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THE PRACTICE OF SELF-CARE AMONG COUNSELING STUDENTS

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ABSTRACT

Self-care behavior is recognized as an important component for the helping professional who practices in the field of counseling or who is training to become a helping professional. Occupational stress and burnout in the field of counseling is of great concern. This study examined the practice of self-care among master level counseling students to determine their present level of self-care behavior and its impact on their level of stress. A survey was conducted and the results indicated that lower levels of self-care increased levels of stress among master level counseling students.

Keywords: Self-care, Stress, Counseling Students

INTRODUCTION

The Practice of Self-Care Among Counseling Students

Self-care behavior is recognized as an important component for the helping professional who practices in the field of counseling or who is training to become a helping professional. Occupational stress and burnout in the field of counseling is of great concern. Practicing self-care may help prevent or lower the levels of stress and burnout that can befall professionals who work in the field of counseling (Zellmer, 2004).

The American Counseling Association (ACA) highlighted professional self-care for counselors and counselors-in-training as a necessary part of being a counselor. The ACA has developed wellness strategies, which are designed to encourage counselors to practice wellness behaviors and to increase awareness of impairments that may jeopardize a counselor's ability to be competent in the field (ACA, 2012). Additionally, the Council for Accreditation of Counseling and Related Programs (CACREP) program standards (2009) include the need for accredited programs to provide an understanding of "self-care strategies appropriate to the counselor role (pg. 10), as well as providing an "orientation to wellness and prevention as desired counseling goals" (CACREP, 2009).

The World Health Organization (WHO) definition states that

self-care refers to activities individuals undertake with the intention of enhancing health, working toward preventing disease, limiting illness and restoring health that will be beneficial to the individual in her/his personal as well as her/his professional life (ASMI, 2009). Self-care behavior that is promoted not only by the World Health Organization, but also by the American Counseling Association including physical self-care, psychological self-care, emotional self-care, spiritual self-care, and includes all behaviors that promote health and disease prevention (WHO, 2009).

Self-care behavior can consist of something as simple as making sure to eat healthy meals and getting plenty of sleep. Unfortunately, counseling students are besieged with numerous demands on their time, talents, and resources, making it difficult to engage in self-care behavior (Osborn, 2004). The counseling profession recognizes the importance of practicing self-care, yet most counseling students may not be practicing this behavior due to lack of time and energy (Shapiro, Brown, & Biegel, 2007). Also, one study found that while students may earn a degree in psychological care taking of others, not all of them might endorse personal therapy for themselves (de Vries & Valadez, 2007).

College students are constantly impacted and influenced by multiple stressors due to the aspects of their particular life circumstances and also due to society in

general (Guo, Wang, Johnson, & Diaz, 2011). Some of the intensive demands that are placed on counseling students include time management as well as meeting family, work, and school responsibilities. This can contribute to high rates of stress, poor self-care behavior, and an increased risk of developing physical illnesses, which can hamper their daily functioning (Viner, 1999).

Thiagarajah and Torabi (2009) utilized a survey designed to assess the breakfast eating habits among a group of undergraduate college students in a Midwestern university in the United States. The results of the survey indicated that most of the participating students did not eat breakfast or only ate breakfast one or two days of the week. In addition, this study also focused on other negative self-care behaviors that included consumption of alcohol, sleeping patterns, and lack of exercise activities. Most students indicated that they exercised for some time and slept between 6-7 hours a day, but the findings also showed that irregular eating habits tended to increase the level of negative self-care. Students indicated that one reason for not eating breakfast was the lack of time (Thiagarajah & Torabi, 2009).

Dennis and Hicks (2006) conducted a study at a historically black university and surveyed freshmen, sophomore, juniors, and seniors. They found students were engaging in some negative self-care behavior that included alcohol consumption. The survey also asked the students to rate their overall health, which included their physical and psychological health. The findings suggested that, students in their first year of college engaged in greater alcohol consumption. Students in their later academic careers experienced more difficulty to managing problems and reported their overall health status as "bad" more often than first year college students, due to stress from finances, lack of physical activity and increase in levels of anxiety. Although the aforementioned studies focused on undergraduate students, there is little doubt that graduate students are facing similar problems (Dennis & Hicks, 2006). Graduate students are generally non-traditional students who may or may not be married, almost always hold a full time job, and attend classes in the evenings (Landrum, Hood, & McAdams, 2001).

