



CONCORDIA

**GRADUATE &
CONTINUING STUDIES**

Self-Care and Wellness for Supervisors and Helpers

By Shauna Eberhardt,
PhD, LMAC, LPCC





Objectives

1

Identify 3 factors which contribute to the stress of behavioral health supervisors

2

Identify 3 areas of importance in practicing self-care and overall wellness

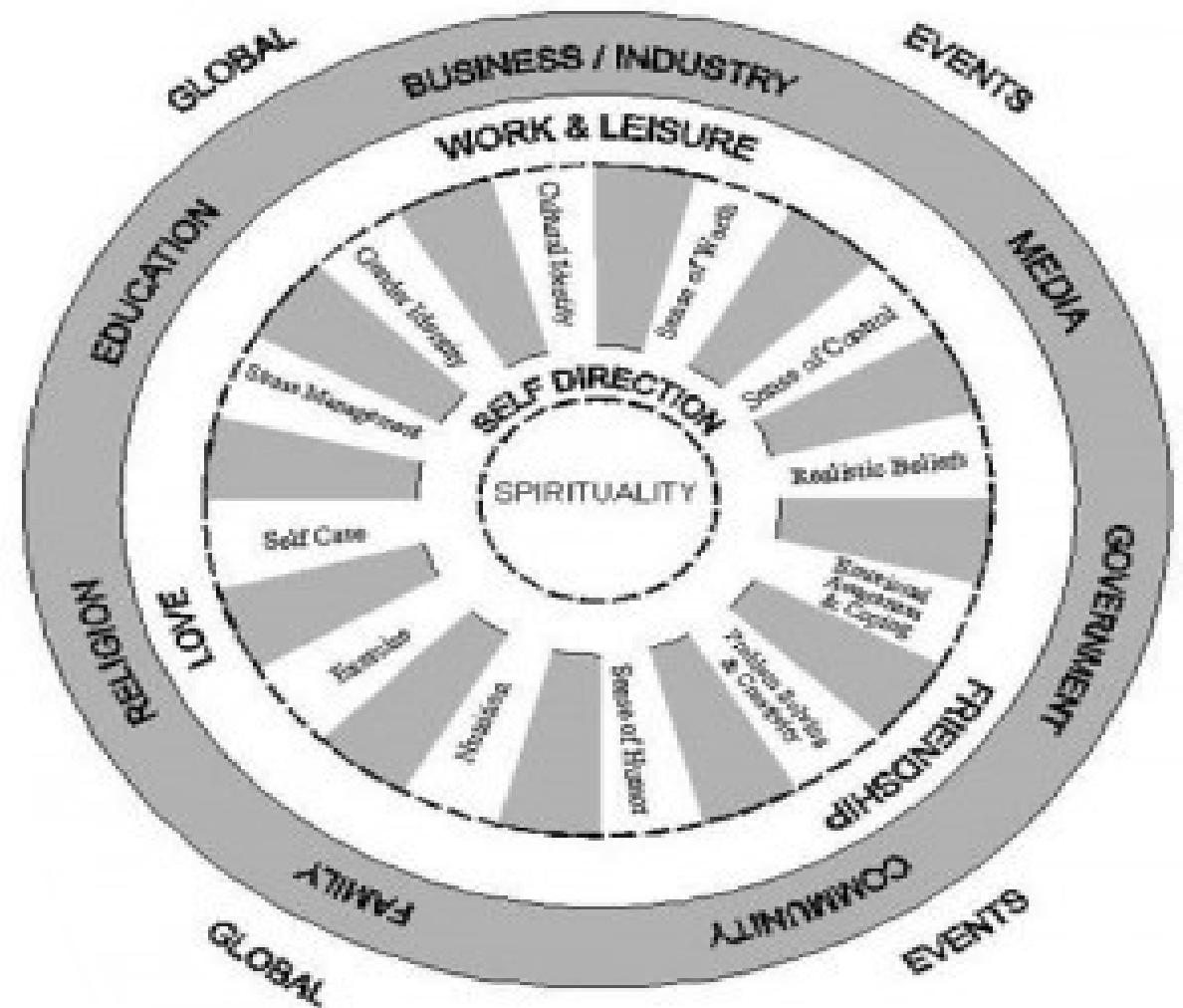
3

Identify 3 strategies to improving self-care and wellness in the supervisory relationship

