Promoting Ethical Behavior by Cultivating a Culture of Self-Care During Graduate Training: A Call to Action

Patricia M. Bamonti, Colleen M. Keelan, Nicholas Larson, Janelle M. Mentrikoski, Cameron L. Randall, Stephanie K. Sly, Ria M. Travers, and Daniel W. McNeil
West Virginia University

Self-care practices maintain strong professional functioning and decrease risk of burnout and exhaustion. Limited research has examined how these practices are learned and practiced by graduate students. The current study examined self-care-related policies and practices in psychology graduate education, focusing on clinical psychology doctoral programs associated with the Council of University Directors of Clinical Psychology. For all member programs, departmental and/or clinical training area handbook(s) were evaluated for a mention of terms related to self-care. Of 177 programs sampled, handbooks were available online for 136 (76.8%) of them; of these, 15 (11.0%) had an available general psychology department handbook that referenced self-care and 44 (32.4%) had an available clinical psychology training area handbook with such a reference. A simple reference to psychotherapy or mental health services for impaired students was the most common self-care theme observed. Given these findings, and the importance of self-care practices to the professional psychologist, it is suggested that graduate programs adopt clearly articulated and readily accessible self-care statements as well as institutionalized self-care practices that are encouraged and/or supported by faculty and administration. A call to action urges psychology training programs to consider initiating a shift from cultures of self-care that are reactive in nature to ones that instead are proactive and preventive, with a focus on wellness.

Keywords: ethics, self-care, wellbeing, training, graduate students

PATRICIA M. BAMONTI earned her MS in clinical psychology from West Virginia University. She currently is a doctoral candidate in the Department of Psychology at West Virginia University. Her research interests include late life depression and suicide.

COLLEEN M. KEELAN earned her MS in clinical psychology from West Virginia University. She currently is a doctoral candidate at West Virginia University. Her areas of professional interest include forensic psychology, court-mandated evaluations, and assessment and treatment of juvenile sex offenders.

NICHOLAS LARSON earned his MA in psychology from Minnesota State University, Mankato. He currently is a behavior specialist with the Positive Behavior Support Project through West Virginia University's Center for Excellence in Disabilities in Morgantown, West Virginia. His professional interests include individual and family adjustment to chronic stress, illness, and disability; video modeling of social behavior; and instructional methods for training primary care, residential care, and educational staff.

JANELLE M. MENTRIKOSKI earned her MS in clinical psychology from West Virginia University. She is currently a doctoral candidate in the Department of Psychology at West Virginia University. Her areas of professional interest include adjustment to pediatric chronic injuries, development of programs for the prevention of burn injuries, and interventions to improve treatment outcomes in pediatric populations.

CAMERON L. RANDALL earned his MS in clinical psychology from West Virginia University. He currently is a doctoral candidate in the Department of Psychology at West Virginia University. His areas of professional interest include the psychological processes and mechanisms involved in pain/symptom perception, treatment-seeking behavior, and health outcomes; the etiology and treatment of healthcare-related fear and anxiety; and the dissemination of knowledge on these topics to healthcare professionals.

STEPHANIE K. SLY earned her MA in clinical psychology in the Department of Psychology at West Virginia University. Her interest as a clinician focuses on the seriously mental ill, specifically providing treatment for those in inpatient settings.

RIA M. TRAVERS earned her MS in clinical psychology from West Virginia University. She currently is a doctoral candidate at West Virginia University. Her professional interests include evidence-based interventions for children who have been victims and witnesses of trauma and maltreatment.

DANIEL W. MCNEIL earned his MA and PhD in clinical psychology from the University of Alabama. He currently is a distinguished professor in the Department of Psychology at West Virginia University, where he also has a faculty appointment in the Department of Dental Practice & Rural Health. His areas of professional interest include education and training in clinical psychology and other health professions; mentoring of students; training in Motivational Interviewing; psychological implications of cross-cultural interactions; determinants of oral health in Appalachia; and interdisciplinary research in health psychology, including behavioral dentistry, studying the experience and expression of emotion, particularly anxiety, fear, and pain.

