**TOJCE**
ISSN: 2146-8192 The Online Journal of Counseling and Education, 2017, 6(4), 34-53

# No Time to Care: Self-care Levels Predict Grades in Counselor Training

**Kathleen M. BEAUCHEMIN**
*Faculty of Behavioral Sciences at Yorkville University, Canada*
*askdrkate@shaw.ca*

## Abstract

Taking no time to care for oneself is a poor academic strategy for counselors-in-training. In this retrospective mixed-methods study, reported self-care practices and final grades were examined from 44 graduate students from 3 *Crisis and Trauma* classes. Number of reported self-care activities and final class grades were positively correlated ($r$=.57, p<.001), with 32% of grade variance attributable to self-care levels. Assembled into low, average, and high self-care groupings, a comparison of final grades showed significant differences (of 73%, 83%, and 90% respectively). Highest endorsed practices by themes were: a) aerobic exercise, b) mindfulness, meditation, yoga, c) social support, d) nutritional, medical, health supports, and e) spiritual or nature endeavors. Almost all students reported some self-care (averaging 3.3 activities), though some planned to defer until practicing. Deficits and struggles with self-care were reported by 16% of students and centered most on perceived time constraints. Guidelines for self-care during academic training appear warranted.

**Keywords:** Self-care, Counselor education, Student wellness, Compassion fatigue, Trauma training

*"When I say that I don't have time to do something, I'm really saying that I'm opting not to make that something a priority in my life" (Carl, 2014, p. 1).*

Collectively, the deliberate application of regular intentional initiatives towards developing and maintaining resiliency is referred to as self-care (Thompson, Frick, & Trice-Black, 2011). Self-care for counselors has been descried as an ethical imperative (Mailloux, 2010). The premise of self-care for the counselor is that in caring for ourselves first, we are then able to, more competently and more robustly, care for others without succumbing to significant harmful side-effects. "Bolstering counselor resilience in an effort to prevent burnout is one aspect of facilitating ethical personal, and professional development" (Thompson, Frick, & Trice-Black, 2011, p. 152).

Some university students have healthy lifestyles routines; some do not (American College Health Association, 2016). Perhaps self-care is evolving generationally, as mindfulness and yoga permeate cultures around the world. But for some students, there still might remain that old proverbial badge associated with university life: like "*pulling an all-nighter"* to finish that term paper, or cramming for an exam while drinking copious cups of coffee and eating processed junk food. A landmark and large scale study of Canadian university student health found that although 40% of student met benchmark exercise guidelines, only 11% reported getting enough sleep. Mental health did not fare well in this study, with 65% of participating students reporting overwhelming anxiety and 44% severe bouts of feeling depressed within the past year (American College Health Association, 2016, p. 14). We do not know what relationship, if any, these finding have with levels of self-care. However, it is possible that anxious or pressured students might deliberately sacrifice their social life, exercise, sleep, spirituality, and nutrition just to stay on top of all the work involved in university studies: having no time to care about self-care. We don't really know if this is trend gets worse in graduate-level studies, where the demands tend to be even greater.

What if a neglect in self-care during the foundational academic portion of studies impairs future counselors before they even get started? This question first presented when marking an assignment paper on self-care in a trauma class. Trainees are said to be seldom (Thériault, et al., 2015) or often (Merriman, 2015) advised to engage in self-care depending on whom you ask. More importantly, there may be an unspoken assumption that this need for self-care only starts once a practicing counselor, psychologist, psychotherapist, or at minimum a trainee already conducting some sort of supervised intervention in a practicum

setting. The premise that self-care and wellness might matter now, during academic training—not just later—was one of the drivers for this study.

In this retrospective mixed-methods inquiry, quantity and type of self-care strategies reported by student were compared to final grades. This was accomplished using archival data extracted from student work in three elective course sections.

*Contextual background for this study*

Yorkville University in Canada recently introduced a new elective online course called *Crisis and Trauma in Counseling* in its Master of Arts in Counseling Psychology Program [MACP]. The curriculum for this course includes a discussion forum and assignment on the need for self-care in relation to providing trauma services. Specifically, the instructions call for a 1200 word paper called "*Self-Care Strategies*" that outlines a personalized self-care plan that can be used "when counseling trauma clients". Students are advised to start by outlining what they currently do for self-care, and from there, to go on to develop a more formal plan (Yorkville University, Crisis and Trauma in Counselling, 2016).

As one of several designated faculty for instructing this course, while marking this first assignment of "current self-care practices", this author noted that some students described copious numbers of activities that they purport being engaged in, beyond work and school, which they claimed to do in the name of self-care (for example yoga, meditation, socializing, having pets, walking, spirituality, reflection, etc.). Some claimed to have "no time to care", or "no need to care", because they described being too busy trying to keep grades up, or because they viewed themselves as hardy. Striking was the claim of having no to limited time for self-care right now, because of the heavy academic and other workload, but the expressed intention to do so in the future once a bona fide counselors.

