention of vicarious trauma and professional attrition (Harrison & Westwood, 2009). It is clear that interns experience a set of stressors separate from classes which furthers the need for self-care strategies (Turner, Edwards, Eicken, Yokoyam, Castro et al., 2005; Shapiro et al., 2007; Barland-

Edmondson, 2009) clearly suggesting graduate counselling and other mental health care training programs need to support the health and well-being of students offering professional training and therapy.

The Current Study

Self-care is an important practice in maintaining competence and preventing or remediating burnout. Fortunately, there is a very healthy literature base on burnout providing us with information on the causes and symptoms. The research on self-care is beginning to develop its own strong literature foundation as recognition and desire for this knowledge increases. Much of the literature to date focuses on strategies one can engage in to help incorporate self-care into daily life, and recommends training programs attend to the self-care needs of therapy trainees. My goal in this study was to develop further understanding of the self-care experience by giving voice to those early in their career of therapeutic counselling. The experiences of novice counsellors can give insight into the development of self-care, what might be helpful in learning about self-care, and some of the unique challenges therapists at this stage of development face. The questions that guided me through this study were (a) how do novice counsellors make sense of their self-care?, (b) how do novice counsellors think about self-care?, and (c) how do novice counsellors perceive and manage their self-care?. My methodological framework and the research design I used to answer these questions are reviewed in the next chapter.

Chapter 3: Methodology

Since the meaning and process of the self-care experience was of foremost importance to this project the thick, rich descriptions which qualitative research provides was beneficial. Qualitative researchers are expected to justify and illuminate the decision-making process behind each step of their research. When conducting research, it is important to identify the theoretical and philosophical underpinnings that will guide one's research. Crotty (1998) provides a helpful framework to clarify research decisions from conception to completion. He recommends researchers clarify their (1) epistemological stance, (2) theoretical perspective, (3) methodological framework, and (4) methods of data collection. Therefore, the following section outlines how my epistemological stance informs my theoretical framework which influences my chosen methodological framework and method of data collection and analysis.

Epistemological Framework: Constructivism

Epistemology is a theory of how people come to possess knowledge. The current research is grounded in the epistemological stance of constructivism, the belief that "meaning is not discovered [or created] but constructed" (Crotty, 1998, p. 43), further, that all knowledge and meaningful reality is dependent upon human interaction with their environment (Crotty, 1998). Constructivists believe that each person's "sense of the world is as valid and worthy of respect as any other" (Patton, 2002, p. 97). This understanding of human knowledge and meaning making is comparable with my previous research experience listening to psychologists recount their experiences of self-care activities, meaningful to them, in order to prevent burnout. The narratives of self-care the participants described held different meanings for each participant.

Thus in my doctoral research focused on self-care, with the purpose to understand this phenomenon, I was naturally led to my theoretical perspective of phenomenology.

Theoretical Perspective: Phenomenology

A researcher's theoretical perspective helps to explain the assumptions about social interaction within the human world and how these influence choices and use of methodology (Crotty, 1998). The theoretical perspective of the proposed study is based on Interpretivism, more specifically Phenomenology. Phenomenology strives to describe the essence of everyday experience and assumes an active, intentional, construction of a social world and its meanings by reflexive human beings (McLeod, 2011). Within the phenomenological perspective one sets aside the existing theories to see the phenomenon in a new light. The intention of this study is to shed new light on the self-care experiences of novice counsellors. This idea led me to think specifically about the appropriate methodological framework to guide my data collection and analysis.

Methodological Framework: Interpretive Phenomenological Analysis

Qualitative research methodologies emphasize reality and context, which fits well with counselling psychology's emphasis on the uniqueness of human experience (Myers, Sweeney, & Witmer, 2001). All methods of qualitative research involve the use of both phenomenological (describing personal experience) and hermeneutic (interpretive) strategies for constructing meaning (McLeod, 2000). As alluded to in the previous section, phenomenology is primarily seen as an emersion in a phenomenon in hopes of revealing its essence, while hermeneutics

involves interpretation, acknowledgement of one's perspective and awareness of context (McLeod, 2000).

Interpretative Phenomenological Analysis (IPA) is a qualitative research framework influenced by phenomenology and hermeneutics, as well as idiography. Idiography is focused on the particular, which demands detail and a "thorough and systematic" analysis as well as "how a particular phenomena has been understood from the perspective of particular people, in a particular context" (Smith, Flowers & Larkin, 2009, p. 29). IPA strives to provide a detailed examination of a participant's personal lived experience and how the participant makes sense of this experience (Smith et al., 2009). In fact, IPA involves a double hermeneutic as it integrates not only the participant's sense of their lived experience but also the researchers attempt "to make sense of the participant trying to make sense of their personal and social world" (Smith et al., 2009, p. 40). This dedication to meaning making for each particular case is the essence of the idiographic nature of IPA. As a result, most research samples are small and use purposeful selection, or may even be restricted to single cases to ensure the participant experience is understood to the fullest (Smith et al., 2009).

History of interpretative phenomenological analysis.

IPA is a relatively new methodological framework that began with the first publication by Smith in 1996. His goal was to establish a qualitative research approach grounded in psychology that recognizes the importance of the experiential and the experimental. Many of the early studies using IPA were in the discipline of health psychology but in recent years the disciplines of social, educational, clinical and counselling psychology have embraced the IPA

framework. Within the field of counselling psychology in particular, IPA has been adopted to explore phenomenon from the point of view of counsellors (i.e. Rizq, 2012; Kouriatis & Brown, 2013; Jones, 2014) as well as potential clients (i.e. Higginson & Mansell, 2008; Reynolds & Shepherd, 2011). For example, IPA was applied to explore counsellor's experiences of ending therapy with children (Bamford & Akhurst, 2014) and to gain further insight into the influence of childhood experiences of psychological abuse on perceptions of self and others as well as relationships (Harvey, Dorahy, Vertue & Duthie, 2012). These examples demonstrate how IPA's focus on the human experience and engagement in the world is a natural fit within counselling psychology.

Data gathering method: Interviews in IPA. The research interview is a "professional conversation", during which "knowledge is constructed in the inter-action between the interviewer and the interviewee", and the researcher strives to understand the participant's world and their journey in it (Kvale & Brinkman, 2009, p. 2). Like all qualitative research, IPA is focused on collecting data that provides thick, rich descriptions and interviews are one of the best ways of collecting this data. Semi-structured, one-on-one interviews give participants the freedom to tell their stories in detail thereby eliciting the thick description desired (Smith et al., 2009).

Through my studies and experiences of qualitative research, I have learned that developing an interview schedule is often a recommended practice. An interview schedule helps to guide the interview and make the best use of time with the participant. The process of developing the schedule assisted me in formulating questions that would generate conversation

and allow the participants to share their experiences of self-care (please see Appendix A for the interview schedule). Developing the schedule also helped me envision how the interview might proceed and what challenges I might encounter.

As I developed the interview schedule I was sensitive to beginning the interview by establishing rapport and asking simple questions to get the interview started (i.e. demographic questions; the client population they work with and how many hours a week they work) (Creswell, 2005). For the core of the interview, I devised open ended questions to maximize flexibility for the interviewees and to allow them the freedom to respond how they wished (Creswell, 2005). To bring attention to the topic and facilitate conversation and comfort, I asked what self-care meant to the participants. As the conversation progressed and participants relaxed, I asked more questions about their experiences (i.e. What does effective self-care look like? What makes self-care difficult?). These questions were easy to understand and allowed the participant to reflect on their experiences. I developed and used prompts to support the conversation flow or to derive more detail including; Can you tell me more about that?, or How did that feel? I wrapped up the interview thanking the participants, and asked them if there was anything they would like to add or to clarify. The eight questions I developed were able to be addressed in a 90-minute interview.

Ethics approval. This research proposal was approved by The University of Alberta Ethics Review Board before beginning the study. As recruitment progressed I wrote an amendment for the initial ethics application requesting approval for the use of web-based interviewing if needed. This application was granted.

All participants reviewed and signed the Consent to Share Form and Letter (see Appendices C and D) and were given the opportunity to withdraw from the study up until two weeks after review of their transcripts as was recommended by the University of Alberta Ethics review board. Clinical counsellors are knowledgeable regarding voluntary consent procedures. Pseudonyms were assigned to each participant and significant details (institution, agency, third parties and city names) related to their identification were changed or omitted to limit the possibility of linking particular responses with the research participants. All documents, transcripts, and digital recordings are kept in a locked and secure location. All electronic files are encrypted and password protected.

Research Design and Methodology for Study

Participant Recruitment

Participants were recruited through advertisements on the British Columbia Association of Clinical Counsellors (BCACC) website (see Appendix B). To further support recruitment efforts, an advertisement was sent to the director of a counselling clinic with whom I had a professional connection. I also contacted people I knew within the counselling profession in British Columbia and asked them to pass along my advertisement to anyone they thought might be interested. One of the people I contacted also volunteered to be a participant. All potential participants who were interested contacted me through email.

Selection Criteria. Participants who met the following criteria were selected: (1) registered clinical counsellors in BC or registered as Canadian clinical counsellors, (2) practicing less than five years after registration, (3) willing to talk about the self-care experiences, and (4)

willing to participate in audio recorded interviews. I did not specify gender on the recruitment advertisement. Only two potential participants identified as male, thus in order to solidify a more homogeneous sample, I made the decision to choose only female participants. I selected a sample size of five to ensure enough cases for the "development of meaningful points of similarity and difference between participants but not so many that one is in danger of being overwhelmed by the amount of data generated" (Smith et al., 2009, p. 51). As the interviews progressed and data analysis began, I felt comfortable with my decision as the stories the participants shared provided the rich detail essential to good qualitative research.

Data Collection

Interviews. The participants and I engaged in semi-structured, one-on-one, in person interviews with the purpose of exploring the experiences of novice psychotherapist's self-care. Participants were given information about the study via email (see Appendix C) and they signed the consent to share form (see Appendix D) at the interview. I reviewed the right to withdraw with the participants and they all indicated verbally they understood in addition to signing the consent form.

I arranged the interviews via email with the participants. Three of the five interviews took place in the participant's offices at their places of employment. One interview took place at my office of employment and one interview took place in the living room of the participant's home.

I used an interview schedule to help guide the process and began with building rapport through asking demographic questions and the question of what self-care means to the participants. The interviews lasted between 60-90 minutes. As the interview came to an end, I

thanked the participants for their support and asked them if there was anything else they would like to share with me or to clarify. Participants were informed I would be following up with any questions and would be asking them to review their transcripts.

Data Recording and Transcription

The interviews were digitally recorded using two electronic devices to provide a back-up in case one device malfunctioned. The digital recordings assisted the production of verbatim transcripts. Transcription "refers to the process of reproducing spoken words, such as those from an audiotaped interview, into written text" (Halcomb & Davidson, 2006, p.38). "Transcription has been described as central to the data analysis process in that it represents what the researcher and transcriptionist preserve from the taped speech" (Maclean, Meyer, & Estable, 2004, p. 113). Verbatim transcripts give researchers the opportunity to analyze exactly what participants said, and may be useful when developing an audit trail for data analysis. Certain theoretical frameworks influence the use of verbatim transcription, such as ethnography, feminism, grounded theory and phenomenology. Research methods based on these frameworks emphasize the need for researchers to be close to their data (Halcomb & Davidson, 2006).

A challenge of transcription is the quality of the transcription. Syntax errors and paraphrasing can change the intended meaning of a participant response (Poland, 1995). Wrong assignment of nonverbal behaviours creates a gap in the actual true lived experience of the focus group (Poland, 1995). Potential errors such as these were corrected by listening to the digital recording and reading the transcription concurrently in order to catch and correct transcription errors.

Data Management

In order to track and manage the amount of data, as well as to support me physically, I decided to use a data management software program. I chose ATLAS.ti based on personal research, recommendations from committee members, and fellow researchers, as well as the amount of financial investment needed. I had some concerns about using data management software; namely the learning curve, being able to kinesthetically engage with the data via hard copies, as this is part of my learning style, and being true to the model of analysis Smith et al. (2009) outlined. Ultimately, I decided to use a combination of hard copy and electronic copy. ATLAS.ti was a great tool for keeping the analysis organized. The main ways in which I used ATLAS.ti were to make my initial notes, track my reflections in the form of memos, and to develop themes. I separated themes out for each participant, printed and cut them up to physically manipulate and move them to create groupings and higher order themes. The following section outlines my process in more detail.

Data Analysis

Data analysis followed an iterative and inductive process congruent with Interpretative Phenomenological Analysis (IPA) outlined by Smith et al. (2009).

The first step of IPA data analysis as presented by Smith et al. (2009) involves immersion in the data through *reading and rereading* of the transcript. I began with listening to the audio recording so I could hear the voice of the participant allowing me to return to the interview experience and to focus on the participant. I read through each transcript several times before I began my initial noting.

Initial noting is the second step of IPA, during which I began noting lines of interest about the transcript including questions and comments. This was done using ATLAS.ti. I also started making exploratory comments about the participants′ language. Through examination of content and language the researcher can begin to identify how a "participant talks about, understands and thinks about an issue" (Smith et al., 2009, p. 83). Analysis will produce a "descriptive core of comments which have a clear phenomenological focus and stay close to the participant's explicit meaning" (Smith et al., 2009, p. 83). The goal is to describe the processes, relationships, places, events, values, and principles which matter to them and the meaning (what these things are like) of those things for the participant. The researcher must examine the participant's language and context (their lived world) as well as identify any abstract concepts which may help elucidate patterns of meaning.

There are three types of comments that are helpful in the note taking stage. I made note as to whether a particular comment of note was *descriptive* (focused on describing the context or subject of what the participant was saying), *linguistic* (focused on exploring the specific use of language by the participant, and how content and meaning were presented), or *conceptual* (focused on the participant's understanding of what they are saying) (Smith et al., 2009). I found all of these comment types invaluable in trying to reach inside the world of the participant. I made note of these in ATLAS.ti and used them for theme development. The following table provides an example of this noting. The **R** represents researcher and **P** the participant.