Graduate students also have stress over financial responsibilities, overloaded schedules, and heavy academic responsibilities, which generally lead to limited time to engage in physical activities (Spitzer, 2000). All these components work together to hamper the students' abilities to find time and energy to engage in self-care behaviors.

Counselors who focus on their own personal self-care are more likely to help their clients focus on wellness behavior (Lawson, 2011). Counselors in training need to recognize that caring for those who are emotionally stressed or distressed, is often stressful. In turn, stress may lead to compassion fatigue due to the emotional labor that is frequently part of therapeutic work (Shapiro, Brown, & Biegel, 2007). This makes it imperative that counseling students understand the importance of practicing self-care behavior and avoid experiencing harmful stress, burnout, and compassion fatigue (Braaten, 2000). Although counseling programs may expose counseling students to courses in self-care, not all students practice the concept of self-care (Mobley, 2003), and as mentioned earlier, some may not even recognize the value of psychotherapy for themselves (de Vries & Valadez, 2007).

Self-Care Behavior

Self-care behavior consists of behaviors and strategies that a person engages in to help promote a lifestyle that maximizes and fosters the health of mind, body, and soul (Gladding, 2007). Self-care also enhances well-being. It necessitates that a person purposefully and continuously works toward efforts that will keep all dimensions of the self as fit as possible (Ashford, Lecroy, & Lortie, 2006).

Moore, Bledsoe, Perry, and Robinson (2011) stated that there are multitudes of ways to practice self-care. One method of practicing self-care is physical activity. Students in higher education often are required to sit for long periods of time, either in a classroom setting, driving to and from school, reading their textbooks, or in the process of finishing up assignments. All of the above are considered physically inactive behaviors, which can be off-set by students creating a physical activity schedule

that allows for the inclusion of more active behaviors (Akande, van Wyk, & Osagie, 2000). In Moore's (2011) study students may have noted the challenge of finding time for exercise; those that did engage in some form of physical activity reported reduced boredom and also found that physical activity helped them focus on their personal self-care, which in turn, made them feel better. Most people believe there is no benefit to short spurts of activity, but research indicates that even small amounts of physical activity such as a short walk, or exercising for 10-minute intervals throughout the day have positive benefits (Sparling & Snow, 2002).

Another method of practicing self-care is the habit of healthy eating. Nutritious eating includes consuming appropriate portions of fruits, vegetables, and whole grains, which are foods known to promote health and well-being (University of Michigan Comprehensive Cancer Center, 2006). Students can promote their own healthy eating habits even when time does not allow them to eat a nutritional sit down meal. This can be done by healthy snacking, which may include drinking a glass of skim milk, eating low fat yogurt, drinking a fruity smoothie, eating rice cakes, or nuts (MFit, 2007).

Another strategy that can be beneficial in terms of promoting psychological self-care behaviors is Journaling. Journaling can be instrumental in processing stressful events that might have occurred during the day. Journaling can be used as a quick outlet for emotions that otherwise might not be processed (Boud, 2001). Boud (2001) found that students who engaged in Journaling as part of self-care behaviors, were better able to reflect upon and make better sense of what was going on in their lives.

One psychological self-care strategy that has been utilized for centuries is meditation, which has been a practice of certain religions and philosophies (Duncan & Weissenburger, 2003). The benefits of meditation have been documented, which include lower levels of stress and improved physical well-being. Benson (1975) identified physiological changes in people who meditated regularly. The participants in this study had a drop in blood pressure, heart rate, and slowed breathing.

Additional studies in meditation indicate a link between meditation and improved physiological, psychological, and sociological functioning (Orme-Johnson, 2003). Another method to reduce stress and improve self-care is learning mindfulness skills. Mindfulness practices and skills are designed to enhance participants' ongoing awareness of their sensory experiences, thoughts, feelings, somatic sensations, and behaviors (Shapiro, Brown, & Biegel, 2007).

Purpose and Design of the Present Study

The purpose of the present study was to investigate the relationship between student self care behaviors and student stress levels. It was hypothesized that student self-care levels and student stress levels would be inversely related, meaning that with decreasing levels of self-care behaviors student stress levels would increase. The survey consisted of 'Demographic questions', 'Hari's Stress Inventory (Hari, n.d), and the Self-Care Assessment Worksheet (Saakvitne & Pearlman, 1996). Students were directed to complete the online survey via Survey Monkey.