This led to the question: what connection, if any, does "indulging" time in self-care have on grades? On the one hand, time spent on oneself doing yoga, attending weekly social groups, and attending church services might come at the cost of study and assigment time, and hence grades. Conversely, those who fail to care for themselves now might be impaired helpers from the beginning. Thus, the impetus to learn more about the practices, as well as the benefits and costs, of self-care in these graduate counseling students evolved.

The inquiry considered such question as: are prevailing self-care engagement levels correlated to final class grades in graduate school counselor trainees? If so, do grades differ in

low, versus high, self-carers? What thematic trends exist in reported student self-care activities? Does intentionality matter? Do some students defer self-care until practicing? If so, what are the implications of having, or taking, no time to care while in graduate school?

*Review of Self-care*

At noted, self-care is generally described as the process of engaging in deliberate activities intended to bolster a caregiver's own stamina, resilience, and immunity to compassion fatigue and burnout (Merriman, 2015; Teater & Ludgate, 2014). The need for self-care is based on the premise that helping hurts, or at minimum, helping others potentially, hurts us as counselors (Felton, Coates, & Christopher, 2013). Various distinct, but still somewhat overlapping, constructs of potential harm include vicarious or secondary trauma, compassion fatigue, and burnout (Gentry, 2017; Iqbal, 2015). Burnout is generally used to describe exhaustion from work demands and organizational stress. Gentry (2017) says that a distinction needs to be made about perception over reality of the situation: when perceived demands exceed perceived resources. Vicarious or secondary trauma involves experiencing intrusive sub-clinical or clinical traumatic reactions resulting from exposure to client trauma narratives (Sansbury, Graves, & Scott, 2015; Trippany, Kress, & Wilcoxon, 2004). Compassion Fatigue is a "gentler" and all-encompassing term: combining intrusive and avoidance symptoms, along with exhaustion from burnout, without the requirement of specific exposure to trauma-filled client narratives (Sansbury, et al., 2015).

*Why does self-care need care?*

Self-care is presumed to be the most potent prevention strategy for all the above-noted forms of occupational stress. Strategies that foster resilience against occupational hazards for counselors are as varied as they are unique. In an online resiliency training program self-care was listed as one of five primary resiliency skills; the other four were "self-regulation, intentionality, perceptual maturation, and connection" (Gentry, 2017; Teater & Ludgate, 2014). There seems to be some overlap in the definitions of resiliency skills and self-care activities, which are said to promote resiliency, for example, *connection* with significant others is often talked about as a specific self-care method (Turner et al., 2005), as opposed to a separate skill from self-care, as implied in the above noted training (Gentry, 2017).

Thus, the interpretation of what constitutes self-care, and also how much is the correct amount, is often left to the trainee (and later, counselor) to decide. For example, is it self-care

if you deliberately watch television after work or school in order to unwind? Some students say it is, as it helps them stop thinking about academic challenges and lets them connect with family. But how might one differentiate between self-care and a numbing avoidance strategy, which television might also be considered? Does self-care mean adding something into your life (like yoga), or can it also mean taking something away (like television or Internet screen time)?

Perhaps more pertinent is that some helpers tend to learn things "the hard way"; thus learning about self-care doesn't equate to practicing it. There is an old adage that says: "do as I say; don't do as I do." Perhaps educators need to model and demand, as opposed to encourage, self-care. "Counselors who respect their own wellness are [said to be] better able to facilitate wellness in others" (Merryman, Martin, & Martin, 2015, p. 1). To this end, standardized curriculum for self-care education has been called an imperative by many (Pakenham, 2015b; Merriman, 2015; Lee & Miller, 2013; Iqbal, 2015). Still, many graduate students are said to report having received no formal education or training in self-care as part of their counselor training (Thériault, Gazzola, Isenor, & Pascal, 2015). Getting this right is, arguably, important. The occupational perils of providing care are high; 74% of therapist are said to report some emotional distress, of which most is attributed to their counseling work (Thériault et al). Neglect of self-care increases occupational risks of harm to self, which can then morph into harm to others by way of impaired judgment (Mallioux, 2014). The Canadian Code of Ethics for Psychologists (4th Edition) now specifically calls for practitioners to: "engage in self-care activities that help avoid conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others" (Canadian Psychologist Association, 2017, p. 20). This is also implied in Canadian Counselling Ethical Guidelines: "Counsellors [need to] maintain high standards of professional competence and ethical behaviour, and recognize the need for continuing education and personal care in order to meet this responsibility" (Sheppard, Schulz, & McMahon, 2007, p. 5).

