Marquette University
e-Publications@Marquette

College of Education Faculty Research and
Publications

Education, College of

12-1-2005

Intern Self-Care: An Exploratory Study Into Strategy Use and Effectiveness

Joseph A. Turner
University of California - San Francisco

Lisa Edwards
Marquette University, lisa.edwards@marquette.edu

Iverson M. Eicken
Los Angeles, California

Kayoko Yokoyama
John F Kennedy University

Jennifer R. Castro
University of Southern California

See next page for additional authors

Authors

Joseph A. Turner, Lisa Edwards, Iverson M. Eicken, Kayoko Yokoyama, Jennifer R. Castro, Amber Ngoc-Thuy Tran, and Kristee L. Haggins

Intern Self-Care: An Exploratory Study into Strategy Use and Effectiveness

Joseph A. Turner

Child Services Research Group
University of California, San Francisco
San Francisco, CA

Lisa M. Edwards

Department of Counseling and Educational Psychology
Marquette University
Milwaukee, WI

Iverson M. Eicken

Oklahoma State University

Kayoko Yokoyama

Clinical Psychology, John F. Kennedy University
Pleasant Hill, CA

Jennifer R. Castro

University of Southern California

Amber Ngoc-Thuy Tran

Adult Psychiatry Department
Rancho Cordova Clinic at Kaiser Permanente
Rancho Cordova, CA

Kristee L. Haggins

Counseling and Psychological Services
University of California, Davis
Davis, CA

In this exploratory study, 363 interns were surveyed to assess the frequency of use and effectiveness of self-care strategies used during the internship year. Among the most frequently used strategies were family and friend social support, active problem solving, and humor. The most effective strategies were family and friend social support, seeking pleasurable experiences, and humor. A strong positive relationship was found between total scores for Frequency and Effectiveness subscales, and women reported significantly more use and effectiveness of strategies. Recommendations and resources are provided for interns and internship sites that seek to further understand and encourage intern self-care.

To what extent do psychology interns use self-care strategies to manage the rigors associated with internship training, and how might psychology professionals and trainees conceptualize intern self-care behaviors? The internship experience has been described as a significant time in the career of a professional psychologist (Kaslow & Rice, 1985), and numerous stressors have been associated with the internship experience (Solway, 1985). These include things like adjustment to demanding full-time clinical work, a changed sense of professional identity, and concern about performance evaluations (Lamb, Baker, Jennings, & Yarris, 1982). Little research or theoretical literature has focused on how interns manage the demands during the internship experience. Similarly, no specific framework of self-care has been applied to self-care for interns. This exploratory study represents the first empirical attempt to examine the use and perceived effectiveness of self-care strategies among doctoral-level psychology interns at American Psychological Association (APA)-accredited internship sites.

Self-Care

Psychotherapists report that their jobs and job responsibilities are demanding (Kramen-Kahn & Hansen, 1998). Clinicians may be vulnerable to symptoms of depression (Gilroy, Carroll, & Murra, 2002; Heath, 1991; Pope & Tabachnick, 1994) and when compared with research psychologists, they have reported higher rates of anxiety, depression, and emotional exhaustion (Radeke & Mahoney, 2000). Moderate to high levels of stress were observed in a sample of British clinical psychologists, and specifically, women and the less experienced, less socially supported participants reported greater psychological distress (Cushway & Tyler, 1996). Several theories have been proposed to account for the stress that helping professionals

experience. Figley (2002) suggested that in the process of helping traumatized or suffering clients, therapists became fatigued and stressed as they supported and empathized with the client (secondary traumatic stress). Zapf (2002) reported that burnout and emotional dissonance stem from the occupational requirements of sensing, displaying, and managing emotions ("emotion work," p. 237).

In addition to the occupational hazards they face, psychotherapists may lack adequate self-care practices that are critical to offset the effects of stress (Baker, 2003; Figley, 2002; Gilroy et al., 2002; Guy & Norcross, 1998; Norcross, 2000; Skovholt, Grier, & Hanson, 2001). Among studies that have assessed practitioner self-care, Mahoney (1997) found the most commonly used behaviors were reading for pleasure, exercising, taking vacations, having a hobby, supervising peers, and praying or meditating. In a series of studies by Coster and Schwebel (1997) and Schwebel and Coster (1998), practitioners and heads of psychology programs reported the factors that contributed to preventing and coping with stress ("well-functioning," p. 284) included self-awareness, balance between personal and professional lives, relationships with family and partners, and personal values.

