

A Self-care Handbook for Undergraduate Music Therapy Students

by Courtney R. Belt, MT-BC

A Thesis Submitted in Partial  
Fulfillment of the Requirement  
for the Master of Arts Degree

Master of Arts in Music Therapy Program  
in the Departments of Graduate Studies  
and Music and Theatre  
Saint Mary-of-the-Woods College  
Saint Mary-of-the-Woods, Indiana

May, 2014

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## **Abstract**

Undergraduate music therapy students may endure a plethora of stressors including moving away from home, adjusting to new living situations, taking general education classes, taking music and music therapy classes, participating in performance ensembles, taking instrument lessons, and forming new relationships. Stress can cause a variety of problems including headaches, disrupted sleep, anxiety, and performance impairment (Baker, 2003). When students are unable to manage the many stressors in their lives, these symptoms may become overwhelming and even debilitating. With the potential accumulation of these symptoms, it seems an emphasis on teaching students appropriate ways to deal with these stressors should be part of the undergraduate experience. Self-care is defined by the author as the use of techniques that encourage self-awareness, induce relaxation, and/or reduce stress which promote holistic health. The author reviewed related articles, projects and books currently existing in the literature, as well as reviewed a variety of self-care techniques in order to determine which should be included in the self-care handbook created for this thesis. This project was developed in part to bring awareness to undergraduate music therapy program directors, professors, and students of the potential benefits of self-care. It was also developed to provide a source of education and prompts for implementation of self-care to these students in a format that is designed specifically for them based on the author's research and personal experience.

## **Acknowledgments**

I would like to express my deep gratitude to my advisor, Dr. Tracy Richardson, MT-BC, for being present in this process from the very beginning to the very end. Your ideas, revisions, and words of encouragement have been invaluable in the development of this project. I would also like to express my sincere appreciation to my other thesis committee members, Dr. Susan Gardstrom, MT-BC, Larisa McHugh, M.A., MT-BC, and Dr. Kathleen Murphy, MT-BC, for dedicating time in your busy schedules to evaluate my thesis and for offering your expertise in your comments and suggestions.

A special thank you goes to my family, friends, and my incredible cohort who have shown me continuous inspiration and encouragement throughout this process – even when I was too absorbed in my work to be fully present with them. A final and resounding thank you goes to my husband, Joe, who stood by me throughout this process’ ups and downs; and helped keep me going with his unwavering support.

## **Introduction**

### **Music Therapy Students**

Undergraduate music therapy students enroll in a variety of classes focusing on the development of musical skills, clinical skills, and principles and foundations of music therapy (AMTA, 2012d). Along with traditional coursework, undergraduate music therapy students must participate in lessons on primary and secondary instruments, performance ensembles, and required pre-clinical training experiences. This time-consuming coursework simultaneous with the general stressors of college life, potentially including a new living environment, social stressors, financial stressors, and changes in lifestyle, could cause inhibiting levels of stress. Stress symptoms may include “musculature or gastrointestinal problems, disrupted sleep, over- or undereating, decreased immunity to illness, anxiety, attention deficits, relationship difficulties, and performance impairment” (Baker, 2003, p. 20). With the potential accumulation of these symptoms, it seems an emphasis on teaching students appropriate ways to deal with these stressors should be part of the undergraduate experience.

### **Self-care for Students**

There is much research in related therapeutic disciplines about the need for self-care among students in graduate programs and for professionals due to a high risk of burnout and personal issues inhibiting professional work (Barnett, Baker, Elman, & Schoener, 2007; Goncher, Sherman, Barnett, & Haskins, 2013; Moore, Perry, Bledsoe, & Robinson, 2011; Myers, Sweeney, Popick, Wesley, Bordfeld, & Fingerhut, 2012; Newell & MacNeil, 2010). Unfortunately, there is little research specifically relating to self-care for undergraduate students in general and, more specifically, for undergraduate music therapy students. Music therapy training prepares students to be clinicians from the undergraduate level with clinical work

experience in pre-clinical training and internship. With the negative effects of stress that undergraduate music therapy students endure, it should be important for them to learn about and engage in self-care.

### **Project Operational Definitions**

The operational definitions of terms for this project are:

- Self-care: the use of techniques that encourage self-awareness, induce relaxation, and/or reduce stress, all of which promote holistic health
- Holistic health: a wellness approach to treating the whole person; encompassing body, mind, and spirit
- Music therapy: “An established health profession in which music is used within a therapeutic relationship to address physical, psychological, cognitive, and social needs of individuals” (AMTA, 2012f, para. 2)
- Music therapy students: students currently enrolled in any of the 62 American Music Therapy Association (AMTA) approved music therapy school programs in the United States, including bachelor and bachelor-equivalency programs.
- Transference: “occurs whenever a client interacts within the ongoing therapy situation in ways that resemble past relationships with significant persons or things in the client’s life” (Bruscia, 1998b, pp. 30-31)
- Countertransference: “defined in three ways: as the therapist’s unconscious reaction to the client’s transference, as everything a therapist brings as a human being to the therapeutic situation, and as the therapist’s replication of the past in collaboration with the client” (Bruscia, 1998b, p. 67)

## **Purpose Statement**

The purpose of this clinical project is to develop a self-care handbook for undergraduate music therapy students enrolled in AMTA approved music therapy programs in the United States. At this stage in development, the self-care handbook will be defined as a resource for students to learn more about self-care techniques, track their use of such techniques, and evaluate the positive and/or negative outcomes of engaging in the self-care techniques. The idea for this project stemmed from the author's personal experience as an undergraduate music therapy student and desire to provide self-care information and tools that may be lacking from the current curricula in some programs.

## **Review of Literature**

### **Stress in the Therapeutic Disciplines**

Music therapists, social workers, counselors, and other health professionals are able to work with a variety of clientele ranging across the lifespan. Davis, Gfeller, and Thaut (2008) review many of the populations with which music therapists work which include people with intellectual disabling conditions, autism and autism spectrum disorders, physical disabilities, older adults, behavioral-emotional disorders, and sensory disorders. Settings for working in these populations include correctional psychiatry, neurologic rehabilitation, medical settings, hospice and palliative care, special education, and private practice. For music therapists and students working with these populations, there can be a great risk for professional burnout, empathy fatigue, compassion fatigue, therapist distress, countertransference, and occupational stress (Baker, 2003; Figley, 2002; Newell & MacNeil, 2010; Sowa, May, & Niles, 1994; Stebnicki, 2007). Although several of these concepts are related, they may have slightly varying definitions depending on the writer and therapeutic discipline from which they come.

From the field of social work, Figley (2002) discusses compassion fatigue, a form of burnout that results from working with those with chronic illness and not participating in self-care. He suggests compassion fatigue includes the “costs of caring, empathy, and emotional investment in helping the suffering” (p. 1433). Newell and MacNeil (2010) discuss burnout as having three domains: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment as a result of chronic work with suffering or vulnerable populations. Emotional exhaustion may be directly related to students as well as professionals, as the authors define it as “a state that occurs when a practitioner’s emotional resources become depleted by the chronic needs, demands, and expectations of their clients, supervisors, and organizations” (Newell &



MacNeil, 2010, p. 59). Students may also experience feelings similar to reduction in one's sense of personal accomplishment, because it is described as thoughts and feelings of inadequacy when patients do not respond to treatment, despite the students' or clinicians' efforts.

With an emphasis on the fields of professional psychology and psychotherapy, Baker (2003) describes symptoms of stress, and defines and compares therapist distress, burnout, and impairment. She emphasizes a body-mind connection in stress and relays effects of stress in both domains. As mentioned previously, direct symptoms of stress can affect a person mentally, physically, and emotionally. Keeping the severity and longevity of the symptoms in mind, the effects are then described as causing therapist distress, burnout, or impairment as labeled by the author.