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CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Daniel W. McNeil, Department of Psychology, West Virginia University, 53 Campus Drive, PO Box 6040, Morgantown, WV 26506-6040. E-mail: dmcneil@wvu.edu

Self-care can include many different behaviors, such as establishing a balance between personal and professional demands and engaging in healthy lifestyle practices (e.g., diet, exercise, sleep). Awareness of signs of distress and seeking social support or mental or other health services when needed is critical to self-care (Barnett & Cooper, 2009). In addition, certain coping skills, such as maintaining a sense of humor, work-life balance, and spending time with family and friends, have been found to differentiate psychologists who are higher and lower in career satisfaction (Stevanovic & Rupert, 2004).

Self-care among practicing psychologists has been increasingly recognized as an ethical obligation to maintain healthy functioning and decrease the risk of burnout (Barnett, Baker, Elman, & Schoener, 2007). Although not specifically addressed in the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (originally adopted 2002, with amendments adopted 2010; American Psychological Association, 2010), some authors suggest that self-care is in fact "an ethical imperative" (Barnett et al., 2007, p. 2; Wise, Hersh, & Gibson, 2012). Citing standards from Section 2 of the Ethics Code, Wise et al. (2012) suggested that self-care is an important component of psychologists' competency. For example, Standard 2.06 (Personal Problems and Conflicts) highlights how psychologists' personal problems may affect their professional competency (American Psychological Association, 2010). In addition, Principle A (Beneficence and Nonmaleficence) suggests that psychologists should recognize the possible influence personal concerns (e.g., physical and mental health) may have on their abilities to help their clients (American Psychological Association, 2010). As such, psychologists who do not adequately address their own self-care needs may not be competent to provide the best care for their clients.

Practicing psychologists have reported certain self-care practices to be particularly important for remediation of impairment and maintenance of "well functioning," a term created by Coster and Schwebel (1997) to describe enduring professional functioning. More self-care behaviors, such as peer support and work-life balance, are associated with lower distress and burnout (Rupert & Kent, 2007). Distress and burnout are important outcomes in professional competency research because both are considered to increase risk of impairment (American Psychological Association Board of Professional Affairs' Advisory Committee on Colleague Assistance, 2006).

Although the need for self-care among psychologists is being increasingly recognized (Pakenham & Stafford-Brown, 2012), research examining self-care in psychology graduate students is limited (McKinzie, Altamura, Burgoon, & Bishop, 2006; Myers et al., 2012; Schwartz-Mette, 2009; Schwebel & Coster, 1998). Certain self-care activities are related to lower levels of stress among clinical psychology graduate students, including healthy sleep patterns (McKinzie et al., 2006; Myers et al., 2012) and social support (Goplerud, 1980; Myers et al., 2012). Moreover, Myers and colleagues have identified emotion regulation and acceptance-based strategies associated with lower levels of stress in graduate school, including use of mindful acceptance (e.g., experiencing events without judgment), cognitive reappraisal, and even suppression. However, exercise has not been found to be associated with clinical psychology graduate students' stress levels (McKinzie et al., 2006; Myers et al., 2012).

Greater attention to self-care practices among psychology graduate students is needed given that past findings suggest that this group reports experiencing high levels of distress (Cushway, 1992; El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). For example, in a large national sample of psychology graduate students, over 70.5% of them reported experiencing a stressor, since beginning graduate school, that interfered with optimal functioning (El-Ghoroury et al., 2012). Moreover, younger age has been found to be associated with greater emotional exhaustion and depersonalization in psychologists, suggesting that early intervention, and even prevention, is critical (Rupert & Kent, 2007). Creating a culture of self-care in graduate school and other training may help trainees establish healthy behaviors early in their careers, which may promote wellness and reduce the risk of impairment in the future.

