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Wounded to healed: Self-care practices among counselors

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Abstract

Selfcare is crucial for all individuals and counsellors are no exception to this. This qualitative study investigates the selfcare practices of counsellors, recognising its importance for professionals in this field. It explores the selfcare practices, work-life balance, goals, client welfare, barriers and motivations for selfcare. A sample of seven practicing counsellors was selected through convenience sampling and semi structured interviews were conducted with them. The collected data was transcribed and thematically analysed using Nvivo 14. The analysis revealed seven major themes relating to the research questions. The findings highlight the range of physical and mental well-being practices employed by the counsellors. However, mental well-being was prioritised by the sample. The stress management strategies included interpersonal relationships, emotional expression through crying and talking out, and spending time alone. Notably, the selfcare behaviours were found to be primarily motivated by concern for client welfare rather than being self driven. Consequently, the inability to set boundaries and the guilt associated with declining professional demands served as major barriers to selfcare. This study contributes towards understanding the complexities of selfcare among counsellors. It also highlights the need for addressing the barriers to selfcare in order to enhance the wellbeing of those in the counselling profession.

Keywords: Selfcare; Mental health; Counsellors; Employee wellbeing

1. Introduction

1.1. Wounded to Healed: Self Care Practices Among Counselors

Taking care of oneself is important for all counselors, but there's not a lot of open discussion about how they manage personal struggles while working. Broadly speaking, self-care encompasses participating in behaviors or practices that foster both physical and emotional well-being—simply put, taking actions to enhance one's overall state of health and happiness [1]. Previous research has established a direct correlation between self-care and both: self-awareness and overall well-being [2].

Counselors are great at helping others, but they might forget to be kind to themselves [3]. There is an extremely high prevalence of stress, burnout and occupational impairment among professionals working in the field of mental health [4]. Studies have shown that many counsellors often end up ignoring early warning signs of burnout and need for care despite knowing the importance of selfcare [5].

A qualitative study about therapists' self care practices during times of personal distress highlights that self care is often overlooked and not included in counsellor training programmes [6]. Therefore, the trainees are not taught about it specifically and the counsellors acknowledged that they found it difficult to seek what they needed in times of distress [6].

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Research indicates that a lack of self-care is correlated with heightened levels of burnout, secondary traumatic stress symptoms, increased risk of health decline etc. [7, 8, 9]. Conversely, engaging in self-care is associated with enhanced well-being [10], reduced levels of stress and negative emotions, flourishing, improved self-rated academic and clinical performance [11], and overall quality of life [12]. Additionally, it has been discovered that more experienced counselors engage in a greater number of self-care behaviors and therefore report lower levels of stress compared to those in the early stages of their careers [13].

While there is a growing body of literature on self care, less is spoken about ways to integrate self care in the lives of practitioners [4]. Even less has been spoken about the self care practices of counsellors in an Indian context. Therefore, there is a need for research like this that focuses on the process of self care and its practice, along with how counsellors make decisions regarding their personal and occupational wellbeing [6].

This qualitative study tries to highlight the role of selfcare in the personal and professional lives of 7 Bangalore-based counsellors. It tries to understand the wide range of activities that fall under the umbrella of self-care, spanning different facets of life and varying greatly depending on individual preferences and circumstances. It is an attempt to draw attention to the critical topic of counselors' self care and add to the existing body of literature by addressing certain gaps.

2.   Materials and Methods

This section sets out the methodological approach undertaken to study the self care practices of counselling psychologists. It presents the aim of this research and the methodological approach used.

Aim of research

The purpose of this study was to investigate the following research questions:

- RQ1: What self care practices do practicing counsellors engage in?
- RQ2: What motivates counsellors to prioritize their self-care?
- RQ3: How do counsellors balance their personal and professional lives?
- RQ4: What are some of the barriers to effective self care for counsellors?
- RQ5: Is there a discrepancy between ideal goals for self care and its real practice?
- RQ6: How do counsellors view the relationship between their self-care and the support they provide to their clients?

2.1. Qualitative approach

The Qualitative approach was chosen as the research method for this study. Qualitative research is a holistic approach, which focuses on the richness and depth of human experiences within their natural settings [14]. This research attempted to study the experiences of counsellors with respect to their self care and factors related to it.

