Integrating Clinical Training & Self-Care: Overview, Analysis & Recommendations for Relieving Stress among Clinicians in Training

Erich Haezebrouck

Follow this and additional works at: https://digitalcommons.du.edu/capstone_masters

Part of the Psychology Commons

Recommended Citation
https://digitalcommons.du.edu/capstone_masters/8

This Doctoral Capstone is brought to you for free and open access by the Graduate School of Professional Psychology at Digital Commons @ DU. It has been accepted for inclusion in Doctoral Papers and Masters Projects by an authorized administrator of Digital Commons @ DU. For more information, please contact jennifer.cox@du.edu.
Integrating Clinical Training & Self-Care: Overview, Analysis & Recommendations for Relieving Stress among Clinicians in Training

Erich Haezebrouck

University Of Denver
Abstract

Numerous studies over the past two decades have highlighted the prevalence of stress, mental health disorders and interpersonal problems among psychologists. These statistics parallel those for students currently enrolled in clinical psychology graduate programs where such problems have become even more severe. This results in a significant ethical issue in that clinician competency is negatively impacted by emotional problems. This paper seeks to provide an analysis of current self-care literature. The importance of addressing graduate student self-care is first explored and followed by a literature review on interventions that have been successful in maintaining trainee wellness and competence. Recommendations to improve psychology graduate student life satisfaction are then made for both programs and individuals. Individual recommendations include having trainees develop individual self-care plans in which specific wellness strategies related to social support, health, treatment groups and life balance, among others, are listed and implemented as part of graduate training. Program recommendations include better facilitating a culture of self-care, making this a requirement of students, and enhancing supervisor and academic advisor support of self-care.
Introduction

Stress, Burnout & Emotional Problems: An Introduction to Clinical Psychology Doctoral Programs

Mental health providers have long been one of the most hypocritical professions when it comes to practicing what they preach. The hypocrisy begins early, and students experience one of the inaugural moments in most clinical psychology doctoral programs when they advise one of their clients to react to a stressful situation in a completely different manner than they have themselves. Typically, this will originate from the student opining that their client practice self-care or give themselves “a pat on the back” rather than becoming more enmeshed in the event or their own stress. The hypocrisy arises in that students rarely respond to the notable stressors of graduate school by giving themselves a break or taking a step back from their ever-increasing workload.

During my four years of graduate school in clinical psychology, I frequently succumbed to the hypocrisy with which students approach self-care. Hours after encouraging a long-term client to evaluate his own wants and needs in service of better fulfilling them, I remember having the film *City Slickers* on in the background while completing my third assessment report that week. Being exhausted that night from a long day of psychological testing, individual psychotherapy and coursework, there was a particular scene in the movie that caught my ear. This was the critically-acclaimed scene that won Jack Palance the Oscar as the rugged and aging, yet wise, trail boss, Curly. Midway through the film, he is riding on horseback through the mesas and pinnacles of Monument Valley with Billy Crystal’s existentially-confused Mitch, a caring man who appears to have lost meaning in his life. “You know what the secret of life is?” Curly asks, the wind blowing pebbles of sand into his grey hair. Mitch shrugs. Chuckling to
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

himself and looking on at the sandstone cliffs, Curly astutely holds up his finger. “One thing,” he says, “Just one thing. You stick to that and everything else don’t mean shit.” Mitch stares on, his brow raised in confusion, “That’s great, but what’s the one thing?” Curly speaks, looking on into the desert sun, “That’s what you got to figure out.”

Looking back on this scene as I near my doctoral degree, it is easy to highlight the simplicity and Hollywood idealism that is present within it. First, for most individuals there can never be just “one thing.” For most human beings there are many “thing[s].” What Curly was referring to in the film is what third-wave behavioral therapists call “values” (McKay, Wood & Brantley, 2007). As I would tell my clients, these are the things that if you looked back on while lying on your death bed, you would be thankful you had and devastated if you had not experienced. This would of course come before a diatribe about the importance of living out one’s values, how they make life worth living, and how they can be powerful motivators in overcoming mental health problems. Our values are how we care for ourselves and also how others care for us. They are our self-care. Despite its theatrical romanticism, what struck me about that City Slicker’s scene is that in that moment, head nearly falling asleep on the computer, I was very far from my “one thing,” or any of the multiple “thing[s]” that are my self-care, and had been for some time.

This was the first time I recall experiencing that common feeling of hypocrisy. Earlier I had urged my client to move towards his values and practice better self-care when I myself was overworked, under-slept, and had been spending much time away from the meaningful relationships in my life. My values were not the psychological report I was working on, the grades in my courses, or the number of hours of individual psychotherapy that I tracked that
week. Education and helping others were values for me, but they were honestly not as vital and meaningful as my relationships.

Traditionalists might argue that students of higher education must stave off their human needs for a family, time to themselves, and any semblance of financial stability for the purpose of doing and being something better in the long-term. Reformists who have completed clinical psychology doctoral programs would state that this argument is actually much more romantic and idealized than the *City Slicker's* scene. The traditionalists would quickly learn this if they digested the literature on how long it takes to pay off student loans. Such knowledge could also be acquired by speaking to the insightful and brutally honest supervisors that I had. At an introductory meeting at the beginning of a first year externship one specifically noted, “this undertaking will end one relationship for each of you.” Judging from myself and my closest friends, the stress and time created by graduate school actually killed between four or five.

“Now I understand why you were so stressed all the time,” an ex-girlfriend wrote me years later when she was immersed in a clinical psychology doctoral program of her own.

Unfortunately, for a time I resigned myself to the sacrificial ideology. I subscribed to the *rub some dirt on it* philosophy of the North American CPGS (clinical psychology graduate student). During one of my years of clinical training, I decided to *go big or go home* and *shoot for the stars* and the other idealistic and nonsensical anecdotes that our elementary school teachers indoctrinate in us when we are young and defenseless. That year I took on two externships, one at a neuropsychology clinic and another at a for-profit outpatient mental health center. I also stayed on in my program’s in-house community mental health center, and took on my last academic course. This would translate to approximately 70 hours of work per week including typing psychological reports on Friday nights and Sundays as well as completing
evaluations or psychotherapy notes before going to bed each night. I slept little, ate a lot, never exercised and became as critical and irritable as a person possibly can. Because I was under such intense stress, I struggled to remain present in the psychotherapy room, and at times, my overall efficacy likely suffered. The tragedy of it all is that most of my graduate cohort and the majority of the audience reading this doctoral paper have either heard a story similar to this or experienced it themselves.

Fortunately, there was a solution to the overwhelming stress, days of being overworked, and reduced clinical utility that I experienced in graduate school. Not surprisingly, the answer did not correlate with the traditional *rub some dirt on it* and *shoot for the stars* mentality. The answer to the chronic riddle of stress was not to throw more energy at things that were inherently stressful. What did inevitably reduce my level of stress and lead to greater overall life satisfaction was what I had been preaching to my psychotherapy clients all along: self-care. By taking a step back from my educational duties and focusing on work-life balance I provided better care for myself and started to lead a more meaningful life. Rather than seeking to take on additional psychological assessments or make every effort to please supervisors, I spent more time nurturing my relationships with friends, family and my romantic partner. I set aside time where I could enjoy leisure activities that made me feel whole such as hiking in the mountains and exercising. From my increased life satisfaction, I found that I was able to be more present and genuine with my clients; this then led to enhanced therapeutic relationships and amplified efficacy as a therapist. Similar to the existentially-confused Mitch in *City Slickers*, by focusing more on my values and self-care, or the “one thing[s]” in my life, the well-being of both myself and my clients increased.
My individual experience with overwhelming stress in graduate school is what inspired me to focus on self-care and wellness amongst CPGSs for my doctoral research. The methodology from which this paper began was similar to that of a meta-analysis. Initially, articles specifically involving graduate student stress, psychopathology and self-care activities employed to mitigate these factors were investigated by searching psychology databases including PsychArticles and PsychInfo. Keywords pertaining to the topic were searched including “self-care,” “wellness,” “life satisfaction,” “competency,” and “well-being” among others. This primary analysis yielded two overarching studies that included the variables of CPGS stress, psychopathology and self-care activities, and which contained large and generalizable sample sizes. These two studies were utilized in coming to conclusions within this paper, but because no others appear to have been published including all pertinent variables a true, statistical meta-analysis could not be conducted. Instead a second database search was completed in order to investigate the entirety of published research articles on the topic of CPGS self-care in order to supplement the two overarching studies.

This search yielded a variety of publications related to different self-care topics. Those most related to the original variables of student stress, psychopathology, and wellness practices amongst clinicians, most notably CPGSs, were selected for inclusion and examination within the paper. More specifically, the selected articles pertained to four major categories which are of significant relevance to the original variables: successful self-care interventions for clinicians, the relationship between wellness and competency, problematic issues influencing psychological providers, and theoretical models of incorporating life-balance into training. Lastly, the reference sections of articles that were selected for inclusion in the paper following the first two searches were scanned in order to discover other important pieces of literature that were pertinent
to the topic of CPGS self-care. From this, additional articles were located and examined for inclusion. Many of these final articles were published within the 1990’s and located on databases including SAGE Journals and PubMed. The original literature selected from researching PsychArticles and PsychInfo was published from 2000 until 2014.

In this paper, a myriad of issues related to self-care and trainee stress that were highlighted during the compilation of the literature search will be explored. This will commence with a review of the relevant self-care research that has been published beginning with an investigation of the importance of this topic and the stress and psychopathology found in both graduate students and practicing psychologists. The theorized causes and predictors of student stress will be explored as well as the present barriers to enhanced wellness within graduate programs. The secondary costs of clinical trainee impairment will then be noted including how this becomes an ethical concern and the impact it can have on client outcomes. A great majority of the literature review will then highlight the factors that have been shown to bolster and preserve life balance, self-care utilization and overall well-being in young clinicians. Such interventions will be explored in regards to both graduate school institutions and students themselves. Finally, the paper will suggest further recommendations based on available research to enhance students’ self-care and life satisfaction. The overall goal of this paper is to educate graduate students, faculty and practicing psychologists on the epidemic of increased stress within psychology doctoral programs and call for a better scope of wellness. How students can become strong, competent professionals without leaving behind the “one thing,” or the many values in their lives that make life worth living will be explored.
Literature Review

The Current State of Clinical Psychology Graduate Student Mental Health

As noted previously, at the time that this paper was completed two overarching and expansive studies of CPGS self-care and life satisfaction had been conducted. Both of these studies surveyed large samples of CPGSs and explored which stressors were most significant to them as well as the self-care strategies that were successful in combating personal problems that arose in graduate school. Both sets of researchers found that the level of stress and personal problems befalling CPGSs is very significant. The first study, which was conducted by Myers, Sweeney, Popick, Wesley, Bondfell, and Fingerhut (2012), surveyed 488 clinical trainees in master’s or doctoral programs in clinical psychology. The authors found that between 70 and 75 percent of the students in their study noted that they were either “moderately” or “very” stressed. A second study created by El-Ghoroury, Galper, Sawaqdeh, and Bukka (2012) included 387 students enrolled in psychology graduate training programs. These authors reported similar results to Myers and colleagues (2012) with 70 percent of the participants citing experiencing a stressor that significantly impacted their functioning.