Pakenham (2015a) purports that it may be necessary to distinguish between trainees and independently practicing therapists in discussions involving stress, burnout, and the need for self-care. The foundations and mindsets around practice, however, are said to start long before practice (Lee & Miller, 2013; Pakenham, 2015b); and the stress associated with clinical practicum might pose more risk to wellness than a future independent practice (Stalnaker-Shofner & Manyam, 2014). In fact, Butler, Carello, and Maguin, (2016) found that

academic training can trigger emotional distress in students who feel unskilled and unprepared for trauma symptoms and history that many clients present with, regardless of settings. Moreover, coursework has been described as equal to, or even more stressful, than the field work for student counselors (Butler, et al. 2016). Some clinical topics, like psychopathology and trauma, tend to unearth cracks in student vulnerability that can quickly become craters when emotionally-triggering content gets personalized.

*What counts as self-care?*

Most self-care strategies are highly individualized (Thompson, Frick, & Trice-Black, 2011), even idiosyncratic. There is a certain degree of assumed understanding and subjectivity in what we define as self-care—if defined at all—perhaps because of an underlying assumption that only the person engaging in self-care can define what bolters them. However, only some techniques typically described as self-care have been vetted empirically. For example, there is plethora of research to support the notion of practicing good sleep hygiene, which impacts, amongst other things, emotional regulation (Barber, Grawitch, & Munz, 2013) and memory (Whitehurst, Cellini, McDevitt, Duggan, & Mednick, 2016). Exercise is believed to be important to overall health and well-being (Currie & Malik, 2016); regular exercise is generally believed to enhance sleep, though actual findings are disputable here. Glazer Baron, Reid, and Zee, (2013) claim that the relationship may be reversed: sleep improves exercise. More contemporaneously, mindfulness and self-compassion have been touted as highly effective self-care engagements (Boellinghaus, Jones, & Hutton, 2013), with student mindfulness training said to promote better self-reflection, thereby enhancing students' ability to manage cognitive complexity (Bohecker, Vereen, Wells, & Wathen, 2016, p. 26). In a study of Turkish university students, social emotional learning and critical reasoning were found to be positively correlated. Social emotional learning was described as the capacity to regulate emotions, solve problems, and form good relationships in one's environment (Arslan & Demirtas, 2016, p 276).

The role of intentionality in self-care perhaps warrants further inquiry. Is it self-care when it is not done in the deliberate name of self-care? For example, if a student attends a weekly yoga class for "fun", is this the same as consciously undertaking this type of activity in the name of self-care? Currie and Malik (2016) say that exercise is different than physical actively because exercise is intentional and deliberate. The question of intention may be salient to all type of self-care. In his Certified Compassion Fatigue Training videos, Gentry

(2017) talks about intentionality as key to shifting therapists from an external local of control to an internal one, which is said to promote resilience.

## Method

A retrospective, archival, review of data from 45 students three Crisis and Trauma in Counseling classes (from 2016 to 2017) was conducted using a mixed inquiry method: both quantitative and qualitative analysis. Class records of final grades along with one assigned paper on self-care were retrospectively reviewed for this project.

### *Ethical considerations*

A proposal, outlining the intent and specific planned methods for this project, was first vetted by the Vice President of Academics and by the University's Research and Ethics Review Board. Written approval to proceed was granted. Students whose actual work and words were reviewed in the secondary qualitative analysis and presented in this paper also provided written informed consent for participation, which was solicited by way of a written informed consent. All procedures in this project were compliant with both the university's code of ethical conduct for research and the author's own professional governing board.

### *Data collection*

Using an Excel spreadsheet, columns were created for every single type of current self-care narrative as reported by students in three classes ($N$=45) extracted from the self-care assignments. One student's data was completely omitted, as final coursework was not fully completed, thus leaving 44 student records in total. A specific section of each student's paper, which asked the student to describe their current self-care practices was first reviewed (for quantification purposes, and later inspected qualitatively). No specific information or guideline was provided to these students about what constitutes self-care and how many activities to talk about in this assignment; later in the guidelines, students were asked to review the literature on the merits of the discussed activities and, from there, propose a future self-care plan. The implied value of this assignment was to have students assess their current practices, and in doing so, to better prepare them to impliment more deliberate self-care, if and when they are exposed to trauma in their future counseling work. The curriculum for this class was already devised by a course development committee. The role of this researcher

(initially as the instructor) was to mentor students through the course by participating and moderating daily online discussions and grading all assignments.

All self-care papers (*N*=44) were reviewed in search of reported self-care. A spread sheet was created with column representing student ID, number of discrete activities reported in total and then subsequent columns that separated each and every type of activity mentioned. For example, if someone said that they did yoga, played with their dog, swam, attended church, or went to a therapist, then these were each counted as distinct self-care items. This process initially led to 17 columns of different activities. A binary system of coding incidences of all such activities (either present as represented numerically by the number 1, or absent, coded as 0) was then denoted by a leger of each student.

