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Ashton H. McMullan

University of Montana, Missoula, ashton.mcmullan@umconnect.umt.edu

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Haley McMullan

University of Montana

Therapist, Heal Thyself?

A Study of Self-Care Practices among Therapeutic Service Providers

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Abstract

Missoula, Montana, is the largest city in western Montana and a social service hub for more than 110,000 residents of the surrounding county and beyond. Whether nonprofit, government agency, or individual provider, each social service offering has its own model of change and form of therapeutic services designed to ensure the best life possible for its clients—but how do the leaders of these organizations also try to make the best lives for themselves and their staff? In this research project, I will investigate this question, analyzing and comparing the self-care practices—formal and informal, public and private, personal and institutional—of five Missoula leaders whose professional settings offer therapeutic services.

Introduction

Self-care is a tenet of the social work profession and is defined by the Buffalo School of Social Work (2016) as the “activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and well-being.” It is considered a “social work survival skill” (Buffalo, 2016), necessary for effective practice and avoiding burnout, that “syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind,” as described by the National Association of Social Worker’s Professional Self-Care Policy (2008). Risk of burnout may be especially high among those who provide therapeutic services because of their constant exposure to others’ physical and emotional distress. Indeed, research has found that professionals who work closely with trauma victims often also experience symptoms of trauma, known as secondary trauma or compassion fatigue. Self-care seeks to

counteract these negative effects of being a social work practitioner and is a vital component of avoiding burnout and providing ethical and effective service to clients.

As a social work student, I have been consistently reminded in every class of the importance of self-care practices as both a preventative measure for avoiding burnout and an ethical obligation to my clients to avoid compassion fatigue and ineffective delivery of services. Throughout my undergraduate career, I have filled out “green, yellow, red” charts designed to show the warning signs of stressful lives and written essays on the importance of self-care routines and sat in group circles announcing my self-care “intentions” for the weekend. At the end of those activities and classes, however, I have often found myself at a loss for what self-care actually meant and how to integrate it realistically into my life.

As I continued to hear about the importance of self-care, I also continued to watch and observe others around me and began to notice a pattern. Everyone continually talked about self-care in an abstract way, and yet brushed it off when it came to specifics. My fellow classmates and I scoffed at the idea of meditation and mindfulness as nice for those “who had the time.” A friend who was going to school full time, volunteering 20 hours a week at a local non-profit, and campaigning for a local election summed it up well, “I can either go to the gym for an hour and spend the whole time worried about a paper I am not doing, or I could just do the paper.” She was not alone in her frustration. “I literally do not have time,” said another classmate who spent his nights working at a shelter for young children. Overwhelming stress seemed common among our class of future social workers, who pushed off therapeutic techniques they themselves might recommend to a client. It seemed as if the stress and obligations would only get worse as our careers flourished and responsibilities grew larger.

The first time I became aware of the effects of secondary trauma in my own life, I was in the backseat of a Jeep Cherokee with three of my best friends, three hours deep into the middle of Idaho on the way to a remote hot spring. The relaxing weekend getaway, described to me by friends as “ideal self-care” included backpacking, camping, and beautiful scenery. And yet, on the way to the trailhead, surrounded by my three closest friends, I found myself sobbing in the backseat of the car, inconsolable and unsure why. The idea of this trip—of interacting and communicating with three of the people I felt most comfortable with in the world—felt incredibly stressful. I did not know what to do or how to be.

Three weeks earlier, I had started my first full-time direct social service position working at the local detention facility providing mental health treatment for inmates with severe disabling mental illnesses for 35 hours a week. Despite only being a practicum student, I was working in one-on-one sessions with clients, providing regular check-ins as an outlet for clients to talk to someone who was not a detention officer or another inmate. Our biggest intervention, my supervisor had told me, was listening. So I listened. And, I was amazed at how much people were willing to share with me. Within a few weeks, I had spent the majority of my waking hours listening to people describe the intense trauma of their lives. A mother struggling with an opioid addiction told me about losing her child. A veteran with post-traumatic stress disorder described watching a young boy being killed. A young girl of 18 cried about her father continually raping her. I listened fully, with deep empathy and care. Then, I continued my work. The emotional and mental consequences of hearing these events did not occur to me. Instead, I moved to the next client.