In this study a wide variety of pertinent stressors were endorsed. Over 68 percent of the students reported problems related to academic responsibilities, 43 percent endorsed issues associated with their research, and nearly 58 percent reported suffering from poor work and life balance. Problems related to the students’ interpersonal relationships were also recurrently cited. Nearly 45 percent of the students participating in the study listed family issues as a stressor and 36 percent noted that they had a lack of social support. Additional research has suggested that stress related to performance anxiety, competition, institutional demands and interpersonal and professional relationships has been found in psychology trainees (Badali & Habra, 2003).
Unfortunately, for some students the level of impairment experienced in graduate school moves beyond stress and becomes more clinical. Studies have shown that the prolonged practice of psychotherapy with extremely distressed clients can lead to more serious psychosocial problems including emotional depletion, anxiety, depression, loneliness, compassion fatigue, vicarious trauma, and shameful feelings towards clients (Johnson, Barnett, Elman, Forrest & Kaslow, 2013). This vicarious traumatization can further be defined by suspiciousness, somatic symptoms, intrusive thoughts and feelings, avoidance, and emotional flooding (Adams & Riggs, 2008). Prolonged psychotherapy with emotionally suffering individuals can also result in decreased job satisfaction, reduced self-esteem and disrupted personal relationships (Shapiro, Brown & Biegel, 2007). In terms of psychopathology, one study of professional psychologists found that 44 percent of licensed practitioners noted suffering from an anxiety disorder and 47 percent from Major Depression. Sixty percent additionally endorsed struggling with emotional and professional burnout (Barnett, Baker, Elman & Schoener, 2007). Such research demonstrates that psychologists are significantly at risk for mental health disorders and that such issues are likely to arise at some point in their professional careers.

Clinical diagnoses are not isolated to seasoned practitioners working without the support and structure of supervision. Newer clinicians may actually be more prone to vicarious trauma and other mental health disorders than their older counterparts (Adams & Riggs, 2008). An analysis of available statistics also suggests that the prevalence of mental health disorders in CPGSs is not only an epidemic but may actually be on the rise. In one research study, 35 percent of students surveyed noted experiencing problems related to clinical depression during graduate school (El-Ghoroury et al., 2012). A second study of 292 Canadian graduate students yielded similar results, with 33 percent of students endorsing clinically significant symptoms of
Asmundson, 2011). While the percentage of students who reported suffering from depression in both of these studies fell below the 47 percent of practicing clinical psychologists who cited experiencing Major Depression, the duration on which the participants were evaluated must be noted to totally grasp the meaning of this data. The clinical psychologists who were surveyed varied in age but were asked to specify whether they had ever experienced Major Depression throughout careers that spanned from a few years to decades. The students were asked to report whether they experienced depressive symptomatology only within their two to five years of graduate school. This means that the rates of depression among recent CPGSs who had only been enrolled in school for a maximum of five years differed from that of seasoned, licensed psychologists by 12 to 14 percentage points. Graduate students were nearly as likely as professionals to experience depression even though they had only been immersed in the field for a short time.

The rates of anxiety symptomatology among CPGSs yielded even greater cause for concern. In the study conducted by El-Ghoroury and colleagues (2012) cited above, 60 percent of trainees reported struggling with anxiety during their graduate school careers. This number not only represents more than half of the participants surveyed; but it actually exceeds the prevalence of anxiety disorders among seasoned psychologists which fell at 44 percent. That is, the number of CPGSs who were measured to struggle with anxious symptomatology in graduate school actually dwarfed the number of psychologists whom had been practicing for several years that endorsed suffering from anxiety disorders. While making comparisons between these studies and populations is somewhat muddied by the fact that having “anxiety” does not necessarily mean that the students were diagnosable for a clinically significant anxiety disorder,
these statistics still suggest that clinical diagnoses have become a very significant problem in graduate school and are likely increasing in number.

**The Stress Epidemic: Causes & Barriers to Wellness**

The stress epidemic within clinical psychology graduate programs illustrates a dark irony. Future mental health providers who are seeking to reduce symptomatology and make their clients’ lives more meaningful frequently struggle with the very same disorders that they are learning to effectively treat. Both to enhance the wellness and life satisfaction of CPGSs and to continue to assert the great benefits of psychological services, the prevalence of stress and mental health disorders among clinicians in training must be understood. Over the past decade a number of studies and papers have been completed that seek to outline the complex web of factors that have caused the stress epidemic in clinical psychology doctoral programs and likewise prevented students from reaching improved levels of wellness.

Prior to discussing current research that has sought to assess the variables that contribute to the stress epidemic, it is important to note the many reasons that asserting causation between the CPGS lifestyle and mental health problems is an immensely difficult enterprise. Furthermore, the contributing factors that have been found in available research can likely never be considered actual “casual factors” and will remain theoretical. The reasons they can never be considered scientific laws are threefold. First, the majority of literature on the causes of the stress epidemic are correlational and can never truly yield causation. There is no way to humanistically manipulate the independent variables that are thought to lead to CPGS stress and mental health problems in a controlled environment. This leads to the second reason: that causation between clinical psychology and stress can never be truly discerned. Researchers simply cannot account for all the third variables and additional life stressors that befall CPGSs
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

that are not related to psychology. This ensures that a portion of the variance that results in the dependent variable of stress will always be unmeasured or ascribed to random chance. CPGSs, like all humans, are simply too diverse of a population to fully understand in cause and effect terminology.

This then leads to the third problem which is characteristic of both the overarching studies of CPGS self-care presented earlier in this paper: generalizability. The studies performed by El-Ghoroury (2012), Myers (2012), their colleagues, and all quantitative examples presented in this paper employed fairly small sample sizes compared to the total population of CPGSs. None of the studies could gather a sample size greater than 500 students and all cited response rates to surveys near 20 percent at most. This suggests that the majority of self-care research may not be totally generalizable to the entire population of CPGSs. From this, many of the correlations that may contribute to CPGS stress and mental health problems presented in this paper may not be the cause of such issues in all, or even most, individual students due to unknown sampling bias. This is especially true of racial, ethnic and age minorities in that no studies to date have examined the link between stress and clinical psychology graduate programs for different cultural groups. It is valuable to state, however, that the capacity to do so for any student will be impossible in that every student’s personal history in school will include a number of variables contributing to stress that are different from others. In this paper, the most likely contributors to CPGS stress are thus explored.

As noted earlier, one variable that contributes to the high levels of stress and mental health problems found among CPGSs is the nature of the work they do. Stress and compassion fatigue are prevalent in professionals conducting psychotherapy with emotionally-distressed clients. In one study, 38 percent of a group of trauma-focused trainees in Texas began
experiencing the same symptoms of Posttraumatic Stress Disorder (PTSD) that their clients exhibited following exposure to psychotherapy (Adams & Riggs, 2008). While this study strongly outlines that psychotherapy and the burden of others’ trauma and personal problems can lead to vicarious reactions in psychology trainees, it must be remembered that approximately 62 percent of students in this study did not endorse symptoms of PTSD similar to their clients. This means that there are clearly other variables that can be linked to stress among CPGSs that move beyond the practice of psychotherapy. Based on available research, many of these variables exist and not all are external as many psychologists would likely suggest.

Within self-care literature, several journal articles illustrate that mental health clinicians as a group are particularly prone to psychological disorders not only because of the work that they do but also because of their unique personal histories. These histories may include problematic and stressful circumstances that draw clinicians to the field from the very beginning. It has been found that many clinicians come from particularly traumatic backgrounds, and one study noted that 70 percent of female and 33 percent of male psychologists have acknowledged a history of being physically or sexually abused as children (Pope & Feldman-Summers, 1992). More recent scholarship discovered that within a sample of over 100 graduate trainees, half had experienced a personal trauma at some point in their lives (Adams & Riggs, 2008). Sadly, because of the interpersonal dynamics in their early relationships, some junior and advanced clinicians become prone to ignoring their emotional needs and putting others first. While it is inaccurate and pessimistic to say that these individuals join the field to “fix themselves,” or playout their self-object relations in forms of rescue fantasies; the truth is that many clinicians pursue mental health-based careers to help people who have had experiences like they have. This can represent both a cost and a benefit: clinicians with such histories may exhibit a
mindfulness that allows them to better understand the suffering of their clients, but they also may be more prone to reliving difficult relationships with them through countertransference and projective identification.

All clinicians should rest assured that it is not only something within themselves that leads to the clinically significant frequency and severity of emotional problems within the field of psychology. In fact, one study suggested that this is actually a relatively small percentage of the variance and that graduate school faculty members generally do a good job of weeding out students who already have mental health problems before joining their programs (Shen-Miller, Grus, Van Sickle, Schwartz-Mette, Cage, & Elman, 2011). Instead, a wide range of environmental factors likely make psychology trainees so prone to high levels of burnout, emotional depletion, interpersonal difficulties, and mood and anxiety disorders (Johnson et al., 2013). One major factor is the lifestyle changes that suddenly arise at the outset of graduate school. While nontraditional students are not uncommon, many CPGSs are between one and three years removed from receiving their bachelor’s degrees when they enter doctoral programs. Their entrance into graduate training is a steep climb and the foothills of this journey present the sharpest transitions they will likely experience in their professional careers. Their undergraduate lifestyles are replaced by the expectation to dress professionally, participate in every class, conduct psychotherapy and enrich the lives of others. These are noble yet epic and expansive undertakings.

The American Psychological Association’s (APA) core benchmarks for accreditation of graduate programs includes 16 competencies that clinical psychology graduate students are evaluated on. These competencies included professionalism, individual and cultural diversity, ethical and legal standards, reflective practice, relationships, scientific knowledge, research and
evaluation, assessment, intervention, evidence-based practice, consultation, teaching, supervision, interdisciplinary systems, management and administration and advocacy (American Psychological Association, 2012). These are all of the skills, traits and knowledge that CPGSs must acquire in four to five years to become *novice* clinicians. They are expected to evolve both mentally and emotionally and for their knowledge-base to grow just as much as their interpersonal skills.

With novel commitments and stark transitions becoming their new livelihood, CPGSs not surprisingly begin to lose hold of one very important life variable: time. It is here that the factors that cause such elevated levels of stress and emotional problems in young clinicians become more systematic and multifaceted. This is because these variables, especially those related to time, are not solely the fault of doctoral programs or students themselves. CPGSs and their graduate programs are rather intertwined in perpetuating the negative effects they have on trainee self-care and life satisfaction.

There are many reasons that an exploration of the environmental factors that promote the stress epidemic of CPGSs can begin with *time*. For one, Schwebel & Coster (1998) found that the main obstacle of proper functioning in graduate school was time and space in students’ academic curriculum. A second study of CPGSs found that trainees rated multiple factors related to lack of time as the most significant stressors in their daily lives. These factors included coursework, time constraints, and limited availability for self-care (Nelson, Dell’ Oliver, Koch & Buckler, 2001). While no research studies appear to exist that document the average amount of total hours that students are engaged in activities related to their graduate programs each week, it is clear that free time for self-care is scarce and that unnecessary stressors and time burdens are produced for students (Forrest, Shen-Miller & Elman, 2008).
One study found that among 744 graduate students the average amount of weekly assigned reading falls at approximately 330 pages. PsyD students were given an average of 395 pages of reading per week (McMinn, Tabor, Trihub, Taylor & Domínguez, 2009) which is somewhat more than the average PhD student. That is approximately 56 pages per day in addition to the myriad of other tasks expected of graduate students including writing assessment reports, conducting individual psychotherapy, and attending classes and supervisory meetings. Surprisingly, the study found that nearly 80% of the students still read these texts word-for-word rather than skimming or skipping them altogether.

Despite the commitment of these sleepless students, it is not difficult to deduce what factors most often prevented students from completing their readings. These included having too much assigned literature to digest, needing to complete multiple assignments in the same week, if material was repetitive, and fatigue caused by being too exhausted at the end of the day. PsyD students, the group found to receive the most assigned readings, were not shockingly more likely to report leaving reading unfinished due to choosing to place greater focus on class time and practicum training. Students who spent more time in practicum placements, many of whom were more advanced students, were also less likely to complete readings compared to their younger counterparts who harbored less practicum duties. This demonstrates that the students in the study performed by McMinn and colleagues (2009) were frequently juggling more assignments and responsibilities than they could legitimately complete, especially if they had more clinical duties. The factors that researchers have found prevent students from pursuing self-care interventions that could improve their level of stress paralleled those that hindered them from completing assigned readings. These barriers included lack of time, which was endorsed by over
70 percent of graduate students, and absence of motivation or energy, which was cited by over 31 percent of the sample.