Table 3.1

Coding Example

Quote From Transcript	Noting
R: Let's get started with the first question. It's very general. I'd like you to explain or tell me what self-care means to you, when you hear that, what sort of comes up for you? **P:** I think of not burning out. First of all thinking of the negatives, not being so tired that I don't want to get out of bed in the morning, losing enthusiasm for the job would be evidence of the absence of self-care the presence of self-care to me means retaining the initial enthusiasm with which I entered the field and having margins in my life. You know I imagine the writing on the page of the book with no margins so that's what I mean by having those margins on the side of my life. If I've got that I'm practicing self-care. **R:** And are you in between the margins of self-care? **P:** Yeah, I've got some cushion on the side. Having some sense of joy and calm would be evidence that I am practicing self-care. Yah, that's mostly what comes to mind.	*Linguistic - I love this metaphor as well. Margins give space.* **Conceptual: Margins allow for additions. Are margins boundaries? breathing space?** *Linguistic - Cushions are soft. There is give, a nice place to land or bump up against*
P: To me being present means being where I am in the moment. So it's an awareness that sometimes I don't, don't necessarily know, present but I know I'm not being present. So when I'm not being present I'm thinking about what I have to do. When I'm not being present I'm thinking about what I just did. When I am being present none of those things is happening. So right now I am present. Before we started this interview I was less so. I had to get some lunch. I had to give somebody phone call. There were a few things but it was important for me to deal with those so that you and I can sit here and I could be present with you. That's presence.	Descriptive - description of her behaviour. Recognition of needs, deciding how to proceed to create presence and then proceeding. **Conceptual: feels as though the process for being present is very intentional.**

Developing emergent themes is step three in the analysis. Themes tend to be developed as phrases capturing the "psychological essence" of the stories, "contain enough particularity to be

grounded and enough abstraction to be conceptual" reflecting a true understanding of the participants experiences (Smith et al., 2009, p. 92). At this point in the analysis, the participant's story became reduced to phrases or themes. During this stage I examined my initial notes, the quotes I highlighted, and the comments I made to see what themes were emerging. In order to maintain the integrity of the participant's stories I used their original words when possible, all the while knowing this is my interpretation of how I think the participant is making sense of their experience. At times quotes and phrases were identified by what question the participant was answering in that particular quote (e.g. meaning of self-care), or based on type of comment used to describe the quote (descriptive, linguistic or contextual).

Step four is the *search for connections across emergent themes*. Smith et al. (2009) state this process is not prescriptive; the researcher can map and organize the themes however the researcher chooses without the need to incorporate all of them. At this stage I chose to create a list of all the themes that emerged from the analysis of the participant account. I used Microsoft Word to create this list versus ATLAS.ti so that I could manipulate the data myself. As part of the list I attached quotes from the participant's story to help illuminate the meaning behind the theme for ease of grouping. I began by putting themes that appeared to be related together and developing a name for the cluster. Many themes came together based on context and a particular aspect of self-care that was being described. Table 3.2 provides an example of a grouping within a case. This cluster was initially called motivation for self-care/benefits of self-care. The first column identifies the initial theme name given and the second column shows the beginning of a quote from the transcript that generated the theme.

Table 3.2

Clustering Themes Within a Case

motivation for self-care/ benefits of self-care	**Quote from transcript**
1)present with clients	**P5:** I'm way more present with clients….
2)hypocritical/practice what I preach	**P5:** "something that I tell to my clients all the time…
3)stress release	**P5:** …in a better mental space

Step five is *moving to the next case*. I repeated steps one through four for each transcript. In an effort to treat each participant story as unique, and to reduce influence from what was revealed in other participant stories, I gave myself time between each case to let information settle and to allow some mental distance from the work. In each case analyzing the transcripts for descriptive, linguistic and conceptual information helped to propel the analysis along and allow for new and different themes to emerge.

Looking for patterns across cases is the sixth and final step. I looked for patterns across cases in an attempt to form connections across the cases. Again I chose to use physical manipulation and printed and cut out the themes developing in each participant case. I was now ready to see how the themes came together. I asked myself questions such as, "How does a theme in one case help illuminate a different case? Which themes are the most potent?" (Smith et al., 2009, p. 101). Ever wanting to be true to the participants, I also asked myself "What are they trying to tell me? What is most important to them? It was through this process that I was able to create higher order themes. Table 3.3 is an example of three clustered themes from individual

analysis now grouped together based on an identified pattern of the self-care process during cross case analysis. Eventually, these themes influenced the creation of the higher order theme, Layers of Self-Care and some of the sub-themes. The first column identifies the initial theme name given and the second column shows the beginning of a quote from the transcript that generated the theme.

Table 3.3

Clustering Themes Across Cases

Emerging Theme	**Quote from transcript P = Participant**
Development of self-care practice	
1) shifting focus	**P2:**…not…all energies focused on one thing…
2) self-care as remediation	**P1:** …learning of self-care from a place of pain…
3) self-care phases	**P4:** I…called it [Alecia] time
4) layers of self-care	**P3:** When I am doing yoga it isn't solely a physical pursuit…
Factors of self-care	
1) self-reflection	**P2:** questions I've been asking myself
2) acknowledgment of needs/self-awareness	**P5:** checking in with myself constantly
3) peer support	**P3:** I reached out a little bit on a peer level as well
4) just for me/individuality of self-care	**P2:** nobody can take this from me
5) courage/confidence	**P1:** so once I got the courage to quit…
Tipping point	
1) tipping point	**P4:** I got so stuck in it…it was like a light switch
2) motivation for self-care/positive feedback loop	**P3:** If it wasn't for the fact that I did this work I wouldn't have the self-care practices that I do
3) recognition of burnout	**P2:** it took getting sick
4) stressor for novice	**P5:** you have this support…now you go into the world
5) environmental impact	**P2:** It was more the system I was stuck in

Higher-order themes and sub themes. I organized the data at times in relation to some of the questions I had asked the participants. When it came time to cross-case analysis, I noticed a number of things in common between cases, but they were clearly organized in a way that made sense to me as the researcher. In an attempt to be true to engaging in the hermeneutic circle, I recognized that to bring the stories back to a coherent whole from the parts, I needed to once again ask what the participants were trying to communicate. Looking at the data from this standpoint, I was able to combine themes together to establish the final higher order themes and the sub themes. As suggested by Smith et al. (2009) I asked myself and the data how the themes "in one case illuminated" another and which ones seemed to be "the most potent" (p. 101) for answering the research questions(s).

Asking these questions resulted in the development of two higher order themes. These and the corresponding sub themes are shown in Table 3.4.

Table 3.4

Higher Order Themes and Sub Themes

HIGHER ORDER THEMES	**SUB THEMES**
1. The Layers of Self-Care	Identifying a threshold
	Prioritizing self
	The internal battle
	Surrounded by support
	Self-Care maintenance

2. Transitions: Challenges to Self-Care	Leaving the nest
	Reality of the work

Assessing Authenticity

Assessing the quality of a qualitative research study has been a topic of conversation and debate within qualitative research for many years. The term "validity" is rooted in quantitative research and according to McLeod (2011) provides qualitative researchers with two challenges. The first challenge is that if a researcher is grounded in "constructivism, social constructivism or hermeneutics, there is no assumption that there exists a fixed, knowable external reality; all experience of reality is constructed one way or another" (McLeod, 2011, p. 266). The second challenge is that even if an "'objective' external reality existed" qualitative research relies on language, versus numbers in quantitative research, to describe "events and experience" and this language is often "ambiguous, figurative, narratively structured and performed within a specific time and place" (McLeod, 2011, p. 266). A fortunate result of many years of discourse on this issue is that a number of verification strategies for qualitative research, as outlined in McLeod (2011), may be used to assist in ensuring trustworthiness, maintaining confidence and assessing authenticity. Researchers have worked diligently to establish guidelines that ensure qualitative research is suitably assessed for quality (eg., Elliot, Fischer, & Rennie, 1999; Yardley, 2000). In her influential article, Yardley (2000) outlines three principles to guide the assessment of qualitative research (1) sensitivity to context, (2) commitment, rigour, transparency and

coherence, and (3) impact and importance. The impact and importance of this study will be detailed in chapter four, findings and discussion.

There are number of ways one can be sensitive to context. Following Smith et al′s., (2009) adoption of Yardley's approach, I showed sensitivity to context through collecting data following the IPA approach of purposeful sampling and semi-structured interviews. I gave voice to the participants by including verbatim transcript entries that explain themes so the reader can follow my endeavour to make sense of the participants' making sense of their experiences.

The commitment and rigour of this research is shown through my dedication to the topic, my consideration of the participants, and the careful analysis of their stories as is expected for IPA research (Smith et al., 2009). I clearly explained the phenomenon under study, and reflected on my process throughout the study (Creswell, 2013). I chose a recognized approach in IPA, which fit with my research question and counselling psychology, conducted in-depth interviews, and engaged in member checking. I sent all of the participants a copy of their transcripts via email to check for accuracy. They all responded, and Mary in particular made some minor changes to her transcript in order to clarify her statements. Once I had generated themes, I sent the participants their introduction, the table of themes and the figures. Only two participants, Leigh and Rachel responded to this email. Both participants were complimentary and appreciative of the work.

In order to be transparent and coherent I have explained my process for how I recruited and selected participants, how I developed the interview schedule and conducted the interviews and how I engaged in the IPA steps of data analysis.

Also as Yin (2012) suggests, I have worked diligently to organize the data and my analytic process in order that an independent audit could be conducted. My research proposal, interview schedule, initial impressions of each interview, recordings, coded transcripts, theme generation and drafts are all appropriately filed.

Summary

In this chapter I have identified the theoretical and philosophical underpinnings that guided this research. I have clarified the methodological framework of this study and explained my process of participant recruitment and selection as well as my methods of data collection. I have described the steps I took to analyze the data and to ensure the quality of this study. The following chapter provides an introduction to the participants, the detailed findings of the analysis, and the resulting themes as well this study's connection to the existing literature on self-care.

Chapter 4: Findings and Discussion

The purpose of this study was to explore the self-care experiences of novice therapists. The goal was to describe their self-care journey and to provide insight into the meaning of self-care for early career therapists. This study was conducted following the methodological framework of interpretive phenomenological analysis. Five female therapists between the ages of 27 and 53 agreed to be interviewed about their experiences of self-care. The use of interpretative phenomenological analysis to analyze the participant's stories generated two higher order themes, the layers of self-care, and transitions: the challenges of self-care. In this chapter, I introduce the participants (all chose a pseudonym to help maintain their anonymity) and share how their unique stories have helped to reveal further insight into the phenomenon of self-care for novice counsellors. The chapter includes an explanation of the participants' meanings of self-care followed by the description of the two higher order themes and the eight subthemes that resulted from the data analysis. Due to my role as researcher and interpreter I have combined the findings and discussion chapters; therefore, I will also discuss the findings relative to the existing literature on therapist self-care, clarifying how this study contributes to, and expands this knowledge base.

Meeting the Participants

Anne. At the time of our interview, Anne was 53 years old, and had a master's degree specializing in counselling psychology. Before Anne became a counsellor she was a school teacher and then a music teacher. Anne received her registered clinical counsellor (of British Columbia) designation in 2012 and initially worked as an intake counsellor, and counselled on a

volunteer basis. She opened a private practice about six months prior to the interview working an average of ten client hours a week.

Rachel. When I met Rachel she was 36, had a master's degree specializing in counselling psychology, and had received her registered clinical counsellor (of British Columbia) designation in 2009. At the time of our interview, Rachel had been off work for nine months due to illness. Before leaving her position, Rachel worked as an assessment and crisis counsellor for approximately three years, typically working a 35 to 40 hour work week.

Leigh. Leigh was 42 years old at the time of our interview. She received a master's degree specializing in counselling, registered as a Canadian clinical counsellor in 2012 and became a registered clinical counsellor (of British Columbia) in 2013. Leigh had been practicing as a counsellor in a private practice for a year and a half and saw, on average, twelve to fifteen clients a week who presented with anxiety, depression, addiction, and relationship problems. Before Leigh became a counsellor, she worked in the corporate world.

Alecia. When I met with Alecia she was 27 years old, had a master's of counselling degree, and had been practicing as a Canadian clinical counsellor for eight months. She was working approximately fifteen hours a week as a contracted counsellor in a private practice. Alecia was seeing clients who presented with anxiety, anger, relationship problems, and depression.

Mary. Mary was 31 at the time of the interview and had a master's degree specializing in counselling psychology. She is a registered clinical counsellor (of British Columbia) and when we met she had been practicing for about eight months in a private practice clinic. Mary sees

adolescents, adults, and couples who present with anxiety, depression, relationship, stress management, self-esteem, anger issues, and averages ten client hours per week.

The Meaning of Self-Care

Upon review of each participant's reflection on the meaning of self-care, it was clear that a number of factors were integral to self-care. Quality time for oneself, with a focus on personal needs, allows for relaxation and an opportunity to decompress. This time also supports developing an awareness of one's needs, and the space to attend to those needs. The participants also indicated balancing physical, mental, and spiritual health as well as the relationships in their lives as key components to self-care. The first question I asked my participants was what self-care meant to them. There are many definitions of self-care as outlined in the literature review in chapter two. However, I believe an important part of understanding the self-care experiences of novice counsellors is clarifying the meanings they give to the idea of self-care.

Anne found it easier to answer in the negative and the opposite of what self-care means. "I think of not burning out. First of all thinking of the negatives, not being so tired that I don't want to get out of bed in the morning, losing enthusiasm for the job would be evidence of the absence of self-care". Once she had managed to explain what self-care is not, Anne seemed to find it easier to explain what self-care means.

> The presence of self-care to me means retaining the initial enthusiasm with which I entered the field and having margins in my life. You know I imagine the writing on the page of the book with no margins. So that's what I mean by having those margins on the side of my life. If I've got that, I'm practicing self-care.

Anne also states that "Having some sense of joy and calm would be evidence that I am practicing self-care". I was particularly struck by Anne's use of the metaphor of "margins" to elicit an image of space in her life. Margins on the side of one's life seems to allow for additions to be made but also gives an impression of the need for space and breathing room.