- Theme of wellness emerges in the 1990's
 - Meyer's et al. Wheel of Wellness focused on the work of Adler and Maslow
 - Suggested 5 life tasks and 12 subtasks in the pursuit of wellness
 - Movement towards modeling healthy choices

The history of self-care and wellness in the helping profession

Wheel of Wellness



History, continued

- Despite growing empirical data on wellness and self-care, limited integration exists within behavioral health and other helping programs
- Council on Social work recently added self-care as a requirement of their educational programs
 - Encourages learning resources and gaining skills
 - Should be practiced at the beginning and end of educational experience
 - Suggested it be integrated into training
- Psychologist programs also lack education and integration of self-care
- Counseling of Accreditation of Counseling and Related Educational Programs (CACREP) recently required self-care to be incorporated into counseling programs
- Most of the research on self-care for educators has started within the past 6 years (2018-2020)

Ethics and Self-care

- ACA Code of Ethics (2014)
 - C.2.g. Impairment
 - Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.
 - F.5.b. Impairment
 - Relates to students
- NASW Code of Ethics (2018)
 - 4.05 Impairment
 - Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional
 - 2.09 Impairment of Colleagues

What is self-care?

Common themes exist across educational literature; however, poorly defined in terms of integration

Media portrayals

Self-care as a marketable phenomenon

Self-care in the media

- Often portrayed as “indulgences”



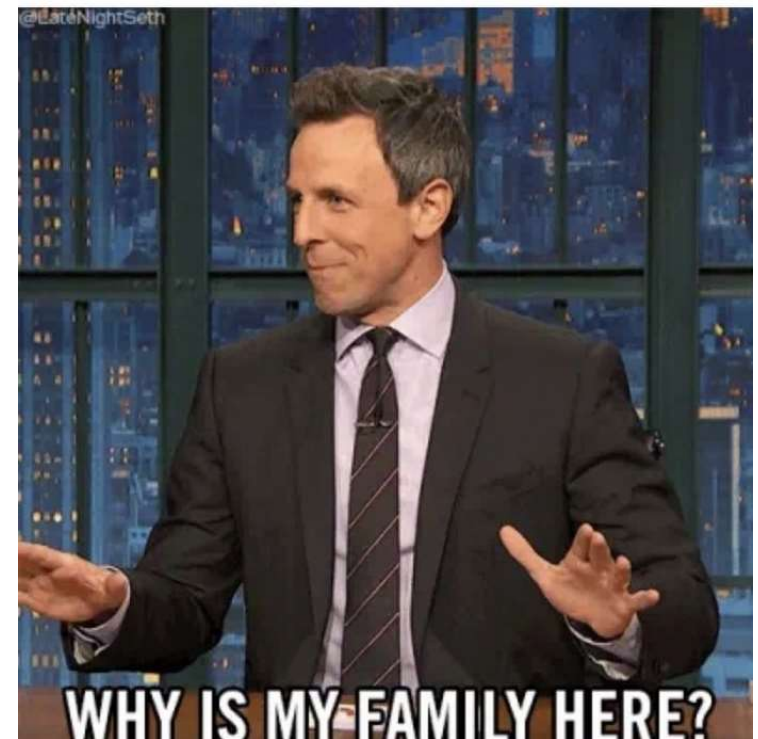
Self-care and Wellness

- Meyers & Sweeney (2005) defined self-care as a “component of wellness”
- A working definition of self-care may be engagement in any activity which enhances an individual’s overall wellness in accordance with the determinants of health
- Encompasses holistic health, prevention, and wellness

What is counter-transference?

