

# A Self-Care Framework for Social Workers: Building a Strong Foundation for Practice

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Self-care is widely recognized as critical to social work practice, yet little empirical support or practical guidance exists in the literature to steer social workers in its implementation. Self-care may not only be crucial in preventing secondary traumatic stress, burnout, and high staff turnover, but it can serve as a means of empowerment that enables practitioners to proactively and intentionally negotiate their overall health, well-being, and resilience. The purpose of this article is threefold: (a) to explore current conceptualizations of self-care; (b) to provide a clear conceptual definition of and an applied framework for self-care; and (c) to explicate the utility of this framework for social work practitioners, students, educators, and social service agencies' supervisors and administrators.

## IMPLICATIONS FOR PRACTICE

- The self-care framework offers a starting place for social work practitioners to assess their engagement in self-care and to establish a systematic and well-considered approach to effectively engage in a comprehensive self-care plan.
- Using the self-care framework as a lens, supervisors and administrators may examine if and how organizational culture, practices, and policies ignore, discourage, or promote self-care.

Although a clear and expansive definition does not appear in the literature, the concept of self-care has generally been understood as engagement in behaviors that support health and well-being. It is widely suggested that self-care offsets work-related stress (Howard, 2008; O'Halloran & Linton, 2000), and research indicates that self-care promotes resilience in practitioners whose work focuses on death and bereavement (Alkema, Linton, & Davies, 2008; Becvar, 2003; Berzoff, 2008; Puterbaugh, 2008; Schneider, 1987), mental health, and/or trauma (Bober & Regehr, 2006; Jordan, 2010; Newell & MacNeil, 2010; Smith, 2007). Though most typically discussed in relation to mental health practitioners, self-care is a critical issue for the entire social work workforce. This more expansive application necessitates a broader conceptualization of self-care and a more inclusive discussion about the "how" of self-care, including the development of a pragmatic framework to guide practitioners in negotiating a strong foundation of self-care practices. Self-care is not simply a means to ameliorate or even prevent work-related distress—although these are relevant and important outcomes to be considered. Self-care is also an empowering tool that allows practitioners to take ownership of their health and well-being holistically and with consideration to both their personal and professional lives.

Scarce attention has been paid to clearly conceptualizing the phenomenon of self-care, which has resulted

in significant challenges in its operationalization, inclusion in empirical studies, and consistent integration in social work education and training beyond the classroom. This has resulted in a limited body of research that renders application in actual practice challenging. However, "a chronic lack of self-care" is noted as a frequent consequence for many helping professionals as they struggle to prioritize their own well-being while focusing on the needs of clients (Figley, 2002; Skovholt, Grier, & Hanson, 2001).

Inattention to self-care both systematically and on the individual practitioner level may be very costly for the profession. As the sociopolitical landscape continues to shape the social service delivery system, a wider scope of services is in great demand, and the availability of resources is simultaneously becoming increasingly limited. In a national study, licensed social workers reported an increase in paperwork, severity of client problems, caseload size, and waiting lists for services—and a decline in levels of reimbursement, availability of supervision and staffing opportunities, and accessibility of services to clients (Whitaker, Weismiller, & Clark, 2006). These unique challenges present very real constraints for practitioners and likely result in stressful work conditions. Whitaker et al. (2006) also found that, because of many of the reasons stated, social workers were most inclined to want to leave the profession early in their practice trajectory (generally within their first four years post-master's degree). Approaches to addressing these workplace issues tend to focus on change at the societal, community, or agency level, without factoring in the individual practitioner (Graham & Graham, 2009). With a clearer sense of self-care and a subsequent greater likelihood of systematic application, social workers may be better prepared to cope with stressful work conditions, more actively engaged in advocating for structural changes within organizations over time, and more inclined to remain in the profession.