Methods

Participants

Participants were counseling students enrolled in a university counseling program in the southern part of the United States. All counseling students were sent an email to their university email account requesting participation in this study. Over 325 students were enrolled in the counseling program and of these numbers 109 counseling students agreed to participate in the study. Participating students were directed through email to survey monkey where they were able to read a consent form and choose to participate or not participate in the study.

Instruments

In addition to inquiring about demographic information, the students were administered the Hari's Stress Inventory developed by Dr. Hari S. Chandran. The focus of this instrument is to measure the amount of stress a person experiences in daily life. A slightly modified version of the Self-Care Assessment Worksheet developed by Dr. Karen W. Saakvitne and Dr. Laurie Anne Pearlman was also

utilized. The self-care assessment worksheet can be found in the workbook transforming the pain: a workbook on vicarious traumatization (Saakvitne & Pearlman, 1996). Hari's Stress Inventory consists of 66, 5-point Likert scale type questions assessing students' levels of stress. Eighteen items required post data collection reverse scoring. The minimum score participants were able to achieve was 66, and the maximum was 330. The author of Hari's Stress Inventory suggests that, scores above 130 indicate tenseness, and scores above 200 indicate the need for professional intervention in order to reduce stress levels. The modified Self-Care Assessment Worksheet consisted of 66 items that were divided into the following six categories: physical self-care (14 items), psychological self-care (12 items), emotional self-care (10 items), spiritual self-care (16 items), workplace or professional self-care (11 items), and balance (2 items).

Procedure

After the data was collected via Survey Monkey, it was downloaded and evaluated using Statistical Package for the Social Sciences (SPSS). Demographic data were tallied and the Hari's Stress Inventory (Hari, n.d), and the Self-Care Assessment Worksheet (Saakvitne& Pearlman, 1996) were scored in accordance with the authors' directions. A Pearson product-moment correlation was conducted to investigate whether a correlation existed between mean stress scores and mean self-care scores.

Results

Results of the demographic section of the survey showed that, of the 109 participating students, 22% (24) were male and 76.1% (83) were female; 1.8% (2) of the participants did not identify their gender. In terms of age ranges, 14.7% (16) were between the ages of 18-25; 47.7% (52) between the ages of 26-36; 24.8% (27) were between the ages 37-47; 11% (12) were between the ages 48-58, and 0.9% (1) participants reported to be over age 58; 1 (0.9%) of the participants did not respond to this question. In terms of ethnicity, 59.6% (65) of the participants identified themselves as Hispanic; 25.7% (28) were Caucasian; 4.6% (5) were African American, 0.9% (1) were Asian, and 7.3% (8) classified themselves as

other; 1.8% (2) did not respond.

Of the participants, 37.6% (41) stated that they were single; 42.2% (46) stated that they were married; 6.4% (7) stated that they were divorced, and 11.9% (13) reported other; 1.8% (2) participants did not respond. Participating students reported the following: 33.9% (37) stated that they had spent a year or less in graduate school, 36.7% (40) reported 2 years or less; 10.1% (11) reported 3 years or less; 2.7% (3) reported 4 years or more, and 16.5% (18) did not identify length in graduate school. as indicated in Table 1.

The mean score for the Self-Care Assessment Worksheet was 250.98 (SD = 27.35). The mean score for Hari's Stress Inventory was 174 (SD = 24.21), as shown in Table 2.

A Pearson product-moment correlation showed a large and significant negative correlation between level of

Characteristic	N	%
Participants	109	
Gender		
Male	24	22.0%
Female	83	76.1%
Unidentified	2	1.8%
Age Range		
18-25	16	14.7%
26-36	52	47.7%
37-47	27	24.8%
48-58	12	11.0%
Over 58	1	.9%
Unidentified	1	.9%
Ethnicity		
Hispanic	65	59.6%
Caucasian	28	25.7%
African American	5	4.6%
Asian	1	.9%
Other	8	7.3%
Unidentified	2	1.8%
Marital Status		
Single	41	37.6%
Married	46	42.2%
Divorced	7	6.4%
Other	13	11.9%
Unidentified	2	1.8%
Number of Years in Graduate School		
One years or Less	37	33.9%
Two years of Less	40	36.7%
Three years of less	11	10.1%
Four years or more	3	2.7%
Unidentified	18	16.5%

