

Self-Care as a Competency Benchmark: Creating a Culture of Shared Responsibility

Arianne E. Miller

Counseling and School Psychology, San Diego State University

Self-care has been described as a foundational competency to becoming an effective professional psychologist. Research on self-care during psychology training suggests that self-care is important for a sustainable career, general well-being, as an ethical imperative to avoid impairment and harm to the public and its emphasis during training is associated with improved quality of life. However, research also implicitly and explicitly suggests that self-care is the responsibility of the student to develop and practice and is generally not the focus of formal or even informal education. Thus, self-care in the context of psychology training is a contradiction. It is an explicit and implicit foundational training competency, yet it has no required coursework. Moreover, despite long-standing calls to create a culture of self-care to address this gap in training, the literature suggests the field has not significantly moved in that direction. The purpose of this manuscript is to highlight the importance of self-care as a competency-based training benchmark and address the obstacles to treating self-care as an important and valuable aspect of professional psychology training. The manuscript addresses the critical assumptions and contradictions in the literature and culture of health service psychology that serve as obstacles to integrating self-care into psychology training and poses several questions intended to advance self-care as a functional training competency.

Public Significance Statement

Self-care is critical to the health and well-being of psychology graduate students and professionals and serves as a foundational training competency that students must develop. Despite research suggesting students and professional psychologists struggle to become competent at self-care, there is no required training or coursework related to self-care. Graduate programs should begin to take responsibility for student self-care by providing training and support that helps students develop their ability to engage in self-care throughout the course of their careers.


Keywords: self-care, competency, benchmarks, professional psychology education and training, professional development

If self-care is important in psychology and if it is an ethical duty, it is incumbent on the field of psychology to do a good job of modeling this in graduate school training. If there is an ethical duty to maintain one's level of functioning to avoid impairment, is there not an ethical duty to factor this into training at all levels? (Barnett et al., 2007, p. 611)

As part of a 2007 cowritten article highlighting the ethical need for self-care, "In pursuit of wellness: The self-care imperative," Schoener poses a compelling question. Do we have an ethical duty to teach self-care? He suggests there is no debate about whether psychologists should attend to their physical and mental health and yet, the field of psychology largely does not dedicate sufficient attention, time, or resources to the health and wellness of psychologists, beginning with psychology training (Barnett et al., 2007). Fourteen years later, this question is even more relevant and yet remains unanswered. After all this time, why are we not regularly teaching self-care?

Self-care is a foundational competency benchmark required to become an effective professional psychologist (Fouad et al., 2009) and has been described as one of the foundational competencies central to becoming a life-long thriving professional psychologist (Wise & Reuman, 2019). Research implicitly and explicitly suggests that self-care is the responsibility of the student to develop and practice (Callahan & Watkins, 2018c) and is generally not the focus of formal or informal education (Bamonti et al., 2014). Thus, self-care in the context of psychology training is a contradiction. It is an explicit and implicit foundational training competency, yet it has no required coursework. Moreover, despite long-standing calls to

This article was published Online First July 22, 2021.

Arianne E. Miller  <https://orcid.org/0000-0001-9252-3324>

ARIANNE E. MILLER, PhD is an Assistant Professor and Licensed Clinical Psychologist at San Diego State University. She is core faculty in the Community-Based Block Program, a Multicultural Counseling and Social Justice Education Master's Program in the Department of Counseling and School Psychology. She received her doctorate from Adelphi University and completed an APA-accredited internship at the Center for Multicultural Psychology Training at Boston University Medical School. Her research and professional interests include improving and teaching self-care among students, clinicians, clients, and the general public as well as making visible the ways race, gender, and sexual orientation function in research and everyday life.

CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Arianne E. Miller, Counseling and School Psychology, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-1179, United States. Email: amillersdsu.edu

create a culture of self-care during training and beyond, the literature suggests the field has not significantly moved in that direction (Callahan & Watkins, 2018c). The purpose here is to highlight the importance of self-care as a competency-based training benchmark and address the obstacles to treating self-care as an important and valuable aspect of professional psychology training. Below I will describe the competency benchmarks related to self-care, and then discuss the various obstacles to making self-care a graduate training competency; these include defining self-care and assumptions regarding responsibility for self-care.

Self-Care as a Competency Benchmark

Self-care as a competency benchmark emerges out of the “Cube” model of training competencies, a widely cited model created to advance competency-based training (Rodolfa et al., 2005). The competency benchmarks are an effort to define each competency, detail their essential components and develop behavioral actions or “anchors” that demonstrate achieved competence (Fouad et al., 2009). Self-care is grouped together with Reflective Practice and Self-Assessment as one of seven foundational competencies that include knowledge, skills, attitudes, and values required for practice, as opposed to functional competencies such as intervention, consultation, and research, which require integration of foundational competencies and are applied to specific professional functions. The competency benchmarks can help training programs develop curriculum, identify and clarify particular areas for improvement and intervene earlier with students who may need additional help.