Skovholt et al. (2001) stated that "[C]ounselor training, congruent with the nature of the work and the people in it, is predominantly other-focused…with relatively little attention given to care for the self" (p. 168). This has been echoed in anecdotal reports in which graduate students have said they lack adequate training and role models for self-care (DeAngelis, 2002). This is cause for concern for interns. Because they lack experience and confidence, interns may be more vulnerable to clinical stressors. For example, Rodolfa, Kraft, and Reilley (1988) found that practicum and intern trainees perceived clinical experiences like lack of client progress, inability to help clients feel better, and giving painful feedback to clients as more stressful than professionals did. Inadequate training in serious clinical experiences such as suicide, violence, and interpersonal victimization (Kleespies & Dettmer, 2000) may further add to trainee stress. In addition to clinical stressors, interns struggle with personal problems as evidenced by one study of British psychology trainees; Brooks, Holttum, and Lavender (2002) reported that 24% of trainees in their

sample scored significantly higher on self-esteem and work adjustment problems, depression, and anxiety compared with a normative sample.

Research on the personal resources of interns has found that the perception of training as manageable and the maintenance of social support are related to fewer problems in psychological adaptation (Kuyken, Peters, Power, & Lavender, 2003). Despite this promising research, no studies have investigated the types of self-care strategies that interns use. Given the demands and stressors associated with the provision of psychological services in general and the unique nature of the predoctoral internship specifically, it seems imperative that interns, like seasoned professionals, work to maintain adequate self-care.

In response to the need to identify self-care strategies and encourage practitioners to use them, Guy and Norcross (1998) provided a checklist of therapist self-care strategies. This list summarized commonly used self-care strategies like exercise, awareness of the rewards and hazards of the field, maintenance of nurturing relationships and boundaries, cognitive restructuring, healthy escapes, personal therapy, development of a flourishing environment, spirituality, and creativity (pp. 388–391). Norcross (2000) subsequently compiled a list of "10 consensual self-care strategies" (p. 710) based on recommendations from clinicians and the scant empirical research about the use and effectiveness of self-care methods. These categories of strategies formed the springboard for this exploratory study on intern self-care and included:

1. *Recognize the hazards in conducting psychotherapy*. This category encompasses strategies that help identify the "negative toll exacted by a career in psychotherapy" (p. 710) such as distress, emotional exhaustion, and overpersonalization.
2. *Think about strategies of self-care rather than specific methods or techniques*. This category draws attention to broader strategies for self-care rather than any one individual behavior alone.
3. *Use self-awareness and self-liberation to assess distress*. This category includes behaviors geared toward self-assessment of stress along with feedback from others (e.g., coworkers, friends) to assess stress.

4. *Embrace strategies from diverse theoretical orientations*. As with Strategy 2, this category includes behaviors that reflect a diversity of frameworks (in this case, psychotherapy frameworks) to impact levels of stress and distress.
5. *Use stimulus control and counterconditioning when possible*. This category includes two types of specific "action-oriented strategies" (p. 711) focusing on control of the environment and skill building to address problems directly.
6. *Emphasize the human element*. This category of strategies consists of social and professional supports that offset stress.
7. *Seek personal therapy*. This category emphasizes the beneficial role of help-seeking behaviors (in this case, through mental health services) to increase well-being.
8. *Avoid wishful thinking and self-blame*. This category of strategies represents the maladaptive coping behaviors that may magnify distress, lower adaptive coping, and thus, should be avoided.
9. *Diversify activities*. This category of strategies suggests that engagement in multiple activities and roles (both personal and professional) leads to greater satisfaction.
10. *Appreciate rewards of conducting psychotherapy*. This category of strategies includes active reflection benefits from conducting therapy (e.g., positive influences, personal insights or changes).

Even as attention has been drawn to self-care issues for mental health practitioners (Baker, 2003), interns remain under-studied.