In addition to the context of service provision and workforce capacity, the demands of the helping role can

also be costly. Although few empirical studies focus on self-care, available findings suggest a lack of self-care is correlated with risk for compassion fatigue or secondary traumatic stress (Alkema et al., 2008; Eastwood & Ecklund, 2008), burnout (Alkema et al., 2008), and compromised quality of care for clients (Barnett, Baker, Elman, & Schoener, 2007). Consistent with empirical findings, Collins (2005) suggested that inadequate self-care may lead to emotional and energy depletion, which can affect the capability to actively problem-solve. These outcomes not only disrupt the potential for a healthy workforce but also may significantly impact the quality of service provision. If practitioners are limited in their capacity to fully be present and engage in their work with clients, the consequences could be devastating for those receiving services. This highlights the necessity for self-care as a critical means of maintaining professional competence and preserving the integrity of practice (National Association of Social Workers [NASW], 2009). As such, creating a “culture of self-care” may be considered a professional responsibility for both the worker and the profession (Barnett & Cooper, 2009, p. 16).

Importantly, commitment to the practice of self-care may not only prevent unwanted outcomes but also increase the likelihood of *beneficial* consequences for the worker personally and professionally. Increased general well-being has been found to be significantly correlated with increased participation in self-care (Boero et al., 2005; Coster & Schwebel, 1997; Richards, Campenni, & Muse-Burke, 2010). Anecdotally, authors have suggested that self-care increases worker effectiveness (Kaul, 2002; O’Halloran & Linton, 2000) and compassion satisfaction (Radey & Figley, 2007), which is defined as the pleasure derived from helping effectively (Stamm, 2005). These potential benefits, paired with the risks of inadequate self-care, highlight the need for a framework to better understand, assess, and implement self-care strategies.

The purpose of this article is threefold: (a) to discuss current conceptualizations of self-care; (b) to provide a clear conceptual definition of and an applied framework for self-care; and (c) to explicate the utility of this framework for social work practitioners, students, and educators, as well as supervisors and administrators within social service agencies.

## The Nature of Self-Care

Much of the current literature on self-care emanates from psychology, so it is grounded in a particular set of perspectives that may not be wholly reflective of and specifically applicable to the wider scope of social work practice. The culture of social work—including its emphasis on particular values, attitudes, and norms—needs to be considered as a contextual backdrop that may have a necessary impact on how self-care can best be defined and applied in social work education and practice.

Though the psychology literature has some relevance to social work, the body of conceptual and empirical self-care literature in social work, to date, is scarce.

### Defining Self-Care

In the extant literature, numerous authors have offered definitions of self-care, and notably, no consensus exists around any one conceptualization. A considerable number of authors do not provide a clear definition of the term; perhaps this omission indicates an assumption of an implicit meaning (i.e., self-care means “caring for oneself”). However, the definitions that have been offered in the literature are markedly distinct, which results in a significant impact on how the phenomenon is understood and studied.

Self-care has been described as a process (Baker, 2003), an ability (Collins, 2005), but most often as engagement in particular behaviors (Jordan, 2010; Patrick, 1987; Stebnicki, 2007) that are suggested to promote specific outcomes such as a “sense of subjective well-being” (Pincus, 2006, p. 1, as cited in Richards et al., 2010), a healthy lifestyle (Jordan, 2010), stress relief (Brucato & Neimeyer, 2009; Sowa, May, & Niles, 1994), and resiliency for the prevention of empathy fatigue (Stebnicki, 2007). Certain authors provide more specificity in terms of the types of behaviors that may lead to positive consequences for health and well-being. These range from those addressing basic needs to a more holistic approach. For example, Richards et al. (2010) defined self-care as “any activity that one does to feel good about oneself” (p. 252), whereas Jordan (2010) suggested that self-care involves “management of vital functions” such as sleep, diet, exercise, and rest (pp. 251–252). Self-care has also been understood to include “personal, occupational, and spiritual activities” (Collins, 2005, p. 264). Carroll and colleagues (1999) offer an even more expansive description of self-care, noting behaviors related to “intrapersonal work, interpersonal support, professional development and support, and physical/recreational activities” (p. 135). Therefore, though the term *self-care* may seem to obviously refer to the care of the self, a good deal of complexity is involved in how that care manifests and how it is contextually understood.