Most people either said they did some activity, or did not mention doing that particular activity, in a clear and binary manner. However, a small number of references were more ambiguously worded, in which the student said that they did something, like walk for self-care, but then went on to partially qualify this, by admitting that they had not been doing much walking, or as much walking, lately. In these less clear cases, the activity item was assigned a half a point (.5) instead of one full point. There were very few cases (six in all) of these weakly stated items. Once this processed was completed, another column was used to sum the total of reported activities associated with each student. All final course grade marks were then extracted and also paired to their respective owners in an adjacent column.

*Quantitative review*

Two variables—the sum of the number of self-care items reported per student (*X*) and final course grade out of 100 (*Y*) were then compared using a two-tailed Pearson Product Moment correlational statistic. This was done by using a Microsoft Excel software function and then later re-confirmed using an online web-based statistical software called *Social Science Statistics* (available at http://www.socscistatistics.com/tests/Default.aspx). Secondary analyses included the use of other parametric testing of group means and comparison between grouping the presence and absence of endorsed activities, as described further in the Findings section.

*Qualitative review*

Reviewing documents for emergent themes is a technique suggested by Anderson (2010). Extracting domains and then reducing these to core ideas and meaningful groupings

was then employed (following a protocol suggested by Braun & Clark, 2006, on how to use thematic analysis for qualitative studies in psychology). When all types of self-care activities were initially listed in discrete categories, overall, there were 17 type of self-care activities reported. Using the Braun and Clark protocol (2006), these initial 17 themes noted in self-care were then reduced. This was done by finding overlapping types of activities which appeared to describe same or similar processes using different titles. For example, organizing work and home space separation was amalgamated with other references like setting boundaries between working and living spaces. Seeking medical, nutritional, psychological, chiropractic, massage, or other types of health professional assistance or guidelines were also amalgamated into one category or theme. Some categories were blended because they seemed overlapping in descriptions; for example, yoga, mindfulness, and meditation were combined, as some people called their yoga and meditation practices "mindful meditation" or "mindful yoga" while others talked of "mindful breathing exercises" in all three of these activities. Thus, yoga and mindful yoga, mindfulness and meditative mindfulness were joined thematically into one.

Praying, attending church, and exploring spirituality in nature, though arguably differing in many way, thematically merged irreducibly (Braun & Clark, 2006) as they all appeared to be motivated by a religious or spiritual quest. Any other type of physical or aerobic activity described was amalgamated into another single item called "aerobic exercise". Aerobic exercise, as a distinct category, included things like walking, running, weight-lifting, and all fitness classes (except the yoga grouping as described above). If the walking was done specifically to engage with a pet or to deliberately connect with nature, then each of these categories received simultaneous endorsement (e.g., Aerobic Exercise, Having a Pet, Spiritual, and Nature). The resulting irreducible thematic categories were 11 type of self-care groupings of activities. The details of clustered categories and their respective student endorsements for these activities are itemized in Table 1.

## Findings

### *Quantitative findings*

Opinions of Erasmus students about Turkey and Antalya before coming to Turkey and after the participation at the programme were presented in Table 2. All the participants pointed out that they had certain prejudices about Turkey and Antalya before their arrival. These prejudices were divided in two categories: culture and Antalya.

There were a total of 145 prevailing Self-Care (SC) activities reported by 44 students in their self-care papers. The average number of activities reported was 3.3, with a range of 0 to 10, and standard deviation (SD) of 1.8. Number of self-care activities (per student) was found to be significantly and positively correlated with final course grade ($r$=.57, p<.001). Using a simple linear regression model, 32% of the variance in grade outcome was explained by reported number of self-care activities ($r^2$ = .32, df = 43, p<.01).

The data was then arranged into three groupings: a) Low Self-carers (defined as average SC minus one SD = 0 to 1.5 activities), b) Average Self-carers (average plus or minus one SD = over 1.5 and under 5 activities), and c) High Self-carers (average plus one or more SD = 5 and over activities). Despite most student falling in the middle (i.e., being in the average group in terms of self-care), an Analysis of Variance (ANOVA) detected significant differences between these three groups in terms of final grade outcome averages: $f$ = 7.3, $p$<.01, (df = 41 within, and 2 between groups). No-to-low self-carers had a final course grade mean score of 73%, Medium self-carers, 83% and High Self-carers, 90%.

Three separate t-tests were conducted on the four most popular types of activities reported in order to test for differences in effect size on grades for actual type of self-care. This involved partitioning all those who did aerobic exercise of any kind to compare against all those who did not, all those who did meditation / mindfulness / yoga and those who did not, and comparing groups who reported exercise versus all others who did not, and comparing those who did mindfulness, meditation and yoga, and those who did not, and finally, comparing all those who sought social support versus those who did not. Using a Student T-test on each of these binary categories, no significant differences were found. Groupings of the 11 total activities could not be simultaneously compared to each other statistically, as these categorical groupings lacked the independence required for valid statistical analysis, even for non-parametric testing.