Interns experience a wide range of developmental and clinical stressors during their training that advanced professionals may not (e.g., evaluation concerns in supervision; Solway, 1985). Consequently, the present study focused on interns' self-care strategies. In particular, the types of self-care strategies that interns used and the perceived effectiveness of those strategies were assessed. For the purpose of this study, the word *strategy* included any physical, mental, or emotional behavior that contributed to the reduction of stress as well as the replenishment of the intern (Guy & Norcross, 1998).

The Intern Self-Care Survey

Procedures and Participants

We used the 2002–2003 Association of Psychology Postdoctoral and Internship Centers' (APPIC's) *Directory of Internship and Postdoctoral Programs in Professional Psychology* (APPIC, 2002) to identify 448 training directors at fully accredited APA predoctoral psychology internship programs in the United States and Canada. In February of 2003, training directors were sent an e-mail that described the project and requested that they distribute an announcement of the project to each of their current interns. The announcement that was distributed to the interns described the study and provided a URL address to a Web-based survey. After completion of the survey, participants were provided with a list of resources on self-care (e.g., books, Web sites, and articles). A reminder e-mail was sent to each training director approximately 2 weeks after the initial announcement.

A total of 463 surveys were submitted online. Of these, 100 were not included in the analysis because of incomplete self-care data. Multivariate logistic methods were used to model the probability of survey completion when controlling for age (less than 29 years of age, 30 years and older), race (White, non-White), and internship site (counseling center, Veterans Administration [VA] center, hospital, other). Respondents aged 29 and younger were less likely to have completed the survey compared with respondents aged 30 and older. We were unable to calculate an exact response rate because interns were not contacted directly (rather, they were made aware of the project by their training directors), but the most conservative estimate would be 17.0% (on the basis of a total of 2,194 professional psychology doctoral interns on internship during the 2002–2003 year; APPIC, 2002). The majority of the sample were women (76.0%, $n = 354$), White (78.1%, $n = 361$), and on internship at hospitals, university counseling centers, or VA centers (68.0%, $n = 353$). On average, participants had been at their internship site for 9.1 months at the time of survey ($SD = 0.87$). The average age for the sample was 31.7 years ($SD = 6.10$). On the basis of the statistics provided by the APA 2001 Survey of Internship Applicants (APA Research Office,

[2003](#)), our sample was representative of the larger intern population regarding gender and race but had a larger percentage of interns from hospitals, university counseling centers, and VA centers (80.0% vs. 64.0%) than did the cohort in 2001.

Intern Self-Care Scale (ISCS)

We designed a 35-item questionnaire to assess the frequency of use and perceived effectiveness of self-care strategies that were based on [Norcross's (2000)](#) description of categories of self-care strategies. In addition, Norcross suggested that the authors include one additional category, *mind the body* (J. Norcross, personal communication, December 17, 2002), to encompass strategies such as adequate sleep, diet, and exercise. Of the 35 items, 6 came from the employ stimulus control category, 5 came from the recognize the hazards, begin with self-awareness, and emphasize the human element categories, 4 came from the avoid wishful thinking and mind the body categories, 3 came from the appreciate the rewards category, 2 came from the diversify activities category, and 1 came from the seek personal therapy category. Norcross's description of the think about strategies of self-care and embrace strategies from diverse theoretical orientations categories did not contain sufficient examples for us to create items that accurately represented these categories. In the process of scale development, each of us created, reviewed, and edited each item, and items were not included in the final scale until a full consensus was reached about how well it described and represented the specific category theme. The entire survey was piloted on two postdoctoral fellows (one woman and one man) and three newly licensed psychologists (one woman and two men) in counseling or clinical psychology to determine the total time needed for completion (about 15 min) as well as semantic clarity. Participants completing the ISCS were asked to provide two ratings for each item: the frequency of use of each strategy and the perceived effectiveness of each strategy. Ratings were made using a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*always*). Individual responses were summed to create Frequency and Effectiveness subscale scores; the possible range was 35 to 175 for each. The internal reliability estimate for the Frequency subscale was .80, and for the Effectiveness subscale, it was .90. One consideration for data analysis was to group items that came from the

same Norcross category and explore the distribution of Frequency and Effectiveness scores by categories. However, the results of an exploratory factor analysis (EFA) did not support the Norcross category structure. Factors derived from the EFA did not contain similar Norcross items and accounted for only a moderate percentage of explained variance (explained variance$_{frequency}$ = 56.9%; explained variance$_{effectiveness}$ = 57.1%). The EFA results, combined with our primary interest in exploring self-care strategies (rather than scale development), led us to focus on responses to individual items and summed scale scores.