### Growing Emphasis on the Professional Sphere

A reading of the literature would suggest that self-care has primarily been characterized as a multidimensional phenomenon in which caring for oneself is achieved through the implementation of strategies in the following areas: (a) physical, (b) psychological and emotional, (c) social, (d) spiritual, (e) leisure, and (e) professional. Most authors appear to consider more than one of these dimensions, and a few include all of the dimensions in some fashion (for examples, see Carroll, Gilroy, & Mura, 1999; O’Halloran & Linton, 2000; Richards et al., 2010). Though self-care practices related to one’s occu-

pational role are often folded into a more general understanding of self-care, a slim emerging body of literature emphasizes the particular importance of self-care strategies related to the use of self in the professional role.

Pointing to an inherent connection, Skovholt et al. (2001) identified avenues for personal and professional self-care considered together. These strategies focus on self-awareness, attention to one's environment, support, fun to increase one's effectiveness, and balanced wellness. Without the further distinction of personal and professional self-care, Skovholt et al. (2001) indicated the relatedness of these phenomena with the suggestion of key integrated strategies. NASW (2009) has offered an even greater emphasis on the particular importance of "professional self-care," citing it as an "essential underpinning" to sustaining a competent workforce (p. 268). Acknowledging professional self-care is critical to upholding the profession's standards for professional and ethical conduct, NASW calls for the development and implementation of practices and policies to support professional self-care within social work education and social service agencies. These perspectives acknowledge the relevance of considering both the distinction and connection between personal and professional self-care. Though this sentiment appears to be emerging, no clear conceptual distinction between the two constructs has been made in the literature.

### **Conceptual Framework for Self-Care for Social Workers**

The framework presented here is grounded in the relevant literature and structured to fit the particular culture of social work in order to guide social workers in establishing and maintaining a self-care practice. The conceptualization put forth hinges on the designation of personal self-care and professional self-care as separate but related phenomena that together represent a comprehensive approach to exerting agency over one's health and well-being.

#### ***Personal and Professional Self-Care Defined***

The literature supports the notion that there is a distinction between personal and professional elements of self-care (Collins, 2005; NASW, 2009) and that these elements are inherently connected (Skovholt et al., 2001). As limited clarity around how these two elements are distinguished appears in the literature, this framework offers two definitions from which self-care can be operationalized. Personal self-care is defined as a process of purposeful engagement in practices that promote holistic health and well-being of the self, whereas professional self-care is understood as the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being.

#### ***Underlying Assumptions***

The conceptual framework is grounded in a number of assumptions about the nature of self-care (see list below), some of which have been proffered in or supported by existing literature, others of which have emerged out of the authors' development of the framework. The minimal attention to self-care within the social work literature suggests its current inchoate place in the culture of the profession. And, the mention of self-care as simply a means of managing or even preventing negative consequences communicates a limiting perspective on the concept. Both of these factors undoubtedly shape the way(s) in which practitioners engage, and perhaps fail to engage, in self-care. Clarifying the assumptions that undergird the presented framework is a necessary step toward shifting the profession's understanding of and relationship with self-care. This may contribute to its becoming a critical aspect of social work's culture that is more consistent with the profession's values and mission.

- Self-care is a critical foundation for effective, ethical social work practice (NASW, 2009).
- Self-care is most effective when engaged in proactively and intentionally.
- Proactive engagement in self-care promotes self-awareness and responsive (rather than reactive) engagement in and with an individual's environment.
- Self-care is understood as the composite of two dimensions: personal self-care and professional self-care (see Barnett et al., 2007; Hunter & Schofield, 2006).
- Personal self-care and professional self-care are dynamic, implicitly interconnected processes.
- Both personal and professional self-care can be built and sustained through structures of support, which are organizing domains strengthened by specific self-care strategies.
- Engaging in self-care is an individualized process in which numerous factors should be considered, including a practitioner's own preferences, belief systems, cultural and social backgrounds, and employment context (see NASW, 2009).
- Self-care empowers practitioners to exert agency over their holistic health and well-being.
- Self-care is a vehicle for change in the professional culture of social work.