2.2. Sampling and selection

In choosing the sample of participants the researcher used a convenience sampling method. The inclusion criteria was Bangalore based counsellors with a minimum experience of 3 years who were currently practicing. Part-time counsellors were exempted from the study. The counsellors who qualified the sampling criteria and were most accessible to the researchers were studied. Participants were contacted through social media, internet and by personal contacts of the researchers. Table 1 lists the sample characteristics.

Table 1 Sample Characteristics

Participant	Areas of Counselling	Experience (years)
1	Behavioural Issues, Special Education	3+
2	Young Adults	17+
3	Family and Child Counselling, Emotional Intelligence, Career Counselling	10
4	Young Adults	3+

5	Relational Issues	4+
6	Children and Young Adults	3+
7	Substance Use Disorders, Personality Disorders, Mood Disorders, Anxiety Disorders, Behavioural and Developmental Problems	8+

2.3. Interview

Seven semi-structured interviews were conducted for the research study. This method of data collection allowed the participants to elaborate their self care practices and that methodology helped the researchers gain more information. The interview schedule consisted of 12 semi-structured questions:

- Participant's demographics
- Profession taking a toll on the health and mental well being of the counsellor
- Perspective of self care and forms of self care incorporated
- Barriers, aims for self care practices
- Balancing personal and professional like, relationships
- Burnout, self time

2.4. Data collection

The interviews were recorded in the cell phone the which were then transcribed. All participants were contacted through Email, calls, prescribing the details of the research and the interview particulars. The interview schedule was prepared in advance for the convenience of both researcher and the participant. The participants were presented with the similar set of questions relating to their self care practices in the healing profession. The interviews lasted between 20 minutes- 50 minutes (approximately).

2.5. Data analysis

The transcribed data was coded, analysed, and interpreted by the group of researchers using NVivo 14. Thematic analysis led to 7 themes which were used to answer the research questions. The themes were:

- Physical and Mental Well-being Practices
- Stress Management Strategies
- Client-Centered Motivation and Interconnectedness of Well-being
- Self Directed Motivation
- Work-Life Balance
- Individual and Professional barriers to self care
- Perceived vs. Actual Self-Care

2.6. Ethical Considerations

The proposal for the study was approved by the supervisor of the researchers. Participation in the study was completely voluntary. The participants were informed about the study and its objectives before they gave their informed consent. Moreover, necessary background information was collected to ensure their eligibility for the study. The participants were free to withdraw their participation from the study at any time. They were also informed that any information gathered would be kept confidential amd used only for research purposes. The participants were free to deny responding to any questions that they did not want to answer. They were debriefed after the interviews and their doubts were clarified. The data collected was not manipulated in any manner. It was analysed and reported with honesty and academic integrity

3. Results

There were 9 key themes that emerged from analysing the data about the selfcare practices of counsellors. Each of these themes are explained below.

3.1. Physical and Mental Well-being Practices

All of the participants engaged in some form of activities for their physical health and mental health. Physical activities practiced by the respondents included exercising, going on walks, doing yoga, eating a balanced diet etc. However, a

greater emphasis was placed on mental wellbeing across all respondents. Respondent 7 described the importance of understanding therapists' mental difficulties:"At the end of the day, a therapist is a human being, right? And they have emotions and one has to also understand that the therapist himself or herself is going through so many difficulties"

The respondents indulged in various hobbies, meditation, practices like journaling and numerous other activities to regulate their thoughts and emotions. Gratitude was one such practice highlighted and regularly exercised by Respondent 3:

"See, it is a positive self-talk. Like when I get up in the morning first, I would say that, wow, it's a great life. It's a wonderful life. Practicing your gratitude, being happy, being excited and saying that there are so many people, they're not even able to breathe first, I'm happy that I'm able to breathe well"

Respondents also spoke about pleasurable activities like "eating chocolate" (favourite food), going to a spa, and talking to someone for their mental wellbeing.