- Derived from Sigmund Freud's psychoanalytic theory concept of "transference," or to transfer one's feelings from outside experiences onto the therapist (Psychology Today, 2010)
- Counter-transference is essentially the opposite, the transference of the therapist's feelings based on past experiences or people onto the client
- When we see ourselves or our "stuff" in the therapeutic relationship

Dealing with countertransference like



Is this normal?

- We all have our own life experiences which shape our interactions
- Counter-transference may be helpful in the therapeutic relationship
 - Example: Relating with a client in their concern by having experienced a similar situation can lead to a deeper sense of empathy
- Counter-transference may also be harmful in the therapeutic relationship
 - Example: Relating with a client in their concern in an area you have not yet dealt with, may cause the therapist to become reactive or stuck

The role of vicarious trauma

- Vicarious trauma is the “emotional residue” of exposures helpers have due to working with people who have experienced trauma
- We are “witness to the pain, fear, and terror that trauma survivors have endured.” (ACA, 2021)
- Know the signs
 - [fact-sheet-9---vicarious-trauma.pdf \(counseling.org\)](#)
- Vicarious trauma may become counter-transference if our emotions and reactions are reflected back on the client
 - This can create ethical issues in the counseling relationship and impair our ability to be effective
 - This can also lead to compassion fatigue, burnout, and emotional side effects for the counselor if unrecognized or untreated

How do I recognize counter-transference?

- Self-reflection
 - Am I becoming over-involved?
 - Where are my emotions coming from?
 - What are my experiences or values that are relating or conflicting with this situation?
 - Would I do the same for any other client?
- Supervision
 - An outside perspective can also assist us with recognizing counter-transference, learning to manage our emotions, and become more effective helpers

A look at the developing professional

- Developmental model of supervision (Leddick, 1994)
 - Beginning
 - Intermediate
 - Advanced
- Goal is to develop awareness of self-and others, motivation, and autonomy
- Eight areas of focus
 - intervention, skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics
- Model is strength-based to aid in developing autonomy

Challenges at each stage

- Beginning
 - Building competencies and self-confidence, fear of “doing the wrong thing,” personal pressures, time commitments
- Intermediate
 - Resistance (conflict between self-image and supervisor), development of independence, more advanced clinical issues
- Advanced
 - Independent decisions, consultation when necessary

Despite many challenges at each stage, one recent study of 204 counselors in training found that only 2% found self-care and wellness to be adequately addressed in their program (Hiott, 2014)

Additional factors for supervisors

- Study explored wellness in counselor educators (Wester, Trepal, & Meyers, 2009)
 - 180 participants completed Five Factor Wellness Inventory (5F-Wel) and Perceived Stress Scale (PSS)
- Findings
 - Increased levels of perceived stress were negatively correlated with wellness
 - Men scored lower on the 5F-Wel overall than women
 - Married participants scored higher on wellness than those who were not married
 - Number of children reduced wellness overall



Additional factors for both supervisors and supervisees

- Williams (2010) study on vicarious trauma
 - Found childhood trauma and personal wellness had a significant impact on vicarious traumatization
- Additional study
 - Found number of hours worked with trauma-specific clients had a direct correlation to psychological distress in counselors (Hiott, 2014)
- Gnilka, Chang, & Dew (2012) study on the supervisory alliance
 - Found personal distress of supervisees had a direct impact on the supervisory alliance
- Research on clinical supervision alone as a protective factor has achieved mixed results (Hiott, 2014)
- Richards, Campenni, & Muse-Burke (2010) study on self-care and mindfulness
 - Found self-awareness alone was not necessary for self-care, nor did it have any positive impact overall on wellness

**“I am
perfectly
aware of
how
stressed I
am!”**



The good news

- Richards, Campenni, & Muse-Burke (2010)
 - Self-care activities were directly correlated to an increase in overall wellness
- Gnilka, Chang, & Dew (2012)
 - Introducing the concept of wellness into the supervisory alliance mitigated the impact of supervisee stress on the supervisor
- Wellness model of supervision was found to be a protective factor for BOTH supervisor and supervisee (Hiott, 2014)

WELMS Wellness Model of Supervision

- Expectation of supervisors to know stress-management because of an assumed competence in human welfare
- Increasing theme in current behavioral health education programs
- Begins with exposure to wellness
- Skills mastery