Self-care is typically defined as engaging in behaviors that maintain and promote physical, emotional, cognitive, and spiritual well-being (Myers et al., 2012). Studies suggest that many forms of self-care are beneficial for students and there are numerous benefits such as increased self-compassion, reduced psychological distress (Colman et al., 2016), overall quality of life (Goncher et al., 2013), and stress reduction (Lawson & Myers, 2011; Rupert & Dorociak, 2019). Self-care is also associated with lower perceived stress (Myers et al., 2012; Zahniser et al., 2017), career satisfaction (Skovholt et al., 2001), and the prevention of burnout among mental health professionals and students (Barnett et al., 2007). Furthermore, self-care can help to buffer against the effects of stress among trainees (Zahniser et al., 2017). For an in-depth review and discussion of the benefits of self-care for graduate students in professional psychology, see Colman et al. (2016). As such, self-care is an implicit (American Psychological Association [APA], 2017) and explicit (American Counseling Association [ACA], 2014) ethical imperative that can be employed to avoid impairment and protect the public. Moreover, there are no studies that this author could find disputing the helpfulness of engaging in health-promoting behaviors.

Although research supports the efficacy of self-care during psychology training (Colman et al., 2016), graduate students (and professional psychologists) report struggling to do self-care. Students report high levels of stress and burnout (Pakenham & Stafford-Brown, 2012; Rummell, 2015), struggle to figure out how to have the time or money to do self-care and report feeling guilty or too exhausted to engage in self-care (Brownlee, 2016;

El-Ghoroury et al., 2012). Further, they report that their commitment to graduate work may be called in to question for choosing to engage in self-care or focus on their well-being (Norcross & Guy, 2007).

The recommendation most often suggested to address self-care during graduate training is to create a culture of self-care (Advisory Committee on Colleague Assistance [ACCA], 2009; Bamonti et al., 2014; Barnett et al., 2007; Zahniser et al., 2017). It is recommended that programs emphasize self-care because it encourages engagement in self-care (Goncher et al., 2013), teach and discuss self-care early in training (Colman et al., 2016; Pakenham, 2015; Pakenham & Stafford-Brown, 2012), as well as model and disclose how faculty and supervisors personally engage in self-care (Barnett & Cooper, 2009). For a helpful and more extensive review of self-care training recommendations, see Maranzan et al. (2018).

Despite significant evidence of the benefits of self-care and the struggles of graduate students to engage in it, graduate programs do not typically incorporate self-care education into their training programs. Few programs systematically incorporate self-care in their training curriculum (Zahniser et al., 2017) and in one study, only 41% of programs provided information about self-care (e.g., self-care, psychotherapy, stress, burnout, etc.) in their handbooks (Bamonti et al., 2014). Similarly, an APA survey of graduate students also found that large percentages of students report that their doctoral program did not provide written materials on self-care (83%), did not sponsor activities promoting self-care (63%), and did not promote an environment conducive to self-care (59%; Munsey, 2006).

Given what is known about self-care during training and beyond, and that it has been advanced as a foundational training competency, it should move us to ask, why are not we systematically integrating self-care into training at all levels? The purpose here is to address this central question by examining the critical beliefs, assumptions, and realities that serve as obstacles to engaging self-care as a meaningful, integrated training competency. The goal here is to promote a conversation about self-care in training that will hopefully facilitate collective and self-reflection about why we do not often teach what we espouse.

Obstacles to Treating Self-Care as a Foundational Competency

Given 15 years of research on self-care, why has the field of clinical and counseling psychology made the effort to emphasize and create competencies for a concept that is rarely taught? There are several beliefs and assumptions as well as complicated realities that are worth drawing our attention to in the examination of self-care during training. First, research suggests: (a) we lack an evidence-based definition of self-care, (b) we view self-care as the personal responsibility of the student, (c) we pathologize impairment and define self-care as a reaction to impairment, and (d) we assume that students should know what self-care is and how to do it. Second, while there have been calls to model self-care and integrate self-care into training programs, there are significant and meaningful challenges that make doing so difficult and warrant discussion.

Defining Self-Care

A review of the literature on the term “self-care” reveals over 75 similar and overlapping definitions of self-care (Godfrey et al., 2011). While there appears to be consensus on a general understanding of what is meant by the term “self-care,” there is no single definition of self-care used in the fields of psychology, counseling, social work, and beyond (Dorociak et al., 2017; Lee & Miller, 2013). Moreover, while there is a plethora of research on many individual self-care strategies (e.g., sleep hygiene, exercise, improved diet, emotional support, etc.), there is not a specific evidence-based definition of self-care.