The effects of my new job did not manifest in the way I would have expected them to. Rather than becoming emotional during meetings with clients or feeling a sense of dread at going

into another session sure to be filled with traumatic stories, I instead began dreading going home and spending time with the people I cared about. I left work each day emotionally empty. It felt as though talking to another person, something that normally brought me much joy, would push me over the edge. I wanted to avoid other people. I watched television at the end of long days and went to sleep early—my so-called self-care. Hanging out with people who were talking about normal things—school, the latest movie, or book—felt overwhelming and surreal. It did not make sense that in the midst the immense suffering my clients were struggling with such simple, uncomplicated pleasure could exist. That is, after spending much of my day in a detention facility, listening to the needs of the poor, forgotten, and mentally ill, sharing a glass of wine with friends at the end of the day felt selfish, indulgent, and fake.

Weeks later when I found myself crying in the backseat of the car, completely overwhelmed at the prospect of spending a weekend with my closest friends, I knew something had broken inside of me. I was three weeks into a job I found powerful, meaningful, and important, a job where I would eventually thrive. That Saturday, in the middle of Idaho, however, compassion fatigue overwhelmed me. Something had to give. I was living in the midst of a black and white world—where there was only suffering or ignoring suffering. Laura van Dernoot, a leading expert in the field of self-care and author of the book *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring For Others* (2009), describes this world well: “People,” she says, “may come to believe that feeling happy or lighthearted is a betrayal of all the countless humans, creatures, and environments that are under siege on this planet...as if the only way they can express solidarity with suffering of any kind is by suffering themselves” (p. 16). I was in this place. I knew I had to find a way out.

Luckily, many social workers before me have experienced the grief of compassion fatigue. And so, months after listening to my professors talk everyday about self-care, and writing a proposal to do my senior research on self-care, the project felt more urgent. My research is largely qualitative, providing case studies of the self-care practices of five female leaders of organizations that offer therapeutic services in Missoula. I chose to interview only female leaders out of self-interest: I am a woman and most social service providers are as well. I was also particularly interested in how women—who traditionally have been expected to take on caretaking roles that ask women to put others before themselves—view and understand self-care. In this paper, I will construct their narratives through in-depth interviews that seek to provide a picture of each individual's personal and professional self-care practices throughout her career. Next, I will compare the interviews to find similarities and differences in my subjects' approaches to self-care for themselves and their colleagues. Finally, I will analyze my findings in light of my own social work career and self-care trajectory.

In my interviews, I sought to learn specific information regarding the most demanding and most rewarding aspects of my subjects' jobs and what role self-care plays in their lives, both now and in the past. What, for example, are the personal consequences, positive or negative, of serving clients in need and responding to their experiences of trauma? How do they manage their time and respond to setbacks? What sustains them the most, physically and emotionally? What self-care routine, if any, do they follow? Are their practices similar to or different from those they offer (and, may even require of) their clients? Are these practices based on any research or professional advice? Do they exercise? Meditate? See a counselor or therapist? Take vacations or sabbaticals? Process together? What is their experience of burnout and renewal?

Theresa Williams

Theresa Williams is the lead coordinator for Missoula County 10-year plan to end homelessness, a project sponsored through the United Way of Missoula. She accepted this job after leaving her previous position as program manager and lead therapist at the Missoula County Jail Diversion Program. There, for a little over a year, she worked as the sole mental health provider for the 400 or so inmates at the Missoula County Detention Facility, prioritizing clients with severe disabling mental illnesses, such as schizophrenia, bi-polar, post-traumatic stress disorder, and other major depressive disorders. She spent well over 40-hours a week working in the jail providing in-depth therapy to as many clients as she could possibly see. Within a year, she had successfully applied for grants that expanded the program, and her staff grew to include a case manager and peer support specialist. This fall, after three years at the job, she transitioned to her current role at the United Way—an indirect service position with a macro-level focus.