Similar to Anne's description of a need for space, Alecia and Mary indicated the importance of time for themselves. For Alecia self-care is a time for recharging, to do something she enjoys with a focus on herself. "Taking care of myself. Making sure that I'm mentally healthy, physically healthy, that I do things for myself to, I guess, kind of get away from work, and even relationships and life, just kind of focus on me". Mary's meaning of self-care also focuses on making sure she has time for herself, being attentive to her needs, and her self-care choices are often influenced by her mood.

> …to have time for myself, to kind of de-stress, decompress, to be able to just spend quality time for myself. Meaning, doing anything that I need at the time. So if I had a bad, a long day, like a really stressful day then I need something more relaxing. If I had a day where I need more energy than I try to do something has more energy so like doing whatever it is that I feel like I need.

Mary also stressed the importance of "quality time" for herself noting she may spend time on her own but she is most likely multitasking and not focusing on her needs.

Expanding on the idea of Mary's quality time for self, Leigh spoke of how she strives to create a relationship with herself. She stressed how important it is for her to honour the commitment she has made to herself. She "prescribes" a way of being to her clients and wants to

walk the walk. “Self-care is living the principles that I speak about when I work with my clients. It’s holding me accountable to that kind of relationship with myself”. On further questioning, Leigh elaborated that the principles she speaks about with her clients include “being compassionately caring with myself, liking myself, being a good friend to myself” as well as “being present, that’s a really big one for me, being present so that's really the personification to me of self-care”. Leigh indicated being present is a very intentional recognition of what needs her focus and attention.

This focus on needs and self-awareness is echoed in Rachel’s meaning making around self-care. For Rachel self-care means “…first of all being self-aware of what you need and then knowing what you need and taking the steps to, to give yourself what you need to be healthy and to be well”. I asked Rachel to clarify what healthy and well meant.

> Yah, these are all questions I’ve been asking myself a lot since I got sick but I mean I think more now to me it's being balanced and not, not having all energies focused on one thing and neglecting other aspects of your life. So we have our different aspects of life, like work and social and physical and spiritual and so I would say being able to have time to being, to feel fulfilled in those different facets I guess, but also I mean obviously the physical part is the a huge part because if you don't have that physical part you can't function in those areas anyways, so at this point I feel like I would focus like a higher proportion would be towards the physical health.

Her answer reflects the importance of this concept as she struggles to find an answer. Rachel indicates she does not necessarily focus on all the areas of her life that need self-care all the time,

although this would be her ideal. Some aspects may need more attention than others at certain times. It is important to note that Rachel's focus on her physical self may be influenced by the fact she was actively trying to recover from complications due to a virus at the time of the interview.

Participants' self-care meanings connected to the literature. As previously discussed in chapter two, a number of definitions and a growing literature base for therapist self-care have been generated over the years; the participants of this study have now contributed their sense of what self-care means. Similar to previous descriptions of self-care, is the need for of personal awareness and understanding, yet an extension to this idea is the commitment to developing a *relationship with self* as evident in their described meanings of self-care. Further, their descriptions of self-care reflect an emphasis on "*how*" to create self-care and relationship with self, versus the behaviors or activities of self-care.

Anne indicated remaining enthusiastic, energetic and joyful towards the world of therapy, reflects self-care to her, reminiscent of the definition of passionately committed in which Dlugos and Friedlander (2001) speak to "being energized and invigorated" by the work (p. 298). Anne also reported making sure she had the "margins" she needed in her life to manifest necessary space for herself. This metaphor of a book highlights the ability to create her ideal self-care plan as needed. As well, a sense of calm was very clearly identified as a key ingredient to Anne's meaning of self-care.

Rachel highlighted self-awareness in her description of self-care, emphasizing the importance of acknowledging needs and taking the action to meet those needs. This identifier of

self-care is consistent with and is well documented in the self-care literature (Baker, 2003; Weis, 2004; Stevanovic & Rupert, 2004; Richards et al., 2010). Rachel also identified the desire to balance several aspects of life (work, social, physical and spiritual) yet introduced the fact that this is an ideal and very difficult to accomplish. The reality is at any given time one life aspect may need more focus than another as did Rachel's physical health at the time of the interview. Rachel's indicator for self-care to "be healthy and to be well" within her different life domains is congruent with Bickley's (1998) emphasis on health and wellness and with Myers et al.'s (2001) definition of wellness which integrates the body, mind and spirit of an individual as one strives towards excellent health and a full life. Further, Skovholt, Grier and Hanson (2001) identify physical, spiritual, emotional, and social as the four personal dimensions of wellness.

Leigh's meaning of self-care is rooted in being present. She reported living in the "here and now" in moment to moment recognition which allows her to be self-aware and recognize her needs. Leigh is describing aspects of mindfulness and researchers are already searching for ways to incorporate mindfulness training into training schedules for therapists (Christopher, et al., 2006; Chrisman, Christopher, & Lichtenstein, 2009; Christopher & Maris, 2010; Boellinghaus, Jones & Hutton, 2013).

Leigh indicated self-compassion is also an important part of self-care for her and that she strives to be her own best friend. The construct of self-compassion is well researched among many disciplines, yet research on therapists own practice of self-compassion is still in its infancy. According to Neff (2011), a prominent researcher in the area, self-compassion involves three

overlapping components, “self-kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification” (p. 4).

A narrative study of self-compassion among counsellors revealed that long term practice of self-compassion led to “improved overall sense of well-being, including physical, psychological and emotional health, and a deepened existential and/or spiritual sense of connectedness” (Patsiopoulos & Buchanan, 2011, p. 305). Another study using interpretative phenomenological analysis sought to understand psychotherapists experience and understanding of self-compassion in hopes of clarifying potential impacts on therapist well-being. From this study the following themes emerged: self-acceptance, self-understanding, growth from life experience, self-care, being in the here and now, gaining perspective, and enhancing psychotherapy (Patershuk, 2013).

Alecia agreed with Rachel in identifying mental and physical health as important factors of her self-care. She intimated the importance of time for herself, including managing the demands of her personal relationships, and the mental and physical time away from therapeutic work. Mary also stated that her meaning of self-care includes quality time for herself, highlighting self-awareness and attention to her needs.

Higher-Order Themes and Sub-Themes

As explained in the Methods chapter, data analysis revealed two higher-order themes and seven sub-themes. The following sections outline the higher-order themes and the corresponding sub-themes, highlighting the participants’ experiences.

Theme One: The Layers of Self-Care

Self-care is a dynamic process which incorporates a number of factors. The participants' stories depicted a fluidity to the nature of self-care supporting the idea that self-care is not static. Picking up on language used by Leigh, "layers" describes the "multi-facetedness" and "interconnectedness" of self-care. When I asked Leigh for clarification about layers in relation to self-care she had the following to say:

> Well it's probably the multi-facetedness of everything and the interconnectedness of everything. So when I do yoga, when I am doing yoga, it isn't solely a physical pursuit for me. There can be a very emotionally based element to it or a very spiritually-based element too. So I am really aware of the interconnectedness of all the aspects of my being when I do things. Not in every instance but in many instances.

Leigh's experience suggests that an act of self-care can meet more than one need, it has a layered effect and is not just one-dimensional; therefore, there is an interconnection, or layering, of activities that promote self-care (i.e. yoga). Building on this concept, is the assumption that as a therapist's self-care process develops, these layers help to create a self-care foundation that can be built upon and shaped as needed. The layers, or themes, identified are: identifying a threshold, internal battle, prioritizing self, surrounded by support, and maintaining self-care.

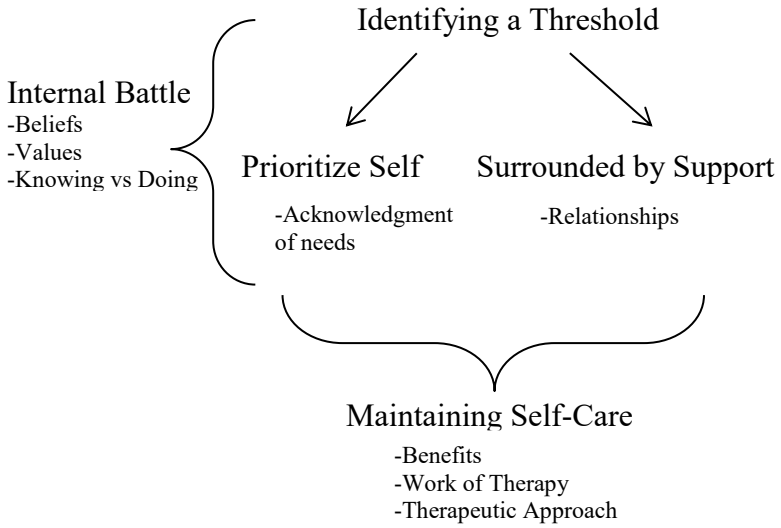
The participants' stories highlighted and illuminated stages to the self-care process. The use of "layers" to describe this process is in honour of participant language and is used to demonstrate the interconnection between the stages. Layers is also a metaphor to describe and to envision the self-care process as one in which previous self-care experiences of self-discovery

and learning, layer onto current experiences which will then continue to inform and support future decisions about self-care. In sum, the participants' experiences of engaging in self-care illustrate self-care practices as a foundation upon which one can continually build.

Consistent within and across the participant data was the participants' experience of *identifying a threshold*, the point at which a situation needs to change. Once a threshold was identified, participants indicated that the need to move forward and make alterations in their lives led to *prioritizing themselves*, making sure they spend time developing an awareness of their needs. However, participants struggled between what they felt they wanted to do versus what they should do; an *internal battle.* Once participants are able to recognize their needs they *surrounded themselves with the support*s needed to develop and maintain their self-care. As self-care routines developed the benefits of addressing their needs helped to perpetuate the self-care practices, thereby creating a positive feedback loop which assists in *maintaining self-care*. Figure 4.1 below gives a visual of the themes involved in the layers of self-care. The figure's purpose is to illustrate the relationship between the layers of self-care and how they influence each other. When a threshold has been identified, participants are often influenced and challenged by an internal battle of beliefs and values as they strive to engage in self-care through prioritizing themselves and surrounding themselves with support. In turn, by acknowledging needs and prioritizing self, and being surrounded by supportive relationships, participants begin to see the benefits of self-care which influences the maintenance of self-care.

Figure 4.1

Layers of Self-Care



Identifying the threshold. Identifying the threshold signifies the point at which one is no longer able to withstand the pressure one has been under without making change. The conversations I had with the participants about their experiences included discussing the times when they felt they really needed self-care. Sometimes self-care is prompted by need for remediation versus prevention. Throughout my conversations with the participants we discussed the reality that self-care at times is born out of an experience of necessity. When I asked participants to tell me about a time they had engaged in self-care, each recounted a story of feeling stressed and not themselves, ultimately reaching a point where something had to change. Participant stories about situations they find distressing give insight into the particular stresses a therapist early in career development may face. The stories of this study included work related stressors - anxiety over losing clients, poor fit between therapist and job, and loss of support

from colleagues, as well as personal stressors – being overscheduled, and not following one's goals.

Anne identified a threshold when she graduated with her Master's degree and could not find work. Graduate school and her practicum experiences were nurturing environments; however, when she graduated:

> All that support disappeared and when I started looking for jobs instead of getting this wonderful feedback on, you know you have a lot to offer, your life experience will help you in this field. Instead, I was getting the opposite message which was; well you don't have any experience. We don't want you. You know we want five years of experience in this particular field.

To Anne "it was a very, very rough, very rough road". Anne believed counselling was her calling, yet she started questioning her choice at this time in her life thinking it was too difficult. She stated it was very depressing for her and she considered leaving counselling behind and returning to her former career as a piano teacher but managed to rebound from the depression and emerge with a better sense of caring for herself within her work.

> Well you know in my opinion anyway I think human beings are pretty resilient, unless we hit rock bottom, we don't change. That's what happened to me. I think it happens to a lot of people, not everybody. I had to, I was very depressed. I had to make a change. So for me I guess that's how it started and then it continues to grow. I continue to learn about self-care not from a place of pain anymore but seeing the benefits of it and the importance of it and if I slip or if there is a crisis or something and I don't get to take that time, then I feel it.

Leigh described an experience of identifying a threshold while she was finishing her internship for her graduate program in which she had two clients, with whom she had been working quite regularly, quit counselling. She describes feeling “devastated” and vulnerable and feeling as though she had let her clients down.

> I had two really, really intense clients that I was working with or kind of intense work with two clients that came crashing abruptly to a halt within a week maybe 10 days and I have to say my psyche was really, really affected by that and I turned to our supervisor here, our clinical director for some reassurance that I'm suited for this work. I mean I had a kind of crisis in my own belief in myself, on my own, could I in fact do this.

According to Rachel, it was her encounter with physical illness that brought the importance of her own health into her awareness forcing her to take “self-care really seriously”.

> I got [a] virus [...] last year and then I was struggling really badly with fatigue while I was working and I just thought it was, I was tired and that's all I knew about it and I kept going to the doctors and saying I was tired and they check my iron and stuff. And then when my contract was done I was barely making it throughout the day. It was just like my work really started to suffer and thankfully it was really slow those last couple months. So because my body was just kinda slowly shutting down, and then someone had mentioned burnout to me and, but not in regards to me. And then the word just kinda stuck out in my head and then I just started looking up stuff and I really had all the things that they categorized under burnout.

Mary reported an unbalanced lifestyle of working long hours with little time to meet her own needs. Mary identified this hectic pace as a threshold, and the intense stress she felt alerted her to the need for self-care. She described a full work schedule where some days she was working from 7:30 a.m. in the morning until 8:00 p.m. in the evening. “I was extremely stressed like really, really stressed with my, like I work six days a week so that sometimes it can get to you…,” further noting, “I feel like I'm just doing stuff all the time. I'm not spending time for myself”.

Connection to literature. Leigh described experiencing a significant amount of distress when two separate clients ended therapy. Therapeutic ruptures are not an easy experience at any stage of therapist development; however, for the novice it is particularly discouraging and difficult because boundaries around responsibility and level of responsibility for client behavior are not fully developed (Ronnestad & Skovholt, 2003).