Examining the issue of self-care in students from other professions provides some insight on the likely importance of self-care for psychology graduate students. Burnout or overwhelming stress during medical school may be associated with either a lack of efficient methods for self-care or possible barriers (e.g., academic demands, financial restraints) that prevent individuals from engaging in appropriate self-care. Medical student distress may lead to consequences such as impaired academic performance, academic dishonesty, medical errors, decreased empathy, or impaired competency (Dyrbye, Thomas, & Shanafelt, 2005), and burnout is associated with self-reported cheating and dishonest clinical behavior in medical students (Dyrbye et al., 2010). Counselors and social workers also may experience burnout or overwhelming stress as part of their work. For example, Bride (2007) found that in one sample of social workers, 70.2% experienced one symptom of secondary traumatic stress in the past week as a result of working with individuals who have experienced traumatic events. Because of the possibility of burnout and stress experienced by social workers and counselors, some authors suggest that preventing burnout or stress before it occurs may be necessary (O'Halloran & Linton, 2000). Furthermore, lower wellness was related to higher levels of psychological distress in one sample of first-year counseling students (Smith, Robinson, & Young, 2007). Such negative outcomes in other professional training programs are also likely possible among graduate psychology students.

Although studies suggest that negative consequences can arise when self-care is not appropriately addressed, psychology training programs may be limited in their approaches or resources used to address self-care. Dyrbye and colleagues (2005) suggest that possible solutions to prevent negative consequences (e.g., dishonesty, unethical behavior) in medical students include promoting a positive learning environment, teaching stress management, and promoting positive health behaviors. Another solution to addressing the issue of self-care would be to include self-care content as part of students' training. In fact, some medical schools have begun to incorporate self-care programs for students. For example, the Northwestern University Feinberg School of Medicine established a Healthy Living unit to be completed, and a Personal Awareness and Self-Care Competency that students must achieve before graduating (Kushner, Kessler, & McGaghie, 2011). The faculty-coordinated and student-led Stress Management Program at the Oklahoma State University Center for Health Sciences included topics such as study and test-taking skills; reframing thoughts; the role of peer support in maintaining health, wellbeing and personal relationships; and conflict resolution skills (Redwood & Pollak, 2007). Program evaluation data suggested high satisfaction with the program among participants, and most participants reported

that the program enabled improved stress management. In a study that examined the effect of didactic self-care education among counseling students, those who received such education during their training had slightly, but significantly higher overall ratings of wellness compared with their program counterparts who did not (Roach & Young, 2007). These studies offer some insight into how certain medical schools and counselor training programs are promoting self-care among students, which may provide some direction for psychology programs in terms of prioritizing the training of self-care practices.

Despite the importance of self-care for psychology graduate students and psychologists, psychology training programs may not adequately address this issue. In fact, research findings suggest that graduate programs have inconsistent policies regarding self-care among graduate students, with most programs having stated procedures that are implemented only after impairment is evident (Elman & Forrest, 2004). Although these programs may be in a good position to foster self-care, the diversity of institutional (e.g., university, college, and department) policies and procedures for promoting self-care is problematic for any organized effort. With that in mind, the current study aimed to examine current policies and procedures established by the Council of University Directors of Clinical Psychology (CUDCP) APA-accredited clinical psychology doctoral programs regarding self-care among graduate students.

There is typically a very low response rate in most survey-based research in this area (e.g., El-Ghoroury et al., 2012; Shen-Miller et al., 2011). However, prior research has effectively used printed recruiting materials to address research questions about psychology training programs (Morgan & Cohen, 2008). The current study used a comprehensive review to examine Internet-based program materials. The aim of the study was to provide preliminary information about the current self-care practices and policies of clinical psychology doctoral problems belonging to the CUDCP. We view the current article as a first step in promoting a culture of self-care in psychology trainees by providing initial information about the prevalence of self-care practices in one type of program as an initial examination of current practices in education and training on self-care.