Self-care is generally understood as: engaging in behaviors that maintain a person’s health and well-being and prevent burnout and illness (Lee & Miller, 2013), “ongoing practice of self-awareness and self-regulation for the purpose of balancing the physical, psychological and spiritual needs of the individual” (Carter & Barnett, 2014, p. 112), a person’s efforts and capacity to promote their optimal health and well-being, prevent illness and manage chronic conditions (Woods, 1989), and engaging in behaviors that maintain and promote physical, emotional, cognitive, and spiritual well-being (Myers et al., 2012). The first step to engaging students in self-care would ideally be to provide them with a definition from the literature. An ideal definition to use in training would utilize published scholarship, address all facets of a person’s life and not be overly narrow so as to accommodate all forms of self-care. Merging numerous aspects and definitions of self-care from the published literature, Dorociak and colleagues suggest that self-care be defined as “a multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being” (2017, p. 326).

Additionally, Bressi and Vaden (2017) definition of self-care, although written for the field of social work, may be particularly helpful as it is aligned with the Reflective Practice Competency:

Self care is inclusive of agentic self-regulated activities that purposefully a.) bolster the ability to sit within, tolerate and understand the affective and identity dysregulation related to experiencing vulnerability and uncertainty in the social work relationship, and b.) make meaning of the ways workers’ selves are changed from work with clients (p. 37).

Applied to psychology training this aligns well with the Reflective Practice competency that requires mindfulness, self-awareness, and “self used as a therapeutic tool,” as well as the self-care competency that requires, “understanding the importance of self-care to effective practice,” self-monitoring and self-identifying “disruptions in functioning and intervenes at an early stage with minimal support from supervisors” (Fouad et al., 2009, p. S11). Bressi and Vaden offer this definition as a way of reframing self-care beyond stress reduction and impairment to focus on the capacity for affect regulation, sitting with one’s self and managing the normal and expected emotional dysregulation that can come from clinical work, as well as the capacity to make meaning of one’s experiences with patients. While there are many good definitions of self-care, it seems important that the field identify an accepted working definition of self-care that can be used in the context of competency-based training.

Self-Care Is the Personal Responsibility of the Student

The implicit and sometimes explicit belief about self-care is that it is an individual imperative that is a student’s responsibility (Pakenham, 2015). Despite an ethical imperative to engage in self-care (ACA, 2014; APA, 2017) and evidence about the benefits of self-care for students and professionals (Colman et al., 2016) as well as burnout and stress levels of graduate students (El-Ghoroury et al., 2012), teaching self-care is infrequent (Zahniser et al., 2017). Callahan and Watkins (2018c) explicitly state that “[a]s a competency, it is referred to as self-care so, to us, that seems to inherently place appropriate responsibility for development of that competency on the individual student than on a program” (p. 251). It is likely this rationale is widely held as there’s little evidence that training programs are teaching self-care or provide supports to increase the likelihood that students will do self-care (Bamonti et al., 2014). Implicitly, ethical imperatives for self-care in combination with the lack of attention to self-care in training, suggests that self-care is expected but is the responsibility of the student.

Even when it comes to researching the teaching of self-care, it appears graduate students are also responsible for this. A systematic review of the literature on how doctoral-level psychology students are trained to develop competency with self-care identified 21 studies (Callan et al., 2020). Fourteen of these were dissertations and seven were peer-reviewed publications. It is trainees themselves, that are doing the majority of the research on self-care as a competency.

Despite suggesting that the term self-care implies that it is the responsibility of the student, Callahan and Watkins (2018c) still recommend training programs include this in their curriculum. They argue that since burnout is likely common during training (Callahan & Watkins, 2018a), may be negatively affecting client care (Callahan & Watkins, 2018b), and becoming competent at self-care is at least moderately difficult to achieve (Price et al., 2017), it makes sense that self-care training is included in the curriculum. They note, however, that the suggestion of adding a self-care competency may not be well received—and evidence that few programs are teaching self-care suggests this may be accurate.

The idea that self-care is the personal responsibility of the student is grounded in White, Western, individualistic notions of the self and personal responsibility. As psychology programs aim to make their programs more inclusive, it is important to consider that some students may not identify with, or be actively turned off from, the term self-care due to its focus on the self. For students who come from communal cultures in which family and community are not separable from the self, the term “self-care” may act as obstacle to engaging in self-care, particularly for underrepresented students who are of color and/or immigrants and are often in the minority among largely white students and faculty. Moreover, popular notions of “self-care” as indulgence, as well as images of self-care, are often associated with white cis-gendered women (Miller, 2019). These associations and images may also turn away those who identify as LGBTQIAA as well as those coming from working-class backgrounds. Although some literature intentionally uses the term well-being or wellness (Myers et al., 2012), simply changing the term “self-care” is not likely sufficient to address the identification issues raised here. Rather, it would be helpful to discuss differing cultural perspectives toward self-care as a construct, as well as the intersection of self-care with one’s identity. Community-oriented

attempts to engage in self-care are necessary (i.e., committing to self-care as a community)—as is suggested here—programs need to do more than urge individual students to be ethical and do self-care. Nonetheless, it is the individual, who even if with a group of others, must engage in their own, unique self-care practices.