Frequency of Self-Care Strategy Use

The average summed Frequency subscale score for the sample was 116.3 (*SD* = 23.3). Of the 35 self-care items presented to interns, 60% were used *frequently*, 37% were used *sometimes*, and 3% were used *rarely*. As seen in Table 1, the items with the highest mean ratings represented active problem-solving strategies, social support from family and friends, exerting control over internship choices, maintaining awareness of the impact of internship, the use of humor, and intern consultation. The 5 items with the lowest mean ratings were the use of therapy, the use of faith and spiritual practices, cultural activities, and social support from one's academic program. Multivariate regression methods were used to model gender differences when controlling for age (less than 29 years of age, 30 years and older) and internship site (counseling center/VA center/hospital, other). Summed Frequency scores for women were significantly higher (*M* = 117.6, *SD* = 22.5) than those for men (*M* = 111.4, *SD* = 26.0; *B* = .129, *p* = .02).

Effectiveness of Self-Care Strategies

The average summed Effectiveness subscale score for the sample was 119.3 (*SD* = 27.3). Of the 35 self-care items presented to interns, 77% were *frequently* effective and 23% were *sometimes* effective. As seen in Table 1, the items with the highest mean ratings were social support from family and friends, pleasurable experiences, humor, sleep and exercise, and active problem-solving strategies. The 5 items with the lowest mean ratings represented the use of therapy,

cultural activities, faith and spiritual practices, cognitive reframing, and use of feedback from others. Again, multivariate regression methods were used to model gender differences when controlling for age (less than 29 years of age, 30 years and older) and internship site (counseling center/VA center/hospital, other). Summed Effectiveness scores for women were significantly higher (M = 120.4; SD = 26.5) than those for men (M = 114.4, SD = 30.4; B = .107, p = .05).

Frequency and Effectiveness Relationship

Overall, the correlation between the Frequency and Effectiveness summed scales was strong (r = .87, p < .01). A visual inspection of the mean ratings in Table 1 indicated some commonality between Frequency and Effectiveness ratings (e.g., ratings for "I utilize my close friends, significant others, or family as a source of support" were relatively high). To further investigate the relationships between Frequency and Effectiveness, we rounded and plotted mean item scores on a matrix. None of the strategies fell into the *always* (mean score of 4.5 or higher) or *never* (mean score of 1.4 or less) range and the resulting 3 (Frequency) × 3 (Effectiveness) matrix is presented in Table 2. As seen in Table 2, cells along the diagonal represent concordance between ratings for Frequency and Effectiveness subscales of the same strategy. The majority of self-care strategies (19 out of 35) were *frequently* used and effective and another 5 items were *sometimes* used and effective. Items such as "I have lunch/take a break out of the office one time a week" were *sometimes* used and *frequently* effective. Other items demonstrating discordance for Frequency and Effectiveness subscale ratings included "I seek therapy for myself" (*rarely* used, *sometimes* effective), "I attend to feedback from others regarding my level of stress and functioning," and "I identify the aspects of internship that impact me negatively and work to resolve or deal with them" (both *frequently* used and *sometimes* effective).

Discussion and Implications

Student self-care is the collective responsibility of organized psychology, training programs, and the students themselves. Further, self-care should be viewed by all as a lifelong process and not limited

to any one group of professionals or preprofessionals. The purpose of this exploratory study was to identify the use and effectiveness of interns' self-care behaviors. The data collected represent a description of self-care patterns for a sample of interns in the later stages of the internship year (about 9 months into the internship).