Method

Sample

The sample consisted of 177 clinical psychology doctoral programs. These programs comprised the complete membership of CUDCP as of October 2012. CUDCP consists of clinical psychology doctoral programs established at regionally accredited universities that abide by a scientist-practitioner model of training (CUDCP, 2012). As a requirement of membership, programs must meet specific criteria for education and training in psychological science and the practice of professional psychology.

Procedure

There were seven trained coders who examined content available online (e.g., handbooks, website material, and other publically available downloadable resources for students) for each of the 177 programs. Each coder reviewed the websites of approximately 25 programs. The websites of 36 randomly chosen programs were double-coded to assess for interrater reliability; approximately 6 programs from each coder were double-coded. An interrater reliability analysis using the kappa statistic was calculated to determine consistency between the two coders for each coded item. Interrater reliability for these items ranged from $\kappa = .89$ to .96, $p < .001$. Discordant results were assessed by a third coder; resolved data were included in the final results.

The coded online content primarily consisted of program handbooks. Handbooks were required to be accessible as website content or via download from the website. This method was chosen rather than directly requesting handbooks from each program's clinical director to eliminate burden and to enhance standardization of available content for review. Coders were able to systematically and qualitatively review the handbooks for each program without being limited by the responsiveness to requests for the information. Unrestricted online content also represents the message that programs portray to the public regarding their training goals and principles. This perspective is particularly important because programs are increasingly using online approaches to recruit and train students. Therefore, this data collection method allowed the examination of each program's public commitment to appropriate self-care for students. On the basis of the requirement that website content was publicly accessible for inclusion in data collection, the handbooks from two programs were not coded because access to these handbooks was password-protected and limited to current students and faculty.

When available, the clinical psychology program area website was examined for each school. If the clinical program belonged to a general psychology department within the university, then the department website was also examined. Coders first determined if a student handbook was available for either clinical psychology students or all graduate students in the psychology department. It was possible for universities to have a general psychology student handbook and a specific clinical psychology handbook available. A total of 13% of the sample had both handbooks, as shown in Figure 1.

The coders then examined these handbooks for any occurrence of several search terms. The search terms consisted of the following words or phrases related to self-care: *self-care*, *work-life balance*, *stress*, *burnout*, *impairment*, *mental health*, and *psychotherapy/therapy*. These related search terms were generated through a review of the self-care literature pertaining to graduate students and health professionals. The term *work-life balance* was chosen because it indicates appropriate implementation of self-care. The terms *stress*, *burnout*, and *impairment* were chosen because they represent negative consequences associated with insufficient or ineffective self-care. Statements about *mental health* or *psychotherapy/therapy* were included in terms of such services being available for students because seeking and receiving mental health services represents a form of self-care. An *other* category also was used to capture mentions of self-care that did not use these specific search terms.

The number of handbooks containing at least one of the search terms was determined, as shown in Figure 1. The percentage of handbooks that met this criterion was calculated for each type of handbook (clinical psychology specific, general psychology, or both). The number of instances in which each search term occurred in the handbooks was calculated, as portrayed in Table 1. These calculations consisted of the total number of programs that referenced each search term. It was possible for more than one search term to be found within the materials for each program.
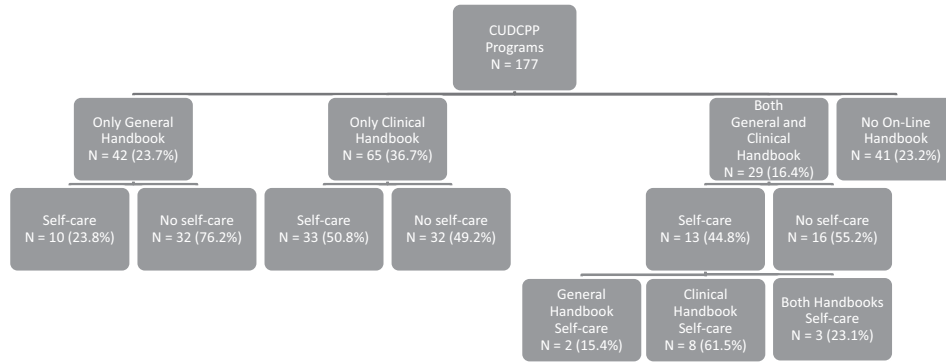
Figure 1. Prevalence of statements containing mention of self-care in CUDCPP program handbooks as of October 2012.