Rachel spoke passionately about the importance of a “good fit” between clinician and work environment and how strongly she believed this impacted her self-care. New graduates sometimes find themselves in jobs that are a poor fit due to desperation for work or simply because they are so few jobs available (Rupert & Morgan, 2005). Ronnestad and Skovholt, (2003) found that novice therapists feel uncertain and may feel disillusioned with their first jobs as they struggle to find their footing and develop their professional identity. Incongruity between the person and the work has been noted in the burnout literature (Maslach et al., 2001; Maslach & Leiter, 2008) yet by being aware of one’s “interests, strengths, workload capacity and limits or

vulnerabilities" counsellors may prevent burnout and promote self-care and goodness of fit in their work (Rupert, Miller & Dorociak, 2015, p. 172).

Descriptions of territorial behavior and competition among therapists were somewhat surprising to me. Anne and Rachel both had experiences in which they described feeling undermined by colleagues. Anne described her colleagues questioning her choice to open a practice saying it was unethical. Review of the literature reveals little about this phenomenon. It is clear that many studies have discussed the importance of collegial support some of which are cited in subsequent sections. Regardless of whether these are isolated events their occurrence sheds light on another aspect of the novice therapist experience that warrants further attention.

Once the need for change was recognized, a common next step was for the participants to turn inward to listen to what they needed as individuals. Somehow their needs got lost or forgotten in the process of pursuing their education or beginning their career.

Prioritizing self. As this particular aspect, or layer, of the self-care process was revealed throughout the participants' stories, many phrases came to mind to describe the experience they were narrating; acknowledgment of personal needs, self-awareness, and self-reflection were a few. The participants' conscious choice to make themselves a priority seemed to capture a common element of the experience.

Anne states firmly there are many things that can demand her focus yet she recognizes the importance of carving time for and prioritizing her needs.

> Spending the time daily and sitting and focusing on me because I can, I've got a lot of things that I could focus on. This is a busy house, and I have a busy practice and I could

> spend time focusing on what does this client need, what does this client need and what does this client need, but just shutting all that out and focusing on me. What do I need for this, and it can change with every day. What do I need today? What do I need for this hour? What is it that I need to fill myself up so that I can be present? So you know I don't wait for the environment to change to suit me I put down this is it, I lay down the law. I have to look after myself because I am my most valuable tool so I'm not budging on that one.

Leigh works long hours on the days she works, so during her days off, Leigh manages her time to ensure she can meet family and friend commitments as well as focus on her needs. She strives to save weekends for family and friends. Leigh reserves one day as a "me day" and for activities she has made a commitment to herself to do such as skiing, swimming, lunch with a friend, taking the dog for a run, and attending church.

Rachel was emotional when talking about giving priority to her own needs. She shared with tears in her eyes how special the experience of swimming was for her and how important it was that she realized this was time just for her, there is nothing else she has to think about when she is swimming.

> I think probably one of the main ones is like this is for me, this is, nobody can take this from me like this is solely, solely for my, my pleasure and my enjoyment and I didn't, I didn't have a lot of that in my life at that point.

Connection to literature. "The self is what we bring to the therapeutic encounter" (Hughes, 2014, p. 40); therefore, it is important to make sure we bring the healthiest self

possible. The participants shared the importance of prioritizing their needs as part of their self-care practice. In order to prioritize ones needs, one needs to have the self-awareness to understand what these needs are. In the review of the literature, the study by Coster and Schwebel (1997) on "well-functioning" therapists identified self-awareness as a key component as does Baker (2002), Skovholt et al., (2001) and Rupert and Kent (2007). Self-awareness is an important aspect of being a competent and effective therapist. Throughout years of graduate training and professional experience as well as life experience, a sense of awareness is developed. The self that is used to engage in therapeutic connection with clients is the same self that is needed to engage in and practice self-care. Training influences counsellors professionally and personally, and the self-exploration that is essential to the development of being a compassionate and effective therapist also helps to develop the self-awareness necessary for effective self-care.

The internal battle. Participants identified prioritizing themselves as a necessary component to self-care; however, it seemed to coexist with a struggle with beliefs and values, perspectives, and behaviour. The participants acknowledged a personal struggle between knowing what is good for their practice of self-care, and making the conscious effort to engage in the healthy choice. Some of these beliefs and struggles revolved around the participants' opinions of what they deserved in terms of self-care or what was expected. A common thread woven in and among the participants' experiences was one which depicted a struggle within the participants themselves. The stories speak of an underlying tension, a disconnect, between knowing what is needed (form of self-care) and actually doing it, and making a conscious effort

to engage in self-care. Specifically, Leigh highlights the necessity of self-care being an internalized belief, while Anne, Mary and Rachel discuss the struggles they had with accepting self-care as an important aspect of their daily lives.

Rachel referred to this tension as “the internal battle”. She talked about the goodness of fit and looking at self-care in a more holistic way. According to Rachel, it is possible for one to do a variety of activities or self-care practices to help oneself, but if one is unwilling to look at some of the larger issues in one’s life, which may be impacting one’s ability to care for oneself, the effort will be for not.

> I think we don't want to do what we need to do. I mean it's hard enough to incorporate the practical steps but I think a lot of the time it's more of an internal battle that something, some of the belief systems, some of the boundary systems the relational systems like that we don't want to look at and I mean that’s harder to package and give to somebody because you know, it`s like how would they.

Rachel also shared her internal battle with believing that being a “good” helper means she needs to sacrifice her own health and well-being. She wondered about having “space” to be healthy, almost questioning whether this was allowed and whether it is okay to say “no”.

> It’s almost like the sacrificial thing that we have, like, where we, where we have to give until we have nothing and we don't feel okay if we give and still have some left for ourselves to be well, you know, and to be okay.

Rachel indicated she wrestles with trying to balance the belief that the needs of others come first and the realization that she needs to take care of herself.

> And I'm still working on that. Like I still don't really have that set in my mind, of, if I can be a giver and a helper you know? That where is that place and am I gonna feel guilty if there is so much need and I'm still happy and well, and your suffering, right? It's almost like you just have to give, and give, and give until it hurts. Like those ideas that we get as helpers too right? That's when you are doing the proper job is when you are just giving so much that it hurts you.

Rachel questioned the origin of this belief of giving until it hurts, absolving her parents of responsibility and suggesting it is a societal expectation of the role of a helper.

Rachel also spoke to the importance of understanding why one is engaging in self-care: believing in and valuing self-care. For Rachel "the first step" is turning inward and "quieting and hearing" your needs "and understanding they are valid". Engaging in this step of seeking self-awareness sets a foundation for a "grounded understanding", and a valuing of the self-care behaviours one sets for oneself. Rachel explained one is more likely to engage in and commit to self-care if they understand they are fulfilling a need they identified themselves versus just adding a swim class or eating better because that was written in a book or prescribed by someone else.

Anne recognized the importance of her self-care practice but indicated it has taken time for her to win her internal battle and to develop the belief that self-care is important and consequently making the time to engage in it. She specifically notes the difference between knowing and doing.

> It’s one thing to say it, it's another thing to do it and I have learned because I’m not young, that you’ve got to do this. I have raised three boys and I wish that I knew some of this stuff when I was a very busy mom, stay-at-home mom. I wish I had known “take some time for yourself everyday”, and do this. It would’ve made a difference I think.

Leigh explains the term self-care is awkward to her and describes it as “labouriously clumsy” noting, “it isn't just going through the motions of self-care. It is an actual internalized belief that that has to happen″. The conversation stimulates her thinking and the conceptualization of self-care as a belief helps her to further elucidate what she means, stating, “that's maybe what I'm reacting against, is that self-care is like a verb or an action versus self-care as a state of mind and a value and a belief″. My impression of what Leigh is suggesting is that overcoming the internal battle of knowing it is good for you and actually doing it has to do with how she conceptualizes self-care. Leigh′s experience that self-care is more than a set of prescribed activities, it is a way of life, is consistent with Rachel′s belief with self-care being an internalized value.

Mary’s internal battle came in the form of believing she did not have the time to care for herself and how challenging her perspectives and priorities made a difference.

> I didn't have time to do it and I think that's been a pattern for me many times like me being, I do not have time for myself. I just have to go, go, go. But now I'm pretty busy too and I just make it happen. Of course I don't have school which is the big thing but I'm more conscious about it and I put effort into it and I have the motivation to do it.

Connection to literature. Baker (2002) acknowledges that recognizing the importance of self-care is one thing, executing it is another. Norcross (2000) refers to this process of "choosing and self-realization" as self-liberation, "the acknowledgement, the commitment, and the burden of replenishing yourself, professionally and personally" (p. 711). The difficulty of implementing self-care may not be a new concept; however, the commonality of this experience for the participants and the influence of their beliefs on their self-care practice gives further insight into factors that affect self-care. Rachel identified with a belief about being in a helper role and how that means she needs to make sacrifices in order to ensure her clients are well. Unfortunately, sometimes self-care is viewed as an indulgence; however, "given the fine line between the therapist's personal and professional self, self-denial or self-abnegation is neglectful not only of real self needs but ultimately of patient care" (Baker, 2002, p. 17).

The stories of the participants' encourage further examination of this layer of self-care. Despite the participants' challenges of engaging in self-care, at some point, within the participant's experience, there was a shift in perspective and the belief in and value of self-care became integrated into the participants' way of being. This turning point may be an interesting topic for further exploration.

Surrounded by support. Another layer of the self-care experience for these participants was social supports. There are a variety of ways the participants are supported by the people in their lives whether it is professionally from supervisors, mentors or colleagues, or personally by family and friends. This is a central aspect of self-care and one that is actively sought out by many of the participants.

Anne has actively worked to surround herself with peer support, a mentor and supervisors. She has strategically sought out people who were supportive of her plan to open a private practice which for her was "*the* most important self-care piece". She hired one of her teachers to be a supervisor who "is extremely supportive of new graduates going into private practice". She chose a trusted instructor who was familiar with her abilities and strengths. "I thought she could give me a reasonable evaluation of what I was capable of and so she was sort of the wind beneath my wings as I opened my practice". Anne benefitted from "excellent supervision" that prepared her for the demands and unpredictable nature of private practice and boosted her confidence.

Anne also continued seeking out the support of her cohort from graduate school. They found themselves in a similar situation when it came time to look for work and helped each other. Those of her cohort who stayed in contact, supported each other in opening private practices. Anne explained she and her peers, "built boundaries around [them]selves and decided that [they] were gonna support one another and block out the negative stuff [they] were hearing from [their] colleagues and from potential employers".

Similar to Anne, Leigh finds her peers, and her personal relationships very nurturing and a source of continued learning and growth. Leigh even began to talk with her husband, discretely and anonymously about certain work cases.

> I don't disclose obviously, because confidentiality is important. There are things that I cannot and will not talk to my spouse about but the themes and at a very high level some of the concerns that I do have I will share and I find it incredibly helpful because my spouse

> works in an emergency services-based job. And so in a different way, but not that different, he too has to work with people in that very real way. So it's incredibly comforting to me to have somebody who not only I can get their personal insight, but I can get a professional opinion.

During graduate school Alecia found the support from her classmates very helpful. "I would go on[line] and check and respond to people and talk with my classmates on that and that was kind of like regrouping for me. Talking about that, kinda getting in that zone, getting away from all this other stuff". Alecia also benefits from supervision to go over logistical aspects of the work, scheduling, and building her business, as well as, case conceptualization and self-reflection.

> So I've done some [supervision] where I don't feel that I need that time for self-reflection at the time of supervision. So we just talk about casework and then this past one that I had last week I talked mostly about how can I be better? What am I doing? What could be different? So which is very helpful and those times too, I, those, after talking with her that sets the reset button for me, where I go ok I can leave all that and then start now from here.

Alecia thought she would miss her cohort more than she actually did. "I really thought that I was going to miss talking with these people every week sometimes daily and by the end of it I was ready to move on I think". Alecia was fortunate to find work after her graduation staying on with the clinic where she completed her internship. Perhaps she does not miss her cohort as much because she was able to find support with her new work colleagues.

> I do feel like I have a community at work that I'm not being judged in. I'm not being told what to do. People aren't rude or mean or turn their backs or anything like. It feels supportive and so when I'm here I feel really supported and then when I'm not here I don't really worry about being here. So I think in a way I do have a little bit of that not to the same extent not with the same people but it…someway, I do feel supported still.

Mary uses peer support frequently to debrief and "to express her feelings", stating "we call each other when we are having rough days". Mary also engages in what she calls "colleague supervision" which she believes is extremely important". Mary said it started with "hanging out" having coffee or lunch and the topic would invariably turn to work. "Oh I have this case that I am struggling with and then we were like, oh we enjoyed it so much we decided let's make it happen so we schedule in supervision, colleague supervision every couple of weeks".

Connection to literature. Work as a psychotherapist is often a very lonely, somewhat isolated practice, especially when one engages in private practice versus agency work. Further, according to Skovholt et al. (2001), counselling is a "one-way caring" profession and attending to one's emotional and social needs is imperative. Developing and maintaining relationships with family and friends can help to minimize the loneliness of one-way caring (Skovholt et al., 2001). An extensive review of the literature identified nurturing relationships as an important piece of self-care (Norcross & Guy, 2013). All of the participants reflected on the importance of supportive relationships as another layer to their self-care process. Quality connections with others, in which therapists feel they can be their true selves, revealing and sharing thoughts and

feelings, are essential for well-being (Baker, 2002). Participants identified supervisory, peer, friend, and familial relationships as key areas they actively seek out and nurture.

Supervision and mentoring are recognized as essential aspects of establishing and maintaining not only competency but also self-care (Hughes, 2014). In a qualitative study of twelve seasoned (ten or more years of experience) psychotherapists' experience of remaining passionately committed, eleven mentioned regular use of supervision to support their well-being (Dlugos & Friedlander, 2001). For novice therapists, in particular, supervision has been touted as the most positive influence on development (Orlinsky & Ronnestad, 2005). Supervision may include peer and collegial support. Peer supervision was a valued aspect of the participants' training experiences, so much so that they looked for ways to recreate this experience once employed. According to a study of well-functioning psychologists, peer support was considered the "highest priority" for the interviewees (Coster & Schwebel, 1997, p.6).