Lack of time is a major problem in graduate school. It not only decreases the quality of CPGS education by limiting the minutes spent searching for relevant literature or watching tapes of psychotherapy sessions, but drains what little students have left for self-care. Who bears the responsibility for the lower quality of CPGS education and free-falling levels of self-care? As noted previously, both graduate school institutions and the students within them prolong the stress epidemic. An analysis of the role graduate institutions play in the decline of self-care can start with the lack of programmatic support and focus that is placed on the life satisfaction and wellness of students.

It has been found that 83 percent of students in one study did not receive any written material on stress management and self-care during their training. More shockingly, 59 percent felt that their training program did not promote an atmosphere of self-care in general (Munsey, 2006). In another study of 177 clinical psychology doctoral programs, online materials from graduate institutions were assessed by trained coders for terms such as self-care, work-life balance, and burnout in order to discover the degree to which they placed importance on wellness practices. Only 15 general psychology and 44 clinical psychology student handbooks mentioned these topics, and overall very little was mentioned relating to clinician burnout or self-care. Recommended interventions were usually limited to seeking individual psychotherapy with no referral providers being listed. The article praised the University of Denver and Auburn University for having statements within their literature that referred to the importance of maintaining life balance or including a list of external resources with which to seek help.
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING (Bamonti, Keelan, Larson, Mentrikoski, Randall, & Sly, 2014). Such institutional focus on self-care, however, appears to be very uncommon.

In a third research study on clinical psychology programs and self-care, 107 chairs of APA-accredited psychology doctoral programs and 339 practicing licensed psychologists were surveyed in order to discern what factors they felt were most important to clinical training in graduate school. The aim of this study was to discover whether any differences existed between chairs’ perceptions of what activities and programmatic interventions produced clinically-skilled and mentally healthy licensed psychologists compared to the practitioners themselves. At the conclusion of the study, those in power had some noticeably different ideas concerning what produced competent clinicians compared to psychologists who had graduated from their programs. The 107 chairs felt that personal and existential items were important for students in graduate school, but collectively rated institutional atmosphere, supervision, ethics training and internship experience as more important. The 339 practicing licensed psychologists noted that self-awareness, a balanced lifestyle, relationships with spouses and family members, and personal values were most detrimental to their wellness and continued practice of ethical psychotherapy. They also placed importance on taking vacations, personal therapy, values and self-awareness. This research demonstrates that while program chairs place significant focus on their students’ clinical training, as they should, that they are somewhat removed from what fosters the greatest wellbeing in their students (Schwebel & Coster, 1998). This is especially problematic considering that the clinical psychologists in the study rated items related to self-care as most important in perpetuating their competency.

In their exploration of CPGS competence problems, Forrest and colleagues (2008) state that graduate programs place unnecessary stressors and burdens on students and many have
failed to properly attend to self-care. Other authors articulate that this is because institutions have generally held the belief that failure of students and clinicians to properly manage time and stress was solely the responsibility of the individual (Wise, Hersh, & Gibson 2012). That is, if a student failed to take part in self-care and this had a negative impact on their life satisfaction, the onus for this would be perceived as being placed squarely on the student. The studies explored above illustrate many problems with this traditional perspective, including that the time constraints placed on students by institutions have a negative impact on utilization of wellness practices. Secondly, psychologists who have completed graduate school view self-care as a major part of healthy practice, and logic would deem that institutions are being somewhat negligent by failing to recognize this and incorporate it into their programs.

Still, taking on the opposite viewpoint that graduate institutions and their lack of concern for student wellness should bear all the responsibility for the stress epidemic neglects the individual agency students do have in determining the course of their own self-care and subsequent life satisfaction. CPGSs represent a very competitive, driven and achievement-oriented population. While no studies have currently been published on student support of their own life balance and capacity to advocate for themselves in graduate school, the achievement oriented nature of the population suggests that CPGSs may not hold the best boundaries when it comes to setting limits and properly caring for themselves. Many students likely choose to take on extra clinical and research duties in order to impress their professors rather than advocating for their own self-care. When CPGSs are continually being evaluated, they may take every opportunity to succeed clinically while neglecting their own needs. While graduate institutions need to start placing more focus on battling the stress epidemic, students need to become functional clinicians who have the capacity to say “no.” As will be explored in the next section,
these changes are not only vital to the health of graduate institutions and their students, but also to psychotherapy clients.

**The Link Between Ethics, Competency & Self-Care**

The great majority of self-care literature focuses on the negative impact stress and decreased life satisfaction have had on students and professionals. The potential consequences of clinicians failing to be responsible concerning their own wellness, however, can drastically impact clients. Psychotherapy is an interpersonal process, and in psychologists’ offices a perpetual dyad requiring presence and mindfulness from both the professional and client exists. Due to the nature of their work, clinicians must assume that the environmental troubles that influence their behavior will have an interpersonal impact on their clients.

Self-care clearly leads to stress and socioemotional impairment and these factors negatively impact psychotherapist behavior. From this, self-care then becomes an important ethical issue. This is concerning considering the research that nearly 45 percent of psychologists suffer from some kind of mental health disorder at one time in their careers (Schwebel & Coster, 1998). Furthermore, 85 percent of surveyed licensed psychologists reported believing that performing clinical duties while stressed reduces competency and 60 percent admitted to doing so anyway. Many of these practitioners likely worked with high-risk, emotionally vulnerable individuals. Enochs and Etzbach (2004) found that stress caused by lack of self-care can harm professional effectiveness because it negatively impacts attention and concentration, decision-making skills, and therapists’ capacities to maintain strong relationships with their clients. These are all vital skills within a clinician’s toolbox. Emotional burnout can further make clinicians vulnerable to making poor clinical decisions, providing ineffective care or even behaving dangerously and unethically (Barnett et al., 2012; Elman & Forrest, 2007). The link between
self-care and competency becomes even more pronounced when they impact a stressed and vulnerable, novice clinical trainee.

The prominence that macro level psychological institutions, mainly the American Psychological Association (APA), have given to self-care is disputed. The current version of the APA Ethics Code does not make an actual reference to “self-care” or related concepts like wellness and life satisfaction. It can be argued, however, that self-care can fit into the present code within the standard of “competency.” Under 2.06 of the code titled “Personal Problems and Conflicts,” it is stated that “psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner” (pp. 5). Furthermore, “when psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties” (pp.5). These codes illustrate that impaired functioning can impede the effectiveness of psychological interventions, thus conflicting with the “do no harm” principle of mental health practitioners (American Psychological Association, 2010).

Concerning graduate training, the most recent version of the Competency Benchmarks in Professional Psychology does include two substandards of “self-assessment” and “self-care” in which students should be evaluated upon their capacity to recognize the “central role” of self-care and how it impacts their knowledge and clinical effectiveness (American Psychological Association, 2012). This supports the perspective that when a clinician’s life satisfaction and wellness is impacted, ethical concerns can arise that negatively impact client outcomes. Despite the moderate degree of focus that the APA has placed on encouraging self-care and life
satisfaction among clinicians, this has not translated to the real life efforts of doctoral programs
in clinical psychology. As explored previously, few online resources related to graduate
programs refer to self-care and program chairs have differing views from most practicing
psychologists regarding what factors make long-term psychotherapeutic success possible
(Munsey, 2006; Schwebel & Coster, 1998). This results in a danger to both graduate students
and the clients they treat.

From an ethical standpoint, what is most troubling with the minimal importance
institutions have placed on self-care in clinical training is the number of students with problems
of professional competence. In one study, 44 percent of graduate students cited knowledge of a
trainee with competence issues within their program. This does not necessarily mean that these
students were demonstrating competency issues due to a lack of self-care, but the statistics that
approximately 28 percent of the trainees had problems related to personal mental health issues
and that 48 percent stemmed from interpersonal and clinical problems are notably troubling.
Furthermore, nearly 60 percent of competency problems were caused by unprofessional behavior
and it is likely that most of these identified students were actively working with clients. The
participants reported that lack of attention to interpersonal factors in professional development,
lack of program attention to competence problems, and denial and avoidance of competence
issues as the program dynamics that most contributed to such issues. Peers were also believed to
be more aware of competency problems than faculty, which again underlies an absence of
appropriate focus on issues related to both competency, self-care and their link to ethical
behavior (Shen-Miller et al., 2011).

Studies suggest that the number of students who suffer from a problem with professional
competency are actually higher than have been measured. This is because students have been
shown to be more likely to recognize other trainees who have problems with professional competency than report experiencing such issues themselves (Shen-Miller et al., 2011). Being mindful of competency problems is not only a trainee issue, and many psychologists continue practicing without seeking assistance or corrective action. Several studies have further shown that psychotherapists are reluctant to seek psychological assistance for wellness issues despite acknowledging the benefits of consultation and peer support (Barnett et al., 2007). Health care professionals as a whole are not sufficient and accurate in self-assessing their level of competence or well-being, and many continue to provide services despite diminished competence. This is consistent with empirical research that indicates that the validity of health care professionals’ and trainees’ self-assessments of performance is often significantly low and sometimes without correlation. This means that professionals can be unpredictable in regards to understanding and identifying their own problematic emotions and behaviors, and many even fail to accurately perceive their own shortcomings (Kaslow, Rubin, Forrest, Elman, Van Horne, & Jacobs et al., 2007).

Why do many clinicians fail to take appropriate action regarding their socioemotional difficulties before it is too late? It can be asserted that this is because it is very difficult to determine when one has crossed the line between experiencing a degree of personal suffering that is normative and expected in life, versus when such hassles are beginning to impact the individual’s clinical work. While it is vital for clinicians to be mindful of their inner experiences and limitations, they are only human, and may not be able to differentiate between daily, normative stress and emotional impairment that is clinically significant. For young clinicians who have just began to experience and explore the burnout and emotional exhaustion that can arise from caregiving, such an issue is expected to be more difficult to address.
Paradigm Shift

Forrest and colleagues (2008) emphasized that the field of psychology has traditionally conceptualized problems of professional competency exhibited by trainees as solely the fault of these individuals. They argued that competency problems are better accounted for, however, by systematic perspectives considering the numerous components of graduate training that act upon and transcend the individual. While lack of self-care utilization was not specifically addressed in relation to the what these authors termed as “competency,” they illustrated the impact relationships trainees have with their supervisors, peers, and even friends have on their clinical development. Studies performed by Shen-Miller and coauthors (2011) also underline the influence graduate students’ interpersonal and mental health problems have had on their professional competency. From this, it seems appropriate that lack of self-care utilization and its effect on competence should also be analyzed through a systematic lens in that perceived self-care emphasis on a programmatic level has been shown to be a positive predictor of quality of life among trainees (Goncher, Sherman, Barnett, & Haskins, 2012).