Needs Improvement	Basic	Proficient	Advanced
Lack of understanding as to concepts of self-care and wellness	Able to define self-care in the context of the profession	Able to define and apply self-care concepts on a regular basis	Has a personalized wellness plan, engages in self-care practices in a regular basis consistent with routine and emergent needs

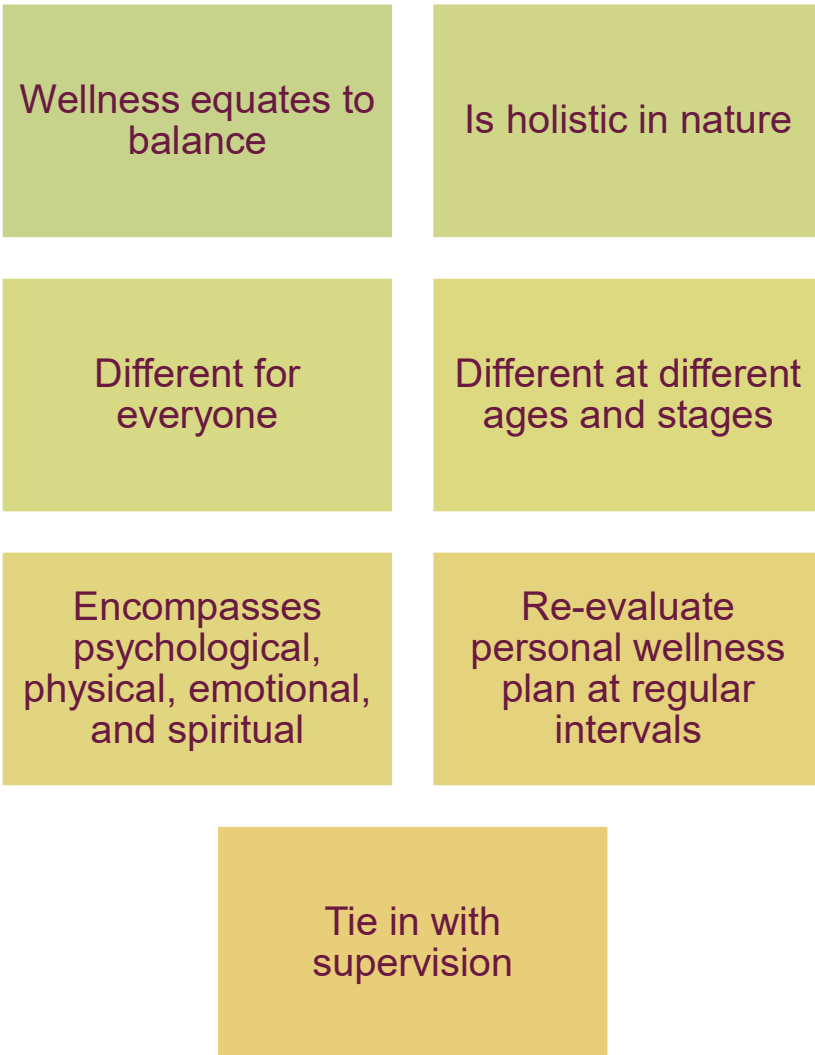
Components

- Begin with creating an environment of safety
 - Supervisory relationship
 - Humor
 - Clear focus to include wellness
- Be genuine and congruent to the model (practice what we preach)
 - Our actions are equally as important as our words
- Be cognizant to remain non-judgmental and avoid shaming

Components

- Be open to vulnerability
 - Supervisory relationship is personal
 - Within boundaries and ethics
- Normalize through appropriate self-disclosures
- Focus on the relationship with the supervisee
 - Clarity, consistency
 - Developing, on-going