Therapist distress can be viewed as a warning sign of impending burnout or impairment if self-care action is not taken. It is described as "conscious discomfort of suffering in the therapist's life" (Baker, 2003, p. 20). Next, burnout is described as the endpoint of therapist distress where a therapist may experience fatigue, frustration, disengagement, hopelessness, and helplessness, among other symptoms, and result in a "depletion or exhaustion of a person's mental and physical resources" (p. 22). Baker (2003) believes younger or less-experienced therapists are at greater risk for burnout due to high-stress jobs and lack of supervision. Finally, impairment is described as inability to practice according to the standards of care. At the point of impairment, both the therapist and the client are at risk for harm. With the great potential for personal and professional stress resulting in self-harm and inefficiency in treating patients, the promotion and education of self-care may be indicated as an effective prevention strategy.

The phenomenon of countertransference is also related to therapist burnout. Countertransference is defined by Bruscia (1998b) in three ways: "as the therapist's unconscious

reaction to the client's transference, as everything a therapist brings as a human being to the therapeutic situation, and as the therapist's replication of the past in collaboration with the client (p. 67). He describes burnout as being multilayered, including feelings, attitudes, beliefs, and behaviors. Possible negative effects of burnout can include loss of energy, loss of motivation, problems with attendance and punctuality, doubts about clients, doubts about therapist's or music therapy's efficacy, and even loss of hope for clients (p. 89). There is a reciprocal relationship between burnout and countertransference, meaning burnout is a sign of countertransference and countertransference can lead to burnout. Bruscia suggests a helpful analogy of countertransference as an infection and burnout as a compromised immune system. In order to prevent illness, we must build our immune system. Hence, "the more we take care of ourselves as therapists and human beings, the better we will be able to ward off the attacks of burnout and the resulting countertransference turmoil" (Bruscia, 1998b, p. 90).

### **Defining Self-Care**

Self-care does not have one standard definition, but several researchers and writers in the helping professions, including counseling, psychotherapy, and social work, have identified their working definitions or what they believe to be components of self-care (Baker, 2003; Lee & Miller, 2013; Moore et al., 2011; Wise, Hersh, & Gibson, 2012). Despite the author's inability to find a definition of self-care from the music therapy field, the information found comes from related fields, methodologies, and conceptualizations of education and professional practice. From the social work field, Moore et al. state that self-care "enhances well-being and involves purposeful and continuous efforts that are undertaken to ensure that all dimensions of the self receive the attention that is needed to make the person fit to assist others" (2011, p. 545). This definition emphasizes the focus on self-care being long term and benefitting the person in a

holistic manner. Also from the social work field, Lee and Miller (2013) believe self-care needs a wider conceptualization and that it is not only for relieving stress, but for empowering therapists to take holistic care of their personal and professional selves. This concept could be applied to music therapy undergraduate students as students may be undergoing personal stress along with stress in practicum placements and internship, the clinical training that primes students for professional work. Aside from these brief definitions, some writers provide a larger scope of the concept of self-care.

Wise et al. (2012) present four foundational principles of self-care which are: surviving versus flourishing; intentionally choosing a self-care plan over time and being willing to change it; reciprocity, or the exchange of beneficial lifestyle attitudes between therapist and client; and integration of self-care strategies rather than adding them on as an extra component to life. This approach to self-care encourages a therapist to make self-care a part of his or her life rather than an act that becomes a burden, which supports the idea of reducing the stigma attached to seeking and receiving self-help (Barnett et al., 2007). A student may be able to practice self-care enough to integrate it into everyday life this way. Also important to note from this framework is the necessity to be willing to change the self-care plan as the person's life changes. Self-care need not be a rigid schedule, but something that is emphasized in times of need and performed at a maintenance level on a regular basis.

There are three components of self-care: balance, self-regulation, and self-awareness (Baker, 2003). Baker (2003) writes that balance helps therapists balance all parts of themselves—body, mind, spirit—and in all aspects of their lives including personal and professional. She continues to describe how balance is about functioning despite the dualism, or opposing forces, present in life. This is related to the concept of self-regulation, described by

Baker as “conscious and less conscious management of our physical and emotional impulses, drives, and anxieties” (p. 15). Self-care strategies, which are described later in this review, are included in self-regulation as the action a person takes to manage personal and professional stressors. Baker then describes self-awareness as “benign self-observation of our own physical and psychological experience to the degree possible without distortion or avoidance” (2003, p. 14). She warns that without self-awareness a person is susceptible to acting out repressed emotions in a harmful way. Not only may there be outward negative consequences, but if a student lacks self-awareness, they may be missing added depth and quality to work as a music therapist which can be gained through increased self-awareness (Camilleri, 2001).

Self-awareness is highlighted by several authors when discussing self-care (Baker, 2003; Gardstrom, & Jackson, 2011; Richards, Campenni, & Muse-Burke, 2010). Baker warns that self-awareness is not always an easy journey as it “involves becoming conscious of our internal conflicts” (p. 15) which can play out in various forms for music therapy students. One music therapist, Camilleri (2001) wrote about her personal journey toward greater self-awareness, which she defines as “the willingness to attempt self-growth and introspection” (p. 81). She discusses how self-awareness makes itself known in our emotions and our music, further making a case for the benefits relating to music therapists.

The relationship between self-care and self-awareness is further discussed by Richards et al., (2010), who suggest that because self-awareness is a state it may be an outcome of self-care. To test their hypotheses, a survey was given to 148 mental health professionals, (participants held at least a bachelor’s degree and were practicing in the northeastern part of the United States); and results tallied. Self-care was measured by self-reported frequency and personal view of importance of self-care in four groups: physical, psychological, spiritual, and support. Self-

awareness was measured by the Self-Reflection and Insight Scale (Grant, Franklin, & Langford, 2002), mindfulness was measured by the Mindful Attention Awareness Scale (Brown & Ryan, 2003), and well-being was measured by the Schwartz Outcomes Scale (Blais et al., 1999). Upon analyzing the results the researchers found that participating in self-care and deeming self-care as important is positively correlated with general well-being. The results also showed that when self-awareness increases, so does mindfulness, which the authors defined as “maintaining awareness of and attention on one’s surroundings” (Richards et al., 2010, p. 251). Increase in self-awareness and mindfulness add to the positive use of self-care. This shows a circular relationship between self-care and self-awareness, which further emphasizes the need to educate students and professionals about the need for self-care.

Self-awareness and self-care are also intricately linked to maintaining health in relation to countertransference. Bruscia (1998b) describes various techniques for uncovering and working with countertransference. Much like self-care techniques, these are used in the way that works best for the individual to fit into the schedule without going too far into self-inquiry without proper supervision. There are sessional techniques which the therapist uses right before and during the sessions including: (1) self-clearing, which is sitting quietly, meditating, or any way the therapist sees fit to clear his/her mind and prepare mentally for the session; (2) moving one’s consciousness, which is moving between three spaces: the client’s world, the therapist’s world as a person, and the therapist’s world as a therapist; (3) following procedural cycles, meaning a procedure that is followed to ensure movement and progress to the session; and (4) creating helpful images, which requires the therapist to create an image of his/her self that helps control unwanted or inappropriate reactions (pp. 94-100). Aside from sessional techniques, there are experiential and reflective self-inquiries a therapist may engage in outside of the session space.

These self-inquiries are very similar to, or even the same as, some of the self-care techniques seen listed previously and in the handbook to follow. These self-inquiries include: (1) improvised musical portraits, defined as depicting a person through sound; (2) mandalas of client and therapist; (3) diary of musical emotions, which allows the therapist to musically explore his/her positive and negative experience of various basic emotions; and (4) therapist journals which are a log of private thoughts and feelings or anything else that may relate to work (Bruscia, 1998b, pp. 102-111). Along with these self-inquiries, Bruscia also recommends seeking supervision as a way to uncover and work with countertransference, because it can be good to hear another point of view and the therapist may be unaware of some of the dynamics in the therapeutic relationship as countertransference is often rooted in the subconscious. Using these self-inquiry techniques is all part of self-care for maintaining healthy therapeutic relationships.

### **Effects of Self-Care on Stress**

Along with Myers et al. (2012) cited previously, this author came across a variety of studies attempting to find a correlation between self-care and stress reduction and general well-being. A survey study by Goncher et al. (2013) aimed to find a linear correlation among three variables: programmatic perceptions of self-care emphasis, self-care utilization, and quality of life. This study was conducted with 262 clinical psychology doctoral students in American Psychological Association accredited clinical psychology programs. The results showed that self-care emphasis was a moderate predictor of quality of life and self-care utilization; and self-care utilization is a positive predictor of quality of life. The results of this study give much support to the need for increased emphasis on self-care in therapist training programs.