Theresa is a deeply intelligent, thoughtful, and authentic person. You can easily imagine what a powerful therapist she is, and when she left her job at the detention facility, many were surprised by her decision. Although she says she misses the fast pace of jail and the clients she worked with, Theresa says at a certain point she needed to slow down. She says the work took a toll on her in ways that she is only now—two months after leaving the job—beginning to understand.

At the detention facility Theresa worked with extremely highneed clients. Jail, she says, is a catch-all for all the people social service systems have failed. Her clients were almost invariably poor, people with mental illness and substance abuse issues who had experienced a significant amount of trauma in their lives. She spent years listening and responding to tragedy, burning the candle on both ends—by working with both extremely complex and traumatized

patients and with an incredibly large caseload. She loved the work and thrived in the environment.

Eventually, however, she needed a change. In the end, she says, you're giving so much of yourself as a resource. "I was always in a rush," she explains, "Lives were at stake. But to what end?" During those years, the weight of constant challenges and triage-like care were simply an everyday part of life. The chaos never stopped, however. At a certain point, she began to feel like a greyhound chasing a hare; that is, it felt as if the chase were never going to end.

The toll the job took on her did not seem dramatic or daunting at the time. Now, the effects are clearer. Despite having extreme empathy for her clients, she worked hard at her old job to create a wall that did not allow her clients' experiences to affect her emotionally. This is a commonly used "survival technique" for many trauma workers. To thrive in the intense world, you compartmentalize life into separate sections. Theresa realized the effects of this recently at a meeting at her new job.

Last month, Theresa's team was organizing a memorial for homeless people who had died on the street in the past year. When talking about someone who has passed away, one of the other organizers began to cry. Theresa—surprised and embarrassed at the outburst—says she was not sure at all how to handle the situation. She said it felt bizarre and strange to see her co-worker cry. She fumbled through the situation and, after ruminating on it, realized she was the strange one. Trauma work was so ingrained in her life that hearing about things that upset other people had no effect on her. Much of her raw emotional response was gone. Trauma expert Laura van Dernoot describes having a similar realization in her own life after years of trauma work. At some point, she says, you realize this choice is a paradox. "If we are to truly know joy," she says, "we cannot afford to shut down our experience of pain" (Van Dernoot, 2009, p. 15).

These days Theresa prioritizes self-care. She exercises every day, engages in mindfulness practices, takes breaks throughout the day, and does not talk about work at home. She has switched to an indirect service position where she is not exposed to trauma every day. Theresa believes that self-care is part of a constant journey and you learn by trial and error. We are all constantly shifting and changing and self-care will shift and change as we do. She says, as social workers, we have to prioritize self-care and yet we do not. We strive to serve more clients, get more hours, and offer more services. Although she believes these direct service experiences are both crucial to clinician development and clients served, at some point she had to stop and work in more indirect care. She believes there has to be a cultural shift and a change in attitude about the way we work so these jobs are more sustainable. Now, she says, lives aren't directly dependent on her in the same way that they were. That in itself provides a huge sense of relief (Williams, 2016).

Katherine Issacson

Katherine Issacson is the executive director of Missoula's adult services at Western Montana Mental Health Center, the largest mental health and addiction treatment provider in western Montana. She has a staff of over 200 people and is a trained Licensed Clinical Professional Counselor. Katherine works over 50 hours a week managing her large organization, balancing the need for financial management, program development, staff needs, and personal time constraints. The job, she says, is sometimes overwhelming.

Katherine came to social work after getting an undergraduate degree in parks and recreation and working in her ideal world of self-care, spending time in the woods. She spent a few summers working with wilderness therapy programs—alterative therapeutic programs

designed to help adults and teenagers get out of their normal circumstances and heal in a more natural setting. She loved the work and decided to become a therapist.

After getting her master's in counseling and working in a number of therapeutic positions at mental health clinics, Katherine eventually moved from direct service to management positions—a choice that has been better for her self-care. The thing is, she says, self-care is hard. And truth be told, she can either do two more hours of work or go home and exercise. She feels selfish if she chooses the latter. Katherine says that with her work, something has got to give. She cares deeply about her organization and the clients it serves. If she takes time off, things go undone and people go unserved. Usually, the first thing to go is her personal time.