#### ***Contingent Relationship Between Personal and Professional Self-Care***

Given the growing attention toward self-care in the context of work, a keen focus on professional self-care, which promotes quality service provision, is important for the profession. In order to engage in professional self-care, clear lines need to be drawn between some personal self-care practices and the professional use of self. It is widely accepted that social workers need to employ appropriate professional boundaries to prac-

tice effectively and ethically (see *Code of Ethics of the National Association of Social Workers* [NASW, 2008]). Placing restrictions around when and how work tasks are accomplished, and within and around professional relationships, enables the practitioner to balance work life with personal life. This may then lead to more effective use of self in professional practice. The structuring and practical application of these boundaries may themselves hinge on effective *personal* self-care, which then fosters effective professional self-care. The relevance and interconnectedness of personal self-care to professional self-care, and vice versa, is a critical element of this conceptualization and framework and bears further clarification.

Rather than viewing personal and professional self-care as in conflict with one another or as opposing processes, the use of self invited by each may simply be different. For example, taking care of oneself personally may rely specifically on deep emotional connection in relationships or strong emotional investment in activities, whereas taking care of oneself professionally may rely specifically on the ability to draw clear boundaries around the depth of emotional connection within work-related practices. Recognizing the potential outcomes associated with using the self differently in different contexts may be helpful for practitioners to practice mindful engagement in self-care.

Additionally, the link between personal and professional self-care may have to do with ways in which these processes are contingent upon each other. That is, it is possible that, in order to engage in productive personal self-care, one benefits from engagement in productive professional self-care, and vice versa. To continue from the earlier example, maintaining deep emotional connections within relationships could be considered a valuable personal self-care strategy. This personal self-care strategy may then enable one to establish and maintain the necessary emotional boundaries characteristic of particular professional self-care strategies. Reciprocally, maintaining these boundaries while in the professional role may then better enable a practitioner to have the energy and space to sustain and preserve that depth of emotional connection in personal relationships. This example suggests that the degree to which one fully engages in professional self-care may be limited or enhanced by the degree to which one employs personal self-care strategies. Based on this understanding, effective personal self-care needs to be in place for effective professional self-care to be enacted, and if effective professional self-care is not in place, personal self-care will likely be negatively affected.

This conceptualization provides practitioners with a framework to unpack and negotiate their reactions, challenges, or tendencies related to maintaining professional boundaries with clients. When a practitioner is struggling with boundaries, this framework could be

used to look at personal self-care and make changes that may more appropriately enable the practitioner's needs to be met while allowing for negotiation and maintenance of necessary professional boundaries. Considering personal and professional self-care as two separate but implicitly and inextricably linked processes, rather than understanding them together as either one phenomenon or discrete separate phenomena, offers a meaningful and pragmatic way of understanding self-care, one that more effectively lends itself to practical application for social work.

## Structures of Support

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Grounded in the assumptions and conceptual specificity above, the framework contains two sets of structures of support, one for personal self-care and another for professional self-care. Each structure of support can be understood as a series of domains within which specific self-care strategies may be categorized. Through the structures of support, practitioners can build their own self-care plan that identifies these specific strategies in any or all of the domains that apply to their individual needs, preferences, and identified contexts. Any number of strategies may serve to maintain each structure of support, calling for practitioners to mindfully engage in determining which strategies will be most effective in their own lives.

### **Personal Structures of Support**

The five primary structures of support for personal self-care include (a) physical, (b) psychological and emotional, (c) social, (d) leisure, and (e) spiritual. These structures of support resonate with the facets most commonly considered relevant in the literature (see O'Halloran & Linton, 2000; Richards et al., 2010). Attending to the needs identified by these structures of support and identifying self-care practices to locate in any or all of these structures can promote overall health and well-being of the self.