*Qualitative findings*

Overwhelmingly, these students reported engaging in some current self-care (93% with 3.3 average activities each). Seven percent (7%) reported no current self-care practices whatsoever. Perceived problems with, or deficits in, self-care were mentioned by 16% of all students. Top endorsed, to least endorsed, self-care activities are listed below in Table 1.

*Table 1*
Self-care Practices Reported by Counseling Students

| | Main Clusters of Described Activities N=44 | N Endorsing Item | % Endorsing Item |
|---|---|---|---|
| 1. | Aerobic Exercise | 31 | 70 |
| 2. | Meditation / Mindfulness / Yoga | 24 | 55 |
| 3. | Social Support | 19 | 43 |
| 4. | Nutrition / Medical / Other health support | 13 | 30 |
| 5 | Spiritual and Nature | 12 | 27 |
| 6. | Home cleaning / Decluttering / Physical boundaries | 11 | 25 |
| 7. | Journaling and Reflection | 9 | 20 |
| 8. | Pets | 6 | 14 |
| 9. | Therapy or Supervision | 6 | 14 |
| 10. | Sleep Hygiene Practice | 6 | 14 |
| 11. | Creative Leisure (Art, Craft, Music, etc.). | 6 | 14 |
| | Total Number of Reported Activities All Students | 143 | |
| | Cases of No Self-Care Reported | 3 | 7 |
| | Deficits in Self-Care Mentioned | 7 | 16 |

In reviewing the prevailing themes discussed by students, the issue of "time" seem to be mentioned a great deal. Thus, a subsequent word search (using the Microsoft WORD find function) was done throughout sample papers (derived from one entire class sample) in order to count the prevalence of the word "time" being mentioned. The word "time" in any context was mentioned an average of 12 times per paper. Here are a few examples of time struggles noted.

1. *"[As for] my self-care, this will require being intentional in carving out pockets of time for those things that are important to my wellbeing" (Anonymous Student, Personal Communication, January 17, 2017).*
2. *"I aim to meditate daily (but recently have been only meditating 2-3 times per week.) As my schedule gets busier, nutrition and exercise will become more challenging to maintain, and will require more planning and time management" (Anonymous Student, Personal Communication, January 17, 2017).*
3. *"I used to struggle to find the time to stay in touch with a lot of important people in my life. Even simply responding to text messages felt like an overwhelming task. Meanwhile, I was*

> *dedicating the majority of my time to a job that I was not enjoying" (Anonymous Student, Personal Communication, January 17, 2017).*

Other thematic observations included ideas about what works for individual students and what does not, including observations about self-care deterioration.

1. *"I have a tendency to forget about some of the rituals [of self-care] when under a lot of stress. Ironically, it is at these times that self-care is the most important" (Anonymous Student, Personal Communication, January 17, 2017).*
2. Another student wrote: *"At this time, I do not exercise regularly, and I am in denial about how well I eat. I also have a dysfunctional nervous system [immune disorder] …and [this] requires a balance of healthy eating and exercising in order to manage stress, and maintain wellness" (Anonymous Student, Personal Communication, January 17, 2017).*

Some students insisted that they will start to self-care once they "need to" or once they "have time" to when their studies are completed. Here are two such examples.

1. "*[I] will need to incorporate the work related [self-care] once I start my practicum in September and when working as a counsellor" (Anonymous Student, Personal Communication, June 13, 2016).*
2. *"I don't have time or the need now [for self-care] but will address this need once I am a counsellor (Anonymous Student, Personal Communication, June, 2016).*

## Discussion

Notably, an impressive 93% of students here were able to articulate some form of current self-care engagement when asked to do so, averaging 3.3 distinct activities. Still, 7% of counseling students, soon to be providing care to others, could not come up with any type of self-care to report on, even when asked to do so in a paper they would be evaluated on; several were mistakenly under the impression that self-care was only needed once practicing, or only needed if that practice was trauma-focused. Many students, even though presumably

engaging in self-care, reported time constraints. Though not tallied or reviewed, some students reported distress, such as anxiety and depression that seemed consistent with findings noted in the Canadian student norms mentioned in the review section (American College Health Association, 2016).

These findings cannot imply that increasing self-care will change grade outcomes or anything else for that matter. The findings are primarily correlational. There may be an underlying variable that contributes directionally to both grades and self-care—such as conscientiousness. Students who perform better academically might do so because they tend to be more detailed and descriptive in their presentations. In this current design, there is no way to control for this.