Instead of following a regular self-care routine, Katherine blocks off specific weekends for intensive, full-blown self-care. She saves up her vacation days and spends a week hiking deep into the wilderness of Montana, immersing herself in self-care to last for the next two months, or dashes off on a trip to the desert for a mountain biking trip with her girlfriends for a full three days without any work. “Work hard, play hard” is her motto. She says the method works for her.

Katherine agrees that everyday forms of self-care would benefit her in the long run for some give in the short run. At the end of the day, however, it does not feel possible. She is tired and she needs to get work done. It is ironic, she says, because she wants her employees to engage in self-care practices. If she sees people at work past 7:00, she tells them to leave. There is no need! At some point the work has to end. She admits she cannot take her own advice. The personal consequences if this mostly involve her own health. She feels the weight of not regularly exercising, cooking at home, or getting enough sleep. She knows that it is directly

related to the tiredness she feels at the end of the day from the weight of her job. “I’m a complete hypocrite,” she says.

Katherine describes the issue of burnout and secondary trauma as multifaceted, system problems. There aren’t enough resources available and social service organizations aren’t able to hire the type of workforce they need. Yet, because these organizations are crucial and must get things done, people pick up the slack. Part of the idea of a helping profession, she says, is that we are here to serve others and not ourselves. We provide care for others or with others but never for ourselves. When seeing clients in emergency situations on a day-to-day basis, it’s easy to forget about ourselves. Still, at the end of the day, Katherine’s blocked-off intensive self-care works for her: “I do what I do. At some point maybe something will change. For now, I will keep working hard and taking the days when I can. All of it is important to me” (Issacson, 2016).

Cindy Weiss

Cindy Weiss is the executive director of the local YWCA. Their mission is “empowering women, eliminating racism,” and Cindy says she feels the pressure of that motto nearly every day. She manages a staff of 15 women and an organization with a multitude of programs that serve women and men who have experienced domestic violence—including everything from an emergency shelter to free counseling to a secondhand clothing store.

Cindy came into social work through what she calls “fate.” She studied business in her undergraduate career, during which she became a volunteer at the YWCA’s emergency hotline. There she fell in love with social work, eventually working at the emergency shelter for 5 years. She says it was some of the most taxing and rewarding work of her life. “It is hard because you go in and you are tired and you have a lot on your mind and it is difficult. And then you have to leave all that—yourself—behind and be your best. People’s lives depend on it.”

Cindy loves her work because it's incredibly meaningful and she goes home every day knowing how essential her organization is. Her mother was a victim of domestic violence and she wishes an organization like the YWCA had been available for her. Working with a group of empowered, social justice-focused women is also important to Cindy. Her staff are her "cause sisters" and, although they do not often hang out outside of work, they are some of her closest friends. Self-care is essential in an organization like hers, lest secondary trauma overwhelm her workers.

Cindy believes self-care is integral to the social work profession and has made it a priority of her staff as their executive director. She has tried a variety of methods and works to support staff in their own efforts at self-care. She has brought in yoga instructors, led book groups and meditations, and created point systems that reward proper care. Her staff of all females encourage and support one another. And, they are encouraged to take care of themselves through 30 minutes of paid "wellness" time everyday where they can leave early to go to the gym, take care of their kids, and prioritize their self-care needs. A counselor is available to talk to staff, and starting workers receive three weeks of paid time off per year. Cindy's come to realize that self-care is incredibly personal and if her staff is personally doing well, they will be better equipped to help take care of others.

For her, self-care has always been the same—she needs time alone and a lot of exercise. She says she has been fairly consist throughout her life in her self-care routine. She takes care of her body by treating it well with good food, exercise, and a lot of sleep. She takes care of her emotional and mental well-being by spending as much time as she can alone. This means she gets up early in the morning to do her own thing. She describes herself as an introvert and says

her job now—as an executive director—requires being around and managing people all day. She loves it, but it is sometimes difficult for an introvert. However, she makes herself her priority.

