Self-Care Among Field Practicum Supervisors: Assessing *The Self-Care Wellshop*™

Author(s)

J. Jay Miller, PhD
University of Kentucky

Erlene Grise-Owens, EdD
The Wellness Group, ETC

Theresia M. Pachner, MSSW
University of Kentucky

Abstract

Few studies have empirically examined training approaches aimed at improving self-care among field supervisors. This *brief* documents the assessment of *The Self-Care Wellshop*™, a training that was delivered to field supervisors (N=40) in one southeastern state. Evaluators employed a retrospective pre-post design to examine variables of interest. Overall, findings indicate that participants were satisfied with the training. As well, analyses reveal significant increases in self-care knowledge and value associated with self-care. Data from this study suggest that specific attention to proffering self-care trainings to field supervisors can be beneficial and may have implications for socializing students matriculating into the profession.

Keywords: Self-Care; Training Model; Field Supervisors

Introduction

Despite recent attention to self-care within social work, few studies, if any, have empirically examined training approaches aimed at improving self-care. This *brief* documents the assessment of *The Self-Care Wellshop™*. This training, which is highly adaptable, was delivered to field supervisors (*N*=40) in one southeastern state. Evaluators employed a retrospective pre-post design to examine variables of interest, namely knowledge and value related to self-care practice. Additionally, data specific to satisfaction with the training were collected. After a brief review of background literature, this paper will discuss the overview of the training, explicate evaluation results, and discuss salient implications for future field practice and research.

Background

Traditionally, self-care works, at least in the extant literature, have been concentrated in health disciplines. In most instances, self-care has been discussed in relation to strategies to address physical health ailments (Miller, Lianekhammy, & Grise-Owens, 2018). In 1983, Schiller and Levin examined self-care as a "social movement" in the health arena (p. 1343). Other entities, such as the World Health Organization (1983), have discussed similar sentiments about self-care.

More recently, helping professional literature has begun viewing self-care as a construct with a multidimensional approach to practitioner wellbeing. Within social work, these changes in the view of self-care, at least in part, can be attributed to contemporary shifts in practice dynamics (Bressi & Vaden, 2017). These shifts have necessitated a more holistic view of self-care that includes physical, social, spiritual, and emotional domains—along with other pertinent domains, such as practical and financial (e.g., Grise-Owens, Miller, & Eaves, 2016). Notably, these contemporary conceptions expand traditional notions of self-care that overwhelmingly focus on physical domains (e.g., physical health) and associated practices (e.g., going to the gym).

Importance of Self-Care

Currently, few would dispute the importance of engaging in self-care practices. The importance has been communicated via a host of forums. For example, professional membership organizations, such as the National Association of Social Workers (2009) and the International Federation of Social Workers (2018) have touted the importance

of engaging in self-care. Additionally, social work journals, such as *Social Work* and *Journal of Human Behavior in the Social Environment*, have dedicated "special issues" to the topic of self-care. Indeed, increasingly, self-care is being viewed as an essential aspect of effective practice.

Importance related to self-care has been communicated in other ways. For example, Smith (2017) argued that the importance of self-care requires that it be considered a "professional mandate" for social workers (p. 201). Similarly, Miller, Lianekhammy, and Grise-Owens (2018) and Bent-Goodley (2018) suggested that engaging in self-care is an ethical obligation of competent social work practice. This importance is rooted in the benefits associated with engaging in self-care. Collectively, authors have posited that self-care may assuage professional burnout, stress, and vicarious trauma, among other employment-related challenges (Miller et al., 2016). Undoubtedly, engaging in self-care can improve social work services provided to clients and communities (Miller, Donohue-Dioh, Niu, & Shalash, 2018).

Self-Care Research

Whilst literature related to social work and self-care is emerging, most of the literature is anecdotal and often shared in more informal forums (e.g., blogs). Few works have empirically examined the topic (Acker, 2018; Dorociak, Rupert, Bryant, & Zahniser, 2017; Newell, 2017; Smith, 2017). These limitations notwithstanding, a handful of authors have concluded that self-care can be a way to mitigate problematic employment circumstances.

For example, in a study of nearly 500 social workers, Acker (2018) concluded that self-care strategies were associated with both job satisfaction and turnover intention. In discussing a study within the context of a community mental health center, Raney (2014) concluded that self-care allowed agency staff to feel more included in organizational decision-making processes, thus fostering a more participatory work environment. Salloum, Kondrat, Johnco, and Olson (2015) asserted that self-care was positively associated with higher levels of compassion satisfaction. Owens-King (2019) found that self-care can address secondary traumatic stress among social workers. Among social workers in a mid-Atlantic state, Xu, Harmon-Darrow, and Frey (2019) found that lack of self-care behaviors were significantly associated with burnout.