In a study of 125 counselors, Sowa et al. (1994) sought to find (1) if counselors report levels of occupational stress, personal strain, and coping resources higher than the norms of other professionals; (2) if reports of high stress differ from reports of low stress based on personal strain and coping resources; (3) if counselors perceive professional training as helpful in coping with occupational stress; and (4) if counselors' training effected levels of occupational stress, personal strain symptoms, and coping resources. Although reports of occupational stress in the profession were within average ranges, the researchers found that "counselors in this study with high occupational stress had lower levels of self-care, recreation, and social support" and "counselors in this study with specific stress management courses reported significantly greater coping resources in the areas of self-care and recreation" as opposed to peers who did not have such courses (p. 27). This study shows the potential benefit of including self-care education in training in reduction of occupational stress once students reach professional levels.

A survey study by Shaw (2012), completed for her doctoral dissertation, sought to better understand graduate psychology student self-care habits and the correlation between participation in creative self-care activities and perceived stress levels. The participants were 168 doctoral level psychology students in Chicago. Results of the survey showed that participants who used creative activities on at least a monthly basis also reported lower perceived stress levels. The researcher believes these results "may inspire graduate programs for psychology students to consider ways that they may encourage their students to more frequently engage in creative activities in addition to more common self-care habits encouraged" (p. 70).

Based on research regarding the effects of self-care on stress, Barnett and Cooper (2009) provide a review and added commentary on Smith and Moss' (2009) call to action for the psychology profession to bring awareness to the issues of "burnout, traumatization, and impaired professional competence" (Barnett & Cooper, 2009, p. 16). Barnett and Cooper provide

recommendations on creating a “culture of self-care” for the profession to help resolve these issues. They discuss the ethical, personal, and professional considerations for this culture. They suggest mandating self-care education in the continuing education credit cycles, because it would “at least provide psychologists with minimal exposure to these issues and would hopefully sensitize them to the importance of actively addressing them on an ongoing basis” (p. 20). The implications of this research in related fields can be applied and further discussed in relation to the field of music therapy as similar issues may arise.

### **Self-Care as an Ethical Imperative**

There are no ethical codes mandating utilization of regular self-care, however there are ethical codes which reflect a need for self-care when a helper’s work is limited due to personal strain. The American Psychological Association (APA) states in their Ethical Principles of Psychologists and Code of Conduct in section 2.06(b), “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” (2010, p. 5). Similarly, the American Counseling Association (ACA) writes in its Code of Ethics section C.2.g, “Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems...they seek assistance for problems that reach the level of professional impairment” (2005, p. 9). The AMTA (2012a) also recognizes this standard, stating in the Code of Ethics section 1.5:

The MT (music therapist) is aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage, will take whatever action is necessary (i.e.: seeking professional help, limiting or discontinuing work with



clients, etc.) to ensure that services to clients are not affected by these limitations and problems.

Each of these established ethical systems asserts that professionals in these fields should be aware of personal problems in order to ensure no harm to the client. This author is suggesting music therapy students in undergraduate training should also be aware of personal problems and/or practice self-care techniques to prevent debilitating problems and to ensure no harm to the self as well.

### **Self-Care Techniques for Students**

It has been argued that self-care is a holistic practice. Stebnicki (2007) states “the use of self-care practices (in healing empathy fatigue) will require a holistic perspective in prevention and intervention strategies” as empathy as a therapist requires touching into “emotions, feelings, and spiritual experiences” (p. 320). Myers et al. (2012) conducted a study of psychology graduate students to determine the relationship between self-care practices and perceived stress. Self-care practices in this study are defined as “engagement in behaviors that maintain and promote physical and emotional well-being” (p. 56). They go on to list specific self-care practices including sleep, exercise, use of social support, emotional regulation strategies, and mindfulness strategies. The results “suggest that self-care practices are related to perceived stress levels among psychology graduate students” (p. 61). It should be noted that in looking at the results according to demographics, the authors realized students who were older, married, and had a better ratio of income to cost of living reported less perceived stress, which are typically not descriptors of undergraduate students. The authors suggest these results may have implications for education and training and findings “lend further support for the importance of

self-care as a training competency to decrease the negative impact of stress on both academic and clinical training” (p. 63).

A model assignment for teaching self-care to social work students was developed by Moore et al. (2011) and supports self-care as integral to training in therapeutic disciplines. This was a journal assignment which consisted of biweekly entries describing the self-care techniques the students used, what issues the technique was meant to address, and how the technique helped them spiritually, emotionally, physically, and/or socially. The authors listed the “most frequently reported self-care activities” (p. 549) which included daily devotionals/prayer/Bible study, attending church, physical activities (such as yoga, walking, working in the yard, going to the gym), taking time off from work/school, talking with friends, listening to music, activities with their children, and spending time with family, friends, and/or fellow students. The authors found many students took the assignment further than instructed and wrote more than required or even wrote in the journal daily because of the benefits they were experiencing and to make it part of the self-care practice. This article also included implications for education and training, stating:

Students serve as the lifeblood of the social work profession and are the next generation of practitioners. As such, social work students should be taught to take the necessary precautions to protect themselves from burnout, stress, and all of the outcomes that arise from a lack of self-care (p. 552).

This emphasis on self-care training in education so the students are prepared for clinical work translates to music therapy, as similar issues are common in the various therapeutic disciplines.

### **Music Therapy**

Music therapy is defined by the AMTA as “an established health profession in which music is used within a therapeutic relationship to address physical, psychological, cognitive, and

social needs of individuals” (2012f, para. 2). The AMTA elaborates that music therapy involves assessment and treatment planning to best fit the needs of the client while including the process of creating, singing, moving to and/or listening to music. There is an emphasis on enhancing clients’ current strengths, and strengthening areas of need in sessions to translate these changes to their day-to-day lives. In his seminal text, *Defining Music Therapy*, Bruscia (1998a) offers this working definition: “Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change” (p. 20). This definition offers a description of another important aspect of music therapy work: the relationship. He describes dynamic forces in music therapy, which include various aspects of the therapist, the client, and the music which can all impact any transference or countertransference in the therapeutic relationship. Relationships with clients relates to self-care, because when therapists are functioning at their highest potential, they may be more present in sessions for clients and may be better prepared to help others.

### **Music Therapy Training**

The AMTA (2012e) approves colleges and universities to provide a bachelor or bachelor-equivalency degree with a major in music therapy. In order for a curriculum to be approved, it must include:

”...coursework in music therapy, psychology, music, biological, social and behavioral sciences, disabling conditions and general studies. The undergraduate curriculum includes practical application of music therapy procedures and techniques learned in the classroom through required field work in facilities serving individuals with special needs in the community and/or on-campus clinics. Students learn to assess the needs of their

clients, develop and implement treatment plans germane to those needs, and evaluate and document clinical changes (The Approved Curriculum section, para. 1). The degree is four or more years in length and includes 1200 hours of clinical training, which is a combination of fieldwork experience embedded in music therapy courses and an internship after the completion of all coursework.” (Bachelor’s Degree Requirements section, para. 2)

Upon satisfactory completion of the undergraduate degree and music therapy internship, students are then eligible to sit for the board certification exam, which is administered by the Certification Board for Music Therapists (2011).

### **Support for a Self-Care Model in Undergraduate Music Therapy Training**

The AMTA documents which guide professional training, competencies, and standards of clinical practice do not directly state a need for self-care, but they do relay the importance of self-awareness, supervision, and ability to develop appropriate therapeutic relationships. Self-awareness is not stated as a necessary component of education until the post-graduate level in the AMTA Standards of Education and Clinical Training (AMTA, 2012d). However, these standards state a supervisory role for pre-interns and interns only require a bachelor degree and 1-2 years of professional experience (section 6.2.1 and 6.2.2) which may make a strong case for the need to begin work in self-awareness in the provided setting of supervision. Making supervision available to students at this level of training provides incentive for students to be trained in self-care techniques at the undergraduate level in order to better offer this time of education and supervision to students in clinical training.