She attributes her success in self-care to starting it early. “I was an athlete in high school, and I think it became ingrained in me there. I have always known I have to take care of myself.” She also believes not having kids has helped her as well. She has more time for herself. Time management is easier. With kids, she is not sure what her life would be like (Weiss, 2016).

Amy Chesebro

Amy Chesebro is the program manager of the Missoula County Jail Diversion Program. In Theresa Williams’s old job, she is now the sole clinician available for the 400 or so inmates at Missoula County Detention Facility. Amy became the program manager of the jail diversion program after taking a case manager job as a practicum student and moving up the ladder. She took the lead position two months ago.

As a clinician, Amy spends every day seeing a constant influx of clients who need her direct care. There are her clients with severe disabling mental illnesses whom she needs to see each week for intensive therapy, the clients who are suicidal and must be evaluated every few hours, and the clients who are exiting jail but have high mental health needs. Amy is in charge of them all. The workload is heavy and the work incredibly draining. But Amy thrives in the high pressured environment.

Three years ago, Amy was working at the Office of Public Assistance in Missoula, and saw first-hand the difficulties those exiting incarceration faced. She would watch people come into the office, directly from jail, with no plan, money, or housing. Then, she would see them come in again, months later, directly from jail with the same lack of resources. She saw the cycle, and her interest in the criminal justice system began. Amy pursued her Master’s in Social

Work, focusing on working with people incarcerated. As a first-year student, she realized her dream job was to head the Jail Diversion Program and work with clients who were incarcerated and mentally ill in hopes of connecting them with community mental health and social service resources to reduce rates of recidivism. Two years later, she is head of the program.

Amy's high-stakes job causes her a lot of anxiety. Throughout the day, she's constantly moving from one client to the next diligently focused on serving as many people as possible. Right before bed, she begins to play over events of the day and the worrying begins. She wonders, did I say the right thing? Give the right diagnosis? Should I have been more cautious? Is this person okay? The weight of her job is heavy. Although Amy believes self-evaluation is good and necessary, at a certain point it can veer into toxic territory. She could spend all night going over the events of each day in her head. The reality is, however, that won't help anyone,

Amy cringes when I ask her about self-care. A self-described social worker who does not like the word "social work," she prefers terms grounded in realism and tangible results. Even the word therapist makes her uncomfortable. "I'm a clinician, not a therapist," she insists. Self-care, she believes, is a fluffy term social workers use a lot without giving it actual meaning. At the end of the day, however, it's something she thinks about and engages in frequently; her high stress job demands she must.

For self-care Amy tries really hard to focus on being present. When she is at work, she only thinks about work. When she is at home, she tries to only think about being home. She is a single mother of a 4-year-old daughter. Having a busy and full work and home life make it easier to focus on each one when she is there. Picking up her daughter from school after work is her signal to transition from clinician to parent mode. It works well for her. When she puts her daughter to bed, however, the worry about the day starts. Exercise helps with this, as does

reading. At the end of the day, however, Amy says the best thing you can do for yourself is find a job you love. Her job is high stakes, but she loves it. It's her dream job and she lights up when she talks about it. She cares deeply about her clients and is inspired by their resilience on a daily basis. "I leave work every day feeling so lucky to have the life and resources I do. All of my other worries seem pretty silly" (Chesebro, 2016).

Jean Zosel

Jean Zosel has been the executive director of Garden City Harvest for the last six years. Garden City Harvest is an environmental nonprofit dedicated to building community through agriculture, by growing food with and for people with low incomes, offering education and training about environmentally conscious agriculture, and using community gardens as sites for the personal restoration of youth and adults. Jean describes her work life as busy, but not incredibly overwhelming. For her, the job is "low burnout." That is, no one's life depends on her. Freedom from such dire responsibility makes self-care much easier. Her staff is an "emotionally solid" group and her organization is reaping the benefits of years of success and continued support for her non-profit.