Life partners, other family members and/or friends are often the people with whom we can truly be ourselves, and who in turn can give us feedback about our daily functioning in terms of how stress may be effecting us; they are our mirrors. Research in the area of work-family conflict among psychologists suggests making the effort to enhance family relationships has the possible benefit of improving functioning in many ways (Rupert, Stevanovic, Hartman, Bryant & Miller, 2012). Further, a variety of supportive interpersonal relationships are often cited as an effective strategy for coping with stress (Kramen-Kahn & Hansen, 1998; Myers et al., 2000; Rupert & Kent, 2007).

Maintaining self-care. I was curious about what helps one to maintain self-care, consequently, one of my guiding interview questions was "What helped to motivate therapists to engage in self-care?" Regardless of the direct question to the participants, it was clear to me in reviewing the participant stories that there were a number of different aspects motivating these new therapists to engage in self-care. In general, the benefits of practicing self-care motivates the participants, yet they all highlighted different benefits and motivators; positive emotions, sense of accomplishment, stress release, positive feedback from others, and positive effects on the therapeutic work. In addition, Leigh highlighted how her therapeutic approach and the work of therapy itself provided self-care.

The participants' stories revealed positive emotions generated by engaging in self-care such as calmness and joy that help to motivate clients to continue self-care. Anne reflected on how these emotions help her to connect with her clients and to think more clearly when in session. In Rachel's experience she notices the feelings that arise from engaging in self-care. When swimming and taking care of her physical needs she commented on how soothing it was and how relaxed she felt but also satisfied and proud that she had done something for herself.

> Such a nice feeling. Even just that sensation of it was really nice and relaxed. Like it was much more relaxed but satisfied I think and proud of myself would be, *(pause)* proud that I did it. Proud that I took the time and that I deserved it. I deserved to take that time for myself.

Alecia also expressed benefit in terms of feelings and sensations she experiences from her self-care efforts of physical exercise.

> [I] feel almost excited. I feel I'm enjoying it. I feel happy. I feel, it's weird because it would be a lot of energy, it would be creating a lot but it's almost calming. It's kind of that internal, this feels good this is nice, and so it's almost, I almost get like a tingly, think this is what I want to be doing, this feels good it feels good it feels productive.

Alecia also meditates daily which she said is "very helpful" and "it really keeps [her] focused and grounded throughout the day".

Participants also talked about feeling productive and having a sense of pride in taking steps to care for themselves. Mary noted the improvement she sees in her interpersonal relationships and is motivated by the reactions of her loved ones when they notice her to be less stressed and happier. She appreciates being able to be more present and connected with her friends and family and this reinforces her participation in and belief that self-care is important. Mary explained she is motivated to maintain self-care because she functions better in a number of areas; with family, friends and clients and is encouraged by the positive feedback she receives from her loved ones.

> I need it to be able to go on with my days and to be able to see clients and to be good when I am seeing them. To be better at my social relationships and not every time I see them be complaining about all the stuff I'm doing. Be more like relaxed and be more yah, just seeing what I need and being able to actually do it has made such a big difference in how I've been feeling. Even my friends have been noticing it. And my family they see me happier, more relaxed. So I see like what I have been doing like people are able to see the effect. So that's my motivation to keep kind of going.

When Leigh and I discussed what kept her motivated to care for herself, she used the phrase “positive feedback loop” to describe her experience of the perpetual nature of self-care. “For me the concept of self-care in the world of psycho-educational counselling is it’s a completely positive feedback loop”. Leigh continued emphasizing, “if it wasn't for the fact that I did this work, I wouldn't have the self-care practices that I do and the self-care practices then in turn feed and grow what I am doing in the work”.

Leigh indicated the way in which she practices therapy helps her to maintain her practice of self-care. Leigh teaches her clients about self-care and asks her client’s to do something just for themselves; in turn this motivates Leigh because she believes it is important that she be “practicing what she preaches”. Another way in which Leigh's work reinforces her self-care is that she works hard to create connection with her clients and believes she can learn from her clients. This is deeply gratifying for Leigh, reinforcing the way she practices and suggests certain aspects of her work are a form of self-care. Leigh also described feeling hypocritical if she does not engage in self-care, especially since she continually speaks to her clients about the benefits of self-care.

> To me it's multilayered. It's an ethical responsibility as our own instrument but it's also ethical responsibility in that how do we say drink this Kool-Aid if we are not drinking it ourselves, right? How do we stand on this almost pious pulpit? Do as I say but not as I do.

The way in which Leigh perceives her clients and engages in her therapeutic work has also been a source of energy and self-care that perpetuates her ability to provide quality care. Her search

for connection and the belief that she can learn from her clients gives her joy. Leigh “identifies” her clients as teachers. She enjoys when clients tell her about recipes, books and movies they have enjoyed because this is a way to connect with them as human beings beyond their problems. Leigh sees this as another “layer of relationship”, clarifying it is not a friendship, but the client sharing this kind of information provides insight into their lives and is a reminder that this client is a person with a life outside of the therapy room.

Leigh does not want her clients to define themselves by their problems, so she models this and focuses on the fact that her clients are first and foremost human beings and not their problems (i.e. depression, anxiety, relationship). Leigh also strives to be herself in her therapeutic work. Her professional identity is shaped by being her authentic self. Continued self-awareness allows her to be her true self, which impacts her practice by building self-confidence and eliminating angst caused by dissonance.

> … this is just simply a person and these may be some things, challenges they're working through or problems that they are resolving, ideas that they're even considering then it's, the more that I can do to humanize it I think the easier my work is. So one person who supervised me had said to me, and I see this as a strength in me, is that again kind of going back to the congruent, I am who I am naturally with my clients. I don't behave differently with them that I would with other relationships. Obviously the frame of the relationships is very unique but I don't put on my “Hey, I'm being a therapist right now” cloak. So I find that makes it easier because maybe it's like it’s not like I’m not putting on a mask when I come to work and I'm having to take it off when I leave.

According to Anne, she is also motivated to maintain self-care because she sees the positive influence on her work with clients. Anne recognized that the self-care she engaged in helped her to be more calm and present with clients which in turn encouraged Anne to continue with self-care activities.

> Well I'm a much better counsellor when I do. ...[C]alming anxiety, the chronic anxiety that I think we all carry to some degree helps me to access that part of the brain that just gives me the objectivity that I think counsellors need to be effective.

Anne's perspective of her work as sacred is a key component to her self-care at work. She will visualize herself as a "competent counsellor" which allows her to focus, builds her confidence, and helps her let go of all the "busy stuff".

> I make space regularly for meditation, prayer, creative visualization. I find that it's helpful for me to, I imagine my practice as a sacred space and the conversations I have with clients as sacred conversations. So I sort of, I guess one piece of self-care there is just imagining that it's, it's not, I'm not doing this for the money, although I do want to make money, you know, I want to make a living out of It. But when I put it, that sacred sort of slant on it, I think it helps, it calms me. It gives me another focus you know so I find that helpful.

Connection to literature. The desire and effort to make connection with clients has been noted in research on career-sustaining behavior (Miller, 2007). Much of the literature discusses the reasons why therapists need to engage in self-care (i.e. competency and quality of work, and positive effect for the client) versus the benefits of self-care for the therapist as an individual.

Admittedly, competency is one of the main reasons self-care is important and a reason why I chose self-care as a research topic. However, I also want to maintain enthusiasm for a career I have spent many years training for, and I see self-care as way to make this possible. Literature on self-care discusses perceived effectiveness of self-care strategies (e.g. see Turner et al., 2005), yet no identification of the benefits. Turner et al.'s (2005) study is helpful for identifying which strategies may be most effective, giving a clear starting point and direction for self-care; however, it does not provide information on the benefits one may expect to achieve or what the experience of engaging in these strategies may be like. The attention this current study brings to the benefits of self-care provides insight into the issues of maintenance and motivation for self-care. This deeper understanding of the benefits of self-care may help to increase the belief in the importance of self-care and the choice to engage in regular practice of self-care.

Theme Two: Transitions: Challenges to Self-Care

Throughout my discussions with the participants it was clear that part of the self-care experience involves encountering challenges along the way: this theme focuses on those challenges. A common element, and key finding, emerging from the participant's experiences was the stress of transitioning from graduate school to paid employment. This transition is specific to a particular period in a therapist's development and was identified by the participants as especially influential on their self-care practices. The challenges my participants spoke about are ones that are unique to the novice counsellor's experience including the stress of transitioning from graduate school to paid employment; loss of supervisory and peer support, lack of experience, and difficulty finding work. These problems are explored in the sub-themes; leaving

the nest and reality of the work. Figure 4.2 illustrates the link between the self-care challenges. Leaving the nest refers to the challenge of leaving the support of graduate school, transitioning to the world of employment and adjusting to the reality of work.

Figure 4.2

Transitions: Challenges to Self-Care

Leaving the nest. Among all the changes that occur when transitioning from student to registered therapist is the day when counselling students become counselling graduates and leave the supportive environment of their classmates, instructors, and supervisors. This is time of tremendous change and was a challenge to their self-care for some of the participants as evidenced through their stories. Anne and Mary, in particular, shared their experiences of isolation and lack of collegial support.

Anne described her cohort and her supervisors as being very supportive; however, after graduation this support changed. Anne was shocked at how different her experience was after she completed her program. “But honestly I was not prepared for what was going to hit me when I graduated. I would've appreciated someone saying this warm, fuzzy, little nest you’re in right now, is gonna be smashed to bits (laughter)”. Anne shared her disappointment in her colleagues

who were “quite dismissive of [her] desire to open a practice” noting some remarked it was unethical for her to do so because she “didn’t have enough experience”. This experience contributed to Anne’s experience of identifying a threshold as described in the results section. Transitions are a time when support is needed and the wonderful support Anne experienced in graduate school felt suddenly gone. The support that was part of her self-care seemed to vanish.

Of graduating and leaving school, Mary quite simply says “well you are alone, you finish”. She comments on how students “have all this amazing support hopefully, right? But you have this support your classmates, professors, your supervisor and then you're like, here now you go in the world, right”? Mary’s description of losing the daily support of classmates and supervisors portrays the feelings of loss, confusion and anxiety this transition creates. Mary followed the route of private practice stating “that transition was really kind of harsh in a way, right? So going from weekly supervision to none at all that is a difficult transition”.

Connection to literature. During graduate training for counselling, students are supported in a variety of ways by instructors, supervisors, fellow students - often with ample opportunity to reflect and share on their learning experiences. In their longitudinal study of counsellor/therapist development, Ronnestad and Skovholt (2003) describe six developmental phases, one of which is the novice phase. The findings of this current study reinforce the Ronnestad and Skovholt (2003) results that novice therapists encounter a sense of being on their own. In addition, the interviews in the current study revealed apprehension and fear about losing supervisory guidance and the protection being a student provides.

Reality of the work. The beginning of a career is unique to the novice therapists' experience and as such had a significant impact on the self-care needs of these therapists. Many of the participants reported a sense of surprise at the difference between training, job search and paid employment and had not accounted for the challenges they would face as new counselling graduates. The participants shared their experiences of self-doubt, confusion and anxiety as they realized there is still much to learn expressing they felt unprepared for work as a counsellor.

When Anne completed her degree and was looking for employment she was continually told by potential employers she did not have enough experience, contradictory to the message she received in graduate school. Anne stated she was often told her various life experiences were incredibly valuable and this lead her to believe employers would have the same perception.

> I don't think they would want to say this but "guess what, you guys it's going to be really hard finding a job" I don't know if they wanna, you know, if they would want to say that and to be fair I haven't kept in touch with everybody, but I have heard from quite a few people that this has been their experience. But I think it would've been nice to let us know that what the job market looks like. What people are realistically expecting and this piece about experience, you know. So, how can you get this experience if people want you to have it? It doesn't make any sense. So I think I would've appreciated in the first year even, a realistic heads up, guess what get into a volunteer position now.

In response to the challenge of finding work and constantly being turned down for lack of experience, Anne eventually decided to open a private practice. As a result she encountered a learning curve when she was faced with a number of unexpected decision points, including

looking for office space, and setting her schedule, acknowledging she needed to slow down and think through these decisions.

Mary agreed with Anne at how difficult it can be to find work. She commented on “how hard it is to find jobs,” that it is “really difficult [there is] a lot of competition”. Mary continued stating “most of [her] cohort didn't have a job and, and they're doing jobs that are nothing related to counselling right now just to have a job”. Mary was fortunate to be hired at her practicum placement and to work in private practice. Mary suggested “having a little reassurance too so that when you're going through the processes you don’t feel like you're being rejected” would be helpful to new graduates.

Full-time, permanent employment is not always available to new graduates regardless of the profession. Rachel found employment through short-term contracts in a large institution taking over a position without a clear job description. Rachel discovered the person who had previously held the position accepted more and more tasks as their tenure went on leading co-workers to believe the amount of work the position entailed was completely feasible. Rachel described the fear of being new and of losing her job if she did not appear competent and knowledgeable.

> I was new, right, like I was brand-new. I just have my internship I’d maybe done four [assessment] sessions in my training. “Okay “Rachel” can you take this over?” and there's this huge expectation that I was supposed to do what [the previous employee] did and I mean that, what [they were] doing was totally dysfunctional. It didn't work, that’s why the system was sort of imploding on itself and why everyone was angry and everybody

> was frustrated and so then (*laughs*) throw me in there in there like I'm so happy to get a job.

Rachel worked in very difficult conditions with high demands on her time for many months before expressing how difficult the work was for her. She recounts how surprised her employers were when she came to them to tell them how much trouble she was having.

> But of course they're surprised because I'm like [the previous employee]; I'm hiding it, right? Trying to do everything as your contract is coming up and you want to look like you got it all together and you want them to keep rehiring you? So that's part with the contracts and when you're new, right? You just do what you have to do to look a certain way so it just becomes about trying to keep that job.

As Alecia spoke to the transition between practicum and paid work, she referred to the difference in caseload and client consistency.

> This is a tough job and if you are going to make a living you have to figure it out. You know sometimes you'll see five people in a week, sometimes you will see 15 but when you see 15 that doesn't mean it's consistent and that was really tough and I know that's private practice too. It's not what everyone goes into, but I hadn't, maybe I hadn't given that enough thought that that would be a factor.