Several areas of the AMTA Professional Competencies (2012b, sections 14.1-14.4) set competencies in therapeutic relationship, knowing one’s own culture, values, and beliefs, and

being able to use oneself effectively as a therapist. Also in the Professional Competencies is a statement on being able to improve a client's sense of self and self with others (section 18.2.3). Music therapists may be best equipped to help clients improve in these areas if they have experienced this type of work for themselves, and can start the process of learning and practicing this in undergraduate training. This could potentially start within the realm of supervision, which is required in the AMTA Standards of Clinical Practice (2012c, section 8.0) and often encouraged or required in undergraduate training.

Gardstrom and Jackson (2011) assert that self-care, including self-awareness, is an important part of music therapy curricula, stating, "One could argue that clinical practice, even at an entry level, requires greater than average self-awareness" (p. 244). Also supporting this statement, Edwards and Daveson (2004) write, "The journey of the student from learner role to professional practitioner role requires them to develop a realization of the various ways that therapy relationships can impact upon them" (p. 70) and describe supervision as one way a student can work on this realization. In this author's experience, supervision was required in the undergraduate music therapy program when practica began. This time was used to discuss progress, problems, and accomplishments in the practica placements. However, as more fully described by Edwards and Daveson (2004), the music therapy supervisory relationship can be entered with resistance and can foster parallel processes, meaning the student may use a client's problem in therapy to express his/her own problem in supervision. It seems then supervision alone may not be indicated as the only source of self-care for music therapy students.

Personal therapy is another form of self-care in which therapists and therapy students may choose to take part in. Gardstrom and Jackson (2011) conducted a study to discover how personal therapy is used within undergraduate music therapy programs in the United States. The

survey consisted of questions to program coordinators asking about verbal therapy, music therapy, and expressive arts therapies and whether those were encouraged or required in their program. The AMTA does not require personal therapy in curricula of its approved programs, but the researchers questioned how much it was being encouraged or required. Results showed only six of the 41 respondents stated they require some sort of personal therapy for their students. Three of these six stated “they or other music therapy faculty, provide the required therapy services” (p. 239), although some of these respondents may have confused true therapy with didactic study or supervision. This highlights one struggle in the music therapy community as there are limited practitioners to provide personal therapy for students without creating these dual relationships. Other forms of self-care could be incorporated into existing courses with a handbook that professors could work into existing course curricula, but could also give students personal responsibility and creativity in the learning of self-care practices. This type of approach could eliminate dual relationships as well as the need for additional classes, workshops, or seminars which could cost students and schools money and time.

### **Purpose Statement**

Undergraduate music therapy training prepares students to be clinicians via clinical work experienced in pre-clinical training practica and internships. With the negative effects of stress that undergraduate music therapy students endure, it should be important for them to learn about and engage in self-care. The purpose of this clinical project is to develop a self-care handbook for undergraduate music therapy students enrolled in AMTA accredited music therapy programs in the United States.

## **Development**

### **Design**

The design of this thesis is a self-care handbook. The handbook includes the following sections: definition of self-care, description of various self-care techniques, a variety of self-care exercises to be completed by the student, and self-evaluations. Self-care exercises included are journaling, improvisation, music listening, songwriting, mandala, and meditation. The handbook also includes various logs for the student to track factors affecting stress such as exercise, sleep, use of self-care techniques, and negative health habits (including smoking, alcohol, caffeine consumption, etc.). There is a self-evaluation section included for the student to explore their feelings after the use of the handbook to determine the effectiveness of this tool.

### **Procedures**

The main tasks of this project were to gather more information regarding implementation of self-care techniques, determine what information should be included in the handbook, and assemble the information in a usable handbook within the timeframe of the author's thesis course in spring semester. In order to complete this project, a variety of steps were taken. First, the author reviewed existing documents of self-care techniques and resources, as well as examined existing self-care handbooks, manuals, and/or resources in related fields. Next, the author found existing self-assessments in the realm of self-care, and determined the need to develop a post-self-care assessment. In development, the therapist determined the techniques should be presented as ideas and options for students to use at their own convenience rather than in a schedule format to provide more flexibility. The author developed a post-self-care assessment for the students to identify pros and cons of using this self-care tool, as well as to further explore the effects of self-care. Online databases and materials from previous classes the author also

utilized, and authors of those materials are cited. Once materials were gathered an order of information and layout of the handbook was designed and assembled.

### **Evaluation**

The handbook was evaluated by an undergraduate music therapy professor currently working in an AMTA approved university program. This person evaluated the handbook for clarity of the purpose and objective for use of the tool; feasibility of using this tool in a music therapy undergraduate program; and the appropriateness and quality of content in the handbook. This professor provided evaluation on these three measures in narrative written form through email contact.



A Self-care Handbook for Undergraduate Music Therapy Students

By Courtney R. Belt, MT-BC

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## **Introduction**

The undergraduate experience can be fun and exciting, but also overwhelming and stressful. College brings a variety of challenges and experiences potentially including: moving to a new city away from family; entering into a new living situation with roommates, who may be friends or strangers; engaging in challenging coursework; balancing a new daily schedule; and preparing for multiple exams, projects, and assignments consecutively due in a variety of classes. For music therapy students there are the added demands of lessons on primary instrument; learning or improving guitar, piano, percussion, and voice skills; ensemble rehearsals and performances; and practica. Music therapy students seem to have high levels of credit hours every semester due to the requirements in music, psychology, and general education courses, which may leave the student with long school hours and little down time every day.

If you thought, “that’s my life!” at any point in reading the previous paragraph, then chances are you have experienced stress in your undergraduate career. In my own years in undergraduate school, there were several times I became so overwhelmed by obligations, assignments, and work that I would just sit in my room crying and feeling frustrated. Unfortunately, I had not been educated or educated myself well enough on self-care to prevent these difficult times. It is my belief based on personal experience and research that students can significantly reduce the negative effects of stress, similar those nights of feeling overworked and overwhelmed that I experienced.

### **Why Is it Important to Think About Stress?**

Stress is a naturally occurring part of life. When cortisol, the stress hormone, is released, it assists in many positive functions for your body such as “regulation of healthy blood sugar metabolism, maintenance of healthy blood pressure levels, establishment of healthy immune system function, and promotion of the body’s natural anti-inflammatory response” (Emmett,

2009, p. 11). However, when we encounter situations that demand extra cortisol release, our bodies instinctively engage in “fight or flight” response (which you probably learned about in health and biology classes). By not managing your stress levels and living in a persistent “fight or flight” response, your body may be subject to debilitating symptoms of stress. The American Institute of Stress lists fifty common signs and symptoms of stress, which include: frequent headaches; difficulty concentrating; forgetfulness; neck and/or back pain; frequent or wild mood swings; increased or decreased appetite; increased smoking, alcohol or drug use; and reduced work efficiency or productivity (2014). As you can see, these symptoms of stress have the potential to strongly affect your personal and professional life.

Not managing stress can lead to states such as compassion fatigue, distress, burnout, and impairment. Compassion fatigue is described by Figley (2002) as the “costs of caring, empathy, and emotional investment in helping the suffering” (p. 1433). It is important to note here that you may be caring for those in your personal life, but also providing therapeutic services for the first time in practice. Therapist distress, burnout, and impairment are three progressive problems described in the psychology field. Baker (2003) defines therapist distress as “conscious discomfort of suffering in the therapist’s life” (p. 20) and therapist distress can be considered the “warning sign” that action needs to be taken to get your stress under control. If proper care is not taken, burnout can occur, which is when you may experience fatigue, frustration, disengagement, hopelessness, and helplessness, among other symptoms, and will find yourself with total “depletion or exhaustion of...mental and physical resources” (p. 22). Impairment is the level when you are unable to practice according to the standards of care set by your school and the national organizations. Therapists enter therapist distress when they begin to notice changes in their physical, mental, or emotional health, perhaps changes in eating habits, increase in fatigue,

or intrusive thoughts about what needs to get accomplished that day or week rather during times they should be focusing on task. When these symptoms go unmanaged, therapists end up in the burnout phase where possible outcomes include thinking their mode of treatment is not helpful, showing up late to or cancelling sessions on a regular basis, and consistently feeling frustrated with their job. Therapists who cannot provide effective treatment due to problems like tardiness; absence; lack of belief in the treatment, themselves and/or the clients; or failure to uphold ethical standards have reached impairment.