3.2. Stress Management Strategies

This theme covers the coping mechanisms employed by the respondents to manage stressors encountered by them on a daily basis, both on and off the job. Most participants considered the physical activities and mental wellbeing practices discussed above to be a part of their stress management stategy. Additionally, they found the support provided by their interpersonal relationships (with parents, friends, partners, children etc.) to be of great importance during stressful times. Talking about a difficult phase in her personal and professional life, Respondent 6 said:

"I was all alone, depressed at being at home, being in my room, things like that. So that was a time when my friends, they just came home. They pulled me out for like, I don't know, they just pulled out. They asked me to come for trips and that changed my life. And my parents, they understood me now. They understood me as they had to.And that also helped me a lot. And my sister, all of them, like they stood by me when I was in that state. So definitely because of them, I'm here today."

Respondent 3 believed that talking to her children felt like a "mental detox" during stressful times. Respondent 1 highlighted how "crying" was a useful stress management strategy for her. She believed it was "cathartic" and said:

"And somewhere or the other, if you're not trying it out, maybe you are going to use anger as a mode of displacement. Then you're going to use that. I feel crying is much more relaxing for me. That's from my point of view".

Respondents also said that reaching out to people and talking about their problems was helpful. They reported feeling "heard","acknowledged", and "lighter" after talking to someone. Respondent 1 said that "I just want someone to listen to me". At the same time, the respondents also found it extremely beneficial to spend some time alone depending on the situation. Talking about maintaining a balance between reaching out and being alone, Respondent 7 said that, "Talk to people around you. Find that support system. But if you just want to not do anything, sometimes that also helps. Cry it out. Vocalize it".

Peer support, supervision and counselling were other stress management measures used by some of the participants. The use of such professional support often related to the same feelings of "being heard" while talking out about their problems in their personal relationships.

Respondent 2 highlighted how there are many workshops available for counsellors to attend and learn stress management strategies. She said that attending these during her early years as a professional has helped her manage stressful situations. Respondent 7 highlighted the role of spirituality in stress management and called it "a hope that I give to myself". However, experiences with spirituality were not uniform throughout the sample. For example, Respondent 1 stated that "it might have worked out for some people, but I cannot say it from my perspective".

3.3. Client-Centered Motivation and Interconnectedness of Well-being

This theme related to the motivation for selfcare that was driven by the want for client welfare. It included recognition of the influence of selfcare on the support given to clients. Speaking about the same, Respondent 5 said:

But to have a general lifestyle that supports me is the way that I can even show up in sessions. Right. Otherwise I'm not really there. I can say things, but I'm not present with the person. And that has a big impact on how the session goes for

people, how connected they feel, how understood and seen they feel, which is really the work that we do. I guess my lifestyle approach to self care is what enables me to do the work that I do.

Respondent 2 pointed out that being a a counsellor who makes a difference in her client's lives makes her feel worthful and happy. She added that, "If you feel that I'm worthful, then you make sure you will take self care".

3.4. Self-Directed Motivation

This theme relates to the motivation for selfcare that is driven by the value for personal well-being. A few respondents spoke about wanting to do selfcare for the sake of their own mental and physical health, seperate from their profession. Speaking of the same, Respondent 2 said "I want to do this so that my health will be prioritised". Respondent 3 had similar views and said "I have a goal that as my age passes, I want to be stronger". On the other hand, Respondent 7 believed that for her, selfcare was driven by both personal and professional motivators "so that you are good in your therapy sessions as well as when you leave your clinical setting, come back to your home, come back to your actual life".

3.5. Work-Life Balance

This theme relates to allocating time for self care, other personal activities and breaks to recharge. It focuses on how counsellors try to balance their personal, social and professional lives. While talking about the importance of work-life balance, Respondent 3 said:

First thing, it's very important how to balance your personal and professional life. And then when you're personally very happy and excited, it's easy to balance your professional life, right? Or let us say you are totally worked up in your personal life. You are so sick and tired and you're not happy, then your professional life becomes sick.

While talking about maintaining work-life balance, most respondents said that they believed in keeping their work related matters restricted to the working hours. Respondent 6 said, "whatever I do it in the clinic or whatever as a profession I am, that I leave it towards that place itself". Almost all the respondents did not prefer answering work-related calls and messages post their working hours unless it was an emergency. However, Respondent 2 had different views about the same:

Because my work is something I see first. Usually you can see me at 12:00 in the night also if someone calls me kind of sometimes they call me. Like that time also I pull out from the sleep.

When asked about finding time to take care of herself, she drew attention to what she called "on-the job selfcare" strategies:

I will not sit in one place. I am very hyper. So that way also very active. Always move. You can also conduct sessions with the patients where you walk and talk to them. You can just walk little and stand and talk and all that. So that is called self care in the work self. When they are meditating in the session, I am meditating with them.