Self-Care as a Response to Impairment

The need for self-care is articulated as an implicit (APA, 2017) and explicit (ACA, 2014) ethical imperative to address and avoid impairment. In addition, research suggests that programs are still approaching self-care from a model of impairment and distress, rather than approaching stress as a normal and expectable experience (Bressi & Vaden, 2017; Grus et al., 2016). However, the current reactive and impairment-focused approach to self-care is more aligned with the concept of coping (Maranzan et al., 2018) than it is to the concept of self-care. While it is accurate that self-care can provide benefits at any point in time, self-care is more often conceptualized as a proactive, method of prevention of impairment (Barnett et al., 2007). Accordingly, there have been calls for programs to move from an impairment focus to a more proactive stance on self-care (Maranzan et al., 2018).

It is worth considering that the emphasis and value placed on self-care are tied to how we perceive impairment. A recent study reveals the implications of conceptualizing self-care in terms of impairment. Grus et al. (2016) examined how doctoral and internship programs view the relative importance of and the degree to which trainees demonstrate foundational competencies, if the students were formally assessed and which competencies were a focus for remediation. They found that reflective practice, self-assessment, and self-care were rated to have the least importance and that competency assessments suggested students also had the least amount of demonstrated skill in these areas. Although only 23 of their 150 respondents submitted remediation information, the authors note the irony that reflective practice and self-care were not highly valued, but 74% of these programs suggested reflective practice as part of a remediation plan. When we view self-care as a response to impairment, we undervalue it during training and neglect to teach it, and yet may recommend self-care retrospectively, after impairment has occurred and when remediation becomes necessary.

Students Should Know What Self-Care Is and How to Do It

Embedded in the current approach to self-care in psychology training is the assumption that students should know what self-care is and how to do self-care. Yet, there is little evidence that this should be true beyond understanding what we might expect the public to know about self-care (e.g., grooming, preventative medicine, therapy, etc.). Thus, this expectation is out of sync with what the research tells us about graduate students and their self-care. Graduate psychology students struggle to know how to find time for self-care, feel they lack the financial resources to engage in self-care, and report feeling guilty or too exhausted to do self-care (El-Ghoroury et al., 2012). Similarly, professional psychologists also report struggling with lack of time (ACCA, 2009, 2010), may minimize or deny their need for self-care, feel shame about needing it (ACCA, 2010), or may be unaware of their need altogether.

Are we asking students to do something they have never seen before? Despite the psychology field and larger population becoming saturated by a culture of self-care talk, it is unclear that students actually know how one does self-care. Meaning, they may know how to do the behavioral parts of self-care—exercise, build and maintain relationships, get sleep, attend to one's physical health and ailments—but not how one practically makes self-care a practice.

A change in how self-care is conceptualized may be warranted. Although self-care is more often described and assessed as a set of behaviors, self-care has also been described as a process (Baker, 2003; Barnett et al., 2007; Miller, 2019; Norcross & Guy, 2007; Skovholt et al., 2001) and an ability (Collins, 2005). In conceiving of self-care as a behavior, we focus on the individual's actions and neglect the internal processes and external barriers that make self-care challenging (Miller, 2019). For example, we typically do not consider a student's relationship to self-care, even though psychologists view themselves as helpers and can have a tendency to focus more on the well-being of others (Guy, 2000; Norcross, 2000). Reports of feeling guilty for self-care are in part related to the culture of one's program but are also likely related to an individual's relationship to self-care, self-compassion, or prioritizing the self. Perceiving self-care as a process or ability would allow for a greater understanding of students' experience of self-care and more opportunities to intervene and identify individual challenges to becoming competent in self-care.

Modeling Self-Care Is Hard

Students are seeking information and modeling on how to engage in self-care from their faculty and supervisors (Rummell, 2015; Zahniser et al., 2017) and there have been calls to appropriately model self-care as well as disclose their personal struggles with self-care and personal/professional balance (Barnett & Cooper, 2009). However, it is worth highlighting that this can be a vulnerable and difficult task, and in some cases, may be asking faculty to model something they are not doing or are not proud of, and thus do not want to disclose. Furthermore, faculty are working in the same academic environment as students in which they report feeling guilt, shamed, or unsupported (El-Ghoroury et al., 2012) or where faculty and peers may question one's level of academic and professional dedication. Thus, faculty, especially those on the tenure track, may experience the same challenges as students.

Pedagogically, we may know that students learn from hearing others' mistakes and that doing so can validate their own struggles with self-care as well as promote a culture of talking about the difficulties of self-care and build a connection between students and faculty. Yet, personally doing this with our stories can be scary, especially if others in a competitive academic environment are not doing it with you. One remedy for this may be to immerse one's self in the literature on self-care and to read some examples of personal self-disclosure about self-care (Barnett & Cooper, 2009; Corey et al., 2018; Miller, 2019). In the special issue of *Psychotherapist Transformations in the Journal Psychotherapy Integration*, numerous clinicians write about challenging life moments during training and as professional psychologists that served as moments for transformation. Although I can attest to the difficulty of sharing these experiences as an assistant professor (Miller, 2019), the feedback I have received since doing so suggests that more

published and verbal accounts of self-care can help students to navigate what we know is a stressful period in their lives.