All of these debilitating issues (compassion fatigue, distress, burnout, and impairment) may surface in students and in professionals. Especially for students and young professionals, lack of supervision or lack of stress management can make navigating the way through the demands of the music therapy profession very difficult. I believe if music therapy students can begin proper self-care programs or habits in school, there will be far fewer occurrences of major stress-related issues once they become professionals. This will benefit music therapy as a profession and will benefit the clients we serve, who deserve to encounter us at our best.

### **What Is Self-care?**

There is not one specific definition of self-care that is consistently used in the literature I reviewed for this handbook. However, I found some themes and central ideas that were common amongst the writings that may be helpful for you in understanding the importance of self-care.

**Holistic Health.** In one study, Moore, Perry, Bledsoe, and Robinson (2011) write that self-care is about purposeful, continuous effort made by a person to make sure enough attention is given to all dimensions of the self so a person is well enough to help others. I really appreciate that the focus on self-care is on yourself from a holistic viewpoint; meaning we must consider ourselves as made up of mind, body, and spirit. I think people are much more than just a

physical being and it is important to work on the “non-physical” parts of ourselves. Lee and Miller (2013), also from the social work field, agree with these points as well, saying that self-care is about relieving stress, but also about taking care of the holistic self. The idea of holistic health is important to you as an undergraduate music therapy student, because your stress could be starting from personal issues, scholastic issues, and/or work issues. This stress can affect your performance in all areas of your life and the health of your whole being.

**Flourishing, Being Intentional, Reciprocity, and Integrating.** An interesting approach to describing self-care comes from Wise, Hersh, and Gibson (2012) in the form of four foundational principles of self-care which are: surviving versus flourishing; intentionally choosing a self-care plan over time and being willing to change it; reciprocity, or the exchange of beneficial lifestyle attitudes between therapist and client; and integration of self-care strategies rather than adding them on as an extra component to life. When you approach self-care as an intentional act that is not an added stressor or weight on your work load, you are much more likely to keep up with it. Being positive and open about your own self-care pursuits may also help reduce the stigma among your peers attached to seeking out and receiving self-help (Barnett, Baker, Elman, & Schoener, 2007). Remember also that self-care can be, and should be, flexible to your schedule. It is much more likely to be adapted to your everyday routine when you do not feel like it has rigid, strict rules.

**Balance.** A different author, Baker (2003) describes three components of self-care: balance, self-regulation, and self-awareness. She believes that balancing these components helps therapists balance all parts of themselves - body, mind, and spirit. Balance is about being able to function steadily while there are various obstacles pulling you in different directions. In my mind, this component relates perfectly to time management. With all the various classes,

meetings, rehearsals, and social engagements you want to attend, you need to find balance so that you are not spending too much time on work, but also not spending time doing fun things and missing needed study time. Without a focus on balance I have felt both overworked and very behind in my day to day tasks.

**Self-regulation.** The second component, self-regulation, is described by Baker as “conscious and less conscious management of our physical and emotional impulses, drives, and anxieties” (2003, p. 15). There is a responsibility we all have to take control of our choices. We can choose to let all of our impulses drive us, which may lead to feeling out of control and in a world of chaos, or we can choose to make more effort to be in control of healthy choices. A good example of this positive self-regulation could be thought of as your conscious decision to use the self-care techniques in this handbook in order to help maintain balance in your life.

**Self-awareness.** The final component, “benign self-observation of our own physical and psychological experience to the degree possible without distortion or avoidance” (Baker, 2003, p. 14), is self-awareness. Self-awareness is important in order to not let unconscious material and stress come out in a harmful way. If you have not developed self-awareness, you may be missing added depth and quality to work as a music therapist in your practicum work and in your future career (Camilleri, 2001). You may also be missing out on the incredible journey of learning about yourself as you work your way into independence and adulthood.

Self-awareness is highlighted by several authors when discussing self-care (Baker, 2003; Gardstrom, & Jackson, 2011; Richards et al., 2010). Self-awareness is not an easy path, because we begin to let unconscious thoughts and materials come to our conscious mind, which can play itself out in various forms for music therapy students. One music therapist, Camilleri (2001) wrote a about her personal journey toward greater self-awareness, which she defines as “the

willingness to attempt self-growth and introspection” (p. 81). She discusses how self-awareness makes itself known in our emotions as well as in our music and further makes a case for the benefits relating to music therapists.

The relationship between self-care and self-awareness is further discussed by Richards, Campenni, and Muse-Burke (2010) who surveyed mental health professionals in the United States. Through this study, the researchers discovered that participating in self-care and believing self-care is important positively correlates to general well-being. The researchers also found that when self-awareness increases, mindfulness also increases, which further encourages positive use of self-care. You can see from this study how self-care and self-awareness have a cyclical relationship and each one grows stronger with the other. I urge you take into consideration the importance of self-awareness and think about how this could affect you in all aspects of your life. When you know yourself on this deep of a level you can be better prepared to face challenges, personally and professionally.

From my review of this research, I developed my own definition of self-care: the use of techniques that encourage self-awareness, induce relaxation, and/or reduce stress and that promote holistic health. You may want to keep this definition in mind moving forward as the development of this guide comes from this starting point.

### **Why a Handbook?**

The Merriam-Webster Dictionary defines handbook as “a small book that gives useful information about a particular subject; 1a: a book capable of being conveniently carried as a ready reference” (Handbook, n.d.). As a former undergraduate music therapy student, I know how many books and notebooks you are required to carry around with you all day. I also know that when I see the words “workbook” or “study guide” I immediately think of homework. This is not meant to feel like a scholastic task, but more of a personal journey that will, hopefully,



positively influence your personal and professional life. You should be able to toss this into your backpack without it being burdensome, but instead being convenient for use when you find time in your day to think about self-care.

### **How Do I Use This Handbook?**

This handbook is meant to be a tool to guide you in your self-care exploration process. I have provided you with brief descriptions of each of the techniques included and a variety of prompts to get you started. I suggest you try each technique in the handbook to find what is helpful and what is not helpful for you. I also recommend you pursue further research in any of the techniques you particularly enjoy in order to find more ideas or information regarding the technique.

Self-care is not meant to be just another task in your schedule. It is also not meant to induce more worry or stress, which is why I have chosen not to include a specific schedule. You may choose follow the handbook in order, create a schedule for yourself, or jump around the handbook to try different techniques each time you work on self-care. However, this does put an emphasis on your understanding of the importance of self-care practice and requires self-motivation to make it part of your life. The hope is once you have made small steps to include self-care into your week that it will eventually become habit and/or something you can readily turn to in times of need. A few suggestions for getting started are:

1. Try one self-care technique per week, engaging in it at least three times per week.
2. Intentionally set aside 15-30 minutes per day to look through the handbook or try a technique.
3. Decide if you will journal in an actual book or on a computer. Then, journal about your hopes, expectations, and/or concerns for beginning to utilize self-care.

The only guidelines designed in this handbook are to work on the daily assessment logs for at least one week in order to better understand and get a baseline in terms of when, where, and why you are experiencing the most stress; then, after working on the techniques for a semester, complete the self-assessment at the end of the handbook. You will be assessing throughout the process in your journal, but the final self-assessment provides an overall look at the experience to synthesize your experiences.

Overall, use this handbook in the way that makes the most sense to you. It contains information which can be fully customized to your needs. Be creative with your self-care habits in order to keep them interesting and to keep you motivated to continue to take care of your whole self.