Alecia continues by clarifying how the adjustment from student to paid practitioner has affected her emotionally and mentally. Alecia realized she needed to learn to not take the inconsistency personally. Alecia reported she tries to teach others "don't take it on personally, don't internalize that" yet finds she struggles with it and asks herself "what did I do wrong? How

could I have done a better job"? The unpredictability of client hours is a reality of the work. Alecia explained how she examined her calendar repeatedly and compared client hours week to week. Perspective from her partner allowed her to shift her focus from the critical voice which was causing her to internalize these challenges, to a more objective view of the factors that influence client attendance.

> I'll look at my week and I go "Oh last week I saw 19 people and this week I only have 12" and I'll say things like that to my partner and he'll try to remind me that's not because they don't want to come see you, that's not because you've done a bad job. People have lives and so that's been a constant reminder that I've had for myself that counseling is not people's lives and they'll fit it in when they can or when they want to.

Alecia has had to "adjust [her] expectations" of clients. She noted her "bad habit of checking [her] calendar all the time" explaining it affects her mood negatively, when she sees someone has cancelled, and when she focuses on the number of clients she is seeing, using this as a reflection on how well she is doing in her practice.

Alecia also indicated she was not prepared for the pressure she would encounter from clients or the inevitable experience of dealing with a presenting issue for the first time. "How do I handle when someone doesn't come back? How do I handle when, if they tell me I'm not doing a good job? If they tell me I'm not doing what they wanted me to do…"?Alecia also expressed a feeling of not being prepared for the diversity of presenting problems she might face with clients and how much distress and dysfunction a client may be experiencing.

> [There are so] many things you actually have to deal with, how much you really have to know and be aware of and I didn't feel like schooling gave me those tools. It taught me a lot of the background and the theory and that kind of stuff. The practice was fine I did some of that but in terms of people when they come here and they're paying $130 an hour they want to do the work and they want to do it now and so that expectation of you gotta perform that wasn't really talked about and I think, yeah, just knowing how to handle things. Not necessarily what depression is or what anxiety is or what causes it. What do I do to help someone and I don't think that was discussed enough.

Connection to literature. The beginning of the professional career is an exciting yet often overwhelming period of the novice therapist's stage of development. Part of what the participants experienced may actually be practice shock; the difficult transition from work to study which can cause personal strain (Smeby, 2007). The goal of education and training is to contribute to knowledge, yet some skills may be first learned through actual practice (Smeby, 2007) and indeed, practical training is a large part of most counsellor training programs. Students have high hopes graduate school will teach them everything they need to know about being a competent professional. Unfortunately, this is not always the case, and new graduates may feel overwhelmed and disappointed by what they judge to be a lack of preparation. While school gives structure with written guidelines and expectations, professional work settings may not be as informative about organizational culture or expectations, and the new graduate has to discover these for themselves (Green & Hawley, 2009). For those who choose private practice, the

freedom may be liberating or conversely even more daunting and one may have more questions than answers as to how to proceed.

There are a series of changes that occur after graduation from counselling training which speak to this experience. One such stage involves therapists seeking to confirm the validity of training (Ronnestad & Skovholt, 2003, p. 17). Another stage is a sense of disillusionment about their professional training and self. For instance, Alecia commented on needing to learn not to take client no-shows personally; however, this was a difficult shift for her from when she was a practicum student versus a working professional. She admitted no-show clients affected her as a student but as a professional the inconsistency of client work seemed much more devastating and lead to her asking herself questions about what she did wrong. She spoke strongly about wishing her graduate program had taught her about "this stuff".

Disappointment with training is not always the case and it is important to differentiate what aspects of training could have been embellished by a participant (Sagberg, 2014). Sagberg (2014) conducted a longitudinal study which involved multiple interviews with 22 novice psychologists on their experiences entering their first position as a professional. The majority of the participants indicated they were "satisfied with the theoretical knowledge base but felt they had a lot to learn in terms of practical knowledge about therapeutic tools and techniques" (p. 191). This recognition of having more to learn and the desire for more practical knowledge is consistent with some of the experiences of participants in this study. These added concerns challenged the participant's self-care as they created extra stress and pressure.

Looking for and obtaining employment was one of the challenges the participants expressed. As a result of the tight job market, Rachel indicated her fear of losing her position if she did not keep up with the demands. Rachel attempted to meet the expectations her supervisors and co-workers had of her based on the role her predecessor attempted to maintain; handling crisis cases, seeing eight to ten clients a day, taking phone calls and consulting with co-workers. Rachel was the only participant who worked in a multidisciplinary setting. There were times when the work requirements were more than she felt she could handle. She spoke about the system within which she was working and how dysfunctional it seemed to her. The organizational system therapists may find themselves employed in is a reality for which they may not have been prepared. Sagberg's (2014) research, as noted in the previous section, examined novice psychologist's experiences of the system in which they were working, many of whom were in large multidisciplinary settings. Many of the novice psychologists indicated concern about the system in which they worked and the amount of work immediately expected of them by their superiors.

Summary

This chapter reviewed the stories that evolved from the conversations I had with the five participants of this study. These narratives began to address the research question: What is the self-care experience of novice therapists? The rich information that came from their experiences is grounded in the meaning the participants ascribed to self-care. The participants shared several aspects about what self-care meant to them. Participants spoke to the importance of balancing physical, mental, and spiritual health as well as the relationships in their lives. Quality time for

some of the participants appeared to be a key element to their meanings of self. The importance of time, and how much value is placed on it, is not emphasized in definitions of self-care in the literature. Time may be inferred in these definitions; however, the distinction given to it by this study's participants contributes to the knowledge base on self-care. Quality time devoted to one's self illuminates the importance of developing a relationship with oneself in order to successfully engage in self-care. As the conversations progressed it was evident that there are particular layers to the process of self-care which aid in the development of a self-care practice. Marked challenges associated with the transition from graduate training to the world of employment distinguish the novice counsellor's experience of self-care from other periods of development within the career of a counsellor.

There are several aspects of the participants' accounts that are reflected in previous literature; recognizing a need for self-care, self-awareness, making the conscious effort to engage, and some of the challenges to self-care that are part of the novice therapists experience. The key findings of the current study that add to the literature base are the clear distinction of the value of quality time and developing a relationship with self, clarification on the beliefs about self-care, and the perceived benefits of self-care for the individual and how this helps to encourage continued engagement in the practice of self-care. Through giving voice to these early career professionals a clearer understanding of this issue is now added to the existing literature.

Chapter Five: Implications, Limitations and Future Directions

The current study explored the self-care experiences of novice therapists. The participant's narrated accounts provided rich descriptions of their self-care journeys from student life to early career. Data analysis uncovered several themes that highlight the layers of self-care and the challenge of transition that novice counsellors encounter. During data analysis, it became clear that some of the information provided by the participants would be helpful for training programs and possibly professional associations. Therefore, this chapter is dedicated to outlining the implications the participants stories have for counselling training programs, and in addition, to clarifying the limitations of this research, and to suggesting future directions for research in self-care.

Implications for Training Programs

Revisiting the participants' stories and their comments about their experience in graduate school reveals a continued need to dedicate time for self-care education during training. Researchers have endeavored to teach strategies such as mindfulness in their programs (e.g., Christopher et al., 2009), to advocate for a supervision model that supports self-care (Cushway, 1996) or to propose that a specific course dedicated to professional self-care be incorporated within graduate training (Kramen-Kahn & Hansen, 1998; Hassan El-Ghoroury et al., 2012; Goncher, et al., 2013). As indicated in the second theme, transitions: challenges to self-care, participants' recounted the difficulties transitioning from graduate school to career, which highlighted their need for specific guidance during their counsellor training programs. Part of the conversations explored what the participants learned about self-care as students and how they

envisioned training programs assisting in this regard. The participants recommendations are weaved into the main implications for training that emerged from this study; normalizing the challenge of self-care, engaging in ongoing discussion on self-care, preparing students for transition into the workforce, and including instruction on the "what" and "how" of self-care.

Amidst the demands of training, counselling trainees sometimes feel unable to develop a self-care practice. By engaging in open discussions about the difficulties of incorporating self-care into their lives, training faculty can help prevent feelings of defeat and unrealistic expectations about self-care in general. For example, Mary wished her instructors had normalized self-care and noted that she did not make self-care a priority nor did she feel she could, which resulted in her feeling burned out; this experience is reflected in the theme internal battle. Rachel agreed with the need to stress the realities of burnout, noting learning about what burnout looks like and how quickly it can happen would be helpful in normalizing the potential effects of the work as well as emphasizing the importance of self-care. Normalizing self-care would involve exploring beliefs and values around self-care, and how difficult it can be to engage in self-care. Even though her instructors relayed the message that self-care is important, Mary suggests that she did not fully appreciate the importance of self-care and indicated that if her instructors had been more candid about the potential obstacles to self-care and the value of setting up a self-care practice she may have taken it more seriously. Mary's reflection suggests that instructors could possibly have a significant impact on their students if they were to incorporate learning about self-care within the curriculum.

Clinical supervisors and training directors have the honour of shaping the next generation of psychotherapists. Graduate level and novice therapists may struggle with acknowledging limitations as well as acknowledging their need for self-care; therefore, it is important to develop an atmosphere that encourages discussion of the challenges of practice and the self-care needed to handle these challenges (Hughes, 2014). Routinely discussing limitations and challenges is part of therapeutic training and provides an excellent opportunity to combine not only education around difficult aspects of counselling but also engaging in ongoing discussion about the self-care measures that can be put in place to nullify or at least reduce the stress and anxiety these challenges create. Leigh shared Rachel and Mary's sentiments about the limited dialogue, and expressed concern about the lack of conversation about self-care in graduate school, and in the profession. Participants agreed discussions about self-care were insufficient and indicated having more support in establishing a self-care practice during counselling training would have been helpful.

The support of supervisors, faculty and classmates creates an ideal environment for learning in graduate school. Unfortunately, this environment is not always replicated once students are finished their training. Preparing students for the transition from graduate school into the workforce and the potential difficulties of finding work or in building a practice may help novices adjust to the competition of employment.

Anne recalled her instructors referring to burnout, vicarious trauma and compassion fatigue but wished she had been prepared for how different the experience was going to be when she no longer had the daily support of her classmates and instructors. Participants indicated a

desire to hear the experiences of their training instructors and supervisors. For example, what it was like for them when they started working and how long it took them to build a client base, or how important it was to organize peer supervision. Participants indicated feeling lost when it came to establishing a self-care practice, suggesting they felt defeated before they had even begun.

There appears to be some mystery around the "what" and the "how" of practicing self-care. Demystifying the practice of self-care includes helping students discover *what* self-care strategies may work for them and *how* and they will incorporate self-care. Often many self-care strategies are practical in nature. Rachel in particular distinguished between practical and conceptual strategies. As presented in the theme internal battle, Rachel considered strategies like searching for goodness of fit between self and job, or self-reflection are more conceptual in nature. Ongoing discussions about self-care would provide opportunities for experienced instructors and supervisors to share with students how they have incorporated self-care into their busy schedules.

Limitations

As with any research study there are limitations and in this study issues relating to the sample, and the method are important to discuss. First of all, recruitment was limited to those who saw the study advertisement, on the BCACC website, at the counselling clinic with which I am affiliated, and the few colleagues whom I asked to share the advertisement with their colleagues. In addition, the participants self-selected because they were motivated to talk about self-care and were available to meet for the interview. Also, I had limited professional contact

prior to the interviews with three of the participants. This may have affected the way in which they presented themselves and how they told their stories. I believe their narratives were important contributions, but it is possible they may have unconsciously, or otherwise, omitted certain aspects as to protect themselves. However, based on the nature of the topic and it's relation to competence, any of the participants may have been reluctant to talk about anything that may show their skills or competence had been compromised.

A second limitation is the method of data collection for the study, interviewing. Interviews rely on participants to share their experiences and as such are limited by what the interviewees chose to share at the time of the interview.

Suggestions for Further Research

A number of suggestions for further research were generated via this study. In particular, exploring gender and cultural influences on self-care, beliefs about self-care, territorial behaviours, and the development of self-care from early to late career may provide valuable information.

Engaging in research with a broader sample base, perhaps highlighting a cross-cultural influence may offer additional awareness of the self-care phenomenon. A similar project exploring the experience of self-care among male therapists as well as a gender comparison study of self-care experience may provide valuable information on any possible gender differences.

Within the theme of the internal battle, participants gave voice to a number of beliefs they hold around the topic of self-care. Exploring beliefs around self-care could possibly shed further

light on the therapist's value system and how it influences engagement in self-care. When the participants discussed acknowledging a time in which they knew they needed to make changes and take care of themselves (i.e., identifying a threshold), this process characterizes a shift that occurs between knowing they needed to engage in self-care and then believing in it and making it happen. In addition, despite the participants' challenges of engaging in self-care, at some point, within the participants' experiences, there was a shift in perspective and the belief in and value of self-care became integrated in the participants' way of being. This turning point may be an interesting topic for further exploration. What influences this change in belief? Specifically focusing on this change in perspective, and exploring this dynamic would be an interesting and informative addition to the literature base.

This study revealed negative experiences of competition and territorial attitudes within the counselling profession. A mixed method study focused on this issue in particular could help to expose the degree to which competition exists within the profession and the affect competition has on students, early, middle and late career therapists, and possibly how training programs, and professional associations can move towards creating a more supportive environment.

A longitudinal study examining the evolution of self-care practice, including the development of the relationship with self, following students through graduate school and their career could possibly be quite enlightening. Learning about the evolution of the self-care practice as the therapist grows and matures into her professional identity would be a fascinating contribution.

Concluding Reflections

I consider myself very fortunate to have been able to continue my research on self-care from thesis to dissertation. This program of study developed out of personal experience and observation, and a desire to promote well-being among psychotherapists. Therapists strive to provide non-judgmental support and understanding when assisting their clients to move through personal challenge to live more fully and authentically. At times, therapists struggle to treat themselves with the same compassion and understanding, often putting others needs ahead of their own.