Once teaching moves to modeling and self-disclosure, any number of faculty may feel uncomfortable with this. Yet, students are likely to want and need to know, how do you fit self-care into your schedule? What did you do in graduate school to stay healthy and successfully complete your program? If we want to promote competency in self-care, reflective practice, and self-assessment, perhaps we need to be engaging in collective reflection about the challenges of self-care.

Integrating Self-Care Into Psychology Training Is Hard

In one respect, there are clear and identifiable steps that programs can take to integrate self-care into curricula in alignment with the competency benchmarks. Broad recommendations on ways to integrate self-care into training include providing information in handbooks (Bamonti et al., 2014), teaching self-care early in training (Pakenham, 2015; Pakenham & Stafford-Brown, 2012) and continuously throughout training (Barnett & Cooper, 2009), and are well summarized in Maranzan et al. (2018). Alternatively, Callahan and Watkins (2018c) note there are a plethora of suggestions for adding to training without discussion of increased cost and time. Parallel to student complaints about insufficient time and money to do self-care, if training programs take responsibility for self-care, then the problem of time and money, in part, shifts to the program and institution.

Furthermore, the challenges of specifically adding self-care to the curriculum are unique. Adding content without overburdening students and faculty becomes a necessity especially when the content is self-care. Fully integrating self-care into a program, might necessitate addressing the contradiction that students are ethically required to take good care of themselves, while expecting them to meet all deadlines, and participate in as many academic and professional opportunities as possible. A programmatic focus on self-care might lead to the realization that there may need to be adjustments to sick policies, maximum hours worked and more generally, making time for students to engage in self-care and address unrealistic requests and demands made of students. Moreover, calls to create a culture of self-care, involve many people with many different relationships to self-care. There are many faculty who are already talking to their students about self-care and modeling it, but there are also those who are known to push students to overwork, who do not model their own self-care and instead actively demonstrate what impairment looks like in a classroom or in a lab. The suggestion here is to integrate and incorporate self-care into training so that it functions as a meaningful part of the reflective practice and self-assessment competency. For example, self-care can be assigned as homework or extra credit. Doing so has numerous benefits as it would: require or give students permission to engage in self-care, reinforce its importance as a skill that requires practice and "work" that is worthy of inclusion in a course, and finally, allow faculty to see what their students are thinking and doing related to self-care as well as provide feedback to students about self-care and identify concerns.

Finally, identifying ways for programs to assess self-care as they would any other competency would demonstrate commitment to self-care as a meaningful skill and communicate that students need to attend to it. One way to evaluate self-care among graduate

students moving forward might be to use the Self-Care Behavior Inventory (SCBI; Santana & Fouad, 2017). As suggested by the authors of this measure, trainees could be asked to use this measure to periodically self-assess their self-care as a tool to help trainees focus on self-care. In theory, it could be used to evaluate whether students report doing self-care. However, training programs would need to be careful to not just evaluate self-care, without first providing instruction, time, and resources for self-care, as this would likely increase student mistrust and stress.

A Culture of Shared Responsibility

There have been numerous calls for a cultural shift in psychology to create a culture of self-care (ACCA, 2009; Bamonti et al., 2014; Barnett & Cooper, 2009). I am suggesting here that before that can happen psychology training programs in particular need to take responsibility for the teaching of self-care and ultimately to treat it as a genuine competency benchmark. Self-care ought to be reframed and emphasized as an ethical and professional responsibility of *training programs*, not just of students. It is possible to create a culture of self-care, but not before training programs, faculty and supervisors, share some responsibility for self-care. In this way, self-care becomes the shared responsibility of each academic community, rather than simply on the shoulders of individual students. The obstacles presented above are intended to highlight the responsibility we have placed on students for developing competency in self-care as well as the areas that are ripe for introducing self-care into training programs.

Self-care is a training exception that stands out among even the foundational competencies it is grouped with; reflective practice and self-assessment. Although there are not specific courses on reflective practice and self-assessment, psychology training programs provide multiple opportunities to learn and practice self-awareness and self-assessment through instruction. Faculty and supervisors give feedback on clinical papers, process notes, audio and video of sessions, conversations about transference and countertransference, etc. There are numerous integrated opportunities that facilitate the development of self-reflection, self-awareness, and self-assessment whether this is about one's knowledge, thoughts, feelings, or behavior. Furthermore, a psychometric evaluation of the relative difficulty of the foundational and functional competencies found that self-care, reflective practice, and self-assessment were increasingly and relatively difficult competencies to develop (Price et al., 2017). Citing this study, Callahan and Watkins (2018c) note that more training time is spent on relatively easier foundational concepts such as ethical conduct. It is a true contradiction that as a field we so often espouse self-care, help clients to develop their own self-care, and yet do not systematically teach self-care.