Lastly, all occurrences of the search terms within the handbooks were examined by the coders. Exceptional statements relating to self-care were extracted from these data. These statements are referenced in the *Discussion* and serve as exemplars for self-care statements that could be included in program handbooks and online materials.

Results

Of the 177 CUDCP member schools reviewed, there were data available for 136 of them (76.8%), which is dramatically higher than is typically available through voluntary responses to surveys. Of these 136 programs, there was at least one reference to self-care in either (or both) a clinical training area or general program handbook for 56 (41.1%) of the programs. Figure 1 depicts these and other more nuanced findings from the descriptive review of the data.

Of the total sample, only 8.4% of programs included a reference to self-care in a general psychology departmental handbook and only 24.8% included such a reference in a clinical psychology handbook. A specific clinical psychology handbook was available online more often than a general psychology student handbook, $\chi^2[1] = 6.01, p < .02$; more of these clinical psychology handbooks contained some reference to self-care compared with the general psychology handbooks, $\chi^2[1] = 9.15, p < .005$.

Table 1
Number of Statements With Mention of Self-Care in Sample, Organized by Theme

Themes	n	%
Mental health/psychotherapy/therapy	37	47.0
Impairment	15	19.0
Self-care	13	16.5
Other (e.g., social events)	9	11.4
Stress	3	3.8
Burnout	1	1.3
Work-life balance	1	1.3

Note. Data are based on a total of 59 of the 136 programs' handbooks that included a reference to a self-care theme. The number of occurrences is greater than the number of programs' handbooks because statements could have multiple themes.

All seven self-care search terms were referenced at least once across all examined programs. However, the mention of some terms (i.e., *work-life balance*, *stress*, *burnout*) was minimal. Table 1 depicts the number of times each term was referenced within the handbooks. There were three terms that emerged as occurring more frequently than others. A reference to mental health or psychotherapy/therapy was found most often in regard to self-care, with distinct mentions of these terms in 37 programs' handbooks. There was a difference in prevalence across themes, with more handbooks noting mental health or psychotherapy/therapy over the other six terms, $\chi^2(6) = 90.91, p < .001$.

Table 2 includes data about references to psychotherapy for students; the nature of these references to *therapy* ranged from a brief listing of resources, to encouragement to receive services, to required participation in psychotherapy. Encouragement to pursue psychotherapy was found significantly more often than the other types of recommendations or requirements, $\chi^2(3) = 47.65, p < .001$. Likewise, there were differences in the extent to which information about specific mental health services was included, with some handbooks listing specific resources whereas others necessitated students discussing treatment-seeking with a faculty member. Significantly more handbooks listed specific resources compared with the other references to psychotherapy, $\chi^2(4) = 41.24, p < .001$. Lastly, handbooks varied in their focus on preventive or responsive interventions, with some handbooks encouraging students to seek services before impairment, after impairment, or before and after impairment. Other handbooks did not specify when students should receive therapeutic services. Significantly more handbooks did not specify the timing of seeking services compared with more specific recommendations for treatment timing (i.e., before, after, or before and after impairment), $\chi^2(3) = 17.60, p < .001$.