Strategies that support physical care of the self are targeted to optimize physical function and safety. Strategies may emphasize physical activity, adequate sleep, healthy nutritional choices, prevention of illness, intimacy, and general bodily health. Practices that contribute to the psychological and emotional care of the self focus on the capacity to maintain a positive and compassionate view of the self and negotiate the demands that arise from the intersection of individual and environment; this capacity is built through emotion regulation, effective behavioral choices, and an emphasis on adaptively meeting one's needs. Examples include recognition of one's own strengths, engagement in stress management techniques, mindfulness about triggers that increase stress, and active problem solving. Building and sustaining meaningful, support-

ive relationships is central to the social structure of support, which may be maintained by implementation of strategies such as participation in one's community, maintaining contact with important individuals in one's life, and being present when in social settings. The spiritual structure of support fosters connectedness, faith, and peace. Strategies to build this structure may include meditation, prayer, reflection, or spending time in nature. Last, the structure of leisure support is built with strategies that encourage participation in enjoyable activities that typically promote rest and relaxation or encourage creativity, such as reading, knitting, playing in team/recreational sports, or spending time with a pet.

### **Professional Structures of Support**

The literature clearly acknowledges the relevance of an occupational component of self-care (Barnett & Cooper, 2009; NASW, 2009; Skovholt et al., 2001). However, little guidance on how to specifically conceptualize this dimension is provided in the literature. As such, the framework presented identifies six primary structures of support that contribute to professional self-care: (a) workload and time management, (b) attention to professional role, (c) attention to reactions to work, (d) professional social support and self-advocacy, (e) professional development, and (f) revitalization and generation of energy. Attending to the needs acknowledged by these structures of support and identifying individualized self-care practices in each can maximize effective use of self in the professional role and promote overall well-being.

**Workload and time management.** This structure is maintained by strategies that allow the practitioner to actively engage in mindful management of work tasks and time spent accomplishing work tasks. Such a structure facilitates organization of one's work life in a way that encourages efficiency and balance, making the worker more available to attend to both the client's and the worker's needs. Examples of these strategies could include taking breaks throughout the workday, taking vacations, and reserving work tasks (e.g., paperwork, emails, work-related colleague contact) for work hours only, as well as putting into place systems to organize and prioritize work tasks.

**Attention to professional role.** Within this structure of support, practitioners can put into place strategies that enable them to take stock of the meaning of their role as not only a social worker but also as a social worker designated to a particular job description, in a particular setting, working toward particular goals. That is, all social workers are bound to practice from a specific values-based ethical code and benefit from giving consideration to the strengths and limitations of the context of their work environment. For example, the *NASW Code of Ethics* stipulates that practitioners

acknowledge whatever limits there may be to their expertise in working with some client systems (e.g., particular presenting issues, particular needs, and particular values or ethical conflicts). Being mindful of and willing to acknowledge these limitations can facilitate a much more healthful and effective professional use of self. This may contribute to professional self-care in other structures of support and may include strategies such as making referrals when necessary and possible, seeking additional supervision, or determining if there are ways to gain additional expertise applicable to the practitioner's role in their particular practice context. Assessing the meaning and relevance of the professional role ensures not only ethical conduct but also promotes effective use of self and leads to a more grounded sense of professional well-being.

**Attention to reactions to work.** While often immensely rewarding, the nature of social work practice can be stressful and taxing in a variety of ways. This structure of support calls for practitioners to notice, honor, and manage their reactions to their work. This may take shape by attending to the cognitive, affective, or behavioral impact of the practitioner's work with an eye toward self-awareness, stress relief, incorporation of feedback, and preparedness for practice. Activities may include personal therapy, mindfulness exercises, limiting discussion of work stressors, journaling, targeted supervision, and debriefing with colleagues to contain explorations of reactions to work.