I am profoundly grateful and honoured these five women chose to share their journey of self-care with me and ultimately with you the reader. I hope I have honoured their stories in the spirit in which they were related. Through their experiences we have gained further insight into the phenomenon of self-care as it relates to novice therapists. The narratives revealed the challenges therapists face early in their career and the processes they engage in to overcome these issues. They spoke to us about valuing quality time and learning to develop a relationship with themselves, to challenge the beliefs that hinder self-care, and to acknowledge how the perceived benefits maintain the self-care process. It is my sincere wish that as a community, therapists, supervisors, training programs, and professional colleges and associations acknowledge the importance and value of supporting each other in establishing and maintaining a self-care practice.

References

Ackerley, G. D., Burnell, J., Holder, D. C., & Kurderk, L. A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice, 19*(6), 624-631. doi: 10.1037/0735-7028.19.6.624

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

Bamford, J. & Akhurst, J. (2014). 'She's not going to leave me': Counsellors' feelings on ending therapy with children, *British Journal of Guidance & Counselling, 42*(5), 459-471. doi: 10.1080/03069885.2014.907867

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. http://dx.doi.org/10.1037/tep0000056

Barland-Edmondson, C. (2009). Self-care advocacy as an ethical obligation in counseling psychology programs. Retrieved from ProQuest Digital Dissertations. (AAT 3369436)

Barnett, J. E. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice, 38*(8), 603-612. doi: 10.1037/0735-7028.38.6.603

Bennett-Levy. J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of

cognitive therapists. *Behavioural and Cognitive Psychotherapy, 29*(2)*,* 203-220. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1017/S1352465801002077

Bickley, J. (1998). Care for the caregiver: The art of self-care. *Seminars in Perioperative Nursing*, *7*, 114-121.

Boellinghaus, I., Jones, F.W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving kindness meditation. *Training and Education in Professional Psychology, 7*(4), 267-277. doi:10.1037/a0033092

Briggs, D.B. & Munley, P.H. (2008). Therapist stress, coping, career sustaining behavior and the working alliance. *Psychological Reports, 103*(2), 443-454. doi:10.2466/PR0.103.2.455-458

British Columbia Association of Clinical Counsellors (2008). Code of Ethical Conduct Standards of Clinical Practice and Guidelines for Registered Clinical Counsellors, amended 2001. Retrieved from http://bc-counsellors.org/general/code-of-ethical-conduct-and-standards-of-clinical-practice

Brodie, J.D. (1982). Career-sustaining behaviours in psychotherapists: Interpersonal and intrapersonal support systems. Retrieved from ProQuest Digital Dissertations. (AAT 8316480).

Canadian Psychological Association. (2000). *Canadian Code of Ethics for Psychologists*, (3rd ed.) Ottawa, ON. Retrieved from: www.cpa.ca/aboutcpa/committees/ethics/codeofethics

Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work, 75*(2), 81–101. doi:10.1300/J497v75n02_06

Chrisman, J.A., Christopher, J.C., & Lichtenstein, S.J. (2009). Qigong as a Mindfulness Practice for Counseling Students: A Qualitative Study. *Journal of Humanistic Psychology, 49*(2), 236-257. doi:10.1177/0022167808327750

Christopher, J. C., Christopher, S. E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, *46*(4), 494-509. doi:10.1177/0022167806290215

Christopher, J.C. & Maris, J.A. (2010). Integrating mindfulness as self-care into counseling and psychotherapy training, *Counselling and Psychotherapy Research, 10*(2), 114-125. doi:10.1080/14733141003750285.

Cooney, J. F. (2007). Psychotherapist self-care: An introductory handbook for psychologists who practice psychotherapy. Retrieved from ProQuest Digital Dissertations. (AAT 3287739).

Cordes, C.L. & Dougherty, T.W. (1993). A review and an integration of research on job burnout. *Academy of Management Review, 18*(4), 621-656. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.2307/258593

Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice, 28*(1), 5-13. doi: 10.1037/0735-7028.28.1.5

Creswell, J. (2005). *Educational research: Planning, conducting and evaluating quantitative and qualitative research* (2nd ed.). Upper Saddle River, NJ: Pearson.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage

Crotty, M. (1998). *The Foundations of social research: Meaning and perspective in the research process.* London, UK: Sage Publications Inc.

Cushway, D. (1996). Tolerance begins at home: Implications for counselor training. *International Journal for the Advancement of Counseling, 18*(3), 189-197. doi:10.1007/BF01407962

Dlugos, R. F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice, 32*(3), 298-304. doi: 10.1037/0735-7028.32.3.298

Elliot, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for the publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3)*,* 215-229. doi: 10.1348/014466599162782

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. doi: 10.1037/0735-7028.38.5.501

Faunce, P. S. (1990). Self-Care and wellness of feminist therapists. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 37-40). New York, NY: Springer Publishing Company.

Fishman, D.B. (1999). *The case for a pragmatic psychology*. New York, NY: New York University Press.

Figley, C.R. (2002). Compassion fatigue: psychotherapists' chronic lack of self-care. *Journal of Clincal Psychology, 58*(11), 1433-1441. doi:10:1002/jclp.10090

Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research and Practice, 12*(1), 73-82. http://ovidsp.tx.ovid.com.login. ezproxy.library.ualberta.ca/sp-3.16.0a/

Fucci, C.M. (2008). The subjective experience of vicarious trauma for psychology graduate students. Retrieved from ProQuest Digital Dissertations. (ATT 3322248)

Gilroy, P. J., Carroll, L., & Murra, J. (2002). A preliminary survey of counseling psychologists' personal experiences with depression and treatment. *Professional Psychology: Research and Practice, 33*(4), 402–407. doi: 10.1037/0735-7028.33.4.402

Goncher, I.D., Sherman, M.F., Barnett, J.E. & Haskins, D. (2013). Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The mediational role of self-care utilization. *Training and Education in Professional Psychology 7*(1), 53-60. doi: 10.1037/a0031501

Grafanaki, S., Pearson, D., Cini, F., Godula, D., McKenzie, B., Nason, S., et al. (2005). Sources of renewal: A qualitative study on the experience and role of leisure in the life of counselors and psychologists. *Counselling Psychology Quarterly, 18*(1), 31–40. doi:10.1080/09515070500099660

Green, A.G., & Hawley, G.C. (2009). Early career psychologists: Understanding, engaging and mentoring tomorrow's leaders. *Professional Psychology: Research and Practice, 40*(2) 206-212. doi: 10.1037/a0012504

Guy, J.D. (1987). *The personal life of the psychotherapist*. New York, NY: Wiley.Halcomb, E.J. & Davidson, P.M. (2006). Is verbatim transcription of data always necessary? *Applied Nursing Research, 19*(1)*,* 38-42. doi:10.1016/j.apnr.2005.06.001

Halcomb, E.J. & Davidson, P.M. (2006). Is verbatim transcription of data always necessary? *Applied nursing research, 19,* 38-42. doi:10.1016/j.apnr.2005.06.001

Harrison, R.L. & Westwood, M.J. (2009). Preventing vicarious traumatization of mental health therapists: identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training, 46*(2)*,* 203-219. doi:10.1037/a0016081

Harvey, S.M., Dorahy, M.J., Vertue, F.M. & Duthie, S. (2012) Childhood Psychological Maltreatment and Perception of Self, Others, and Relationships: A Phenomenological Exploration, *Journal of Aggression, Maltreatment & Trauma, 21*(3), 237-255. doi:10.1080/10926771.2012.665428

Hassan El-Ghoroury, N., Galper, D.I., Sawaqdeh, A. & Bufka, L.F. (2012). Stress, coping and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology, 6*(2), 122-134. doi: 10.1037/a0028768

Higginson, S. & Mansell, W. (2008). What is the mechanism of psychological change? A qualitative analysis of six individuals who experienced personal change and recovery. *Psychology and Psychotherapy: Theory, Research and Practice 81*(3), 309-328. doi: 10.1348/147608308X320125

Hughes, G. (2014). *Competence and self-care in counselling and psychotherapy.* East Sussex, UK: Routledge.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing, 22*(4), 116-121.

Jones, R. A. (2014). Therapeutic relationships with individuals with learning disabilities: A qualitative study of the counselling psychologists' experience. *British Journal of Learning Disabilities, 42*(3), 193-203. doi:10.1111/bld.12028

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry, 4*(1)*,* 33–47. doi: 10.1016/0163-8343(82)90026-3

Kahill, S. (1988). Interventions for burnout in the helping professions: A review of empirical evidence. *Canadian Journal of Counselling And Psychotherapy, 22*(3), 162-169. Retrieved from http://cjc-rcc.ucalgary.ca.login.ezproxy.library.ualberta.ca/cjc/index.php/rcc/article/view/1308/ 1190

Kouriatis, K. & Brown, D. (2013). Therapists' experience of loss: An interpretative phenomenological analysis. *Omega-Journal of Death and dying, 68*(2), 89-109. doi: 10.2190/OM.68.2.a

Kramen-Kahn, B. & Hansen, N. D. (1998). Rafting the rapids: Occupational hazards, rewards and coping strategies of psychotherapists. *Professional Psychology: Research and Practice, 29*(2), 130-134. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1037/0735-7028.29.2.130

Kvale, S. & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing.* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Lawson, G. & Myers, J. E. (2011), Wellness, Professional Quality of Life, and Career-Sustaining Behaviors: What Keeps Us Well?. Journal of Counseling & Development, 89: 163–171. doi: 10.1002/j.1556-6678.2011.tb00074.x

McCann, I.L. & Pearlman, L.A. (1990). Vicarious traumatization: a framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149. doi:10.1007/BF00975140

McLeod, J. (2000). *Qualitative research in counseling and psychotherapy.* London, UK: Sage.

McLeod, J. (2002). Case studies and practitioner research: Building knowledge through systematic inquiry into individual cases. *Counselling and Psychotherapy Research*, *2*(4), 265-268. doi:10.1080/14733140212331384755

McLeod, J. (2011). *Qualitative research in counseling and psychotherapy (2nd Ed.).* London, UK: Sage

Maclean, L.M., Meyer, M. & Estable, A. (2004). Improving accuracy of transcripts in qualitative research, *Qualitative Health Research, 14*(1)*,* 113-123. doi:10.1177/1049732303259804

Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy*. New York, NY: Basic Books.

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

Maris, J.A. (2009). The impact of a mind/body medicine class on counselor training: A personal journey. *Journal of Humanistic Psychology, 49*(2)*,* 229-235. doi:10.1177/0022167809331859

Martin, A. (2009). An exploratory study of self-care and wellness in early career female psychologists. Retrieved from ProQuest Digital Dissertations. (AAT 3373357)

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology, 7*(1), 63-74. doi:10.1016/S0962-1849(98)80022-X

Maslach, C. & Leiter, M.P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology, 93*(3), 498-512. doi:10.1037/0021-9010.93.3.498

Maslach, C., Shaufeli, W. B. & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology,* 5*2,* 397-422. doi:10.1080/10503300903470610

Miller, B. (2007). Innovations: Psychotherapy: What creates and sustains commitment to the practice of psychotherapy?, *Psychiatric Services,58*(2), 174-176. doi: 10.1176/appi.ps.58.2.174

Moltu, C., Binder, P., & Nielsen, G.H. (2010) Commitment under pressure: Experienced therapists' inner work during difficult therapeutic impasses. *Psychotherapy Research, 20*(3), 309-320. doi: 10.1080/10503300903470610

Moursand, J. (1993). *The process of counselling and therapy* (3rd ed.), Englewood Cliffs, New Jersey: Prentice Hall.

Munsey, C. (2006). Questions of balance: An APA survey finds a lack of attention to self-care among training programs. *gradPSYCH, 4*(4). Retrieved from http://gradpsych.apags.org/gradpsych/2006/11/cover-balance.aspx

Myers, J.E., Sweeney, T.J. & Witmer, J.M. (2001). Optimization of behaviour: Promotion of wellness In D.C. Locke, J.E. Myers, & E.L. Herr (Eds), *The handbook of counseling*, 641-652. Thousand Oaks, CA:Sage.

Neff, K.D. (2011). Self-compassion, self-esteem and well-being. *Social and Personality Psychology Compass, 5*(1), 1-12. doi: 10.1111/j.1751-9004.2010.00330.x

Norcross, J.C. (2000). Psychotherapist self-care: Practitioner-tested, Research-Informed Strategies. *Professional Psychology: Research and Practice, 31*(6), 710-713.

Norcross, J.C. & Guy, J.D. (2007) *Leaving it at the office: A guide to psychotherapist self-care,* New York, NY: Guilford Press.

Norcross, J.C. & Guy, J.D. (2013). Psychotherapist self-care checklist In G.P. Koocher, J.C. Norcross, & B.A. Greene (Eds), *Psychologist Desk Reference, 3rd ed,* 745-753. New York, NY: Oxford University Press

Oddli, H.W. & Ronnestad, M.H. (2012). How experienced therapists introduce the technical aspects in the initial alliance formation: Powerful decision makers supporting clients' agency. *Psychotherapy Research, 22*(2)*,* 176-193. doi: 10.1080/10503307.2011.633280

Orlinsky, D.E. & Ronnestad, M.H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association.

Pakenham, K.I. (2014). Investigation of the utility of the acceptance and commitment therapy (ACT) framework for fostering self-care in clinical psychology trainees. *Training and Education in Professional Psychology, 9*(2), 144-152. http://dx.doi.org/10.1037/tep0000074

Patershuk, C. (2013). Self-compassion among psychotherapists: A phenomenological analysis. Retrieved from ProQuest Digital Dissertations and Theses. (MR92495)

Patsiopoulos, A.T. & Buchanan, M.J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology, 42*(4), 301-307. doi: 10.1037/a0024482

Patton. M.Q. (2002). *Qualitative research and evaluation methods* (3rd Ed.). Thousand Oaks, CA: Sage Publications.

Petker, C. (2009). Stories of self-care: Lessons learned and shared. Unpublished masters thesis. University of Alberta, Edmonton, AB, Canada.