A Personalized Meaning of Wellness



Steps

1. Develop a consistent plan to engage in mentally, emotionally, physically, and spiritually nourishing activities
 - What does this look like for your supervisee in each of these areas?
 - Be specific with activities, intervals, and follow-up
2. Schedule rejuvenation and restoration around times of high-stress
 - What might these look like for your supervisee?
 - Are there certain times, certain clients, etc.?
3. Prepare a list of emergency strategies
 - Incorporate any policies or expectations surrounding incidents at your agency
 - Know your supervisees areas of strength and difficulties

Steps

1. Meet regularly with peers and colleagues for support
 - Avoid isolation
2. Evaluate job-specific challenges to self-care
 - Work performance expectations
 - High-stress environments
 - Commutes
3. Record and review successes
 - What worked well?
4. Include self-compassion
 - Granting grace
5. Remind that knowledge does not translate into activity
 - “I’m perfectly aware of how stressed I am!”

Personalized Wellness Plan for Supervisees

1. Please identify activities in the following categories which you feel help to rejuvenate you:

Physical:

Spiritual:

Emotional:

Mental:

2. How are these activities incorporated into your weekly schedule?

3. What barriers have previously, or are currently in place which have prevented you from engaging in these activities?

4. These are a list of my “emergency strategies” for self-care. These activities should include both immediate “in the moment” things I can do as well as follow-up.

5. The following people are peers and supervisors I can meet with:

6. When do I have regular contact with peers and supervisors in my schedule?

7. This is one statement I can make to remind myself to allow for forgiveness in my routine and care:

8. I plan to follow up on this plan at the following intervals/dates with my supervisor:

Conclusions

- Self-care in the area of professional development is a growing concept
 - Integration remains poorly defined
 - Introduction of wellness a starting point
 - Start of accreditation expectations of self-care in areas of behavioral health education
- Hazards of the profession can contribute to burnout of staff and poor client outcomes
- Ethical codes have clear implications for impairment of professionals
- Distress within supervisees has clear implications for supervisors
- Clinical supervision alone is not effective at managing distress in supervisees
- Utilizing a model of clinical supervision which encompasses wellness in an intentional manner can provide a buffer for both supervisee and supervisor
- Self-care should be individualized and encompassed into every stage of professional development
- Integration and re-evaluation is necessary for building competence in self-care and wellness

References

- Bradley, N. L. (2013). *The conceptualization of self-care and integration of self-care education in the council for accreditation of counseling and related educational programs accredited clinical mental health counseling curriculum: A multiple case study* (Order No. 3618918). Available from ProQuest Central. (1531329379). Retrieved from <https://search.proquest.com/docview/1531329379?accountid=36783>
- Gnilka, P. B., Chang, C. Y., & Dew, B. J. (2012). The relationship between supervisee stress, coping resources, the working alliance, and the supervisory working alliance. *Journal of Counseling and Development, 90*, 63-70.
- Hiott, E. H. (2014). *Incorporating wellness and self-care into clinical supervision: Current practices of faculty supervisors in CACREP-accredited counseling programs* (Order No. 3612579). Available from ProQuest Central. (1508569146). Retrieved from <https://search.proquest.com/docview/1508569146?accountid=36783>
- Leddick, G. R. (1994). Models of clinical supervision. American Counseling Association: ERIC Digest. Retrieved online at <https://www.counseling.org/resources/library/ERIC%20Digests/94-08.pdf>
- Richards, K. C., Campenni, C. E., & Muse-Burke, J. I. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*, 247-264.
- Wester, K. L., Trepal, H. C., & Myers, J. E. (2009). Wellness of counselor educators: An initial look. *Journal of Humanistic Counseling, Education and Development, 48*(1), 91-99
- Williams, A. M. (2010). A comprehensive model for vicarious traumatization: Examining the effect of therapist, work, and supportive factors on vicarious traumatization. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. (3404525)

Why is self-care and wellness important?

- “Hazards of the profession” (Hiott, 2014)
 - Counter-transference
 - Compassion fatigue
 - Empathy fatigue
 - Vicarious/secondary trauma
 - Burnout
- Direct correlation of counselor wellness to client outcomes (Hiott, 2014)

Thank you for participating in this course.

Please go to the quiz and upon completion, you will be able to print your certificate of completion.