## Daily Activity Log

Week of: _____	Su	Mo	Tu	We	Th	Fr	Sa
Time Spent in Classes/Rehearsal							
Time Spent Practicing							
Time Spent Studying							
Time Spent With Friends/Family							
Time Spent Attending Organization or Club Meetings							
Time Spent Watching TV/Movies							
Time Spent Engaging With Internet/Social Media							
Number of Tobacco Products Used							
Number of Alcoholic Beverages Consumed							
Number of Caffeinated Drinks Consumed							
Time Spent Sleeping in the Day							
Time Spent Sleeping at Night							

### Average Stress Levels

Time of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

1= Minimal Stress 2= Mild Stress 3 = Moderate Stress 4 = High Stress 5 = Severe Stress

**Daily Food Log**

<b>Week Of:</b> <hr/>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks</b>
<b>Sunday</b>				
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				

## Journaling

As students in a therapeutic discipline, you are well aware that talking about your feelings can be very beneficial. As music therapy students, we know that sometimes purely talking to someone is not always the most effective way to self-express. However, I can attest to times as a music therapy student when thinking about music, playing music, or anything related to music was just adding “fuel to the fire”, so to speak, when it came to my stress. When there is simply no one available to talk to, you do not feel comfortable openly talking about a particular feeling at that time, or when music does not feel right to work on the issue, journaling is a great technique to employ.

Journaling may have many benefits as described by Lazarus in her book “Stress Relief and Relaxation Techniques” (2000) which include: “clarify your goals, simplify your life, strengthen your relationships, empower yourself, and reaffirm the reality of your life” (pp. 163-164). Utilizing journaling on a regular basis can help you have some time of quiet and peace with yourself; it can allow you to openly state things you may not be able to say out loud (whether the thoughts are rude, honest, angry, hopeful, etc.), sort out any unresolved feelings left from a conversation, a supervision session, or your personal meditation practice; and/or provide a timeline of events of your life that you can look back on later. As a student I often found myself with thoughts swimming through my mind and journaling was the perfect way for me to unload those thoughts and help myself feel more light and free to focus and concentrate on what was really important in my day.

## Journaling Prompts

Sometimes it may be easy to just write what is in the forefront of your mind, and other times you may “blank” when sitting down to write. The prompts below can guide you on those days when you “blank” or to just get you started in the habit of writing for yourself. You may use them as a fill-in-the-end sentence for the first line or just use them for inspiration of a topic.

1. Three goals I want to accomplish this week/semester/year are...
2. The best/worst thing about school right now is...
3. The best/worst thing about my relationship/friendship right now is...
4. I wish I could be more...
5. The things causing the most stress in my life right now are...
6. The things I can take better control of in my life right now are...
7. A change I've noticed in myself recently is...
8. An achievement I'm proud of is...
9. I feel angry/mad/annoyed/frustrated when...
10. I feel my best/happiest/caldest/most peaceful when...
11. I feel anxious/depressed/down/sad when...
12. I really love the way I...
13. I wish I could tell my mother/father/roommate/significant other/friend...
14. At this moment I feel...
15. Today I hope...
16. Today I wish...
17. Today I want...
18. Today I need...
19. I'm looking forward to...
20. A self-care technique I want to try is...

## **Improvisation**

Music improvisation seems to be an intimidating word for many music therapy students. It certainly was for me in my first music therapy improvisation class and is something I continue to work on for my professional practice. After being classically trained for several years with very distinct “right” and “wrong” notes to play, tempos to follow, key signatures to watch, and pitches to play, it may be hard to just let go of judgments and experiment with music. On the other hand, perhaps you readily improvise in jazz ensembles, vocal ensembles, drum circles, or even in your personal bands outside of school. Whether you have little to no experience improvising or you are very comfortable with it, it is something you will likely learn about and use in your practica, internship, and professional practice.

Based on my personal experience, I believe using improvisation as a self-care practice has the potential to greatly enhance your personal life and scholastic work. These benefits may include appropriately expressing difficult emotions in a safe, free environment; building your self-esteem by conquering a potentially nerve-wracking task; expanding your creativity; exploring emotions related to your current life situation; exploring emotions regarding your experiences in practicums or other classes; growing in your development as a musician by becoming more comfortable with your primary instrument, guitar, piano, voice, and other typical music therapy instruments; becoming more comfortable with movement to music; and ensuring you are allowing yourself the time to play music that is not required of you to practice or perfect. Keep in mind this is a practice of self-expression and self-care. Remember to allow yourself to nonjudgmentally accept any and all parts of your improvisations.

### Music Improvisation Log

Utilize the prompts below to guide your beginning improvisations. When completed, fill in the date next to the prompt (you may choose to do them more than once). Reflect on your experiences, mood, thoughts, feelings (physical and emotional), and/or spiritual connectivity in your personal journal. Be sure to include instruments used, location, environment, and important events from the day in your reflections.

1. Choose an instrument you feel comfortable with and freely improvise.

Date(s) Completed: \_\_\_\_\_

2. Think about a time you were completely relaxed and improvise about that time/place/feeling.

Date(s) Completed: \_\_\_\_\_

3. Focus on your current mood and express it through improvisation.

Date(s) Completed: \_\_\_\_\_

4. Improvise two emotions on a continuum, from one to the other.

Date(s) Completed: \_\_\_\_\_

5. Choose a recorded instrumental piece and improvise with your voice to the piece.

Date(s) Completed: \_\_\_\_\_

6. Use your body to improvise movements to one of your favorite songs/pieces.

Date(s) Completed: \_\_\_\_\_

7. Improvise about the word/experience of “relaxation”.

Date(s) Completed: \_\_\_\_\_

Be creative and continue to explore improvisation in any way that helps you most!



## Music Listening

As you may know from personal experience, hearing a song can instantly affect your mood. Maybe it has happened when you are stressed out in traffic and your favorite song comes on the radio giving you a sense of positive energy and calming your anxiety. Perhaps you were in class and in a song discussion practice session a peer played a song that triggers sad memories for you and you suddenly became tearful. Whether positive or difficult emotions arise, listening to music can be cathartic, mood changing, and/or relaxing.

Music is all around us in our day-to-day lives, but music listening for self-care is a deliberate choice to set aside time and space to utilize music. For the purpose of music listening for self-care, you should be in a quiet, safe space where you know you will encounter limited interruptions. Listen to the music in your preferred way, whether it's with headphones or through stereo speakers. Allow yourself to become completely enveloped in the music and try to leave any thoughts or worries out of mind.

At this point you may have a playlist of songs that you know help you to relax, help energize you, or put you in a better mood. However, if you do not have a list like this, or have never analyzed your reactions to certain pieces of music, now is the time to do so. The listening log provided allows you to name a piece, give yourself a numerical stress level pre and post listening, and jot down any significant notes about your experience listening. This exercise can help you develop a greater sense of self-awareness about how music affects you and how you can use it as a positive tool for self-care.

### Music Listening Log

**Piece/Artist:** \_\_\_\_\_ **Stress - Pre:** \_\_\_\_\_ **Stress-Post:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

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**Notes:** \_\_\_\_\_

\_\_\_\_\_

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**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 = Minimal Stress   2 = Mild Stress   3 = Moderate Stress   4 = High Stress   5 = Severe Stress

## Songwriting

Songwriting is a method in music therapy that is often met with hesitation from clients who claim to have “no music ability” or “no idea how to write a song.” At this point the music therapist assures the client that anyone indeed can write a song and uses one of a variety of ways to approach the songwriting process. One great benefit of using songwriting for self-care is the practice you will get in going through the process and furthermore, you can share your struggles and successes with your clients as appropriate self-disclosure to promote therapeutic rapport. If songwriting is something you already excel at and enjoy in your personal life, then use this to your advantage and set aside time to work on songwriting that meets the goal of self-care.

As Suzanne B. Hanser and Susan E. Mandel state in their book “Manage Your Stress and Pain Through Music” (2010), “ first, original songs offer an expressive outlet for your feelings, enabling you to gain insight and awareness surrounding your personal challenges. Secondly, your songs can give voice to your own problem-solving strategies” (p. 95). Songwriting for self-care use may stem from your journaling, your improvisations, your meditations, or any other creative source in your daily life. You may not be able to sit for long periods of time focusing on a “songwriting session” of sorts, but maybe you can progressively develop lyrics and music over the span of a few weeks. The important fact is that you take time to explore this outlet and do so without judgment of the product.

## Starting Songwriting

### 1. Start with lyrics

Beginning with lyrics can be as simple as just writing down something about yourself. It may feel like the beginning of a journal entry, but begin to shape the lines into similar lengths, or group similar thoughts together to start to put together verses or a chorus. Do not worry about rhyming (unless that is important to you!) or any other restricting rules you have in your mind about how a song “should” be. Let the words you write be organic and meaningful.