Jean says one of her main methods of self-care is not working more than 40 hours a week. Some weeks she believes this is not possible, but most of the time she insists that it is. Although Jean says she loves her job, she also thinks it is vital to put yourself before your work. She describes spending much of her middle adulthood unhappy. She worked at a local television station for long hours with an overly demanding boss. She was in an unhappy marriage that she had convinced herself she had to stay in. And, finally, at the end of one day, she realized that this was it. This was life. She could change it or she could keep living it as it was, but things were not going to change unless she did.

Jean says life is too short to be constantly overwhelmed. She believes age (she is in her 60s) has brought her wisdom, and she has found the balance between taking herself too seriously or not at all. “Women are put in this box,” she says “where we are supposed to feel an unrelenting desire to have it all. And it is abundantly clear to me that that is bullshit. I try not to torture myself. Now, I let stuff go, I delegate tasks, and I am clear on my priorities.”

For self-care Jean puts herself first. She says exercise and eating healthfully play a huge role in her overall wellbeing. It is a clear and obvious way that she can make herself feel better. Besides that, it is respecting her own need for space. It is not feeling “like she has done nothing if she spends all Saturday morning curled up with her dogs reading the newspaper” or playing hockey so that she feels “like a badass.” She believes self-care is unapologetically doing what she wants. It is empowering and important. And the work? It all gets done anyway (Zosel, 2016).

Conclusion

Although the self-care practices of the different providers in these interviews had some commonalities, for the most part they varied greatly. Some engaged in exercise routines for mental clarity and stress relief, while others focused on staying present throughout the day to avoid anxiety. One took breaks continually throughout the day to create a sense of routine while another worked continuous long days and then blocked off entire weekends to immerse herself in self-care. Work incentives for self-care were built in to some organizations, while others had limited resources and high needs and its workers felt the need to “play through the pain.” No magic formula for self-care appears to exist. Rather, the self-care routines, even when similar, were incredibly personalized.

Throughout the interviews, however, one common thread united all practitioners. It was the desire for autonomy. They wanted to engage in self-care to feel a sense of control and self-determination over their own lives. Self-determination is the core tenet of the social work profession. One of social workers' main focuses is on providing the freedom for self-determination for their clients. At its core, self-care is a practice that seeks the same freedom for ourselves. Social workers want and need to be freed from the secondary trauma that threatens to overwhelm us and makes us susceptible to burnout. This freedom allows us to control our physical, mental, and emotional wellbeing so that we can live the best lives for ourselves. In turn, it allows us to create the same opportunities for our clients.

I am now months away from my breakdown in the middle of Idaho. I have spent close to 500 more hours at the Missoula County Detention Facility and listened to many more sad stories about the trauma people have experienced in their lives. I have celebrated victories with my clients and grieved with them through their losses. I have also learned more about my own self-care needs and processing of secondary trauma.

After breaking down in Idaho, I finally acknowledged the emotional weight I was currently feeling in my life. I explained my frustrations, sadness, and embarrassment to my friends and they were kind, understanding, and compassionate. Although they couldn't understand the immensity of the secondary suffering I was carrying, they could still feel empathy for me—just as I, a relatively privileged person whose life has been mostly free of intense suffering, could feel compassion and empathy for my clients. My friends showered me with love and friendship, and I had a good weekend. That Monday, I went back to work with a considerably lighter heart.

As the months progressed, I began experimenting with my own version of self-care. I shared more with my friends and family about my work at the jail. I went on long walks up mountains. For a while, I only talked about work when I wasn't there. Then, I avoided talking about work when I wasn't there. I let myself laugh and cry and just be. I heard dozens more sad stories. At some point, I began to accept the reality of a gray world—that I could both spend eight hours a day in jail empathetically listening to the grief of others and go home and laugh over a beautiful meal with my family. The joy of one did not undermine the pain of the other. By choosing to take care of myself and continue to live my life outside of work, I was also able to continue listening. Self-care, too, became an act of service.

On my first day at the detention facility, my supervisor talked about the intensity of the job. Practitioners were suited for the job or they were not. "Sink or swim," she said kindly. Three weeks later, in Idaho, I felt as though my whole world were sinking under the weight of the dark suffering of the world. Yet, in the moment of drowning, I began to swim. Or, at least doggy paddle. My journey in self-care had begun.

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