Table 1. Demographic Characteristics of Participants

Scale	M	SD
Self - Care Assessment Worksheet	250.98	(27.35)
Hari's Stress Inventory	174.00	(24.21)

Table 2. Survey Results

stress and level of self-care ($r = -.611$, $N = 96$, $p < .0005$, one tailed). In accordance with Cohen's effect size guidelines (Cohen, 1992), the correlation showed a large effect size that explained 37.33% of the variation. A scatterplot showed (Figure 1) that the data points are reasonably well distributed along the regression line in a linear relationship with no outliers. For the purpose of this correlation, the survey excluded the computation participants who did not complete one or both instruments, resulting in a sample of 96 participants.

Discussion

The prediction that a correlation would be found between self-care and stress level was confirmed. In particular, the study highlighted the fact that there was a significant negative relationship between levels of self-care and levels of stress for the sample population, meaning the less students engaged in self-care, the higher their level of stress or vice versa. Keeping in mind that correlations do not indicate causation and that possibly other extraneous variables could be the impetus for the findings of this study, it is important to conduct further studies to establish a causal connection between self-care, or the absence of self-care, and stress levels in Masters level counseling students.

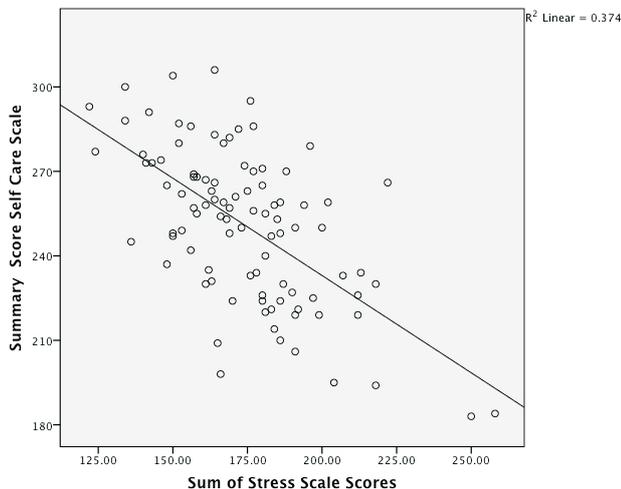


Figure 1. Scatterplot

Conclusion and Recommendations

As stated by Zellmer (2004), practicing self-care may help prevent or lower levels of stress and burnout that can befall professionals who work in the field of counseling. The ACA has deemed self-care a necessary and responsible part of being a professional counselor, as well as counselors-in-training. It has developed strategies to encourage counselors to practice wellness behaviors and to increase awareness of impairments that may jeopardize a counselor's ability to be competent in the counseling field (ACA, 2012). Additionally, WHO, as well as the ACA, has defined self-care behaviors which include, but are not limited to, physical, psychological, emotional, and spiritual self-care to promote health and disease prevention (WHO, 2009). Therefore, it is imperative that counseling students have knowledge of the benefits of practicing such behaviors as well as an understanding of the necessity of incorporating these practices into their personal lives.

While this study focused on a single body of counseling students at one university, the results indicated that these participants experienced great levels of stress, and stress reduction strategies would be of benefit to them. While generalizations cannot be made, the results suggested that adequate emphasis on self-care behaviors was lacking in the participants of this study. The findings of this study could, perhaps, encourage counselor educators to place greater emphasis on the need for counseling students as well as professional counselors to practice self-care behaviors and to include information in their course work and curriculum that addresses self-care practices with focus on avoiding harmful stress, burnout, and compassion fatigue (Braaten, 2000).

Professional counseling organizations, such as regional and state associations, might include training that focus on the importance of practicing self-care in order to prevent or lower levels of stress and burnout among the professionals who work in this field who may have completed their training prior to this information being emphasized or made available.

It is hoped that this study creates awareness among

counseling students, counselor educators, as well as professional counselors working in the field and that this research will serve as an impetus to gain a greater understanding of self-care practices. Future research is encouraged in other geographic areas to confirm the present findings and to compare the needs and practices of counseling students across the different regions of the United States.

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