3.6. Individual and Professional barriers to self care

This theme relates the the challenges arising due to heavy workload and prioritising client welfare over personal wellbeing. Excessive workload and lack of institutional facilities for selfcare could be considered to be professional barriers. Individual barriers on the other hand, would be guilt, discomfort, boundary setting, time management etc. While talking about barriers, respondents used phrases like "finding it difficult to say no", "preoccupation with work", "time management", "unable to set boundaries" etc. The discomfort in setting boundaries and saying "no" to clients was the most common barrier across the respondents. While highlighting the same, Respondent 7 said, "A major barrier would be if you are unable to set boundaries for yourself. A major barrier would be where you meet people and you have difficulty saying no to them if they come to you for an issue".

3.7. Perceived vs. Actual Self-Care

This theme relates to the discrepancy between ideal selfcare goals and the reality of their implementation in the counsellors' lives. While most respondents had goals for their professional and personal lives, only some had them for selfcare. The respondents who did have selfcare goals said that they tried to set realistic goals that were flexible: "Yes, I do try to set it realistic goals because if it's too unrealistic, I will obviously be like, okay, I'm not able to achieve this and it will spiral down on me" (Respondent1).

4. Discussion

The main aim of this study was to examine the selfcare practices of counsellors. This chapter will provide an interpretation of the findings and illustrate their relevance to the research questions. It will also relate these findings to other studies.

4.1. Research Questions

4.1.1. RQ 1: What self-care practices do practicing counsellors engage in?

Mental health professionals frequently employ diverse self-care techniques that target aspects such as mindfulness, equilibrium, adaptability, physical well-being, social connections, and spirituality [4]. Based on the views of the respondents, this study found that various "Physical and Mental Well-being Practices" were used by all of them. Physical self-care practices included exercising, yoga, diet, walking etc. Mental well-being practices included hobbies, meditation, journaling, emotional regulation strategies etc. While both physical health and mental health were looked after, mental health was prioritsed by all the respondents.

These mental and physical well-being practices also helped the counsellors manage their stress. Along with these, interpersonal relations also played a major role in providing emotional support during stressful times. Talking out was another stress management strategy highlighted in the findings. This talking out was both informal (to friends, partners, colleagues etc.) and formal (to counsellors, supervisors, through workshops etc.). Spirituality was considered to be a stress management strategy by some of the respondents. These findings are similar to previous ones which found that processing emotions with peers/supervisors, spirituality, exercise, and spending time with family are common selfcare strategies used by therapists [15]. As stated by a respondent, training programs and workshops can useful selfcare development strategies as they have been found to improve mindfulness and self-compassion among mental health professionals [16]. Therefore, it is recommended that educational and professional institutions include such initiatives for the benefit of counsellors.

4.1.2. RQ 2: What motivates counsellors to prioritize their self-care?

The respondents were found to have two types of motivations for self-care. These were divided into two themes- "Client Centered Motivation and Interconnectedness of Well-being" and "Self Directed Motivation". The former related to the respondents being motivated to take care of themselves for the benefit of their clients. It involved the knowledge of how their selfcare influenced their therapeutic relationship and the support provided by them to their clients. In the counselling profession, self care is usually considered to be a duty towards oneself and others to promote the safe and effective practice of counselling [17]. All the respondents believed that client welfare was a major driving factor that influenced their selfcare. However, only a few respondents spoke about self directed motivation which was driven by the want for personal well-being. Those who spoke about it highlighted physical fitness as the major motivating factor. Only one respondent believed that a balance of both, client centered and personal factors influenced her selfcare.

4.1.3. RQ 3: How do counsellors balance their personal and professional lives?

The theme "Work-Life Balance" was used to answer this research question. It focused on how counsellors allocate time for their personal activities whike also taking breaks to recharge. The most prominent response was the preference to keep strict working hours and not do anything work-related outside of those. Emergencies were considered to be an exception by the respondents. One of the respondents, however, believed in creating a balance by intertwining her personal and professional lives. She did this by doing selfcare on the job (meditating and walking with the clients, eating healthy at work etc.) and performing job related duties post working hours as well (answering client calls throughout the day). Prior research has shown that counsellors prefer creating a space for themselves to live their lives apart from the profession [18].