Implications

Self-care is associated with numerous positive outcomes for psychology graduate students and professionals (Colman et al., 2016; Dorociak et al., 2017; Zahniser et al., 2017). Student perception that their training program emphasizes self-care is associated with increased self-care and quality of life (Goncher et al., 2013). Subsequently, one of the benefits of increasing attention to self-care as a competency benchmark is that even small amounts of training in

Table 1
Recommendations for Integrating Self-Care Into Training Programs

Recommendation	References
Instructional/academic	
1. Provide students with a working definition of self-care from the published literature	Bressi and Vaden (2017), Carter and Barnett (2014), and Myers et al. (2012)
2. Provide evidence-based lectures on effective forms of self-care (e.g., benefits of sleep and napping, research on yoga, therapy, meditation, how nutrition affects mood, etc.)	
3. Integrate into ethics courses	Callan et al. (2020)
4. Introduce instruction early in training	Pakenham (2015) and Pakenham and Stafford-Brown (2012)
5. Include self-care assignments in courses (e.g., ethics, practicum, supervision, psychotherapy technique courses)	Colman et al. (2016)
6. Include more experiential assignments that challenge students to meaningfully experience skills/techniques such as mindfulness, meditation, acceptance, etc.	Maranzan et al. (2018)
7. Identify ways the program can strategically and consistently integrate self-care in the curriculum, not as an optional addendum but as a central part of professional development	
8. Provide one book on self-care for free to all new students (e.g., Carter & Barnett, 2014) and/or ensure the library has full online access to several books on self-care	
Programmatic/Institutional	
9. Discuss self-care as early as orientation	Colman et al. (2016)
10. Promote self-care among faculty, staff, and students	
11. Identify and address faculty and supervisors that promote a culture of overwork and are known to cause distress among students	
12. Identify faculty who are willing to share personal examples of success and failure with self-care	
13. Identify faculty who are passionate about self-care and work-life balance to help create and maintain initiatives	
14. Provide confidential group opportunities for students to discuss their authentic experience with self-care facilitated by an outside supervisor with experience/expertise in self-care	
15. Provide students with a list/resource of evidence-based time management strategies as well as values-driven time management strategies to assist students with <i>how</i> to make time for self-care during training	
16. Provide students with a list/resource of evidence-based strategies for behavior change and developing new habits	
17. Provide students with a resource list, similar to a therapy referral list, of low cost, reputable services that they could potentially use in service of their self-care	
18. Provide a resource list of studies and books examining and explaining self-care	Carter and Barnett (2014) and Corey et al. (2018)
Supervision/mentoring/advising	
19. Consider helping students develop a self-care plan similar to how they might develop a learning plan	
20. Invite students to discuss their self-care plans with you or some other faculty/supervisor who can assist them with this	
21. Address students who may believe they can wait to do self-care after graduate school has ended	
22. Ask students about how much they are working, within and outside of the program	
Personal	
23. Assess and engage in one's own self-care	
24. Model and discuss self-care, especially personal obstacles and failures as these may be especially validating for students	Barnett and Cooper (2009), Corey et al. (2018), and Miller (2019)
25. Read several self-care books to be familiar with the published recommendations	Norcross and Vandenbos (2018) and Skovholt and Trotter-Mathison (2016)
26. Read the Special Issue of the <i>Journal of Psychotherapy Integration</i> on Therapist Transformations for models of how to talk about difficult personal and professional experiences publicly	Miller (2019)

self-care could potentially improve a wide range of beneficial outcomes (Warren & Park, 2018). This is also true with respect to additions of, or changes to, statements, material support and supervision, etc.

In their recommendations, Bamonti et al. (2014) suggest that training programs should include a statement encouraging students to engage in self-care and regular self-assessment of their well-being. A small but meaningful addition to this recommendation

would be to provide a paragraph that includes a published definition of self-care and a list of research about the benefits of and challenges to self-care during psychology training and beyond. This would at the outset of training avoid the assumption that students know what self-care is, make them aware of the very real challenges they may face and preemptively validate students' experience that doing self-care during training is difficult. Providing even a single paragraph with this information could lay the groundwork for creating a culture of self-care by telling students that the program is aware of the challenges. If programs can take the responsibility for beginning the conversation about self-care in this or other ways, creating a culture of self-care becomes more possible.

Despite limited research on how training programs are preparing students to do self-care, research over the last 18 years consistently suggests self-care is not systemically incorporated into psychology training (Bamonti et al., 2014; Zahniser et al., 2017). Graduate students and faculty would greatly benefit from a collective assessment of our systemic, institutional, programmatic, and personal relationships to self-care that may serve as barriers to teaching about a competency most would say is important for professional psychology training and for the public.