Nearly the same ethical issue being addressed among graduate students by Forrest and colleagues (2008) was recognized among professional psychologists by Wise, Hersh, & Gibson (2012). These authors acknowledged that little attention was being paid to the impact psychologist culture and other environmental features have on these factors. The authors described this culture as one in which the psychologist begins at a neutral state and declines naturally towards professional failure and stress through challenging circumstances. They note that attention is only paid to interventions after professional competency has already been threatened, and advocate for creating a “continuum” in which a positive dimension is added to clinicians’ current understanding of competency problems.
Wise and coauthors (2012) advocate for a four principle approach to a new continuum that would seek to banish the psychological schema of impaired competency stemming from the individual rather than environmental problems. In these four principles the authors offered novel perspectives that individual clinicians on the micro level and institutions on the macro level could adopt in order to guard against problems with competency and the overwhelming stress experienced by providers. The first principle involves the notion of surviving versus flourishing as a professional and holds that when clinicians seek only to “survive” when faced with stressors they inadvertently maintain a “barely good enough” status quo and fixate only on preventing negatives. The authors advocate for clinicians to focus more on “flourishing” and emphasize resilience-building attitudes and practices. The second principle advocates for clinicians to intentionally choose a self-care plan and be willing to alter it over time rather than simply waiting until problematic life events arise. The third is termed “reciprocity,” and refers to the dynamic exchange of beneficial lifestyle attitudes and practices between psychologist and client. The authors argue that clinicians should become better at “practicing what they preach” for the betterment of their clients. The fourth principle advocates for integrating self-care strategies into clinicians’ professional lives rather than separating them from the professional realm. This could include attending both consultation and extra-curricular meetings with peers. While the self-care model proposed by Wise and coauthors (2012) targeted field psychologists, the four principles can easily be applied to graduate school in which students are often having more difficulty maintaining life balance than their superiors.

Johnson and colleagues (2013) also articulate that the evolution of professional competence during graduate training is “fluid, contextual, and vulnerable to degradation over time” (pp. 211). Based on these notions, they proposed the Competence Constellation Model
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING (CCM) which was aimed to serve as a “communitarian strategy for ensuring optimal functioning and protecting psychologists from unintended and unrecognizable problems of professional competence” (pp. 217). This model is complex and unique in that it is starkly interpersonal and a trainee’s CCM in its essence is defined as an assemblage of individuals whom are stakeholders in the advancement of the student’s well-being and clinical competence. In the model, the trainee’s constellation is broken into four groups, the first being defined as the “inner core” or primary mentors with which the student would receive the most support and highest levels of emotional intimacy and reciprocity. These should include the student’s closest friends within their program as well as supervisors with whom the trainee shares a great deal of transparency and intimacy. The second and third groups are referred to as the “collegial community” and “collegial acquaintances,” which include the student’s network of more distance peers and authority figures. The final group consists of the student’s “professional culture” which refers to the values, legal requirements and ethical standards that make up quality of care.

Johnson and coauthors (2013) suggest that several factors influence the quality and success of any CCM. Of these factors, the first is the diversity of the CCM, or the range of sources from which the student receives ongoing relational mentoring and support. The second is the strength of ties in the constellation, or the emotional closeness, as well as frequency, depth, and honesty of exchanges between the student and colleagues. Finally, at the individual level, the authors indicate that students must be dynamic in initiating, growing, promoting and maintaining the relationships that compose their constellations.

The models of Johnson (2013), Wise (2012), and their counterparts deserve applause for seeking to revolutionize the way in which both students on the individual level and supervisors and program directors on the institutional level understand the growth and maintenance of self-
care and professional competency. Such a paradigm shift is warranted considering the overwhelming research on the prevalence of stress, mental health problems, and interpersonal difficulties that plague both graduate students and psychologists alike. Both personal and programmatic efforts must be targeted and strengthened in order for the field of psychology to continue to grow emotionally healthy, knowledgeable, and clinically-skilled practitioners that can effectively change the lives of their clients. The two subsequent sections of this paper will explore literature on what institutional and individual self-care programs and interventions have been helpful to date.

**Self-Care at the Individual Level**

At the time this paper was constructed, two expansive studies assessing which coping strategies and activities have been utilized by graduate students have been published. These were the same studies that evaluated stress levels and barriers to wellness that were analyzed in the above section of this paper. The first was the study of 387 students conducted by El-Ghoroury and colleagues (2012) in conjunction with members of the APA Advisory Committee on Colleague Assistance, the APA Association of Graduate Students, and the APA Directorate of Staff specializing in graduate training. The second was constructed by Myers and coauthors (2012) and also evaluated the different self-care practices utilized by CPGSs and their impact on stress. The different self-care practices that were found to be successful in combating stress are outlined individually below.

**Social Support.** Not surprisingly for social scientists like psychologists, CPGSs demonstrated a significant tendency to state that social support and relationships were the best cures for stress and emotional burnout. Which form of social support did not appear to matter to the graduate students who were surveyed in the study performed by El-Ghoroury and coauthors
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING (2012), and approximately 72 percent of surveyed students indicated that their friends’ support served as a successful coping mechanism while 65 percent cited family support and 63 noted speaking to classmates. These results were consistent with other studies that have found that social and graduate school support is associated with less stress in trainees (Myers et al., 2012) and lower levels of anxiety in female graduate students (Munir & Jackson, 1997). Social support appears to be particularly vital for minority students, and among African American students, it is a strong predictor of persistence in higher levels of education.

The study performed by Myers and colleagues (2012) also demonstrated some notable demographic discrepancies related to stress and social support amongst graduate students. This included that students in committed relationships exhibited much less stress than their single counterparts, which is consistent with past research that has demonstrated that graduate students who are not in a committed relationship reported having the highest levels of stress (Hudson & O’Regan, 1994). This study additionally found that older students tended to endorse having notably less stress than younger students. The authors theorize that this could result from the development of more mature and advanced attitudes towards hardship by older trainees, but may also be a product of the greater likelihood that one is married or in a committed relationship when older.

Both practicing psychologists and graduate program chairs also appear to believe that long-term romantic relationships are associated with well-being over time. In the study conducted by Schwebel and Coster (1998), relationships between one’s spouse and family was the only factor that was rated as being notably important in securing long-term health and lack of burnout by both groups. It is clear that like in any occupation, graduate students’ relationships are often what keeps them motivated and happy. Social support in any form can provide trainees
with people who care about them and with whom they can problem solve to navigate any perceived issues that arise. Students who are interpersonally skilled, adept at fostering positive relationships, and more aware of others’ emotions and their impact on others may also be more likely to be successful in graduate school.

**Sleep & Exercise.** Many of the coping strategies that have been empirically suggested to result in enhanced well-being and lower levels of stress are the most difficult to consistently practice in graduate school: sleep and physical fitness. This is most often due to the lack of time students have to engage in such forms of self-care because of the many hours they must commit to their classroom, clinical and research duties. Like with all individuals, sleep is strongly related to stress amongst psychology graduate students and elevated levels of day-time sleepiness and fatigue have been associated with increased emotional problems for CPGSs (Myers et al., 2012). Such issues subsequently have a negative impact on clinical practice and their overarching training experience. This is supported by the study conducted by Myers and colleagues (2012) in which graduate students who practiced consistent sleep hygiene reported experiencing significantly lower levels of stress. These hygiene practices included maintaining a consistent bedtime, avoiding taking long naps, and getting an adequate amount of sleep per night.

The effects of exercise on graduate student stress was actually inconsistent between the studies performed by El-Ghoroury (2012), Myers (2012) and their colleagues. In El-Ghoroury’s sample, just over 54 percent of trainees reported that frequent exercise was helpful in managing their stress. In Myers’s sample, exercise was not associated with stress amongst graduate students. The authors suggest that this finding may have occurred because individual differences such as coping strategies and personality may influence a student’s capacity to benefit from
exercise. This could include the beliefs an individual student has regarding the efficacy of
exercise as an effective coping mechanism.

The authors explain that during times of academic stress, students predictably decrease
their physical activity to complete assignments. In these times of crisis, many students may then
come to believe that exercise prolongs their academic pressure because work is left unfinished,
which can result in an escalation of stress levels. For some, routine exercise can be considered a
chore, and with the lack of time that constrains student schedules in graduate school, working out
may actually increase stress for those who do not enjoy it (El-Ghoroury et al., 2012). This,
however, does not negate the basic knowledge that decreased stress, increased motivation and
happier attitudes span from frequent exercise. For many, but not all CPGSs, exercise along with
sleep combine to not only form a healthy lifestyle, but an improved university experience (Myers
et al., 2012).

**Hobbies.** Little research has been conducted on the impact more general and distraction-
based activities and coping strategies have had on psychology graduate student life satisfaction.
The study performed by El-Ghoroury and colleagues (2012) did find that 52 percent of trainees
noted that taking part in hobbies had a positive impact on their level of stress. Likewise,
psychologists practicing within the community rated vacations, physical activities, and relaxation
programs from sixth to 19th on a 25 item scale of factors that have sustained their well-being over
time (Schwebel & Coster, 2012).

In their article exploring the impact self-care has on therapist wellness and presence in
existential-humanistic psychotherapies, Sapienza & Bugental (2000) encourage clinicians to take
part in the daily practice of activities that give them a sense of mastery and inner solitude
including deep breathing, writing, walking, painting and cooking. Much has also been written
about the psychological and physical benefits of yoga and meditation that seek to enhance self-awareness and inner peace on a daily basis. Distracting hobbies and more basic coping mechanisms such as deep breathing and meditation represent the “intentionality” that is spoken of in Wise and coauthor’s (2012) call for a “continuum” focused on career-sustaining behaviors in their article. Further research suggests that clinicians should purposely include and plan such activities in their daily routines to foster wellness over time. Much like friendly conversations with peers, such activities help to take students’ minds off of the loads of work they have to accomplish and the stressors that are nagging at them on a daily basis.

**Religion & Spirituality.** Longo and Peterson (2002) articulate that the role of religion and spirituality as coping mechanisms that can be employed to promote mental health has long been neglected by psychologists and other healthcare providers. They note that this is due to the scientific history of mental health treatment, professional avoidance of such topics, and confusion over what constitutes spirituality and religion. This perceived bias among mental health professionals may have expanded into available research, and little has been published concerning the positive effects of religion and spirituality amongst the CPGS population. Some studies, however, have included religion and spirituality among the factors that have led to increased wellness and life satisfaction.

In the study by El-Ghoroury and colleagues (2002), these factors were ranked as the ninth most successful coping skills for relieving stress amongst surveyed CPGSs. 33 percent of students within their research cited spirituality as being effective in combatting stress. These numbers were somewhat lower in a study of professional psychologists in which spiritual beliefs and activities was ranked as the 26th most endorsed factor leading to long-term wellness (Schwebel & Coster, 1998). El-Ghoroury and coauthors (2002) found that religion and
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

Spirituality were more likely to be ranked as powerful means to cope with stress by minority students compared to those who identified as white. Despite these statistics, the lack of reflection on religion and spirituality as coping and resiliency factors is surprising in that a positive relationship has been found between religious beliefs and general well-being (Longo & Peterson, 2002). Future research on the impact such beliefs have on CPGS stress and psychopathology is warranted beyond the few studies cited above.

**Student Attitudes.** Many recent research articles have highlighted that what clinicians do for self-care may actually be less important than their way of thinking. Consistent with the cognitive-behavioral perspective of psychotherapy, studies have dictated that different attitudes harbored by graduate students can have a profound effect on their stress levels and overall mental health. Cognitive reappraisals, for example, have been connected to lower levels of stress-related symptoms as well as depression and anxiety in both undergraduate students and individuals exposed to trauma-inducing stimuli. This cognitive strategy involves changing the meaning of an emotion-invoking stimulus and seeking to create a more positive appraisal of a negative situation that will result in positive behaviors that will facilitate more desirable outcomes. Researchers suggest employing cognitive appraisals along with emotional regulation skills in order for students to train themselves to experience the ebbs-and-flows of emotion and control negative behaviors that sometimes arise from negative emotions (Myers et al., 2012)

Many recent studies on graduate student attitudes have arisen from concepts addressed in third wave behavioral psychotherapies including Acceptance and Commitment (ACT) and Dialectical Behavior Therapy (DBT). Wise and her colleagues (2012) articulate that clinicians should seek to maintain life balance. They echo the works of Stephen Hayes that indicate how the pursuit of psychological flexibility, and acceptance of a wide array of reactions and
behaviors, can have a tremendous impact on life satisfaction. Consistent with treatment of patients, Wise argues that if psychological practitioners adopt the “letting go of control agenda” of ACT, that they too will be freer from the burdens of their busy schedules and the negative impact of overwhelming emotions. This concept is very similar to that of radical acceptance in DBT, and it is easy to fathom that with the significant amount of responsibilities and life stressors trainees experience on a daily basis, that stopping the fight for control and perceiving circumstances as they truly are can have a positive impact on their mental health (McKay et al., 2007).