4.1.4. RQ 4: What are some of the barriers to effective self-care for counsellors?

The responses received from the interviews showed that the respondents faced Individual and Professional Barriers. These included challenges that arose as a result of heavy workload, organizational factors, and personal factors like time management, guilt, and lack of boundaries. The findings showed that individual barriers were more common among the sample. The respondents found it difficult to say "no" to their clients and provided support while ignoring their own selfcare needs. Occasionally, organizational barriers like heavy workload would also make selfcare difficult. Similar to the findings of this study, other studies have also found feeling "selfish" and "guilty" while practising selfcare to be major barriers among counsellors [6, 19]. This inclination towards prioritizing caring for others and the need for external

validation and personal permission can lead to burnout as well as compassion fatigue [20]. Therefore, this is an urgent to to acknowledge and prioritize healthcare in helping professions.

4.1.5. RQ 5: Is there a discrepancy between ideal goals for self-care and its real practice?

The discrepancy between ideal selfcare goals and the reality of their implementation was analysed. The findings showed that most of the respondents did not have any selfcare goals. All of their goals related to their personal and professional milestones. When selfcare goals were made, they tried to make them as achievable and flexible as possible. This was again due to the fear of experiencing "guilt" about spending time on oneself or about the inability to achieve them.

4.1.6. RQ 6: How do counsellors view the relationship between their self-care and the support they provide to their clients?

"Client Centered Motivation and Interconnectedness of Well-being" included the reciprocal relationship that exists between counsellor selfcare and the support provided to clients. A statement of the General Principle A, as laid down by the APA states that "Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work" [21]. This statement captures the essence of the relation between professional competence and personal well-being. As already noted, all the respondents believed that they would not be able to "show up" for their clients without exercising selfcare. Being mentally and physically fit helped them provide better support and care during their session. The findings of RQ6 can be related to RQ2 as the knowledge of this reciprocal relationship is what motivated them to take care of themselves (Client-centered motivation). Lack of counsellor selfcare could have a negative introjecct on the clients [22].

5. Conclusion

The aim of this research was to study how counselors practice selfcare. The research questions were examined using a qualitative approach in the form of semi-structured interviews. Thematic analysis found nine main themes, including Mental and Physical Well Being, Stress Management Strategies, Client-Centered Motivation and Interconnectedness of Well-being, Self - Directed Motivation, Work Life Balance, Individual and Professional Barriers to Self Care, Perceived Vs Actual Self - Care. The previous sections examined the selfcare with respect to strategies used, motivations, and barriers for selfcare. The results show that a counselor's well-being directly affects their ability to help clients and this knowledge served as a major motivating factor to practice selfcare. However, the study also found challenges counselors face in their day to day lives with respect to selfcare. These include workload, time management, difficulties with setting boundaries and saying "no" to professional demands. Overall, the study shows that self-care for counselors is very crucial and they have their own strategies towards their own self - care.

5.1. Implications

- The aim of this research was to draw attention to the importance of selfcare practices for counsellors.
- The findings shed light on the profound impact that selfcare can have on the counsellors' personal and professional lives.
- This study delved into various aspect of selfcare in order to provide a deeper comprehension of its benefits.
- Educational institutions and workplaces can play a key role in the promotion of selfcare among counsellors by incorporating it in the curriculum and training programmes.
- By doing so, they can provide future counsellors with the required skills to prioritise their own well being.
- Furthermore, workplaces can also come up with policies and initiatives to encourage and support self care practices.

Limitations and Future Directions

This research was conducted on a small sample of just 7 participants in Bangalore. Moreover, all of the respondents were female. Therefore, it is recommended that future research focus on broader ranges of samples to enhance the diversity and representativeness of the research findings. Gender differences, if any, may also be analysed along with the reasons for such differences. Moreover, cross-cultural comparisons may be done to examine the influence of cultural differences. Future research can also look into the individual differences in self care practice and the explanation for them. Selfcare practices across different counselling settings can be studied and compared. A mixed methods approach may be used to gain a comprehensive understanding of selfcare. Finally, the study found boundary setting and guilt to be the major barriers to counsellor selfcare. Further research can be done in these areas to study the barriers in depth and explore the underlying reasons for them.

