

Self-Care Practices of CCAPS Members

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As psychologists we all know very well that self-care is a key to mental health and wellness. Many of us talk to our clients about this matter on a regular basis. But do we believe in personal self-care? What is the place for it in our personal lives? Do we utilize positive self-care practices, such as mindfulness, exercise, and social support or do we rely more on less healthy practices, such as substance use? The article will explore these and other questions using the data from the anonymous survey of CCAPS members conducted in January-February 2012.

Orem (1991) referred to self-care as those activities performed independently by an individual to promote and maintain personal well-being throughout life. Richards et al. (2010) suggested that there are four major dimensions of self-care, namely physical, psychological, spiritual, and social. There has been some research done on connections between self-care and well-being, as well as many mentionings of the importance of self-care when it comes to mental health (Lucock, 2011).

More recently, the mental health field started to pay attention to self-care for mental health professionals as a way to prevent burn-out and deal with vicarious traumatization (Baker, 2002; Martin, 2010). Today there are suggestions in the literature that mental health professionals have an ethical obligation to their clients to take care of themselves (Barnett, 2008; Richards et al., 2010). So, are we or are we not following what our Ethics Code (APA, 2002) suggests and what we preach to our clients?

Forty seven self-selected CCAPS members responded to the anonymous online survey sent out to all CCAPS members subscribed to the CCAPS list serve. The first question of the survey stated "Self-care is an important part of my professional life". All respondents without an exception answered "Yes". Other response choices were the following: "No", "Unsure", "What is self-care?"

The second question of the survey asked folks to share their favorite self-care practices. Most people shared more than one practice. On average respondents described 4 practices, while the Median was three. One person listed 14 favorite self-care practices.

When analyzing the types of practices that CCAPS

members are using and the frequency with which these practices are mentioned, it is interesting to note that physical self-care practices dominate. Among those, exercise is the leading self-care practice. Eighteen people (38%) listed "exercise" or "working out" as their practice of choice, while fifteen people (32%) specified running and ten respondents (21%) named yoga as their favorite practices. Overall, some form of exercise was mentioned 50 times in the responses to the second question, as some folks enjoy more than one form of physical activity. Among other physical activities that respondents tend to enjoy a lot are listening to music (10), cooking/baking (7), sleeping/napping (5), laughing (4), spending time outside/in nature (4), and taking breaks (4). In my opinion, this finding is very interesting and leads to a number of different questions and speculations. For example, why CCAPS members prefer physical self-care practices to other types? To compensate for sedentary life-style? In need of those endorphins? Focusing on preventing and treating depression and anxiety? For the love of movement?

Social practices took second place. Overall, they were mentioned 40 times. Among social practices, spending time with family, including spouse and children, was the most prevalent type of self-care (15). Many folks also mentioned spending time with friends (12), with pets (6), and with colleagues (5). These findings are in line with multiple research studies showing strong connections between social support and well-being (Chao, 2011; Nahum-Shani, 2011).

Spiritual practices were noted with the least frequency. Among those listed were Mindfulness or Meditation (5), gratitude journal (1), staying connected with spiritual community (1), and practicing "letting go" (1). Aforementioned findings are especially interesting in the light of the line of research showing positive connections between spirituality and well-being (e.g., Graham et al., 2011; Visser et al., 2010). One study conducted by Persing (2000) found that optimal spiritual functioning is negatively correlated with the rate of the burn-out among practicing psychologists.

The third question of the survey asked participants what they do after a difficult day at work, in other

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words, what are their emergency self-care practices. So, when it comes to those critical measures, folks tend to prefer talking with or hanging out/cuddling with others, mostly family (18). Next most popular interventions are watching TV/movies (12) and exercising (10). It is interesting to note that substances are also used to set off the difficult day, such as eating something yummy (3) or having a drink (3).

Overall, it seems that CCAPS member responders find self-care to be an important part of their lives. They engage in a variety of constructive and healthy self-care practices, with physical practices being the most common. Physical practices of the responders cover a wide range, including different types of exercise, sleep, healthy eating, listening to music, cooking/baking, laughing, spending time in nature, taking breaks, and getting massages. Members also engage their social support consistently to cope with the daily stressors. Analyzing survey results for this article made me feel happy for and proud of my colleagues, who not only talk the talk with their clients, but also walk the walk in their personal lives.

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