Although other studies have documented intern stress (Brooks et al., 2002), it will be important for future studies to assess intern stress in relationship to self-care strategies (particularly given the events of September 11th, after which the present study was conducted). For example, internship-specific stressors (like clinical stressors, concerns about evaluation, and developmental shifts in professional identity; Lamb et al., 1982; Rodolfa et al., 1988), academic stressors (like incomplete dissertations and dissertation proposals; Krieshok, Lopez, Somberg, & Cantrell, 2000), and personal stressors (such as self-esteem and adjustment issues; Brooks et al., 2002) may all impact the need for, use, and effectiveness of self-care strategies. Gender-specific stressors or stress levels were not explored in this study, but women interns have reported higher levels of stress in at least one study (Cushway & Tyler, 1996). Women's significantly higher use and effectiveness scores in our study could reflect their need to offset higher levels of stress or, alternatively, reflect men's disinclination to report distress or seek help (Addis & Mahalik, 2003).

Implications for Training Sites

One theme woven throughout the literature on practitioner self-care is that of concern for the client and avoidance of impairment (Baker, 2003; Guy & Norcross, 1998). Indeed, an indirect result of effective self-care would be improved client welfare, and thus it is critical that mental health professionals at a minimum begin to think about effective self-care for themselves and their trainees. In this spirit, we would advocate that intern training programs be intentional about their promotion of self-care through the use of modeling, didactic and experiential workshops, and other activities that involve all members of staff. Although agencies, training sites, and training directors hold diverse views on how and when to intervene with interns about self-care, it would be important for internship sites to consider doing a number of things.

1. Document the internship site's stance on self-care in program materials. Workers at internship sites see intern struggles as a developmental process—some may assume too much or too little responsibility for intern self-care. In the absence of a common definition of self-care across sites, this may be an important variable for prospective interns (perhaps women) to understand during the match process, and thus, the availability of such information in program materials would be key to clarifying expectations for all. It would be interesting to know the degree to which self-care is discussed in program materials (like mission statements), but to our knowledge, no self-care content analysis of internship materials has been conducted.

2. Consider the organizational and professional factors that facilitate or block self-care. Each internship site will contend with unique barriers, weaknesses, strengths, and preexisting self-care learning resources. Small sites may not have the adequate staff or resources that larger sites do, rural sites may not be able to access community resources that more urban sites can, and hospital-based sites may have a wealth of self-care learning opportunities built in when other sites lack these. The geographical locale of an internship may limit some types of self-care behaviors (e.g., hiking in the mountains, swimming in the ocean). Finally, the lack of available funds during fiscal crunches may present as a barrier. When faced with increasing numbers of clients and limited resources, a director of a department or organization may be unable to allocate further training time to interns (e.g., to attend an additional seminar on self-care). Future research on intern self-care would benefit greatly from the training director's perspective, including definitions of adequate training in self-care, staff attitudes around intern self-care, and other organizational factors that facilitate intern self-care.

3. Think about self-care from various theoretical perspectives. Self-care need not be viewed only as a method of coping or problem remediation for interns. Osborn (2004) provided an excellent discussion of a practitioner's well-being from a strengths-based view and referred to this as "counselor stamina." She noted,

   A discussion of stamina intends to draw attention to the cultivation, amplification, and routine use of one's strengths and resources, as opposed to focusing on a problem (i.e., burnout) and outlining attempts to rid oneself of or continually fight against the problem (i.e., coping). (p. 319)

In this way, self-care, well-being, and stamina can be introduced to interns in the context of theoretical perspectives like medical models, human strengths models, and diversity models. Additional research on the resources that interns possess (e.g., their curiosity, their dispositions, their identity) would be an important complement to the study of specific self-care behaviors and strategies.

Suggestions for Prospective and Current Interns

We suggest that even before starting internship, students consider their self-care needs and their expectations for self-care during internship. One strategy would be for students to think about past atmospheres, organizations, and individuals that supported and/or discouraged the prioritization of self-care and to compare them with internship sites of interest. As students engage in the process of internship preparation (e.g., reviewing internship materials, contacting students from the program who are currently on internship, and talking with current interns at prospective sites), they should be cognizant of the potential (mis)match between their needs and the environment. Current interns could also benefit from this type of exercise as they begin job searches—self-care is a lifelong process and not limited to the internship year. Students and interns can begin to document the activities and strategies they find helpful as well as the frequency with which they have been able to engage in these strategies.