### 2. Start with music

Have a tune in your head that you are not able to transcribe right away? Many phones have a recorder that you could sing the tune into in order to come back to it later. Perhaps you could pluck out the melody on piano, guitar, or your primary instrument and work with it to find the sound that expresses something important for you to release. If you would rather have something that sounds fuller than a single melody line, many computer programs can help you compose the music with a variety of instrument sounds and textures. Let your creativity free!

### 3. Start with an existing song

One songwriting technique many music therapists use is piggyback songwriting. In this technique you fill in your own words to an existing song. This may be a good start if you are uncomfortable with the idea of writing a song from scratch, because the musical structure is already provided but you have the ability to create your own lyrical content.

### 4. Start with inspirational artwork

Inspiration for a song can come from many forms. Perhaps you yourself enjoy visual art, poetry, or have some mandalas from previous self-care time. Song lyrics can be inspired by your favorite painting or sculpture, an emotionally moving concert you attended, or a dance piece. When inspiration is hard to find within, do not be afraid to look out into the world – you may find the exact thing you needed to help your process.

## **Mandala**

The mandala tradition reaches back to ancient times with roots in Eastern religion, especially Hinduism and Buddhism (Fontana, 2005, p. 10), appearing “in some of the earliest marks made by humans” (Fontana, 2005, p. 9). The most basic mandala shape is a circle: a shape with no beginning or end that contains an enclosed area with a distinct center. This circle shape is what all mandalas are based, appropriately named since mandala is the Sanskrit word for “disk” (Fontana, 2005, p. 10). A completed mandala may have shapes, colors, pictures, or symbols solely inside the circle, outside of the circle, or a combination of both. Often the mandala is a representation of a part of the self, or a part of a spiritual dimension, that is consciously recognized by the artist; or the mandala may bring awareness to unconscious thoughts or feelings.

Mandalas are commonly used as a form of meditation, or an aid to meditation. They can help with processing information, focusing, clearing the mind, or even moving to deeper levels of consciousness. There are two basic ways of using mandala that I believe can benefit you in your self-care journey. First, you can create mandalas yourself with a variety of art materials as a reflection, meditation, or in conjunction with music and imagery. The second method is to meditate on existing mandalas. These can be found in sources available which provide mandalas, you may find them in places of worship, you may find them in nature, or you may meditate on a mandala you have created yourself.

The following page will provide you with some tips and suggestions for getting started with mandala creation and meditation.

## **Mandala Creation and Meditation**

### **Create Your Own Mandala:**

1. Start with a large piece of construction paper or art paper (9"x12" sketch pad) and draw a circle in the center by tracing a plate or bowl
2. Decide what drawing material you would like to use. Oil pastels are my personal favorite because of the ability to blend, create strong contrast, and color variety. You might choose instead to use colored pencils or crayons.
3. Clear your mind as you focus on the circle on the page. Try to let this process be as natural as possible. If you are too "in your head" or thinking about creating a specific "picture" then the mandala will not be from an organic place. Allow yourself to draw without judgment, without forcing a timeline on the piece, and to let whatever comes out to be created.
4. Choose the first color that comes to mind and let the creation process begin. This may be done in a quiet space with no sound; or you may want to have music playing to help promote your creativity and to give yourself the focus needed to release your thoughts.

Note: If your drawing does not please you at first, try not to immediately dismiss it. If you continue working and it still is not giving you what you need, feel free to discard it and start again when you are ready. The mandala is for you to work on many processes including meditating, learning about yourself, and sorting through any stressors you are experiencing and should not be about creating a beautiful picture you have in your mind.

### **Meditating on Mandalas:**

If you are looking to begin meditation on mandalas that are already created, the book *Meditating with Mandalas: 52 New Mandalas to Help You Grow in Peace and Awareness* by David Fontana (2005) may be a good place to start. In this book, the author gives three steps to mandala meditation which can be applied to created mandalas or existing mandalas:

1. Find a quiet room where you won't be disturbed. Sit cross-legged on a firm cushion...or sit in an upright chair with your feet flat on the floor – whichever you find most comfortable
2. Place the mandala...at eye level about an arm's length, or slightly more in front of you...Straighten your back and rest your hands in your lap, fingers laced together and palms uppermost.
3. Now rest your gaze on the mandala but relax your eye muscles...Blink only as often as necessary. Remain focused on the image. Do not be distracted by any thoughts that arise...Try not to think about the mandala. Simply look at it steadily, and evenly. (p. 19)

Begin mandala meditation at small intervals, only what you can do without your mind wandering too much. Time will build as you practice and become more comfortable with this meditation.

## Meditation

Commonly thought of as an Eastern practice, meditation is “a time-honored practice to achieve inner peace” (Seaward, 2005, p. 148). People who practice it have found “at the very least can provide a respite from everyday pressures; at its most effective, it is downright healing” (Lazarus, 2000, p. 71). Meditation is about clearing and quieting the mind, which is something busy students may need from time to time in order to stay healthy. The stress relieving effect of taking time away from your thoughts and being able to do so in a highly personalized manner makes meditation a clear choice for self-care practice.

In the book *Achieving the Mind-Body-Spirit Connection: A Stress Management Workbook* (2005), Brian Seaward identifies four overriding categories of meditation (under which a great variety of techniques exist). The first is exclusive meditation, which is “holding one thought in the focus of your concentration, to the exclusion of all other thoughts” (p. 149). Being able to achieve this focus can come from verbal mantra, visual object, audio mantra, or a tactile object. The idea behind exclusive, or restrictive, meditation is “by training the mind to focus on one thought, all other thoughts are compelled to evaporate from the conscious mind, thus allowing for increased awareness” (p. 149). The second category is inclusive meditation, which is “the ability to step outside your thoughts and detach yourself from your stream of consciousness by looking and observing, but not judging your thoughts and emotions” (p. 149). In this form instead of casting away thoughts, you observe all thoughts to work on “detaching your ego’s desires and the expectations that you hold of others and yourself” (p. 149). The third category is mindfulness meditation which is being “fully present with each and every activity” (p. 149-150) you do. This can be everything you do in day to day life including walking, eating, and cleaning. This type of meditation opens all your senses to be fully present and aware of

yourself in ordinary tasks. The final category of meditation Seaward describes is insightful meditation, defined as “not so much a type of meditations as it is an effect of cleansing the mind to unveil new thoughts, intuitive thoughts, insights, or what some people call enlightenment” (p. 150). This is a level of meditation that is really about reaching the unconscious and brings deep insights. However, this does not happen every time and does not happen for every person, but it is important to know this type of meditation exists, especially if this becomes an important part of your long-term self-care program.

There are probably hundreds of different ways to meditate, and you should explore on your own the various ways to meditate that strike you as interesting and useful. In this handbook, I have included three common ways to start learning mediation: breathing, visualization, and affirmation. Note that these are just starters and some may be used with each other (especially breathing as it is an essential component to most, if not all, meditation). An important note about time spent in meditation is “any amount of time spent in meditation is more relaxing than not meditating at all” (Davis, Eshelman, & McKay, 2000, p. 39). You may not be able to keep continual focus on meditation for more than a few minutes when first beginning, but “as you progress in your practice and meditation becomes easier, you will find yourself wanting to extend your time” (Davis et al., 2000, p. 39).



## Breathing

Breathing naturally throughout your day is something we often forget the importance of. Manipulating your breathing can greatly enhance the amount of nourishing oxygen you receive with each inhalation. Also, taking control of your breath can help you realize the amount of control you can have over your physical self in times you need relaxation. One ancient proverb even states “there are over forty different ways to breathe” (Seaward, 2005, p. 142). Here are some different ways start to use breathing in your meditation work:

### 1. Diaphragmatic Breathing

Think about breathing into the deep part of your belly. Inhale through your nose, exhale out of your mouth, and do not let your shoulders rise. This deep breath should fill your diaphragm – you may even put a hand on top of your diaphragm to feel the expansion with each inhale. This is how the body naturally breathes while you are sleeping, rather than the upper chest breathing you tend to do in waking hours.