Discussion

Results from the current study's evaluation of self-care content in graduate handbook materials of CUDCP programs indicate a lack of clear, unambiguous statements of self-care values. Although there were more statements about self-care in the graduate handbooks of clinical psychology programs than general handbooks from psychology departments, the most frequent relevant statements included only basic treatment referral sources. These

Table 2

Characterization of Handbook Statements Mentioning Psychotherapy/Therapy or Mental Health

Characterization	n	%
Nature of statement		
Briefly listed	7	18.9
Encouraged	27	72.9
Required	1	2.7
Encouraged and required	2	5.4
Specificity of Statement		
Listed specific sites/resources	22	59.4
Necessitated student discussion with faculty member	9	24.3
Listed sites and necessitated discussion	3	8.1
Resources were unspecified	1	2.7
None provided	2	5,4
Statement recommendation about timing of action		
Before impairment	5	13.5
After impairment	4	10.8
Before and after impairment	8	21.6
Not specified	20	54

Note. Data are based on a total of 37 of the 136 programs' handbooks that mentioned *psychotherapy/therapy* or *mental health*.

results suggest that most mentions of self-care in student handbooks are related to psychotherapy and mental health services for students. Consistent with past qualitative studies (e.g., Elman & Forrest, 2004), there is little written emphasis on student self-care except when responding to student distress or impairment. Although *self-care* was mentioned relatively frequently, related terms such as *stress*, *burnout*, and *work-life balance* rarely were included. These infrequent terms may refer to struggles in self-care that students encounter before they reach a level of impairment that necessitates psychotherapy or mental health services. The handbooks also provided little information regarding the prevention of stress and burnout or the maintenance of work-life balance and self-care. Most handbooks appeared to discuss interventions in response to impairment rather than preventive steps that can be taken to maintain and improve self-care.

The current study adds to the existing literature on graduate student self-care by providing objective measurement of content of graduate handbook materials. Whereas past survey researchers have collected data directly from a minority of students and administrators, the current study uses the actual materials created for and distributed to graduate students; this provides a unique perspective on institutional self-care practices and publically stated values. The data also include a complete sample of the CUDCP programs, whether or not they had available handbooks. This approach addresses a chief limitation of previous, survey-based studies, which were hampered by low institutional response rates (e.g., El-Ghoroury et al., 2012; Shen-Miller et al., 2011; Turner et al., 2005). The 76.8% of programs that had some form of handbook available for further analysis was much higher than responder samples (approximately <20%) from those survey-based studies.

The study presented here has several methodological limitations. First, this investigation focuses on a subset of training programs. Thus, the data do not include school psychology, counseling psychology, or other non-CUDCP clinical or other profes-

sional psychology training programs (e.g., National Council of Schools and Programs of Professional Psychology) that may provide considerably different results and to whom self-care practices are no less relevant. Nevertheless, the results presented here are an important example emanating from a specific type of training program. Focusing on this one group allows a specific examination of CUDCP programs without the need to compare across program types, which might shift the focus to cross-program analyses and is not the aim of the research presented here. Although there are similarities across types of psychological training programs, particularly between clinical and counseling psychology, the historical roots of these specialties, with greater or lesser emphasis on psychopathology or a holistic approach, may influence the training approach for students (Morgan & Cohen, 2008).

Second, the search terms, although derived from the most frequent terminology of existing literature and selected to highlight self-care concepts before, during, and after impairment, may not have encapsulated additional website or handbook content relevant to self-care. Third, programs may have provided alternative resources directly to students, making them inaccessible for this study. In addition, some programs may well be enacting several self-care initiatives transmitted through program meetings, departmental e-mails, wellness programs, external websites and forums, or as components of scheduled and informal academic advising or clinical supervision. None of these practices may necessarily be reflected in the program website or student handbook. Of course, a mention of self-care in a graduate student handbook, without implementation, may not do much to improve the student experience and contribute to students' personal and professional development and wellbeing. For any of several reasons (e.g., faculty turnover, changing leadership, outdated information), it may be the case that there are disparities between what is written (or not written) about self-care in graduate student handbooks and how information related to self-care is communicated, implemented, and practiced within the program. Understanding these potential disparities is important. Although programs may have included self-care language in their graduate student handbooks, the current study did not ascertain ways in which self-care was fostered within each department. Therefore, the available data may underestimate the full scope and depth of self-care practices currently in use by CUDCP programs. Future research is needed to understand how programs implement self-care practices.