Core to studies of graduate student attitudes in relation to self-care, competence and quality of life is the concept of mindfulness. Wise and her colleagues (2012) recommend that mental health providers adhere to a foundation of mindfulness orientation, principles and practices in order to sustain self-care over time. This would involve the traditional cultivation of purposeful choice where one focuses his or her attention, the observation of healthy disengagement from the individual’s moment-to-moment internal and external experiences, and attitudes related to non-striving, acceptance and curiosity. The authors argue that these basic mindfulness practices increase awareness of thoughts, emotions and unhelpful behaviors in painful circumstances (Bishop, Lau, Shapiro, Carlson, Anderson, & Carmody, 2006). Vital to the practice of mindfulness is being nonjudgmental both to self and others. This is expected to increase self-esteem and individuals’ acceptance of themselves as innately flawed human beings that cannot be perfect at all times (Wise et al., 2012). Such beliefs are likely very different from the competitive and achievement-based culture in which graduate students find themselves, and many likely feel refreshed by these mindfulness concepts. Barnett and colleagues (2007) echo the importance of such attitudes in regard to clinician mistakes and stressful circumstances,
noting that providers must learn to be self-compassionate and mindful of their strengths and efforts with their clients.

A variety of research studies including samples based on graduate student and clinical populations have supported the efficacy of employing mindfulness-based practices to minimize stress and emotional problems. Such practices are expected to bolster healthier methods of coping with life’s struggles and translate into far-reaching psychological and interpersonal benefits. In a laboratory study involving individuals with clinically significant symptoms of anxiety, trait-mindfulness was related to decreased response to stressors (Arch & Craske, 2010). Master’s level counseling psychology students who practiced weekly mindfulness reported experiencing increased feelings of relaxation and calmness (Chrisman, Christopher & Lichtenstein, 2009). Furthermore, mindfulness has been associated with increased awareness of positive and pleasant experiences, development of greater levels of interconnectedness with others, and identification of both individuals’ and others’ basic goodness and humanity (Shapiro & Carlson, 2009).

Such practices would be expected to foster more adaptive ways of coping with stress such as suppression, sublimation and humor which have been shown to result in lower levels of burnout and vicarious trauma in trainees who treat clients suffering from PTSD. The opposite is true of students who harbor more maladaptive, image-distorting and self-sacrificing coping styles. Burnout and trauma in clinicians with healthy coping strategies may be rendered inert by nonjudgmental attitudes and effective self-assessment by way of mindfulness (Adams & Riggs, 2008). Wise and colleagues (2012) write that “even the most stressful events in psychologists’ lives may be buffered significantly by gentle, nonjudgmental awareness of the event itself and the internal experiences that ensue.”
**Personal Psychotherapy.** Relevant literature on graduate student self-care suggests that another layer to the *practice what you preach* adage should arise when trainees are faced with emotional problems that impede their clinical competence. This is in regards to the utilization of personal psychotherapy by trainees. While one might expect that young clinicians would be more likely to seek out treatment services than individuals from other occupations that may view mental health with greater stigmatization, studies in the earlier part of the century and late 90’s suggest that this is not exactly true. Despite the fact that psychotherapy has been strongly linked to alleviation of psychological symptoms for clinicians, many practitioners remain reluctant to seek it out.

Farber (2000) asserts that the reason for this reluctance stems from many of the same thought processes that prevent the general population from engaging in psychotherapy. These include that most individuals prefer to handle personal matters privately and that they feel that they should be able to manage such problems without outside help. Such beliefs become more complicated for CPGSs who wish to seek out therapy. Research suggests that they avoid doing so due to fear that their professional credibility will be compromised and their confidentiality will not be protected. Most counterproductive is the idea that content from individual therapy sessions will be leaked to their graduate program. Such attitudes were documented within a study of 275 master’s degree and doctoral students trained in providing psychological services. Farber notes that clinicians may be unwilling to seek out psychotherapy because it is “ego-relevant,” and people are less likely to seek out help in an area that they feel they should be skilled.

Many self-care proponents have argued for increased openness on the part of young clinicians and graduate programs alike to increase the utilization of personal psychotherapy
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

amongst students. For example, Forrest and colleagues (2008) suggested in one article that
program faculty and other trainers should develop relationships with psychologists who are
knowledgeable about the treatment of students with professional competency problems and have
the capacity to provide treatment as part of remediation plans. Recent research suggests that
such calls have been heeded in that graduate and general psychology handbooks are most likely
to include basic treatment referral sources in relation to self-care (Bamonti et al., 2014). While
this may serve as simply passing the buck, it is helpful that psychology graduate programs have
openly supported personal psychotherapy as a means for self-care. Studies suggest that
psychotherapy is becoming a relatively common method of wellness in that nearly 48 percent of
students in El-Ghoroury’s (2012) research noted that it led to decreased levels of stress. Even
beyond the psychosocial benefits, psychotherapy has been noted to enhance the careers and
interpersonal skills of clinicians. These include providing the practitioner with a clearer
understanding of transference dynamics, serving as a socialization experience, sensitizing to the
roles and needs of clients, and providing an in vivo opportunity to observe intervention methods.

Self-Care at the Program Level

As noted previously, doctoral programs have traditionally identified standards of
competency and ethics as a solely individual endeavor, meaning that the responsibility for
problems with competency enacted by the student population falls exclusively on the trainee.
However, in a training environment where students are still learning the trade it seems that
doctoral programs should bear some responsibility and at least seek to provide trainees with a
safe environment in which to recognize and correct problems with competency. In the
Competency Constellation Model, Johnson and colleagues (2013) propose a more radical
approach, stating that even for practicing psychologists the clinician’s network of professional
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

associates and the psychological community have ethical responsibilities and a duty to support their members.

Within graduate programs there is extensive evidence that highlights the utility of this perspective. First, empirical studies on the accuracy of both trainees’ and experienced clinicians’ self-perceptions of their professional performance is notably low (Shen-Miller et al., 2011). There may not even be a significant correlation between these factors; and among psychologists, many have been noted to continue providing services even when they are aware of their decreased competence (Kaslow et al., 2007). This yields that individual responsibility for competency is not the safest path for overall ethical practice and the beneficence of our clients. Secondly, lack of program attention to students with competency issues has been shown to be one of the highest contributors to further declines in professional ability based on the views of graduate students. Inversely, increased levels of graduate program attention to competency problems and social support are associated with amplified professional functioning and prevention of issues from escalating. Lack of program attention to students with competency problems can affect the trainee community and leads students to experience negative emotions, interrupts their learning process and decreases trust in the administration (Shen-Miller et al., 2011).

Open Dialogue. Myers and her colleagues (2012) advocate for open dialogue between program faculty and students, which is supported by research indicating that students are more likely to have information about trainees with competency problems than trainers. Unfortunately, students have been shown to be more likely to respond to such issues by sharing the information with peers (in other words: gossiping), and withdrawing from the student rather than addressing the problem (Shen-Miller et al., 2011). This suggests that clients, students and
faculty would benefit from open and safe disclosure, with the onus being on both students and
the faculty (Johnson et al., 2013).

As explored previously, self-care is significantly intertwined with competency in that it is
unethical for clinicians, including graduate students, to practice when they cannot be of benefit to
their clients. This falls under the principle of “do no harm” which has underlined practitioner
ethics for over a century. While the responsibility of graduate programs to address overall
student competency is warranted, as noted above, it appears to be even more vital within the
domain of self-care. This is readily apparent in that more than half of students in a 321 trainee
sample cited receiving literature and coursework on ethical and professional competency but 82
percent did not receive training or material on managing self-care (Shen-Miller, et al., 2011;
Goncher et al., 2012). In available studies of competency problems, issues related to students
practicing outside of their knowledge-base, research skills, lack of multicultural competence and
inappropriate relationships with faculty were low. Problems associated with clinical duties and
academic skills were more frequent, but not as likely as troubles related to interpersonal and
professional factors which are more directly linked to self-care. Furthermore, participants
reported that what was most troubling to students with competency problems was a lack of
attention to interpersonal and emotional difficulties by faculty (Shen-Miller et al, 2011). This is
somewhat consistent with the study by El-Ghoroury and colleagues (2012) in which graduate
student stressors including ethical and legal issues were rarely endorsed while those related to
mental health problems and lack of leisure time were much more frequent.

Clearly, lack of self-care and impaired life balance strongly influence overall
competency. Research dictates that because of this, graduate programs should play a central role
in advocating for self-care. Studies have heavily supported this perspective. First, emphasis on
self-care from programs and faculty has been associated with student self-care utilization which is not surprisingly correlated with life satisfaction (Goncher et al., 2012). Secondly, negative faculty attitudes about certain help-seeking behaviors can impact students’ choice to engage in them (El-Ghoroury et al., 2012). This is particularly true for personal psychotherapy (Goncher et al., 2012). Consistent with the Competency Constellation Model, the different organizations and important stakeholders in trainees’ graduate education should play a role in enhancing and protecting the self-care and competency of each student.

**Academic Advising.** Research suggests that the relationship between academic advisors and their students can play a major role in trainee utilization of self-care and overall quality of life during graduate training. Academic advisors should represent one of the strongest proponents of self-care and supporters of students’ competency in academic institutions considering the long-standing and in-depth bond they share with trainees. The importance of sufficient academic advising is reinforced by the study performed by El-Ghoroury and colleagues (2012) in which poor advisor support was found to be associated with increased burnout and career dissatisfaction in doctoral students. Conversely, over 37 percent of trainees in the sample cited advisor intervention as a beneficial method of relieving stress in graduate school. Positive advising relationships have also been associated with greater overall satisfaction, interest and self-efficacy in graduate programs.

From their research into trainee and advisor alliances, Peluso, Carleton, Richter & Asmundson (2011) gathered data on what practices and attitudes make these relationships most effective. One factor is that successful advisors meet with their students on a frequent basis. Trainees were found to be more likely to rate the alliance as positive and encouraging when meetings occurred multiple times each training semester or quarter. Likewise, trainees were
more likely to note feeling neglected and unimportant if advisory meetings were rarely held. These students who had little contact with academic advisors were shown to be more dissatisfied overall with the relationship.

In times of conflict or when students are struggling with clinical or coursework, Peluso and his colleagues (2011) found that students preferred more open management of problems as opposed to avoiding significant issues. Frequent advisor meetings helped to facilitate positive changes. Infrequent meetings had the opposite effect and were found to be unsuccessful in resolving student conflicts. Among 387 Canadian graduate students enrolled in clinical psychology programs, what was found to be the biggest predictor of satisfaction with the perceived quality of an advisor was receiving guidance on maintaining self-care and life balance. From this, the authors argue that a more sustained focus on self-care should be introduced to the advisor-advisee dyad and that students should actually seek to choose mentors who are good clinical and interpersonal fits for them as opposed to simply sharing the same research interests. It is stated that advisors also should expect to move far beyond merely speaking about coursework and practicum experiences with their students if they expect the alliance to be successful.