**Professional social support and self-advocacy.** Professional social support is frequently noted as a meaningful resource from which practitioners can solicit encouragement, constructive feedback, guidance, and education from peers and colleagues. This structure supports professional self-care by enabling practitioners to build a network or community of resources to support overall well-being and practitioner efforts to be effective in their professional role. Strategies that support this structure may include identifying supportive colleagues at one's place of employment or elsewhere; scheduling regular time to gather with a group of colleagues to problem-solve work-related issues; and maintaining regular contact with a developing network of colleagues met during formal education, trainings, or work-related community events. And, by extension, professional self-advocacy speaks to the ways in which the practitioner identifies, researches, and appropriately advocates for changes in work conditions where and when necessary. These practices might include requesting a well-considered salary raise or renegotiating workload expectations when appropriate.

**Professional development.** Well-being in the professional role is contingent upon adequate knowledge about and comfort with how to best go about using the self in professional practice. A prominent structure of support to encourage attainment of both knowledge

and skills is professional development. Formal strategies to strengthen one's professional development can include joining professional organizations (e.g., NASW); enrolling in a work-related course; engaging in continuing education; and attending conferences, trainings, or structured programs to build knowledge and skills. Informal strategies—that is, those that situate learning in a less-structured context—may include reading journal articles or other work-related publications, engaging in professional research and writing for publications, and learning from colleagues by observation or informal consultation.

**Revitalization and generation of energy.** Sustaining energy, encouragement, and hopefulness through and about one's work is central to maintaining both effectiveness and a sense of professional well-being. This supportive structure is built by including practices aimed at establishing or restoring preparedness for active engagement in and commitment to one's work. While sample strategies are highly personalized, examples may include creating a pleasant workspace; revisiting reminders of positive outcomes achieved with clients (e.g., a thank-you note, a child's drawing); reminiscing with colleagues about formative and meaningful experiences; seeking out, creating, and trying out innovative approaches to addressing work-related challenges; and taking part in work-related social and community events.

It is important to note that though the structures of support can be separated out in conceptual terms, in practice, some of the strategies employed may serve to build more than one structure of support. For example, a practitioner may find taking vacations to be a strategy that supports both the workload and time management structure as well as the revitalization and generation of energy structure. The discrete structures of support offer a framework within which practitioners can begin to sculpt a dynamic set of effective strategies that will support their individualized professional self-care plan. The Appendix provides a template for constructing and implementing a professional self-care plan; a similar method could be used for personal self-care as well. It is important to keep in mind that self-care practices may need to change over time and, as with most elements of social work practice, should be a point of regular critical self-reflection for practitioners. The method provided in the Appendix can serve as a starting point for practitioners, students, supervisors, and administrators considering the application of this framework.

### ***Practitioner-in-Environment Perspective***

In keeping with the values of the profession, this framework acknowledges and accounts for individual differences in how practitioners may strategize to most effectively practice personal and professional self-care based on their own preferences, needs, belief systems, cultural

and social backgrounds, and the context of their employment. Instead of narrowly suggesting particular practices, the framework consists of structures of support that provide the scaffolding to assist social workers in identifying personal and professional self-care strategies that are best suited to them. Given the broad range of social work practice applications, the framework allows room for individual practitioners to orient their self-care to accommodate their particular environment. In the same way a person-in-environment framework serves as a unique orienting mechanism for social work practice, it also informs the subjective application of this self-care framework; this framework factors in a practitioner-in-environment perspective.

### **Implications for Social Work**

Self-care is a means of empowering social workers to negotiate and offset some of the profound structural, organizational, and interpersonal challenges associated with social work practice. As an initial step toward honing the profession's understanding of self-care, this framework offers some implications for practice, education, research, and the culture of the profession. In the short term, it encourages outcomes such as stress reduction, worker competence, and appropriate use of self in the professional role. In the long term, the framework provides a structure to potentially decrease burnout, secondary traumatic stress, organizational and structural challenges, and high turnover. It simultaneously supports an increase in educational and training efforts related to self-care, worker well-being, service provision, and workforce sustainability. The clearer conceptual picture offered here provides a starting place for social work practitioners to assess their engagement in self-care and to establish a systematic and well-considered approach to effectively engaging in a comprehensive self-care plan. The framework provided may prove useful for students and educators to explore self-care in the context of socialization to the profession. Doing so early on in this process may aid students in committing to engaging in self-care throughout their careers. The conceptualization is a lens through which supervisors and administrators may examine if and how organizational culture, practices, and policies ignore, discourage, or promote self-care.