Despite these limitations, two important conclusions can be drawn. First, self-care references are featured in a substantial minority of CUDCP program graduate handbooks. These training programs operate and recruit on an increasingly electronic basis. Therefore, it is of growing importance for core program values, expectations, and provisions for self-care to be transparent and maximally accessible to current students, potential program applicants, and other constituents. Second, self-care references found in the handbooks refer primarily to mental health resources or other services in the event of distress or impairment. Although therapeutic intervention may be necessary when impairment is evident, it does not reflect current research on what constitutes best practice measures to prevent impairment (Barnett & Cooper, 2009). In addition, previously sampled graduate psychology students have identified lack of time and financial resources, two important resources for therapeutic commitment, as the greatest barriers to engaging in wellness practices (El-Ghoroury et al., 2012). These

same barriers may make it difficult for one to receive effective remediation after impairment occurs. Thus, the current scope of self-care statements, as reflected in the CUDCP handbooks, does not appear to adequately address the needs of clinical psychology graduate students.

Previous advocacy statements created by educators, practitioners, and trainees, in collaboration, have addressed the need for training institutions to more broadly and clearly deal with issues of competence at the trainee and professional levels (Kaslow et al., 2007). This advocacy may be viewed as being at odds with traditional institutional values pertaining to self-care, which often place paramount "all-or-nothing" emphasis on maintaining confidentiality (Elman & Forrest, 2004). Likewise, clinical and counseling psychology students have reported that personal concerns with confidentiality and potential dual relationships are potential barriers to seeking mental health services (Dearing, Maddux, & Tangney, 2005). However, the help-seeking behavior reported by these students was more frequent when they also reported positive faculty attitudes to graduate students being in psychotherapy. Effective institutional approaches to self-care will possibly have to reconcile the traditional approach to maintaining confidentiality with a bolstered commitment to promoting and normalizing self-care practices and reducing barriers of stigma, time, and (when possible) cost. It is important for present and future advocacy efforts to continue to move in a preventive direction. Proper self-care initiatives should seek to actively foster and support individual skills integral to personal and professional development.

A Call to Action

The data collected for this examination of institutional encouragement of self-care practices suggest that many graduate students currently training as clinical psychologists may not necessarily be informed of, or some supported in, best practices for self-care. Because these students represent the future of clinical psychology, in part, it is imperative that their training prepare them for ethical practice that includes lifelong self-care. Current data indicate that most CUDCP clinical psychology training programs that publicly espouse an approach to self-care do so in a way that is reactive rather than proactive. It would be beneficial to advise students to continually engage in a lifestyle across their graduate training that is characterized by self-care practices that aim to proactively manage stress, prevent burnout, and promote success and wellbeing. A shift away from the view that self-care practices are necessary only for those students who are having difficulty managing the demands of training and working in the mental health arena could improve graduate education. A forward-looking view is one that is rooted in the idea that continual self-care practices are critical for the promotion of wellbeing.

It is advised that graduate programs explicitly state and document how self-care practices are prioritized in the training of their students. At the most basic level, training programs should include a clearly articulated and readily accessible statement in their graduate handbook or equivalent published resource that encourages students to consistently engage in self-care behaviors and to regularly monitor their own physical, mental, and emotional wellbeing. Such a self-care statement would communicate the importance of understanding and practicing self-care as a set of proactive and preventive behaviors that are necessary for success.