**Supervisory Relationships.** While academic advisors certainly play a major role in their students’ academic careers given the long-term nature of these relationships, Johnson and colleagues (2013) placed more explicit focus on mentors and supervisors in their Competency Constellation Model. This is due to the more frequent meetings that trainees have with these professionals and the training they provide on perhaps the most difficult and novel aspect of any psychology graduate program: clinical work. From their research into more interdependent and holistic models of clinical training, Johnson and his coauthors (2013) have come to advocate for
what they term “relational mentoring.” This more interpersonal approach to the supervisee-trainer dyad is founded on the platform that relationships form the backbone of both professional and personal identity. This platform is similar to the principles highlighted in Functional Analytic Psychotherapy (FAP), and many of the prominent writers on relational mentoring are also primary theorists within behavioral therapy. These principles include that both dysfunctional and functional behavior, which would include psychopathology, are the result of positive and negative relationships. From this perspective, Functional-Analytic practitioners would argue that functional professional behavior and adherence to self-care would result from more humanistic relationships with supervisors that are built on effective communication, empathetic listening, reflection, empathy and emotional intelligence displayed by the supervisor (Tsai, Kohlenberg, Kanter, Holman, & Loudon, 2012). It is valuable to note that while relational mentoring shares many parallels with FAP, such supervision is not specific to one orientation and instead represents a certain approach to training that supervisors from any theoretical perspective can employ.

It is easy to grasp how adherence to principles of relational mentoring would result in better trainee wellness and increased work-life balance while enhancing clinical learning. By breaking down the hierarchy of supervisor as expert and encouraging such professionals to be open to student feedback, such mentors would be expected to be more understanding and knowledgeable of the environmental factors outside of graduate school that impact effective functioning. Supervisors who practice in this area take on a holistic approach, and hope that their students obtain a greater quality of life in work and non-work and learn to foster and build more functional relationships in both the personal and professional domains.
**Self-Care Groups.** Several of the primary researchers who have examined the relationship between self-care, clinical training and competency have suggested having students complete coursework or take part in groups related to wellness during their time in graduate school. In regards to coursework, it appears that self-care has been primarily relegated to being one of the topics briefly presented in Ethics and Professional Issues courses, and little research has been published on the efficacy of these classes. Self-care literature does contain some examples of specific programming that has been adopted or proposed by different academic institutions relating to wellness (Schwebel & Coster, 1998).

One of these programs is the Professional Opportunities for Wellness Education and Revitalization (POWER) program developed by students at Arizona State University. This program consists of multiple self-care components including peer mentoring for first year students, workshops, and social activities. The workshops are held periodically in the program and are either student led or conducted by various guest speakers who present on relevant topics including sleep hygiene, mindfulness, and recognizing signs of stress. Social activities are hosted by the graduate program or CPGSs and are constructed to foster a sense of community and support amongst trainees. A second program, The Sleep Treatment and Education Program for Students (STEPS), was created to provide students with psychoeducation on sleep hygiene and control of stress invoking stimuli. In that lack of sleep is a common source of stress among graduate students, STEPS has been demonstrated to improve sleep quality amongst students (Myers et. al, 2012).

Few articles within self-care literature have outlined specific groups that have been found to promote wellness amongst graduate students. Groups that have been created, however, have demonstrated significant efficacy and invoke optimism concerning decreased stress amongst
graduate students in the future. Shapiro and colleagues (2007) created a Mindfulness-Based Stress Reduction (MBSR) program for students at a small, private Jesuit university in hopes of examining this self-care technique’s efficacy among mental health therapists on cognitive and affective indicators. They also explored whether the program fostered increased mindfulness and if this translated to positive outcomes. In the authors’ study of this program, 22 students were enrolled in an eight week MBSR program modeled after the well-established treatment protocols developed by Kabat-Zinn. The foundation of the therapy involved didactic and experiential elements focused on training in mindfulness-based meditative practices that are designed to enhance ongoing awareness of sensory experiences, feelings, somatic sensations, and behaviors. It was also present-focused and sought to disengage participants from negative thoughts and emotions that create excessive rumination and anxiety. The eight weeks of MBSR intervention included weekly, two-hour sessions in which students were taught mindfulness practices including sitting meditation, body scanning, hatha yoga, guided loving kindness, and more informal activities to bring mindfulness into everyday life. Additionally, the program included a two-week non-MBSR training that provided students with information on other stress management techniques that are not akin to specific mindfulness practices such as humor, exercise, hypnosis, social support and acupuncture.

Shapiro and co-authors (2007) found that the students who enrolled in their MBSR self-care program demonstrated significantly improved mental health compared to those who did not. The MBSR training program was associated with notable declines in trainees’ levels of perceived stress, negative affect, rumination, and both state and trait anxiety. It was also correlated with increased positive affect, self-compassion and a greater ability to regulate painful emotional states. The researchers additionally found that the MBSR training was associated with
an increase in overall mindfulness and present-focused awareness. This was a particularly
positive result in that increased mindfulness has been linked to declines in stress, anxiety and
rumination. Overall, the MBSR program proved to be significantly helpful in elevating the
mental health of graduate students. Inclusion of such groups in clinical trainee education would
likely be helpful in that they teach and encourage the same attitudes that have been shown to
support student self-care including radical acceptance, present-focus, resiliency and self-
empathy.

Recently, a more broad and flexible wellness program for psychology graduate students
was created by Pence-Wolf, Thompson, Thompson & Smith-Adcock (2014) that also
demonstrated positive results. This program is called Refresh Your Mind, Rejuvenate Your
Body, Renew Your Spirit and is grounded in Individual Psychology. The foundation for this
program is based on the five Adlerian life tasks of work, friendships, love, self and spirituality.
Similar to what has been argued by other self-care authors, in Individual Psychology negative
consequences including stress arise when one of these life tasks is neglected, and balance
between the five factors based on how they are valued by each particular individual is desired.

In the Refresh Your Mind, Rejuvenate Your Body, Renew Your Spirit pilot program 38
university students first attended meetings that presented an overview of Individual Psychology
Theory and its implications on wellness. They were then provided a summary worksheet of
wellness factors that could guide them to specific activities that they would like to increase in
their self-care routines. They were asked to write down wellness goals and track their progress.
Each individual was then able to create a self-care plan that was specific to their own values.
Secondary to this individual approach to self-care, the students were given the opportunity to
attend 14 co-curricular workshops that were built around different Adlerian life tasks. Following
completion of the program, a pilot study on its efficacy found that students enrolled within it demonstrated statistically significant improvements related to the life tasks or work, self and spirituality. The students specifically displayed increased value-driven behavior relating to creative enterprises, physical fitness, humor, leisure time and nutrition.

**Recommendations for Graduate Program Implementation**

In this section of the paper, specific recommendations that both graduate programs and students should heed in order to maintain better self-care during clinical training will be presented. These recommendations include changes that can be addressed through additional programming and changes to CPGS culture as well as by individual students on their own time. Intervention at each of these levels is paramount in that the stress epidemic exists due to systematic interactions created by both institutions and students. This will best magnify a newfound focus and utilization on self-care in order to end the stress epidemic and ascertain better CPGS mental health and clinical prowess.

**Let’s Start Taking This Seriously**

A synthesis of multiple studies explored in the literature review of this paper yields a myriad of mental health difficulties that are experienced by many trainees at some point in their graduate school careers. These include but are not limited to: increased stress, burnout, emotional depletion, loneliness, relationship problems, existential upheaval, vicarious trauma, PTSD symptomatology, clinical depression and anxiety disorders among others. Furthermore, professional psychologists practicing in the field continue to report high rates of mental health issues and occupational burnout at some point in their careers (Schwebel & Coster, 1998).

Research suggests that despite the statements concerning self-care that have made their way into documented APA guidelines, graduate programs have not fully recognized the
importance of self-care on the policy level (Bamonti et al., 2014). This is problematic considering that actual self-care utilization by students has been linked to the degree of self-care emphasis expressed by graduate programs (Goncher et. al, 2012). From this, it can be suggested that unless programs support and address the importance of practicing self-care in order to maintain competency the majority of students are unlikely to place value on it.

While students and faculty certainly bear some of the responsibility for fostering graduate school cultures in which self-care is valued, the truth is that little change will likely arise unless graduate programs intervene at the policy level. Policy makers are clearly the most powerful stakeholders within institutions and can have the greatest impact on enhancing the quality of life of their trainees. This would include changing the traditional beliefs that have kept focus away from self-care and life balance.

First, as suggested by Wise (2012), Johnson (2013) and their colleagues, graduate programs must move from approaching competency and self-care from an individualistic perspective to a more ecological one. While the graduate student is the one who inevitably must behave in the service of professionalism and life balance, programs must begin to take on some of the responsibility for training and encourage young clinicians to practice the self-care activities that will prevent them from becoming burned out. This will ensure that CPGSs can continue serving their clients competently. Program policy holders must seek to foster and practice an institutional culture in which self-care is considered a vital element of training and not something that is referred to vaguely when times are slow then cast aside when faculty desire students to increase their workload. This comes from understanding the roles that program chairs, faculty, clinical supervisors and students play in a training environment, and envisioning responsibility as shared by the collective rather than the individual. That is, graduate program
policyholders must come to view self-care and competency conceptually from a collectivist rather than individualistic perspective. Research has shown that this will not only have a positive impact on quality of life but on client care (Wise et al., 2012; Johnson et al., 2013; Forrest et al., 2008).

Second to adopting a more collectivist perspective on self-care, graduate programs must also move away from the traditional mind frame in which clinician competency remains in a neutral state until it devolves due to a lack of self-reflection and errors made by the individual. Similar to what was presented by Wise and colleagues (2012) in regards to licensed psychologists, a continuum must be created including a positive dimension in which students are taught to focus on flourishing as a person and a professional rather than merely surviving. Program policyholders should begin to actively encourage students to bolster their quality of life rather than taking a passive role on this issue. Research suggests that it is then that students too will begin to take self-care seriously themselves and build on their knowledge rather than illogically waiting until a problem actually occurs (Barnett et al., 2007; Wise et al., 2012). The main word here is prevention, and with prevention active steps are taken before any apparent faults or problems arise. Program chairs must develop graduate school cultures in which students and faculty are evaluated based on the preventative steps that are taken regarding stress rather than simply the intervention. This will yield to the dynamic exchange of beneficial lifestyle attitudes between faculty, student and client (Wise et. al, 2012).

How can graduate programs seek to translate conceptually valuing self-care to enhancing it behaviorally? A good starting point would certainly be to include an emphasis on self-care in student handbooks and to provide trainees with literature on wellness in that this has historically not occurred (Bamonti et al., 2014). Such literature should include a list of institution and
community resources that students can employ to bolster self-care and overcome psychosocial
difficulties including personal psychotherapists, groups, academic activities and faculty
personnel. While this would certainly be beneficial, it will not be enough to completely alter
graduate program culture and stop competitive trainees from overworking themselves. In that
self-care is a benchmark listed on the APA’s Core Benchmarks for Accreditation of Graduate
Programs and considered an important area of competency, it is time to evaluate students based

While obtaining an actual letter grade for self-care utilization would be impossible in that
wellness differs for each individual and its practice is difficult to track, the same can be said for
clinical skills and overall professionalism in graduate school. These competencies are generally
evaluated more qualitatively by clinical supervisors or academic advisors, and such a method
would likely be a fit for assessing self-care utilization. As with any behavioral intervention it is
important that improvement is distinct and easily recognized, and it is suggested that at the outset
of each graduate training year students develop an individual self-care plan similar to that in the
Refresh Your Mind, Rejuvenate Your Body, Renew Your Spirit pilot wellness program. This
will be explored in further sections of this paper.