A clearer conceptual understanding of self-care offers a strong foundation for future research in this area. The development of a reliable, robust instrument to measure frequency of self-care practice is needed to systematically investigate the utility of self-care. The conceptualization offered supports future investigation of organizational culture and context to examine risk and protective factors for self-care among practitioners. This conceptualization, framework, and associated measure(s) together could provide opportunities

for not only self-evaluation of self-care practices by individual workers, but also opportunities for agencies to systematically assess and address the self-care practices of their employees and the structures within the agency that support or do not support adequate self-care. Additional avenues for research involve the development and evaluation of education and training protocols designed to enhance self-care practices.

Given the profession's history, culture, mission, and where it is situated in societal institutions, there has been a long-standing gap in the overall emphasis on practitioner self-care. The recent increasing attention to self-care in the literature and in social work education speaks to a potential sea change in the primacy placed on practitioner self-care. By reframing self-care as a proactive and intentional process, instead of a reactive and ad hoc one, the profession can shift the very idea of how self-care fits within the culture of social work. With a shift in the profession's values, attitudes, and norms that prioritizes self-care, as practitioners socialize to the profession, there is the potential to start from the place of an empowered, healthy workforce, rather than from the place of a workforce in need of healing. This framework and its underlying assumptions provide a starting point for this shift.

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## APPENDIX. Template for Designing and Implementing a Professional Self-Care Plan

<b>Support Structure</b>	Brainstorm strategies that will build this structure to strengthen your professional self-care.	Design a plan to implement the strategy. Strategies should be concrete, relevant, attainable, and easy to evaluate.
<b>Workload and Time Management</b>		
	Take small breaks throughout the workday.	After seeing each client, I will take a two-minute break to focus on my breathing.
	Contain the amount I talk about work when I'm not at work.	After 6:30 p.m., I will not engage in work-related conversations.
<b>Attention to Professional Role</b>		
	Recognize the client is the authority in his or her life.	Each time I meet with a client, I will notice if I want to direct a client's choices and reframe the situation for myself according to social work values.
	Identify my specific role when working in multidisciplinary teams.	At the start of each multidisciplinary team meeting, I will initiate the practice of having all participants identify their unique role and expertise within the group.
<b>Attention to Reaction to Work</b>		
	Attend to sad feelings related to the experiences of the children of families to whom I provide services.	When I am feeling sad, I will find an appropriate way to honor this sadness (e.g., journal, supportive colleague) and remind myself of the clients' resilience.
	Attend to instances when my work brings up my own trauma history or past stressors.	I will attend therapy once a week.
<b>Professional Social Support and Advocacy</b>		
	Seek out regular supervision.	I will initiate scheduling a regular 45-minute, one-on-one, supervision session with my assigned supervisor (e.g., Wednesday at 3:30 p.m.).
	Advocate for my own needs in my workplace.	I will contact appropriate personnel regarding organizational support for continuing education opportunities.
<b>Professional Development</b>		
	Read materials relevant to professional development.	Each week, I will read one scholarly article that relates to my practice.
	Attend a conference twice a year.	At the start of each year, I will identify two conferences to attend.
<b>Revitalization and Generation of Energy</b>		
	Make my workspace pleasant.	I will identify three ways to try and make my workspace pleasant for me and try them for one month before reassessing their usefulness.
	Remind myself of my passion for my work with something tangible.	When I am feeling discouraged, I will revisit a particular meaningful memento that reminds me of successful work with a client.

*Note.* The strategies presented are only select possible examples; individuals should construct a template like the one above, leaving blank spaces, to facilitate an individualized process for developing personal and professional self-care plans.