As with most preliminary ventures, this study perhaps raises more questions than it answers. The methodology is retrospective, lacking in the rigour associated with a true experimental design with random selection and assignment. The self-care data was extracted from self-reported activities, presenting multiple shortcomings. Retrospective reports about behaviour are notoriously fallible (Schwarz, 1999). In fact, one would expect a degree of exaggeration of goodness when personal practices are being evaluated. Still, clearly some students admitted to having no current self-care practices at all. This absence was justified in most cases with a statement about how they are not yet practicing as counselors.

No distinction was made between students' accounts of ritualized aerobic gym-based workouts, daily walks, or dancing to music in the kitchen. Apparently, all physical activity is not the same. Experts says that there is a difference between physical actively and exercise, with the latter being intentional and deliberate (Currie & Malik, 2016). Therefore, also of weakness is that the researcher took many liberties here in combining various references used in student narratives to describe what they called exercise (or Zumba, dance, aerobics, judo, weight-lifting, walking, running, swimming, and heavy housework, etc.). The amount of activity in each category engaged in was only crudely recorded in a binary way as being present (1), partly present (.5) or not present (0). The actual time spent in such activities in unknown. There was no way in this research design to consider the role of intentionality.

Finally, a potential bias or apparent bias arises from the researcher having a dual role of being the initial marker and then later, returning to the data as chief researcher and statistician, without a research team to test for inter-rater reliability of data coding. In terms of generalizability issues, the students are Canadian (thus likely to be of multi-cultural

persuasions). This hybrid online program tends to attract mature and experienced individuals, many of whom already work and have families. Ages and demographics were not considered. The sample size of so few males participant did not allow for reliable gender comparisons. An extention study with differing methodolgy may be warranted. In a study conducted with a much greater U.S. student population of counseling interns, other researchers found that self-care strategies most endorsed by students were social support, active problem solving, and humor, with the most subjectively effective strategy deemed to be social support, seeking pleasurable experiences, and humor (Turner et al., 2005).

Notwithstanding noted limitations, an important implications of this strong positive correlational finding between reported self-care and final course grade is in helping dispel the myth that graduate students cannot afford to take the time for self-care. Taking time for oneself might not detract from overall academic performance after all. In fact, it might be the reverse if a casual modal could be establish: taking care of oneself might even enhance grades. This idea is partially supported by the mean differences in final grades found between low, medium, and high self-carers. However, support for matters of causality would require a future study with a different research design. It is possible that high-self carers took more time overall for both self-care and school work.

Nevertheless, the perceived barrier of time constraint theme found here is consistent with the findings of Ohrt and Cunningham (2012) whose qualitative study participant-counselors: “discussed time constants as barriers to their wellness and their ability to maintain optimal performance with clients” (p. 94). Of global significance, perhaps, is a need for best-practices of encouraging self-care to start early in counselor education, and in particular, not condoning the sanctioning of deferral of self-care until actual practice. As mentioned earlier, personal neglect could potentially be carried into practice through educational deficits and bad habits; thus reducing future overall counselor competence (Mallioux, 2014).

According to Pakenham, (2015a) identity as a therapist starts in school; thus, the responsibility for instilling values of self-care resides with the training institution. Wolf, Green, Nochajski, and Kost (2014) say that there is a "nationwide problem of universities graduating impaired students” (p. 62). These authors assert that training programs in counseling can attract people with unresolved personal issues. Thus, these authors argue that programs have a dual responsibility when it comes to student impairment or personal deficiencies: graduate students themselves can be harmed from counseling if not well enough to do so. This, in turn, can also cause harm to clients. According to Wolf and colleagues it is

not always feasible or even ethical to identify or remove unwell students; however, promoting resilience and demanding and modelling best practice when it comes to self-care, probably is (Wolf, Green, Nochajski, & Kost, 2014). Thompson, et al. (2011) write that counseling relationships have a peculiarity to them: setting up an artificial expectation of unconditional, yet, unrequited care that can be very draining to a counselor. Moreover, these authors write that, in an effort to appear competent, many counselors strive to hide their own vulnerabilities (Thompson, et al). Paradoxically, this process could render the counselors as—or more vulnerable—that the clients they are trying to assist. Self-care is, therefore, said to be a moral imperative (Iqbal, 2015; Mallioux, 2014).

How self-care compliance should be achieved, remains in need of greater clarification. In this study, the highest self-carers reported 10 practices that they claimed to engage in regularly. Extrapolating from this—and assuming at least one hour went into each activity (excluding sleep)—then perhaps 10 hours a week devoted to intentional self-care is a good starting benchmark. However, more research on time spend in actual self-care and whether there is a saturation point, a point of diminishing returns, or even a point in which too much attention to self comes at the expense of something or someone else, remains to be determined.