**Improved Time-Benefit Analysis**

Time and schedule management is a huge problem in psychology graduate schools.
Within the study by El-Ghoroury and colleagues (2012) lack of time was listed as the top
problem preventing students from taking appropriate care of themselves and followed by lack of
motivation. This is not shocking considering the multiple self-care articles that have continued
to suggest that graduate programs produce unnecessary stressors for students and that this issue
is easily ignored despite the fact that it plays a major role in student socioemotional impairment
The extremely tight schedules facing CPGSs appear to represent the most significant barrier in encouraging students to better utilize self-care and seek out the work-life balance that can lead to increased life satisfaction. For this reason, it is recommended that graduate level institutions seek to implement better “time-benefit analysis” in which the assignments that will best impact clinical skills be apportioned into student schedules and those that do not be expunged from curriculums when possible.

The study of CPGS reading completion conducted by McMinn and coauthors (2009) provides some significant advice on how to implement better time-benefit analysis. This study found that the factors that most often prevented students from completing readings and assignments were having several assignments due in one week, material being repetitive, and the effects of fatigue due to being too exhausted at the end of the day. In their article, the authors suggest limiting assigned readings to those that are very important in the particular content areas explored in classes and supervision or at least specify those that should not be skipped. Research suggests that such an intervention would be meaningful in that students were shown to be more likely to complete assigned readings if they impacted their professional work, were current and well written, and if they were interested in it (McMinn et al., 2009).

According to the study conducted by McMinn and colleagues (2009), the factors that most often prevent students from completing readings and assignments are having several assignments due in a week, material being repetitive and fatigue. From this comes both the first faculty level and final institutional policy level recommendation: faculty should increase communication with students. As an individual academic professor it is likely difficult to know exactly the level of stress and workload that students are experiencing at given times. This is both because students fail to note this to faculty for fear of appearing behind or incapable and
because faculty do not seek out this information; likely because they are overburdened themselves. A better balance would arise from academic professors continually checking in in an open and non-judgmental manner with students and evaluating their workload. Having flexible deadlines and being mindful of student schedules is never unappreciated. It is valuable to note, however, that communication breakdowns between faculty and students are influenced by institutional policies as well. From this it has been recommended that academic professors and students be allowed to meet openly and discuss issues such as stress and coursework (McMinn et al., 2009). These would be excellent topics to be explored at town-hall style meetings. Such events would again promote communication and understanding between faculty and students which fosters better mental health.

Enhancing Student and Faculty Relationships

As explored in previous sections of this paper, the major proposal put forth in the Competency Constellation Model is that responsibility for progressive and ethical behavior among psychological providers should fall more on the ecosystem in which the provider practices than the provider herself (Johnson et al., 2013). This concept is in staunch opposition to the traditional conceptualization of professional competence in which incompetent or problematic behavior is strictly the fault of the individual (Forrest et al., 2008). Forrest and colleagues (2008) first proposed that this ecological view of professional competence should also apply to training programs in which student impairment has traditionally been perceived as being solely the fault of the particular student. This belief is surprising within the context of graduate level education in which trainees are truly beginning to practice their adopted craft and are paying thousands of dollars for their professors’ insight. The concept of trainers dismissing themselves from responsibility for their students’ competence is particularly troubling with
schools with very large cohorts in which hundreds of students pay money for their supervisors to inappropriately guide their competency.

Based on available self-care research, it is recommended that the ecological perspective on student competence should be endorsed and apply not only to overall ethical and professional behavior but to self-care as a core construct. The majority of the agency for instituting this ecological perspective will fall to university-hired individuals who have direct contact with trainees. This would mainly include the academic faculty and practicum and school-based supervisors. In order to secure responsibility and encourage an ecological program culture focused on self-care and competence, faculty and supervisors must seek to foster both the quality and quantity of the relationships they have with students. Trainee-faculty relationships in which the student is just a number or a name are insufficient in this model, and trainees should instead be perceived as holistic individuals with lives and goals that fall both inside and outside the educational realm. In order to instill such a culture, it is recommended that faculty and supervisors commit to factors that contribute to overall efficacy of a competency constellation, its diversity and strength of ties, and self-assessment, which was found to be an important piece of minimizing student impairment (Johnson et. al, 2013; Jacobs et. al, 2011).

Similar to Johnson and colleagues’ (2013) assertion that the diversity of a practicing psychologist’s circle of mentors and collaborators will increase clinical competency, so too should an increased range of professionals enhance student commitment to self-care. This is supported by studies that have documented that the degree of student utilization of wellness activities is strongly related to self-care emphasis amongst faculty and supervisors (Goncher et al., 2000). Research has also previously suggested that trainers practice the same self-reflection and adherence to self-care plans that they should endorse to their students in order to serve as
positive models for such behavior (Jacobs et al., 2011). Several professionals within graduate
school should be expected to contribute to the modeling and emphasis on self-care, and this
would likely start with academic faculty and clinical supervisors.

In graduate school, school-based and practicum supervisors often have the closest and
most frequent contact with students and thus have the greatest opportunity to enhance
commitment to wellness. One difficulty in implementing greater focus on self-care is that
practicum supervisors are often community-based and are not necessarily tied to the specific
program culture that graduate schools are seeking to advocate. To enhance the competency
constellation of students, such supervisors should be monitored and educated by the graduate
programs that they have contracted with in order to ensure their commitment to students’ self-
care plans. This is vital in that hours between practicum sites can vary and they are the most
likely settings in which students’ capacity to sustain life balance and say “no” to increasing
workloads might be challenged. Closer, school-based supervisors and faculty should support
students when they seek to secure their boundaries regarding time management and back their
trainees if any conflicts arise. The probability of such occurrences, however, would be decreased
by having practicum supervisors attend information sessions on the self-care requirements of
graduate programs and other requirements.

Research by Peluso and colleagues (2011) has demonstrated that academic advisors can
have a profound effect on student satisfaction within graduate programs as well as self-care
utilization. Based on these studies, it appears important to include advisor and trainee
relationships within the constellation of self-care. Peluso and his co-authors found that positive
academic advising relationships were associated with greater program satisfaction, interest and
self-efficacy while enrolled in school. Surprisingly, the factor that was found to be the best
predictor of a positive trainee-advisor relationship was the advisor’s capacity and willingness to discuss issues of life balance and provide personal support on self-care. This demonstrates both the utility of including academic advisors in the desired self-care model and the positive relational effects that arise from faculty supporting students in balancing their personal and professional lives. Such research led Peluso to recommend that trainee-academic advisor relationships include more “specific and sustained promotion and instruction in self-care and balance” because of their demonstrated practicality.

In regards to the quality of relationships that academic advisors and clinical supervisors should seek to foster with students, the style of relational mentoring is recommended. Johnson and colleagues (2013) present four primary factors that are important in relational mentoring and the enhanced self-efficacy, compassion, emotional intelligence, and work-recreational balance that can result from this approach to clinical training. The first two hold that relational mentoring is fundamentally reciprocal and complimentary and that rather than the traditional supervisor-to-trainee hierarchy, the relationship will be more functional if it includes mutuality in which both individuals can influence and promote growth in each other. Crucial to relational mentoring is also the concept that supervisory relationships should have communal norms and vulnerability, meaning that effective mentoring requires that both the trainee and trainer are able to be candid concerning their past and present shortcomings. Open communication between the parties is also endorsed in that it has been shown that students being able to voice their developmental needs and have this accepted by supervisors in a nonjudgmental and supportive way is most effective.

The second factor contributing to the efficacy of competency constellation models is the strength of ties the diverse members of a student’s system of professional support hold with that
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

student. Johnson and colleagues (2013) assert that support for competence will be stronger if clinical and research supervisors have a relationship with their trainees that includes emotional closeness, frequent meetings, openness and honest back-and-forth communication. The same can be argued concerning supervisor support of self-care utilization for two main reasons. First, the more open the student is with his or her supervisor concerning problems related to stress and life balance the more easily the supervisor will be aware of them and able to take effective action. Second, if trainers allow students to share more information about their life satisfaction, they will be made more aware of potential triggers for stress, supportive of taking breaks, and can suggest self-care activities that could be helpful to students. This is somewhat contradictory to more traditional illustrations of the supervisory relationship in which personal factors are separated from the ecosystem and only professional concepts are discussed. Based on available research, a model with considerably more “grey area” in which supervisors are fully knowledgeable about all weaknesses, personal or professional, that can impact students’ work with their clients would be most beneficial. If stress and mental health issues are plaguing a trainee, it is expected that this will enter both the trainee-client and trainee-supervisor dyads. Ignoring these factors could place a burden on all parties and move against the competency area of accurate self-reflection.

Individual Self-Care Plans

Research has recurrently highlighted the positive impact graduate program support of self-care can have on student well-being. The brunt of the responsibility for ensuring that programmatic interventions serve their purpose, however, is on the students themselves. CPGSs are a competitive, high-achieving population, and while this will bolster their success in most domains of life, it does not encourage them to seek out self-care or even support their own
emotional well-being. As scholars, CPGSs have a tendency to value education above all else; and as health care provider, place others’ needs before their own. While these can be noble virtues, neither can ultimately promote self-care. In order for program-based self-care interventions to be helpful students too must take them seriously and allow life balance to be of value. As Wise and colleagues (2012) noted, clinicians must move away from a perspective of merely surviving and seek instead to flourish as a professionals and human beings. This comes from placing value on self-care and life balance and committing to career sustaining behaviors.

Based on available self-care research the most logical and effective way to ensure commitment to life balance and positive career sustaining behaviors is for graduate programs to sponsor and for students to adhere to individual self-care plans. This strategy was first employed by Pence and colleagues (2014) in their Refresh Your Mind, Rejuvenate Your Body, and Renew Your Spirit pilot wellness program. Considering the strong link between self-care utilization and well-being among graduate students, at the beginning of each academic semester students should create and submit individual self-care plans to their academic advisers or primary supervisors. These plans would include four or five specific self-care goals based on activities and life balance that students could easily track throughout the semester. Like most behavioral activation treatment plans, these goals and interventions should be time-specific and easily measurable. For example, if a student truly enjoyed taking hikes in the mountains and this was of benefit to their life satisfaction, a suggested goal would be to “go on a hike each weekend.” Likewise a student who enjoyed getting a manicure and found this to be stress-relieving might specify to “treat myself and get a manicure once each week.” Such goals are easily implemented, measured and painless to track.
The most important principle that students and faculty should abide by when individual self-care plans are created is that they are starkly individualistic and not open to judgment. This means that no one student should have the same self-care plan as another and that faculty can only provide input on the frequency of which a wellness activity takes place and not the content of specified goals. This principle is grounded in research as well as the ACT perspective that every individual has their own values and life activities that breed meaning and fulfillment. Supervisors simply can have no say in the content of what enhances student coping ability and life satisfaction in that every student is unique. Among the two major studies that surveyed which factors aided psychology graduate students in coping, managing stress and enhancing self-care, a number of different activities and strategies emerged. For example, El-Ghoroury and colleagues (2012) study alone found that a number of coping mechanisms aided CPGSs including friends’ support, family support, talking to a classmate, regular exercise, hobbies, psychotherapy, more time on school, mentoring and spiritual resources. The hundreds of graduate students that participated in self-care studies had a multitude of different wellness practices that they used to cope with stress, and none were generalized to all students. In the study by El-Ghoroury (2012) and colleagues the most frequently specified coping mechanism, friends’ support, was still only cited by approximately 72 percent of students. When completing individual self-care plans graduate students must support their own life balance and values in order to specify which areas of their lives require the most and least self-care intervention.

While the individuality of student self-care plans is vital, available research has outlined multiple domains that have been recurrently linked to overall wellness. In order to improve student life satisfaction, it is recommended that all individual self-care plans include a goal from each of these domains. The factor that has been most associated with graduate student quality of
life and reduced stress is not shocking. Consistent with interpersonal theories of clinical practice, healthy relationships and social support are the best predictors of decreased stress among psychology graduate students. In the overarching study of graduate student coping strategies and stress conducted by El-Ghoroury and colleagues (2012), the top three most frequently used coping strategies employed to reduce emotional impairment were related to positive interpersonal relationships.