Once on internship, we suggest that interns be intentional about and take responsibility for addressing self-care needs and for understanding how particular strategies help to combat stress and promote optimal functioning. Interns, in collaboration with training directors, family, and colleagues, can work to monitor stress, solicit feedback from others, consult, and use and explore strategies that best fit for them. Familiarizing oneself with the resources available is a first step. As a point of departure, we recommend students and interns review the APA's Board of Professional Affairs Advisory Committee on Colleague Assistance Web site, which contains self-care resources and information (accessible to APA members at http://www.apapractice.org/apo/insider/professional/self0.html#). In addition, the authors have compiled a list of readings for students and

interns (see Appendix). In part, these readings were selected because they provide concrete suggestions that students and interns may adopt, but more important, many provide suggestions within the context of professionals' narratives.

References

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*, 5–14.

American Psychological Association Research Office. (2003). *2001 APA Survey of Internship Applicants*. Washington, DC: American Psychological Association.

Association of Psychology Postdoctoral and Internship Centers. (2002). *APPIC Directory* (33rd ed.). Washington, DC: Author.

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

Brooks, J., Holttum, S., & Lavender, A. (2002). Personality style, psychological adaptation and expectations of trainee clinical psychologists. *Clinical Psychology and Psychotherapy*, *9*, 253–270.

Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, *28*, 5–13.

Cushway, D., & Tyler, P. (1996). Stress in clinical psychologists. *International Journal of Social Psychiatry*, *42*, 141–149.

DeAngelis, T. (2002). Normalizing practitioners' stress. *Monitor on Psychology*, *33*(7), 62–64.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, *58*, 1433–1441.

Gilroy, P. J., Carroll, L., & Murra, J. (2002). A preliminary survey of counseling psychologists' personal experiences with depression and treatment. *Professional Psychology: Research and Practice*, *33*, 402–407.

Guy, J. D., & Norcross, J. C. (1998). Therapist self-care checklist. In G. P.Koocher, J. C.Norcross, & S.HillIII (Eds.), *Psychologist's desk reference* (pp. 387–392). New York: Oxford University Press.

Heath, S. (1991). *Dealing with the therapist's vulnerability to depression*. Lanham, MD: Aronson.

Kaslow, N. J., & Rice, D. G. (1985). Developmental stresses of psychology internship training: What training staff can do to help. *Professional Psychology: Research and Practice*, *16*, 253–261.

Kleespies, P. M., & Dettmer, E. L. (2000). The stress of patient emergencies for the clinician: Incidence, impact, and means of coping. *Journal of Clinical Psychology*, *56*, 1353–1369.

Kramen-Kahn, B., & Hansen, N. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists. *Professional Psychology: Research and Practice*, *29*, 130–134.

Krieshok, T. S., Lopez, S. J., Somberg, D. R., & Cantrell, P. J. (2000). Dissertation while on internship: Obstacles and predictors of progress. *Professional Psychology: Research and Practice*, *31*, 327–331.

Kuyken, W., Peters, E., Power, M. J., & Lavender, T. (2003). Trainee clinical psychologists' adaptation and professional functioning: A longitudinal study. *Clinical Psychology & Psychotherapy*, *10*, 41–54.

Lamb, D., Baker, J., Jennings, M., & Yarris, E. (1982). Passages of an internship in professional psychology. *Professional Psychology: Research and Practice*, *13*, 661–669.

Mahoney, M. J. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*, *28*, 14–16.

Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice*, *31*, 710–713.

Osborn, C. J. (2004). Seven salutary suggestions for counselor stamina. *Journal of Counseling & Development*, *82*, 319–328.

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, *25*, 247–258.

Radeke, J. T., & Mahoney, M. J. (2000). Comparing the personal lives of psychotherapists and research psychologists. *Professional Psychology: Research and Practice*, *31*, 82–84.

Rodolfa, E. R., Kraft, W. A., & Reilley, R. R. (1988). Stressors of professionals and trainees at APA-approved counseling and VA medical center internship sites. *Professional Psychology: Research and Practice*, *19*, 43–49.

Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology: Research and Practice*, *29*, 284–292.

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*, 167–176.

Solway, K. (1985). Transition from graduate school to internship: A potential crisis. *Professional Psychology: Research and Practice*, *16*, 50–54.