We are all unique; there is no one way of caring for oneself, though some methods likely merit more scientific support than others. No difference between actual type of care and respective grade outcome was found here. Self-care alone may be insufficient or even confounding when it comes to future occupational challenges for new counselors. In a recent study on burnout, researchers offer an alternative viewpoint on burnout: namely that a mismatch between people's desired or implicit motives for power and affiliation and occupational mismatch contributes to burnout (Brandstätter, Job, & Schulze, 2016). Others question the concept of secondary trauma all together (Devilly, Wright, & Varker, 2009). Some propose that it is "perceived" occupational stress and not exposure to client's traumatic narratives that lead to therapist distress and threats to wellness (Gentry, 2017, video). Clearly, despite the thousands of publication in this area, we need to pay attention, as a very high number of caregivers are reporting some type of compassion fatigue, which is described as a combination of secondary trauma and burnout (Gentry, 2017; Teater & Ludgate, 2014). According to Merriman (2015) providing students with education about compassion fatigue and how to protect themselves through self-care may normalize difficulties encountered in training and in future work.

Thériault and colleagues (2015) says that the responsibility for prompting self-care involves many stakeholders beyond the individual themselves; other responsible parties include governing boards and workplaces. These authors argue that the foundations for self-care, however, needs to be introduced first in counselor's education (Thériault et al., 2015; Bamonti et al., 2014). There is some support for this notion, as including participation in education that targets student wellness has been found effective in increasing actual wellness (Stalnaker-Shofner & Manyam, 2014).

*Recommendations*

Motivation for self-care might vary from intrinsic to external reward in students. For example, students might consciously focus on sleeping well before an exam in order to enhance performance, rather than well-being. The implication here might be that telling students that their marks could be enhanced in relation to increased self-care might "permit" those driven by external reward (over intrinsic ones) to engage more in self-care. It could also address the perceived lack of time, a currency noted as limited by many students. Given that coursework is at least equally stressful to trauma counseling for student-trainees, and predicts higher levels of secondary traumatic stress and burnout (Butler, Carello, & Maguin, 2016), training and monitoring of self-care needs to start early and persist throughout academic training and practicums.

On the basis of these preliminary findings, a concluding recommendation is for the implementation of a standardized, self-directed, psychoeducational initiative in this, and other counseling programs. Ideally, this type of education would be made readily available to all counseling students, not just those who take a particular trauma class, or other elective that happens to covers the topic of self-care. Educators and supervisors need to be mindful not to inadvertently convey to students and trainees to practice self-care only once practising trauma-exposed therapy, as might have been the case here. Clearly self-care matters, even while studying counseling academically or planning to work in so-called non-traumatic-related venues. Paradoxically, there is no such thing as no-time to care after all, as the student who reported the most self-care had much higher, not lower marks.

# References

American College Health Association. (Spring 2016). *American college health association-national college health assessment II: Canadian reference group executive summary*. Hanover, MD: Author.

Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education, 78*(8), 141.

Arslan, S., & Demirtas, Z. (2016). Social emotional learning and critical thinking disposition. *Studia Psychologica, 58*(4), 276.

Bamonti, P. M., Keelan, C. M., Larson, N., Mentrikoski, J. M., Randall, C. L., Sly, S. K., …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*, 253-260.

Barber, L., Grawitch, M. J., & Munz, D.C. (2013). Are better sleepers more engaged workers? A self-regulatory approach to sleep hygiene and work engagement [abstract]. *Stress and Health, 29*(4), 307-316.

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.

Bohecker, L., Vereen, G. V., Wells, P. C., & Wathen, C. C. (2016). A mindfulness experiential small group to help students tolerate ambiguity. *Counselor Education and Supervision, 55*, 16-30.

Brandstätter, V., Job, V., & Schulze, B. (2016). Motivational incongruence and well-being at the workplace: Person-job fit, job burnout, and physical symptoms. *Frontiers in Psychology (Online)*, doi: 10.3389/fpsyg.2016.01153 Retrieved at: http://journal.frontiersin.org/article/10.3389/fpsyg.2016.01153/full

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Butler, L. D., Carello, J., & Maguin, E. (2016, September 12). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory,*

*Research, Practice, and Policy*. Advance online publication. doi: http://dx.doi.org/10.1037/tra0000187

Carl, C. (November 12, 2014). There's no time for self-care. *The Caregiver Space. (Blog).* Retrieved from: http://thecaregiverspace.org/theres-time-self-care/

Canadian Psychologist Association, (2017). *Canadian Code of Ethic for Psychologists* (4th Ed.). p. 20. ISBN 978-1-926793-11-5. Retrieved from: http://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf

Currie, A., & Malik, R. (2016). Exercise participation and mental health. In Currie, A., & Owen, B., (Eds.), *Sports Psychiatry*. (pp. 107-108). Oxford, UK: Oxford University Press.

Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian and New Zealand Journal of Psychiatry, 43*(4), 373-385.