It is easy to deduce the reason that the most important people in graduate students’ social circles including family members, close friends, and romantic partners have a significant bearing on these individuals’ wellness and capacity to cope when life circumstances prove difficult. Individuals that CPGSs can rely on and who know them intimately can provide the listening ears that are needed to get things off their chests and move forward when the inevitable pressures and failures that arise from everyday psychological treatment befall them. These supportive figures are the most likely individuals to provide the unconditional positive regard that fosters coping ability, overall wellness, feelings of support and self-esteem. This is paramount in the culture of psychology graduate programs in which students are recurrently being evaluated by authority figures and are frequently given both constructive and negative feedback that can be difficult to swallow.

Social support from friends can also provide psychology graduate students with time away from academics, unconditional positive regard and caring individuals to listen and give advice. Perhaps more significant benefits can be reaped from receiving social support from classmates and persons within their competency constellation. As noted earlier, over 62 percent of graduate students in one study found talking with classmates to be a healthy coping mechanism (El-Ghoroury et al., 2012). Social support from one’s cohort was also found to be one of the few
factors that was effective in aiding students with professional competency problems (Shen-Miller et al., 2011). What is it that makes social relationships with classmates so effective at combating both professional concerns and stress? While no current research exists on this topic, it can be argued that that by sharing feelings and struggles with classmates two of the primary factors that have been shown to be most effective in Yalom-inspired group psychotherapy can be met by such relationships: universality and interpersonal feedback (Yalom & Leszcz, 2005).

During graduate school, educational and clinical responsibilities tend to dominate one’s life, and from this, it is colleagues who often come to know CPGSs and their struggles better than faculty. This was proven by studies of students with professional competency problems conducted by Shen-Miller and colleagues (2011) in which students were more likely to identify such individuals than professors. From this, and being immersed in the same challenging occupation, classmates are able to provide students with the best and most accurate interpersonal feedback. Colleague social support can additionally further encourage students to maintain self-care as a team.

Outside of wellness benefits, greater psychological-speak can also be fostered from having friendships with other clinicians. Perhaps what is most effective from colleague social support, however, is the universality that can arise from such relationships. Not dissimilar to soldiers, psychology graduate students often form a bond with their cohort over the three to five years they spend with these colleagues. During this time, most clinicians experience the same rigors of education, work towards achieving the same clinical milestones and function within the same culture that tends to avoid demonstrating any weakness to faculty and trainees alike. From this latter culture, it can be easy for a disconnected student to believe that they are the only one who is stressed, questioning their clinical ability and wondering if they will be able to become a
successful licensed psychologist. Learning that most trainees are under a great deal of stress and struggling with academic and clinical rigors can have the same relieving effects that socially unskilled patients have when learning that others harbor the same struggles. In order to benefit from colleague social support, it is recommended that students consider incorporating a classmate social support goal into their individual self-care plan.

The second major factor that has been demonstrated by self-care studies to lead to increased life satisfaction and low levels of stress in graduate school is rather globalized: maintaining good physical health. After all, the mind and body are not completely distinct entities. The great majority of self-care research related to physical health has focused on sleep and exercise. Including a goal related to physical health in a student’s individual self-care plan would likely be beneficial but this domain must be based on the preferred practices of the individual. While sleep is universally helpful, different studies have had opposing perspectives on factors such as dieting and exercise, and these should be considered when selecting an appropriate goal. One of these practices, however, would be expected to increase overall energy and self-satisfaction.

Practice What You Preach

As explored in the literature review of this paper, what psychology students do for self-care is not the only factor that is predictive of lower levels of stress during clinical training. Consistent with cognitive-behavioral therapies, trainees’ attitudes towards themselves and painful life circumstances have been shown to be associated with greater wellness and decreased socioemotional problems including anxiety, depression, and harmful rumination (Shapiro et. al, 2007). Myers and colleagues (2012) found that the emotional regulation strategy of cognitive reappraisal results in lower levels of stress. This cognitive strategy involves changing the
meaning of an emotion-invoking stimulus and seeking to create a more positive appraisal of a negative situation that will result in positive behaviors that will result in more desirable outcomes. Myers additionally found that mindful acceptance was actually most correlated with decreased levels of stress. Several studies had previously articulated the role that employing basic psychological concepts including radical acceptance, non-judgmental attitudes and mindfulness can have on a variety of clinician difficulties including mental health problems and burnout. The same occurred for self-compassion and loving kindness, and multiple authors found that clinicians who were more accepting of themselves and their flaws were less likely to be stressed (Wise et al., 2012). From this, it becomes clear that in order to maintain appropriate self-care, one must not only prevent and relieve stress but construct a mental fortitude best suited to meet it head on.

Mindfulness, self-compassion, emotional regulation and cognitive reappraisals practiced among clinicians are no different from those taught to their clients. CPGSs should be consistent and seek to encourage healthy attitudes and thinking styles in themselves. The second major student self-care intervention that is recommended is simply for clinicians in training to practice what they preach. There is no better way to do this then to weave psychological treatment and intervention into self-care practices. This would include having CPGSs foster their own mental health by taking part in treatment themselves in the form of a group or individual psychotherapy. Some clinicians, mainly those who hold the belief that they must always master something they preach may balk at this concept and assert that they are innately different than their clients. This argument is notably flawed. Mindfulness, self-compassion, emotional regulation and cognitive reframes can work for practitioners just as they do for clients. Consistent with the writings of Wise and authors (2012), this traditional concept is also flawed and negligent in that solely
moving from a stance of intervention following impairment rather than focusing on flourishing and actively emphasizing resilience-building activities prior to problems has been unhelpful. Simply put, CPGSs can improve both their wellness and clinical skills by including some form of mental health intervention into their self-care plans. This would best be implemented each year. Allowing students to participate in a treatment group or individual psychotherapy would result in a more in vivo response.

One strong option for inclusion in student groups is the Mindfulness-Based Stress Reduction (MBSR) program for students designed and implemented by Shapiro and colleagues (2007). This training program was associated with notable declines in trainees’ levels of perceived stress, negative affect, rumination, and both state and trait anxiety. It was also correlated with increased positive affect and self-compassion and a greater ability to regulate painful emotional states. Many of the attitudes that have been linked to better adaptability and lower stress amongst graduate students were also fostered with increased mindfulness and present-focused awareness being stimulated by the program. This MBSR program is based off of the treatment developed by Kabat-Zinn and involves eight weeks of didactic and experiential elements focused on training in mindfulness-based meditative practices that are designed to enhance ongoing awareness of sensory experiences, feelings, somatic sensations, and behaviors. It was also present-focused and sought to disengage participants from negative thoughts and emotions that create excessive rumination and anxiety.

The eight week MBSR intervention would include weekly two-hour sessions in which students are taught mindfulness practices including sitting meditation, body scanning, hatha yoga, guided loving kindness, and more informal activities to bring mindfulness into everyday life. Additionally, the program could include the two-weeks of non-MBSR training that provides
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

students with information on other stress management techniques that are not akin to specific
mindfulness practices such as humor, exercise, hypnosis, social support and acupuncture
(Shapiro et al., 2007). This would result in a more well-rounded exposure to self-care strategies.
It is valuable to note that such a group would need to be altered for students who wished to
complete it for an additional semester or in their second year. At this time, the group could move
away from psychoeducation to actual repeated practice of meditation and other mindfulness
exercises.

A second alternative for self-care groups would be more process-oriented models such as
Rap Therapy and caregiver support groups (Schwebel & Coster, 1998). Both of these sets of
groups provide outlets in which students are allowed to speak openly and recall their problematic
experiences without judgment. In these groups, students would meet with their peers weekly for
one hour and take part in basic, Yalom-style interpersonal groups in which they could benefit
from the universality and personal feedback that has been demonstrated in such groups. Similar
to the coping strategy of speaking to classmates, this would allow students to receive support and
learn that they are not the only ones experiencing specific troubles with learning to perform good
clinical work. Such groups would also likely decrease the number of professional competency
problems in that students would receive feedback from their peers on how they could improve
performance. Of course, problems could arise in such a group where students are expected or
even encouraged to provide constructive criticism. This could lead to the breakdown of
relationships and for students to feel unsafe and vulnerable, particularly if group confidentiality
were violated and their faults were passed along to other students and faculty. While these
concerns are very legitimate, real-life psychotherapy groups yield the same concerns, and Rap
Groups would provide in vivo practice. Still, such groups would include the multiple
relationships that are banned in true psychotherapy. Students taking part in Rap Therapy groups would need to be educated on the rules of such groups and encouraged to maintain boundaries, never sharing information that they are not comfortable with.

Considering the cost and time commitment, it would be wrong to mandate individual psychotherapy for all students at academic institutions. Under certain circumstances this could also be an ethical violation, and the APA ethics code notes that when individual or group psychotherapy is required by a program students must have the option to pursue it with professionals unaffiliated with their institutions (American Psychological Association, 2010). Having enrollment in individual treatment as an alternative to taking part in a group, however, would provide a good option for students who have already sought out psychotherapy or are uncomfortable sharing within groups. In El-Ghoroury and colleagues (2012) overarching study of graduate student coping mechanisms, psychotherapy was rated as being helpful for nearly 50 percent of trainees when the number who had actually tried psychotherapy was not measured. This highlights why individual psychotherapy is the most recommended intervention for clinicians in training who are struggling with stress as well as personal competency problems. Individual or group psychotherapy would certainly help foster emotional growth in young clinicians and help them build the self-acceptance that is needed to overcome graduate school struggles.

**Conclusion**

One of the primary objectives of this paper is to provide education on self-care and promote a more comprehensive understanding of CPGS stress within psychology graduate schools. It is hoped that the synopsis and synthesis of available self-care literature for graduate students within the piece will not only make the field more aware of the stress epidemic but
make such information more easily accessible. Still, further research is necessary to better understand the overall mental health of the CPGS population and how best to implement wellness strategies such as the ones recommended in this paper. First, while the CPGS population is too diverse and contains too many possible third variables to move beyond correlation between barriers to wellness and effective coping strategies, pursuing further studies with larger sample sizes would help to better illustrate the parameters of the epidemic. It is most important that future research explore the differences that may exist for students from different racial, ethnic, cultural, socioeconomic and religious backgrounds in that very little research has been published to date addressing self-care for minority students in graduate school. Self-care literature would additionally benefit from a greater understanding of stress and coping differences between the various psychology programs that are available in graduate school. If the correlation between psychopathology and the weekly hours CPGSs spend involved with clinical, academic, research and teaching responsibilities was understood, it would allow graduate schools to better design effective curriculums and pursue greater time-benefit analysis. Future researchers are encouraged to employ the information organized within this paper and the recommendations specified within it for further study.

A second primary goal of this doctoral paper is for the knowledge of effective self-care to promote wellness not only for CPGSs, but the clients they treat. In that psychotherapy is a relational process in which the dynamics of one individual inevitably influence the other, this epidemic can produce negative consequences that span beyond individual stress and into the practice of psychological treatment. As explored in earlier sections of this paper, this indicates that the psychological community must take action not only to increase the life satisfaction of its young clinicians but to ensure that psychotherapy is practiced with competency and
INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

professionalism. Placing additional focus on self-care and allowing it to take its place among the necessary skills and ethical practices preached to psychologists in training would better ensure the mental health of psychological practitioners and their clients. As providers, it is the psychological community’s duty to model appropriate life balance for the populations we serve. This can best be underscored by practicing what preach and giving merit to the one thing, or values that keep us emotionally healthy.
References


INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING


INTEGRATING CLINICAL TRAINING & SELF-CARE: OVERVIEW, ANALYSIS & RECOMMENDATIONS FOR RELIEVING STRESS AMONG CLINICIANS IN TRAINING

Routledge.