Zapf, D. (2002). Emotion work and psychological well-being: A review of the literature and some conceptual considerations. *Human Resource Management Review*, *12*, 237–268.

APPENDIX

APPENDIX A: Suggested Self-Care Readings and Resources

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

Brooks, J., Holttum, S., & Lavender, A. (2002). Personality style, psychological adaptation and expectations of trainee clinical psychologists. *Clinical Psychology and Psychotherapy*, *9*, 253–270.

Davis, M., McKay, M., & Eshelman, E. R. (2000). *The relaxation and stress reduction workbook* (5th ed.). Oakland, CA: New Harbinger.

Grosch, W., & Olsen, D. (1994). *When helping starts to hurt: A new look at burnout among psychotherapists*. New York: Norton.

Guy, J. D. (2000). Holding the holding environment together: Self-psychology and psychologist care. *Professional Psychology: Research and Practice*, *31*, 351–352.

Kleespies, P. M., & Dettmer, E. L. (2000). The stress of patient emergencies for the clinician: Incidence, impact, and means of coping. *Journal of Clinical Psychology*, *56*, 1353–1369.

Kottler, J. A. (1999). *The therapist's workbook: Self-assessment, self-care, and self-improvement exercises for mental health professionals*. New York: Wiley.

Lazarus, A. A. (2000). Multimodal replenishment. *Professional Psychology: Research and Practice*, *31*, 93–94.

Mahrer, A. R. (2000). How to use psychotherapy on, for, and by oneself. *Professional Psychology: Research and Practice*, *31*, 226–229.

Norcross, J. C. (2000). Psychotherapist self-care: Practitioner tested, research informed strategies. *Professional Psychology: Research and Practice*, *31*, 710–713.

Norcross, J. C., Brown, R. A., & Wolfe, J. L. (2000). A vacation from musterbation. *Professional Psychology: Research and Practice*, *31*, 581–583.

Osborn, C. J. (2004). Seven salutary suggestions for counselor stamina. *Journal of Counseling & Development*, *82*, 319–328.

Sapienza, B. G., & Bugental, F. T. (2000). Keeping our instruments finely tuned: An existential-humanistic perspective. *Professional Psychology: Research and Practice*, *31*, 458–460.

Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Needham Heights, MA: Allyn & Bacon.

Varma, V. P. (1996). *Stress in psychotherapists*. London: Routledge.

Weiss, L. (2004). *Therapist's guide to self-care*. London: Taylor & Francis.

Williams-Nickelson, C. (n.d.) *Mentoring, balance and self-care—especially for women: A collection of articles and resources*. Retrieved February 27, 2004, from http://0-www.apa.org.libus.csd.mu.edu/apags/profdev/wmsmentors.html

Table 1. Frequency and Effectiveness Means and Standard Deviations for Intern Self-Care Scale (ISCS) Items