Recommendations

To facilitate integrating self-care into psychology training programs, I have compiled a set of 26 recommendations that programs could use to address graduate student self-care and they are summarized in Table 1. The aim here is to provide recommendations that are more specific than typically made and that logically emanate from the research and discussion presented here. Citations are provided for recommendations published elsewhere in the literature.

Conclusion

Over the course of 8 years of formally teaching self-care I can attest to students' bewilderment at trying to, "fit one more thing in," their frustration at being implored to take better care of themselves in the context of overwork in every facet of their lives, while at the same time never being told *how* one balances this all in a healthy, sustainable manner. Research on student self-care in the past 10 years indicates that as a field we are promoting a reactive model of self-care. Students and psychology training programs would benefit from programs and faculty taking greater responsibility for helping students to become competent in self-care. There are no other competencies for which we assume students do not require significant instruction. Why should self-care be any different?

References

- Advisory Committee on Colleague Assistance. (2009). *Who cares? Barriers, benefits and resources in colleague assistance and self-care* [PowerPoint presentation]. 117th Annual Convention of the American Psychological Association, Toronto, Canada.
- Advisory Committee on Colleague Assistance. (2010). *Listening to our colleagues: 2009 Practice Survey—Worries, Wellness, & Wisdom* [PowerPoint presentation]. 118th Annual Convention of the American Psychological Association, Toronto, Canada.
- American Counseling Association. (2014). *2014 ACA code of ethics*. <https://www.counseling.org/knowledge-center/ethics#2014code>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <http://www.apa.org/ethics/code/index.aspx>
- Baker, E. K. (2003). *Caring for ourselves: The therapist's guide to personal and professional well-being*. American Psychological Association. <https://doi.org/10.1037/10482-000>
- Bamonti, P. M., Keelan, C. M., Larson, N., Mentrikoski, J. M., Randall, C. L., Sly, S. K., Travers, R. M., & McNeil, D. W. (2014). Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology, 8*(4), 253–260. <https://doi.org/10.1037/tep0000056>
- Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology, Research and Practice, 38*(6), 603–612. <https://doi.org/10.1037/0735-7028.38.6.603>
- Barnett, J. E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice, 16*(1), 16–20. <https://doi.org/10.1111/j.1468-2850.2009.01138.x>
- Bressi, S. K., & Vaden, E. R. (2017). Reconsidering self-care. *Clinical Social Work Journal, 45*(1), 33–38. <https://doi.org/10.1007/s10615-016-0575-4>
- Brownlee, E. (2016, April 15–18). How do counsellors view and practice self-care? *Healthcare Counselling and Psychotherapy Journal*.
- Callahan, J. L., & Watkins, C. E., Jr. (2018a). The science of training I: Admissions, curriculum, and research training. *Training and Education in Professional Psychology, 12*(4), 219–230. <https://doi.org/10.1037/tep0000205>
- Callahan, J. L., & Watkins, C. E., Jr. (2018b). The science of training II: Prepracticum and practicum training. *Training and Education in Professional Psychology, 12*(4), 231–244. <https://doi.org/10.1037/tep0000209>
- Callahan, J. L., & Watkins, C. E., Jr. (2018c). The science of training III: Supervision, competency, and internship training. *Training and Education in Professional Psychology, 12*(4), 245–261. <https://doi.org/10.1037/tep0000208>
- Callan, S., Schwartz, J., & Arputhan, A. (2020). Training future psychologists to be competent in self-care: A systematic review. *Training and Education in Professional Psychology*. Advance online publication. <https://doi.org/10.1037/tep0000345>
- Carter, L. A., & Barnett, J. E. (2014). *Self-care for clinicians in train: A guide to psychological wellness for graduate psychology students*. Oxford University Press.
- Collins, W. L. (2005). Embracing spirituality as an element of professional self care. *Social Work & Christianity, 32*, 263–274.
- 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. <https://doi.org/10.1037/tep0000130>
- Corey, G., Muratori, M., Austin, J. T., II, & Austin, J. A. (2018). *Counselor self-care*. American Counseling Association.
- Dorociak, K. E., Rupert, P. A., Bryant, F. B., & Zahniser, E. (2017). Development of the professional self-care scale. *Journal of Counseling Psychology, 64*(3), 325–334. <https://doi.org/10.1037/cou0000206>
- El-Ghoroury, N., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology, 6*(2), 122–134. <https://doi.org/10.1037/a0028768>
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., Collins, F. L., Jr., & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*(Suppl. 4), S5–S26. <https://doi.org/10.1037/a0015832>
- Godfrey, C. M., Harrison, M. B., Lysaght, R., Lamb, M., Graham, I. D., & Oakley, P. (2011). Care of self – care by other – care of other: The meaning of self-care from research, practice, policy and industry perspectives.