In addition to these works, several studies have explored the frequency of self-care practices among social work practitioners. In a national study of MSW practitioners in the United States, Bloomquist, Wood, Friedmeyer-Trainor, and Kim (2015) concluded

that "while social workers value and believe self-care is effective in alleviating job-related stress, they engage in self-care on a limited basis" (p. 292). Among a sample of health care social workers, Miller, Lianekhammy, Pope, Lee, and Grise-Owens (2017) found that participants only "sometimes" engage in self-care. In one of the only published studies to explicitly examine self-care practices among field supervisors, Miller, Donohue-Dioh, Larkin, Niu, and Womack (2018) concluded that field supervisors in their sample engaged in moderate amounts of self-care.

Challenges to Engaging in Self-Care

The fact that research overwhelmingly documents that social workers engage in moderate amounts of self-care is not surprising. This lack of self-care can be attributable to several distinct, yet interconnected, factors. For instance, social service organizations often lack structures that promote the importance of self-care (Kanter & Sherman, 2017). Additionally, because of the limited traditional conceptions of self-care, self-care can be somewhat vague and difficult to conceptualize, and implement (Coleman, Martensen, Scott, & Indelicato, 2016). Other challenges include misconceptions, such as viewing self-care as a selfish act (e.g., Cleantis, 2017), lack of value associated with engaging in self-care (e.g., Grise-Owens et al., 2016), and lack of knowledge related to the construct (Dalphon, 2019). Lack of training/educational frameworks related to self-care is central to these challenges (Kinman & Grant, 2017).

Many of these challenges may be even more complicated for field supervisors. Drolet and McLennan (2016) explained that field education can present unique opportunities and challenges related to engaging in self-care. Whilst rewarding, being a field supervisor may add stress to practitioners, many of whom may be burdened with their normal job duties. Additionally, as evidenced by Miller et al. (2018a), field supervisors may not engage in self-care practices, which is troubling given their responsibility to model healthy practice behaviors for students. These factors underscore the need for adept self-care training models for social workers, in general, and field supervisors, specifically.

Purpose and Evaluation Query

The overarching purpose of this *brief* is to evaluate outcomes associated with a training designed to increase knowledge and values related to self-care. Participants in the training were field supervisors in one southeastern state. Given the Miller, Donohue-Dioh, Larkin, Niu, and Womack (2018) study about the lack of self-care among field supervisors, trainings are needed, such as the one documented via this work.

Specifically, assessment of the training was guided by the following evaluation queries:

> **Research Query 1:** *Were participants <u>satisfied</u> with the training?*

> **Research Query 2:** *Was there a significant increase in mean retrospective pre and post assessments of self-care <u>knowledge</u> among training participants?*

> **Research Query 3:** *Was there a significant increase in mean retrospective pre and post assessments of <u>value</u> associated with self-care among training participants?*

Training Overview

Description

The Self-Care Wellshop™ is a 3.5-hour training aimed at improving self-care competency among participants. The framework for this training is adaptable. This training was delivered as part of an annual field supervisors' appreciation event hosted by a large public academic institution. Continuing education (CE) credits were available to participants and lunch was provided. The participants included experienced and novice supervisors.

Again, the overarching goal of the training was to improve self-care competency among the field supervisors partaking in the training. Objectives for the training were that, upon completion, field supervisor participants would: (a) know how to define and describe self-care; (b) understand how self-care impacts individuals personally and professionally; (c) learn strategies and resources for practicing self-care; (d.) know how to construct a multi-dimensional self-care plan; and (e) know how to incorporate self-care as a practice skill into field practicum.

Training Structure

After brief introductions, an overview, and a centering exercise, the trainers explicated the rationale for self-care (e.g., burnout, staff turnover, and so forth). Trainers highlighted the importance of field supervisors modeling self-care for students, which requires their own commitment to self-care. Then, trainers discussed participants' definitions of self-care and formal definitions (e.g., NASW, 2009). Next, trainers discussed challenges and barriers to effective self-care. Trainers framed self-care as a professional competency, linking it with the CSWE (2015) *Educational Policy and*

Accreditation Standards, NASW (2017) *Code of Ethics*, and the International Federation of Social Workers (2018) *Global Social Work Statement of Ethical Principles*. Also, trainers explained the important relationship between self-care and organizational wellness, clarifying that the focus of this training was self-care.