Although a few institutions included in the current sample made available to their trainees a direct statement encouraging holistic and proactive self-care practices, the University of Denver's handbook (see http://www.du.edu/ahss/psychology/media/documents/gradhandbook2013.pdf) contained a section related to self-care that was notable. Key elements of that statement include (a) a realistic description of demands of graduate work that can be anticipated by students, (b) an assertion that juggling such demands can be difficult and require balance; (c) a description of aspects of departmental culture that promote wellness and success (e.g., peer mentors, spirit of friendliness and cooperation), and (d) a summary of resources available to students for the promotion of self-care (e.g., counseling services, organized social events). In addition, the clinical psychology student handbook from Auburn University (see http://www.cla.auburn.edu/psychology/clinical/program-handbook/) included a section that emphasized self-care and professional responsibilities, providing specific guidance and a readily accessible list of external resources for personal psychotherapy with contact information.

The inclusion in training handbooks of an official statement on self-care that highlights its importance as a preventive approach to wellbeing, and one that contains department- or program-specific advice and resources, is critical to promoting the development and maintenance of self-care behaviors. Ideally, the forthcoming *Standards of Accreditation in Health Service Psychology* (American Psychological Association, 2014) from APA's Commission on Accreditation would include self-care as a required competency. Promoting training programs' attention to self-care may promote student success, wellbeing, and ethical behavior in graduate school and beyond.

In addition to publicly providing a statement regarding self-care, institutionalized practices that train students in self-care behaviors would foster an environment that promotes wellbeing and success. In addition, these practices would afford students opportunities to practice engaging in healthy behaviors related to work-life balance, practices that can be continued well into the careers of current trainees. One example would be faculty encouragement of students spending time outside of psychology training in personal and recreational pursuits. Other examples of institutionalized self-care practices include defining wellness, regular monitoring of indices of burnout, use of wellness-based professionalism contracts (Eckleberry-Hunt, Van Dyke, Lick, & Tucciarone, 2009), setting of wellness goals, encouragement of involvement in healthy extracurricular practices (e.g., department intramural team, scheduled meals out, department parties or celebrations of success), and provision of regular positive feedback and reinforcement for work-life balance. Eckleberry-Hunt and colleagues (2009) provide a succinct description of a host of other self-care practices that might be included in a program's "wellness toolbox" (p. 2).

Although a well-articulated self-care statement and implementation of department-initiated self-care practices are necessary pieces of training and promoting self-care behavior in graduate students, they alone are not sufficient. Shifting the culture of training programs to actively appreciate and promote wellness is a key to successfully training students in self-care and instilling in them a prioritization of this practice. Although this culture shift no doubt is the most challenging piece of encouraging self-care, training directors and other department faculty are called on to

begin the process of delivering a consistent message to students: Self-care is a critical skill to be learned during graduate school and practiced across one's career.

A true culture shift is necessary for trainees to adopt an appreciation and spirit of self-care; therefore, parties at every level of graduate education need to be on board. Accreditation guidelines and external reviews (e.g., APA) should explicitly mention self-care as a part of training and include it as an evaluative criterion. Clinical faculty members and directors of clinical training should make concerted efforts to act as models of good self-care practice. Students' clinical practicum supervisors should serve as teachers, models, and advocates of appropriate self-care related to clinical work. Department leadership, including heads/chairs, should support and promote educational opportunities and department traditions that are rooted in self-care. Larger academic units, such as colleges or schools within the university, should provide resources for a focus on wellness and self-care. Organizations such as CUDCP should support their member programs by providing information about best practices for training in self-care. Only with support from all levels and facets of graduate training is the necessary culture shift toward wellness possible. Individuals who are invested in graduate-level training in clinical psychology are encouraged to think critically about whether and how self-care is presented, discussed, taught, and promoted in their programs. The ethics and wellbeing of future psychologists depends, at least partly, on this important aspect of graduate training.

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