Compliance with ethical standards

Disclosure of conflict of interest

The authors have no conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study

References

[1] Rupert, P. A., Dorociak, & K. E. (2019, July 1). Self-Care, Stress, and Well-Being Among Practicing Psychologists. Professional Psychology: Research and Practice. https://socaltherapycenter.com/wp-content/uploads/2019/09/Self-Care-Stress-and-Well-Being-Among-Practicing-Psychologists.pdf

[2] Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. Professional Psychology: Research and Practice, 28(1), 5.

[3] Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. Professional Psychology: Research and Practice, 42(4), 301.

[4] Posluns, K., & Gall, T. L. (2020). Dear Mental Health Practitioners, Take Care of Yourselves: a Literature Review on Self-Care. International Journal for the Advancement of Counselling, 42.

[5] Lin, Y. N. (2012). Experiences of Burnout, Self-Care, and Recovery of Female University Counsellors in Taiwan. Canadian Journal of Counsellingand Psychotherapy, 46(3).

[6] Baker, C., & Gabriel, L. (2021). Exploring how therapists engage in self-care in times of personal distress. BRITISH JOURNAL OF GUIDANCE & COUNSELLING, 49(3). https://www.tandfonline.com/doi/epdf/10.1080/03069885.2021.1885010?needAccess=true

[7] Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. Psychological Trauma: Theory, Research, Practice, and Policy, 9(4), 416.

[8] Mayorga, M. G., Devries, S. R., & Wardle, E. A. (2015). The practice of self-care among counseling students. Journal of Educational and Psychology, 8(3), 21–28.

[9] Santana, M. C., & Fouad, N. A. (2017). Development and validation of a self-care behavior inventory. Training and Education in Professional Psychology, 11(3), 140.

[10] Colman, D. E., Echon, R., Lemay, M. S., McDonald, J., Smith, K. R., Spencer, J., & Swift, J. K. (2016). The efficacy of self-care for graduate students in professional psychology: A meta-analysis. Training and Education in Professional Psychology, 10(4), 188–197.

[11] Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. Training and Education in Professional Psychology, 11(4), 283.

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

[13] Dorociak, K. E., Rupert, P. A., & Zahniser, E. (2017). Work life, well-being, and self-care across the professional lifespan of psychologists. Professional Psychology: Research and Practice, 48(6), 429.

[14] Merriam, S. B., & Tisdell, E. J. (2016). Qualitative research: A guide to design andimplementation (4th ed.). Jossey Bass.

[15] Killian, K. D. (2008). Helping Till It Hurts? A Multimethod Study of Compassion Fatigue, Burnout, and Self-Care in Clinicians Working With Trauma Survivors. Traumatology.

[16] Rudaz, M., Twohig, M. P., Ong, C. W., & Levin, M. E. (2017). Mindfulness and acceptance-based trainings for fostering self-care and reducing stress in mental health professionals: A systematic review. Journal of contextual behavioral science, 6(4), 380-390.

[17] Beauchemin, K. (2017). Through the Looking Glass: Reflecting on Counsellor Dreams for Enhanced Self-Care and Effective Practice. International Journal for the Advancement of Counselling, 40.

[18] Barlow, C. A., & Phelan, A. M. (2007). Peer Collaboration: A Model to Support Counsellor Self-Care. Canadian Journal of Counselling and Psychotherapy, 41(1).

[19] Lemmons, R., & Zanskas, S. (2019). Residential Counselors and Self Care: A Retrospective Qualitative Study of Archival Interview Data. Health Services Research and Managerial Epidemiology, 6(3).

[20] Andrews, H., Tierney, S., & Seers, K. (2020). Needing permission: The experience of self-care and self-compassion in nursing: A constructivist grounded theory study. International Journal of Nursing Studies, 101, 103436. doi:10.1016/j.ijnurstu.2019. 103436.

[21] American Psychological Association. (2002). Ethical Principles of Psychologists and Code of Conduct. American Psychologist, 57(12), 1060–1073. https://doi.org/10.1037/0003-066X.57.12.1060

[22] Henry, W. P., Schacht, T., & Strupp, H. H. (1990). Patient and therapist introject, interpersonal process, and differential psychotherapy outcome. Journal of Consulting and Clinical Psychology, 58(6), 768-74.