Poland, B.D. (1995). Transcription quality as an aspect of rigour in qualitative research, *Qualitative Inquiry, 1*(3), 290-310. doi:10.1177/107780049500100302

Pope, K. S., & Vasquez, M. J. T. (2007). *Ethics in psychotherapy and counselling; A practical guide*. (3rd ed.) San Francisco, CA:Jossey-Bass.

Porter, N. (1995). Therapist self-care: A proactive ethical approach. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 247-266). New York, NY: Springer Publishing Company.

Reynolds, F. & Shepherd, C. (2011). Young women's accounts of intimate partner violence during adolescence and subsequent recovery processes: An interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice, 84*(3), 314-334. doi: 10.1111/j.2044-8341.2010.02001.x

Richards, K.C., Campenni, C.E. & Muse-Burke, J.L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness, *Journal of Mental Health Counselling, 32*(3), 247-264. test doi: http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1037/t04259-000

Rizq, R. (2012). 'There's always this sense of failure': An interpretative phenomenological analysis of primary care counsellors' experiences of working with the borderline client. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community, 26*(1), 31-54. doi: 10.1080/02650533.2011.579695

Ronnestad, M.H. & Skovholt, T.M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44. doi:10.1023/A:1025173508081

Rupert, P. A., & Kent, J. S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice*, *38*(1), 88-96. doi: 10.1037/0735-7028.38.1.88

Rupert, P.A., Miller, A.O., Tuminello Hartman, E.R. & Bryant, F.B. (2012). Predictors of career satisfaction among practicing psychologists. *Professional Psychology: Research and Practice, 43*(5), 495-502. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1037/a0029420

Rupert, P.A., Miller, A.O. & Dorociak, K.E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research & Practice, 46*(3), 168-174. doi: 10.1037/a0039297

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice, 36*(5)*,* 544–550. doi:10.1037/0735-7028.36.5.544.

Rupert, P.A., Stevanovic, P., Tuminello Hartman, E.R., Bryant, F.B., & Miller, A. (2012). Predicting work-family conflict and life satisfaction among professional psychologists. *Professional Psychology: Research and Practice, 43*(4), 341-348. doi: 10.1037/a0026675

Sagberg, I. (2014) Frustrated with the system: The professional entry of psychologists, *Nordic Psychology, 66*(3), 187-201, doi: 10.1080/19012276.2014.931814

Schaufeli, W.B., Leiter, M.P, & Maslach, C. (2009). Burnout: 35 years of research and practice. *The Career Development International, 14*(3), 204-220. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1108/13620430910966406

Schoener, G.R. (2007). Do as I say, not as I do. Professional Psychology: Research and Practice, 38(6), 610-612. doi: 101.1037/0735-7028.38.6.603

Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology, Research and Practice*, *29*(3), 284-292.

Shapiro, S.L., Brown, K.W. & Biegel, G.W. (2007). Teaching self-care to caregivers: effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and education in professional psychology, 1*(2), 105-115. doi: 10.1037/1931-3918.1.2.105

Sherman, M.D. (1996). Distress and professional impairment due to mental health problems among psychotherapists. *Clinical Psychology Review, 16(4),* 299-315. doi:10.1016/0272-7358(96)00016-5

Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, *29*(1), 79-85.

Skorupa, J., & Agresti, A. (1993). Ethical beliefs about burnout and continued professional practice. *Professional Psychology: Research and Practice, 24*(3), 281–285.

Skovholt, T.M., Grier T.L., & Hanson, M.R. (2001). Career counselling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, *27*(3), 167-176. doi: 10.1023/A:1007830908587

Skovholt, T.M. & Ronnestad, M.H. (1992). Themes in therapist and counselor development. Journal of Counseling and Development, 70(4), 505-515. doi: 1002/;1556-6676.1992.tb01646.x

Skovholt, T.M. & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers and health professionals.* New York, NY: Routledge.

Smeby, J. C. (2007). Connecting to professional knowledge. *Studies in Higher Education, 32*(2), 207–224. doi:10.1080/03075070701267251

Smith, J.A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*(2), 261-71. doi: 10.1080/08870449608400256

Smith, J.A., Flowers, P., Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, UK: Sage Publications.

Smith, P.L., & Moss, S.B. (2009). Psychologist Impairment: What is it, how can it be prevented and what can be done to address it. *Clinical Psychology: Science and Practice, 16*(1), 1-15. doi: 10.1111/j.1468-2850.2009.01137.x

Stebnicki, M.A. (2008). *Empathy fatigue: Healing the mind, body, and spirit of professional counselors.* New York, NY: Springer Publishing Company

Stevanovic, P., & Rupert, P. (2004). Career-sustaining behaviours, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice and Training, 41*(3), 301-309. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1037/0033-3204.41.3.301

Theriault, A, & Gozzola, N. (2005). Feelings of inadequacy, insecurity, and incompetence among experienced therapists. *Counselling & Psychotherapy Research. 5*(1), 11-18.

Tribe, R., & Morrissey, J. (2005) *Handbook of professional and ethical practice for psychologists, counselors and psychotherapists*. New York, NY: Brunner-Routledge.

Turner, J. A., Edwards, L.M., Eicken, I. M., Yokoyama, K., Castro, J.R., Tran, A., & Haggins, K. L. (2005). Intern Self-Care: An exploratory study into strategy use and effectiveness *Professional Psychology: Research and Practice, 36*(6), 674-680. http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.1037/0735-7028.36.6.674

Weiss, L. (2004). *Therapist's guide to self-care*. New York, NY: Brunner-Routledge.

Werth, J.L. Jr., Cummings, D.L., & Thompson, M.N. (2008). Legal and ethical issues affecting counseling psychologists. In S.D. Brown &, R.W. (Eds.), *Handbook of counseling psychology (4th ed.).* (pp. 3-20). Hoboken, NJ: John Wiley & Sons Inc.

Wise, E.H., Hersh, M.A., &Gibson, C.M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. Professional Psychology: Research and Practice, 43(5), 487-494. doi:10.1037/a0029446

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228. doi:10.1080/08870440008400301

Yin, R. (2012). Case Study Methods. In H.M. Cooper, P.M. Camic, D.L. Long, A.T. Panter, D. Rindskopf, & K.J. Sher (Eds.) *APA handbook of research methods in psychology. Research design: quantitative, qualitative, neuropsychological, and biological.(Vol 2.)*. (pp 141-155). Washington, DC, US: American Psychological Association.

Appendix A

Novice Counsellors Experiences of Self-Care: An Interpretative Phenomenological Analysis

INTERVIEW SCHEDULE

Pick a pseudonym

Age

Where did you go to grad school?

Date of certification

Type of certification

Client Population

How long in practice with certification?

How many hours of work a week?

1) What does self-care mean to you?
2) Tell me about a time when you engaged in self-care? (Prompts - What did it look like? what lead you to engage in it? how did you feel afterwards?)
3) Can you tell me about self-care in your life at present? (prompts: what do you do? What does it look it? what is typical? how often?
4) What do you find difficult about self-care? (prompts - In what situations do you find it challenging to practice self-care?)
5) What does effective self-care look like? (prompts - How would you know you were achieving it?
6) What allows you to practice self-care?
7) How has your self-care developed?
8) Can you tell me about the influences to your development? (Probe: How did your programs play a role? Specific individuals? What do you notice in hindsight – reflection? Helpful not helpful?

Summary

Ending - Anything else you would like to share with me?

Reminder -- Responding to core issues that the participant has brought up
Helpful prompts: Why? How? Can you tell me more about that? Tell me what you were thinking? How did you feel?

Appendix B

Novice Counsellors Experiences of Self-Care: An Interpretative Phenomenological Analysis

Are you new to the counseling profession? Are you missing the daily support of your classmates, instructors and supervisors?

My name is Carla Petker and I am a PhD Candidate in Counselling Psychology at the University of Alberta. For my Dissertation I am studying the self-care of novice counsellors.

During my first semester of grad school, I was struck by how, as psychologists, we are called upon to act as role models for our clients and to promote effective self-care. As therapists we must take care of ourselves in order to be effective and present for our clients. At times however, the nature of our training and eventual practice can make it very difficult for us to create and maintain adequate self-care: family, school and work often come before oneself. My interest in this topic is further compounded by the fact that I have a chronic condition that demands me to listen to my body and to take care of it and I have often thought, "How am I going to make this (further training and eventually private practice) work for me?"

I am proposing to interview novice counsellors about their self-care experiences. This experience will hopefully provide you with further insight into the meaning and importance of self-care, and the development of a self-care plan.

My hope is that through sharing our experiences with one another we can help each other and our clients.

Please contact me by email, petker@ualberta.ca or phone, 604-353-3427

Appendix C

Participant Information and Consent Letter

Title of Project: Novice Counsellors Experiences of Self-Care: An Interpretative Phenomenological Analysis

Persons in Charge: Carla Petker

My name is Carla Petker and I am a second year student in Counselling Psychology at the University of Alberta. This project is my doctoral dissertation research. During my first semester of grad school, I was struck by how, as psychologists, we are called upon to act as role models for our clients and to promote effective self-care. As therapists we must take care of ourselves in order to be most effective and present for our clients. At times however, the nature of our training and eventual practice can make it very difficult for us to create and maintain adequate self-care with family, school and work often coming before time for ourselves. My interest in this topic is further compounded by the fact that I have a chronic condition that demands me to listen to my body and to take care of it and have often thought, "How am I going to make this (further training and eventually private practice) work for me?"

The focus of the study in which you will be participating is to deepen the understanding of the self-care practices of psychotherapists. By conducting this study I hope to learn information that will lead to counselling psychologists improving self-care and becoming better models and teachers of self-care for clients. I also hope to inform professional training programs and regulatory bodies about how psychotherapists can remain competent so that recipients of their services receive the best possible care. I am interested in the insights you can provide me as a therapist who personally and professionally must balance care for self and care for others. I am especially interested in your lived experience of self-care as a counsellor.

If you agree to take part in this study you will be asked to participate in a semi-structured digitally recorded interview that could last up to ninety minutes and will cover such topics as your views of self-care, and how self-care has been and is present in your daily life. I may, with your consent, briefly contact you by telephone at some point during the study to clarify or gather further information. Your digitally recorded interviews will be transcribed so that your responses may be carefully considered. Your answers will help to provide information about psychotherapist self-care.

If this research is accepted for publication, no personally identifying information will be disclosed. To make sure your participation is confidential only a pseudonym will appear on the completed digital recordings and interview transcriptions of these recordings and any other

identifying information will be removed during the transcription process. Only the researcher can match names with these pseudonyms.

I may require the assistance of a transcriber. If I do hire a transcriber, they will sign a confidentiality form stating that they agree to comply with the standards of ethical research.

The study involves minimal risk that is, no risks to your physical and mental health beyond those encountered in the normal course of everyday life.

You have the right to withdraw at any time without penalty and any collected data will be withdrawn from the data base and not included in the study.

After the study is complete you may receive more detailed information if you wish.

In the case of concerns, complaints or consequences please contact:
Carla Petker petker@ualberta.ca or 604-353-3427
George Buck, PhD, Supervisor George.Buck@ualberta.ca
Jacquelin Leighton, PhD, Department Chair

I am providing two copies of the letter and consent form, one to be kept for your records and one to be signed and returned.

“The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Appendix D

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Consent Form

Project Title: Novice Counsellors Experiences of Self-Care: An Interpretative Phenomenological Analysis

Principle Researcher: Carla Petker
Research Supervisor: Dr. George Buck

Thank you for your interest in participating in this study. The purpose of this study is to deepen our understanding of counselling psychologist's effective self-care practices. This information could benefit other practitioners, graduate student training and further research. Ultimately, it is hoped this research will contribute to better psychotherapist self-care and client care as we learn from these experiences.

As previously indicated in the information letter, I understand that my participation in this study will involve the following:

1) I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2) I will participate in an interview that will be digitally recorded and transcribed. The interviews will occur at a mutually agreed upon location or via online conferencing using programs such as Skype or Google Hangout. They will be approximately sixty to ninety minutes in duration. The interviews will be of a conversational nature and will explore my self-care experiences including my thoughts and feelings about self-care.

3) I will be given the opportunity to review, comment on and approve my interview transcript.

4) All information collected (i.e., digital recordings, and transcriptions) will be sorted so that my name is not associated with it. A coding system will be devised to organize the data. This will be done to ensure my privacy, confidentiality, and anonymity. The write-up of the findings will diligently attempt to avoid including any information that can be linked directly to me. Computer files and transcripts will be encrypted and recordings will be secured in a locked filing cabinet and will be kept for at least five years following the

completion of the study. Any research personnel that may be involved in this study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants http://www.ualberta.ca/~unisecr/policy/sec66.html.

When invited to share my experiences of self-care, I understand that I may recall difficulty maintaining competence. Recalling and articulating stories of this nature may evoke negative emotions. The researcher is a skilled therapist and will strive to manage and minimize risks and discomforts. Also, I will be provided with a list containing contact information for low-fee telephone and in-person counselling support, should the need arise. As a participant, my understanding of self-care issues may be enhanced through the telling of my experiences. It may also help to reinforce self-care activities that are going well.

Given the importance of this research, the findings of this study may be reported in academic journals and presented at conferences. My name, and other identifying information will not be used in any presentations or publications of the study results. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board 1 at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Resarch Ethics Office at (780) 492-2615.

My participation in this study is completely voluntary and I am free to withdraw my involvement and I have every right to opt out of this study without prejudice. I have up to two weeks after I have given approval of my interview transcript to ask the researcher to remove my data from the study.

Having read and understood all of the above, I, _____ agree to participate freely and voluntarily in this study.

_____ _____

Signature of Participant Date

_____ _____

Signature of Researcher as Witness Date

NB. Two signed copies of the consent form are required. One copy is to be kept by the participant, and one returned to the researcher.

Thank you for offering to participate in this study. Please feel free at any time to bring up any questions and/or concerns regarding your participation in this study. Contact information is as follows:

Principle Researcher:
Carla Petker
University of Alberta
Department of Educational Psychology
(604) 353-3427

Supervising Researcher:
Dr. George Buck
University of Alberta
Department of Educational Psychology
(780) 492-9275