Felton, T. M., Coates, L., & Christopher, J. C. (2015). Impact of mindfulness training on counseling students' perceptions of stress. *Mindfulness, 6*(2), 159-169.

Gentry, E. (2017). *Certified Compassion Fatigue Professional Training*. PESI HealthCare: Au Claire: WI. Retrieved and completed March 2017 at: www.pesi.com

Glazer Baron, K. G., Reid, K. J., & Zee, P. C. (2013). Exercise to improve sleep in insomnia: Exploration of the bidirectional effects. *Journal of Clinical Sleep Medicine, 9*(8), 819-824.

Iqbal, A. (2015). The ethical considerations of counselling psychologists working with trauma: Is there a risk of vicarious traumatisation? *Counselling Psychology Review, 30*(1), 44-51.

Lee, L., & Miller, S. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society: The Journal of Contemporary Social Services*, *94*(2), 96-103.

Mailloux, S. L. (2014). The ethical imperative: Special considerations in the trauma counseling process. *Traumatology: An International Journal, 20*(1), 50-56.

Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling & Development*, *93*, 370–378.

Merryman, W., Martin, M., & Martin, D. (2015). Relationship between psychological well-being and perceived wellness in online graduate counselor education students. *The Journal of Counselor Preparation and Supervision, 7*(1). doi: http://dx.doi.org/10.7729/71.1073

Ohrt, J. H., & Cunningham, L. K. (2012). Wellness in mental health agencies. *The Professional Counselor: Research and Practice, 2*(1), 90-101.

Pakenham, K. I. (2015a). Comment on 'the self-care of psychologists and mental health professionals' (Dattilio, 2015). *Australian Psychologist*, *50*(6), 405-408.

Pakenham, K. I. (2015b). Integrating self-care instruction into psychology training. *InPsych: The Bulletin of the Australian Psychological Society Ltd, 3*7(1), 16.

Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma, 17*(2), 114-122.

Schwarz, N. (1999). Self-reports: How the questions shape the answers. *American Psychologist*, *54*(2), 93-105. doi: http://dx.doi.org/10.1037/0003-066X.54.2.93

Sheppard, G. W. Schulz, W., & McMahon, S. A. (2007). *Canadian Counselling and Psychotherapy Association. Code of Ethics*. Retrieved October 2, 2017 from: https://www.ccpa-accp.ca/wp-content/uploads/2014/10/CodeofEthics_en.pdf

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

Stalnaker-Shofner, D. M., & Manyam, S. B. (2014). The effect of a wellness intervention on the total wellness of counseling practicum graduate students. *The Practitioner Scholar: Journal of Counseling and Professional Psychology, 3*(1), 48-62.

Social Sciences Statistic (2017). (Jeremy Stangroom, copyright owner). Retrieved from: http://www.socscistatistics.com/tests/Default.aspx

Teater, M., & Ludgate, J. (2014). *Overcoming compassion fatigue: A practical resilience workbook*. PESI Publishing & Media. Eau Claire, WI. www.pesipublishing.com

Thériault, A., Gazzola, N., Isenor, J., & Pascal, L. (2015). Imparting self-care practices to therapists: What the experts recommend. *Canadian Journal of Counselling and Psychotherapy, 49*(4), 379-400.

Thompson, H. E., Frick, M. H., Trice-Black, S. (2011). Counselor in-training perceptions of supervision practices related to self-care and burnout. *The Professional Counselor: Research and Practice, 1*(3), 152-162.

Trippany, R. L., Kress, V. E. W., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling and Development, 82*(1), 31-37.

Turner, J. A., Edwards, L. M., Eicken, I. M., Yokoyama, K., Castro, J.R., Tran, A.N, & Haggins, K.L. (2005). Intern self-care: An exploratory study into strategy use and effectiveness. *Professional Psychology: Research and Practice, 36*(6), 674-680.

Warner, C. B. (2015). The role of clinical supervision in moving cultural awareness to cultural competence through case conceptualization. *World Journal <Psychotherapy>, 1*(8), 33-39.

Whitehurst, L. N., Cellini, N., McDevitt, E. A, Duggan, K. A., & Mednick, S. C. (2016). Autonomic activity during sleep predicts memory consolidation in humans. *Proceedings of the National Academy of Sciences*, 201518202. doi: 10.1073/pnas.1518202113

Wolf, M. R., Green, S. A., Nochajski, T. H., & Kost, K. A. (2014). Graduate student impairment: The impact on counselor training programs. *Journal for International Counselor Education, 6,* 61-74.

Vischer, J. C. (2007). The effects of the physical environment on job performance: Towards a theoretical model of workspace stress. *Stress and Health, 23*, 175-184.

Yorkville University (2016). *Psyc6383: Crisis and Trauma in Counselling*. Yorkville University: Fredricton, Canada. Retrieved from: http://campus.yorkvilleu.ca