Item	Frequency		Effectiveness	
	M[a]	SD	M[a]	SD
07. I utilize my close friends, significant others, or family as a source of support.[b]	4.3	0.74	4.1	0.71
29. I seek solutions of difficulties I encounter.[c]	4.3	0.67	3.8	0.70
14. I use humor.[d]	3.9	0.75	3.9	0.74
31. I choose internship activities that interest me.[e]	3.9	0.74	3.8	0.82
01. I maintain self-awareness of the impact that my internship experiences has on me and my work.[f]	3.9	0.76	3.6	0.79
20. I seek out pleasurable diversions outside of internship.[d]	3.8	0.90	4.1	0.83
11. I consult with my fellow interns.[g]	3.8	0.80	3.7	0.80
25. I set realistic goals for myself regarding internship.[e]	3.7	0.80	3.8	0.84
02. I seek supervision from my clinical supervisor.[b]	3.7	0.93	3.8	0.88
19. I work to create a comfortable environment for myself.[d]	3.7	0.92	3.7	0.88
05. I express my feelings openly and honestly.[g]	3.7	0.72	3.7	0.79
32. I diversify my internship activities.[e]	3.7	0.81	3.6	0.89
09. I eat well.[h]	3.6	0.78	3.8	0.90
22. I utilize my intern peers as a source of support.[b]	3.6	0.94	3.7	0.87
10. I actively try to be in touch with my feelings in the moment.[g]	3.6	0.83	3.5	0.83
13. I am aware of how I react to stress and recognize this in the moment.[d]	3.6	0.69	3.5	0.73
12. I identify the aspects of internship that impact me negatively and work to resolve or deal with them.[g]	3.6	0.80	3.4	0.85
06. I attend to feedback from others regarding my stress level and functioning.[g]	3.6	0.84	3.3	0.88
18. I take time to be by myself.[d]	3.5	0.92	3.8	0.92
30. I avoid using self-blame and self-denigration.[e]	3.5	0.84	3.7	0.85
27. I ask for things that I need to help me at my internship site.[e]	3.5	0.85	3.5	0.92
17. I get adequate amounts of sleep.[h]	3.4	0.97	3.9	1.02
04. I have lunch or take a break outside of my internship site at least once a week.[f]	3.4	1.44	3.8	1.18
35. I seek consultation from other staff member.[f]	3.4	0.84	3.6	0.82
26. I exercise.[h]	3.2	1.00	3.9	1.04
08. I prioritize self-care issues and accordingly make changes in my life.[g]	3.2	0.86	3.7	0.85
16. I utilize cognitive reframing of my mistakes.[d]	3.2	0.84	3.3	0.87
34. I think back to positive, life transforming, or breakthrough moments with a client as a way to appreciate the rewards of clinical work.[i]	3.1	0.87	3.5	0.94
03. I take time to celebrate the successes of my work.[i]	3.0	0.86	3.5	1.02
28. I use relaxation strategies.[h]	3.0	0.86	3.5	0.94
15. I take time to connect with my peers and mentors from my home (academic) program.[b]	2.8	0.96	3.4	1.05

21. I engage in activities related to cultures other than my own.[d]	2.8	0.85	3.1	0.95
23. I work to spend time with people who are culturally similar to me or who share similar cultural values as me.[b]	2.8	0.99	3.0	1.00
33. I turn to my faith or spiritual practices (e.g. attending church, praying, meditating, etc.).[e]	2.7	1.32	3.2	1.32
24. I seek therapy for myself.[i]	2.3	1.28	3.0	1.47

Note. Items are preceded by the survey item number and are sorted in descending order on Frequency mean score. Total *n*s range from 309 to 361. [a]1 = *never*; 2 = *rarely*; 3 = *sometimes*; 4 = *frequently*; 5 = *always.* [b]From the emphasize the human element category. [c]From the avoid wishful thinking category. [d]From the employ stimulus control category. [e]From the diversify activities category. [f]From the recognize the hazards category. [g]From the begin with self-awareness category. [h]From the mind the body category. [i]From the appreciate the rewards category. [j]From the seek personal therapy category.

Table 2. Cross-Classification of Intern Self-Care Scale (ISCS) Frequency and Effectiveness Item Ratings

Effectiveness	Frequency		
	Frequently	Sometimes	Rarely
Frequently	1. Maintain self-awareness	3. Celebrate successes	
	2. Seek supervision	4. Have lunch out of office	
	5. Express my feelings	8. Prioritize self-care	
	7. Utilize friends for support	26. Exercise	
	9. Eat well	28. Use relaxation strategies	
	10. Try to be in touch with my feelings	34. Appreciate rewards	
	11. Consult with interns	17. Get adequate sleep	
	13. Recognize my reactions to stress	35. Seek consultation from staff	
	14. Use humor		
	18. Take time to be by myself		-
	19. Create a comfortable environment		
	20. Seek out pleasurable diversions		
	22. Utilize interns for support		
	25. Set realistic internship goals		
	27. Ask for things I need to help me		
	29. Seek solutions to difficulties		
	30. Avoid self-blame/denigration		
	31. Choose interesting activities		
	32. Diversify my internship activities		
Sometimes	6. Attend to feedback about my stress	15. Connect with faculty member	24. Seek therapy
	12. Identify negative aspects	16. Utilize cognitive reframing	
		21. Do activities outside my culture	
		23. Be with culturally similar people	
		33. Turn to faith	
Rarely	-	-	-

Note. Items are preceded by the survey item number.