### 2. Conscious Breathing

This is the easiest way to practice diaphragmatic breathing in your everyday life. This consists of stopping your thoughts from wandering and focusing only on the sensation of your breath. When you are stressed, breathe becomes faster and shallower, so especially in these times practice conscious breathing to slow and deepen your breath pattern. Benefits of this include “decreasing the resting heart rate, the resting blood pressure, and muscle tension” (Seaward, 2005, p. 143).

### 3. Breath Counting

Breath counting is a technique related to conscious breathing. This involves saying aloud on your exhale “one...two...three...four” etc. as you take each breath. This gives you something to consciously focus on to direct your mind to your breath.

### 4. The 4-7-8 Breath

This breath is named for the amount of counts you take for each part of the breath. At a comfortable, steady pace count in your mind to 4 as you inhale through your nose with the tip of your tongue touching the roof of your mouth, hold the breath for a count of 7, then exhale for a count of 8 out of your mouth with a soft “hoo” sound. This ensures you are slowing your breath and focusing on a long exhale.

### 5. Releasing Breath

In this breath, you are using your mind and breath to release any stress/tension/worry/thoughts that you feel you need to relieve yourself of. Say to yourself on the inhale “Breath in calm/peace/relaxation” (whatever fits you best), and say on the exhale “Breath out stress/tension/worry” (again, what fits you best). Take a brief pause between breaths to assess your body and notice any difference as you proceed through the process.

## Visualization

Visualization is about creating images in your mind's eye that help take you to a calm, relaxing, motivating, or healing place. This handbook focuses on personal visualization for self-care, although you have most likely heard of guided visualization (or guided imagery) which requires another person's voice (recorded or live) helping to direct you through the imagery. Here are three types of visualization as presented by Seaward (2005, p. 162):

- 1. Tranquil Scenes:** This technique is used to take you on a “mini-vacation” away from your stress whenever you need it. It is a time for you to imagine any scene that provides you with the deepest sense of relaxation. Perhaps you envision a beach with rolling waves and warm sun, a cool forest with running streams, or your own favorite spot at home where you can take refuge from the day.
- 2. Behavioral Changes:** If you are working toward a goal such as quitting smoking cigarettes, changing eating patterns, performing your upcoming recital, or passing your next functional music skills test, this type of visualization may help. It is the act of picturing yourself doing and achieving whatever goal you are working toward. Seeing yourself succeed can help give you motivation and even spark some inspiration for new things to try doing to attain these goals.
- 3. Internal Healing Body Images:** Your mind can be powerful when it comes to your physical health. Using imagery to promote healing is a long standing technique which I have observed and used in music therapy practice. It can also be used for self-care if you experience an injury or illness that is inhibiting you from performing at your highest potential.

You may also use music and imagery together. Listening to your favorite songs or instrumental pieces for relaxation, ones that take you to places you love, or songs that make you feel as if you are in an exotic place that you would love to travel to can be accompanied by visualization to enhance the experience.

When beginning to use visualization and you feel like “it's not working”, you “can't get into it”, or “you have trouble getting impressions from all senses; work on your strongest sense first. The rest will improve in time” (Davis et al., 2000, p. 57). As most self-care techniques, it takes time and practice to master.

## Self-Affirmation

You have probably experienced having persistent thoughts in your mind about yourself, and for many people these thoughts are often negative. When you have these persistent, negative thoughts you can start to believe these things, which can take a toll on your self-esteem. Using positive self-talk, or affirmations, can help reverse this pattern. When you fill your thoughts with positive statements about yourself, you begin to embody these ideas, feelings, and behaviors. You can say these affirmations out loud to yourself, write them down, or think about them. You may choose to look in the mirror as you state them out loud or you may choose to leave notes around the house or in your backpack as a constant reminder. Listed below are some ideas of positive affirmations, but you can tailor them to your specific needs.

1. I am at peace
2. I am going to work hard today
3. I deserve to take time for myself today
4. I deserve all the good things that come to me
5. Today will be a good day
6. I can reach my goals
7. I am a good person
8. I choose happiness
9. My body is just right for me
10. I am making healthy choices
11. I can do it
12. I love and accept myself
13. I trust myself
14. I refuse to give up
15. I choose to see the bright side of every situation
16. I am calm
17. I surround myself with people who care about me
18. I am smart
19. I am a creative musician
20. My choice to study music therapy is fulfilling

## Self-Assessment

The self-assessment should be completed once you have worked through the handbook and you have tried each of the self-care techniques presented. It is here to help you synthesize your experience of using this handbook and take note of what worked, what did not work, and what you would like to do in the future in terms of self-care routine. This self-assessment is in written format, because I believe it helps you stay true to your own words and descriptions rather than choosing a rating from factors that someone else created for you. Congratulations on reaching this point. I hope you can take pride in the fact that you have taken an important step toward a healthier life and career!

1. How do you define self-care?

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2. Which techniques were most helpful? Why?

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3. Which techniques were least helpful? Why?

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4. What changes (if any) have you noticed in yourself since making self-care a priority?

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5. What changes (if any) have you noticed in your relationships since making self-care a priority?

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6. What changes (if any) have you noticed in your practicum experience since making self-care a priority?

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7. Looking back, is there anything you would have done differently in your self-care routine?

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8. Are there any other techniques or activities you tried outside of the handbook? What was your experience with those?

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9. How will you apply what you learned from this experience into the rest of your college career?

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## Reflection

Working on this project has been an invaluable learning experience. I feel much more confident in my ability to effectively find, read, and describe existing peer-reviewed literature that is related to a specific topic. I have learned a great deal about the practice of self-care and how broad of a topic it really is. This gave me a great variety of material to work with, but this also made it difficult to determine what was most important to be included in this handbook. In learning about the self-care practices I was also able to evaluate my personal self-care practices, and lack thereof. I have been given a constant reminder over the past two semesters to take the time to find restorative activities, quiet time for relaxation, and balance in a busy schedule of full-time music therapy work and graduate school.

This project was evaluated by Dr. Kathleen Murphy, LCAT, LPC, MT-BC, the assistant professor of music therapy at the University of Evansville located in Evansville, Indiana. The project was evaluated for (1) clarity of the purpose and objective for use of the tool; (2) feasibility of using this tool in a music therapy undergraduate program; and (3) appropriateness and quality of content to which “no major issues related to these or any other aspects” were found. (K. Murphy, personal communication, May 4, 2014). She also noted the writing style is appropriate for students and felt it presented a good case for starting self-care practice as a student. She highlighted appreciating the variety of activities students could choose from and also that there was no strict outline or protocol to follow. She offered three suggested additions to the project: (1) adding an exercise/physical activity log, because physical activity is so important for overall well-being; (2) adding some other art and movement exercises, as music experiences for self-care does not always work best for music therapy students as their lives are already so consumed in music making, listening, improvising, analyzing, creating, and



memorizing almost every day; and (3) adding a list of resources to the handbook for students to find more information on the techniques they found helpful (K. Murphy, personal communication, May 4, 2014).

If I had the chance to do this project over again, I would have started my literature search on self-care techniques sooner. I was so focused on investigating existing literature and studies for so long that I became pressed for time when I was ready to begin learning about and writing about the techniques. I strongly believe in the importance of my project, but I also now see a strong need for more investigation supporting my cause directly in the music therapy field. It may have been beneficial to have done research instead of a clinical project for this reason, but self-care is a “hot topic” of sorts at the present time and hopefully this will inspire others to pursue this needed research.

It is a personal goal to continue working on this project past the point of completion for this thesis and hopefully publish this handbook. Some things I would like to continue working on are (1) adding more techniques as I continue to research the possibilities; (2) continuing work on making the language “user-friendly”; and (3) continuing to add or refine the subsections/pages which guide the reader to start using the techniques. As much as this project has evolved over the past few months I know it will continue to evolve and change as I progress with my goals for it. I can only hope it will someday become a part of many undergraduate music therapy programs across the United States and bring much needed awareness and implementation on self-care in those students. With a powerful push toward a self-care emphasis in students we can look forward to a future of healthy, balanced music therapy professionals.

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