- International Journal of Evidence-Based Healthcare*, 9(1), 3–24. <https://doi.org/10.1111/j.1744-1609.2010.00196.x>
- 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 meditational role of self-care utilization. *Training and Education in Professional Psychology*, 7(1), 53–60. <https://doi.org/10.1037/a0031501>
- Grus, C. L., Falender, C., Fouad, N. A., & Lavelle, A. K. (2016). A culture of competence: A survey of implementation of competency-based education and assessment. *Training and Education in Professional Psychology*, 10(4), 198–205. <https://doi.org/10.1037/tep0000126>
- Guy, J. D. (2000). Holding the holding environment together: Self-psychology and psychotherapist care. *Professional Psychology, Research and Practice*, 31(3), 351–352. <https://doi.org/10.1037/0735-7028.31.3.351>
- Lawson, G., & Myers, J. E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling and Development*, 89(2), 163–172. <https://doi.org/10.1002/j.1556-6678.2011.tb00074.x>
- Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society*, 94(2), 96–103. <https://doi.org/10.1606/1044-3894.4289>
- Maranzan, K. A., Kowatch, K. R., Mascioli, B. A., McGeown, L., Popowich, A. D., & Spiroiu, F. (2018). Self-care and the Canadian code of ethics: Implications for training in professional psychology. *Canadian Psychology*, 59(4), 361–368. <https://doi.org/10.1037/cap0000153>
- Miller, A. E. (2019). When your graduation gift is cancer: The making of a psychotherapist. *Journal of Psychotherapy Integration*, 29(2), 175–187. <https://doi.org/10.1037/int0000141>
- Munsey, C. (2006). Questions of balance: An APA survey finds a lack of attention to self-care among training programs. *GradPSYCH*, p. 4. <http://www.apa.org/gradpsych/2006/11/cover-balance.aspx>
- Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology*, 6(1), 55–66. <https://doi.org/10.1037/a0026534>
- Norcross, J. C. (2000). Psychotherapists' self-care: Practitioner-tested, research informed strategies. *Professional Psychology, Research and Practice*, 31(6), 710–713. <https://doi.org/10.1037/0735-7028.31.6.710>
- Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychologist self-care*. Guilford Press.
- Norcross, J. C., & VandenBos, G. R. (2018). *Leaving it at the office: A guide to psychotherapist self-care* (2nd ed.). Guilford Press.
- Pakenham, K. I. (2015). Commentary self-care in psychologists. *Australian Psychologist*, 50, 405–408. <https://doi.org/10.1111/ap.12145>
- Pakenham, K. I., & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: Current research status and future directions. *Australian Psychologist*, 47, 147–155. <https://doi.org/10.1111/j.1742-9544.2012.00070.x>
- Price, S. D., Callahan, J. L., & Cox, R. J. (2017). Psychometric investigation of competency benchmarks. *Training and Education in Professional Psychology*, 11(3), 128–139. <https://doi.org/10.1037/tep0000133>
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology, Research and Practice*, 36(4), 347–354. <https://doi.org/10.1037/0735-7028.36.4.347>
- Rummelt, C. M. (2015). An exploratory study of psychology graduate student workload, health, and program satisfaction. *Professional Psychology, Research and Practice*, 46(6), 391–399. <https://doi.org/10.1037/pro0000056>
- Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology, Research and Practice*, 50(5), 343–350. <https://doi.org/10.1037/pro0000251>
- Santana, M. C., & Fouad, N. A. (2017). Development and validation of a Self-Care Behavior Inventory. *Training and Education in Professional Psychology*, 11(3), 140–145. <https://doi.org/10.1037/tep0000142>
- Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, 27(3), 167–176. <https://doi.org/10.1177/089484530102700303>
- Skovholt, T. M., & Trotter-Mathison, M. (2016). *The resilient practitioner: Burnout and compassion fatigue prevention and self-care strategies for the helping professions* (3rd ed.). Taylor and Francis. <https://doi.org/10.4324/9781315737447>
- Warren, J. S., & Park, S. Y. (2018). Leverage points in evidence-based professional psychology training. *Training and Education in Professional Psychology*, 12(4), 269–272. <https://doi.org/10.1037/tep0000216>
- Wise, E. H., & Reuman, L. (2019). Promoting competent and flourishing life-long practice for psychologists: A communitarian perspective. *Professional Psychology, Research and Practice*, 50(2), 129–135. <https://doi.org/10.1037/pro0000226>
- Woods, N. (1989). Conceptualizations of self-care: Toward health-oriented models. *Advances in Nursing*, 12(1), 1–13. <https://doi.org/10.1097/00012272-198910000-00004>
- Zahniser, E., Rupert, P. A., & Dorociak, K. E. (2017). Self-care in clinical psychology graduate training. *Training and Education in Professional Psychology*, 11(4), 283–289. <https://doi.org/10.1037/tep0000172>

Received January 16, 2021

Revision received June 10, 2021

Accepted June 15, 2021 ■