The next phase of the training focused on practical application, strategies, and resources. This segment incorporated material from *The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals* (the book was made available to participants). Trainers helped participants with designing a multi-dimensional, SMART self-care plan with accountability measures.

The final phase of training focused on ways to incorporate self-care in field practicum. Trainers discussed the importance of intentional and explicit integration and modeling of self-care. Then, trainers emphasized having learning objectives related to self-care, with accompanying assignments. For example, students can do self-care plans and have written updates on progress with plans throughout placement. Trainers reiterated the value of accountability, and advised use of accountability partners, "check-in" groups, and team and individual supervision. The training concluded with general discussion and evaluation. Trainers reiterated the importance of social work programs including self-care in curricula.

Methodological Evaluation Approach

Field Supervisor Participants

A total of 40 field supervisors participated in the training. All participants reported being a current field supervisor for at least one CSWE-accredited program in one southeastern state. To recruit training participants, an invitation for the training (as a component of a broader field appreciation event) was sent to lists of potential participants. The typical training participant identified as female (97.43%) and Caucasian/White (87.5%). The average age of participants was 44.61 years old (SD=11.30). All participants reported their highest earned degree as the MSW and participants had spent an average of 8.13 years (SD=7.2) as a field practicum supervisor. Other demographic data are included in Table 1.

Data Collection and Measures

Because of the lack of instrumentation related to self-care (Dalphon, 2019), an instrument specific to the needs of this evaluation was developed. The development of

this instrument was informed by theoretical foundations, such as Competency Theory (Kruger & Dunning, 1999) and Expertise Theory (Dreyfus & Dreyfus, 1980), associated with competency-based training and education.

The evaluative criteria and instrumentation also mirrors the *Educational Policy and Accreditation Standards* (EPAS) of the Council on Social Work Education (CSWE, 2015). CSWE "recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes…" (p. 6). The training sought to help participants see the importance of self-care (value), have tools and information to practice self-care (knowledge), and feel/experience the training in a positive manner (affective/cognitive). These building blocks are necessary for skill development.

Thus, in addition to several demographic items designed to generally describe the field supervisors participating in the training, the instrument is best understood via three overarching variables: *satisfaction with the training*, *self-care knowledge*, and *value of self-care*. The following paragraphs briefly outline the measures used to assess this training.

Satisfaction. To assess general satisfaction with the training, participants responded to five items. Each item was anchored at 1 with *Strongly Disagree* to 5 with *Strongly Agree*. Sample items include: *Overall, I was satisfied with this self-care training* and *The training was well organized*. Satisfaction scores are presented in full in Table 2. Because of the general nature of satisfaction assessed for the training, no overall score was computed. Rather, each item was assessed uniquely.

Self-Care Knowledge. To assess perceived self-care knowledge, evaluators developed a six-item Likert-type scale. Each of the six items was anchored at 1 with *Strongly Disagree* to 5 with *Strongly Agree*. Sample items include: *I can define the term "self-care"* and *I am knowledgeable about self-care*. Self-care Knowledge scores were calculated as a mean across all six items. The Cronbach statistic for this scale was .90.

Value. To examine perceived value related to self-care, field supervisor participants responded to seven Likert-types items. Similar to the self-care knowledge variables, value items were anchored at 1 with *Strongly Disagree* to 5 with *Strongly Agree*. Sample items for this scale include: *Self-care can be a valuable tool for professionals* and *Self-care is important to me*. Scores for this measure were computed as a mean across all items. The Cronbach statistic for this scale was .87.

Data Collection and Analyses

Primary data were collected from participants via paper and pencil surveys immediately following the trainings. The survey was administered by a third party who was not one of the trainers. Once collected, all data was entered into SPSS 24 for management and analyses. Descriptive analyses were initiated to assess data associated with the *satisfaction* variable. To assess changes in *knowledge* and *value*, evaluators utilized a retrospective pre/post model. This model entails administering one observational measure at the conclusion of the training, and asking participants to respectively assess variables, *knowledge* and *value* in this case. While underutilized, this approach is ideal for assessing trainings of this type (Bhanji, Gottesman, de Grave, Steinert, & Winer, 2012). Benefits of this approach include countering inflated perceptions, thus eliminating the impact of response-shift bias and time efficiency (Geldhof et al., 2018), among others.

Evaluative Findings

This section presents findings related to answering the evaluation queries posited above. For clarity and ease of reading, the findings are presented in a way congruent with the format of the instrument.

Satisfaction with Training

Satisfaction data, by item, are included in Table 2. As indicated, *I would recommend this training to other field practicum supervisors* was the highest rated item in this set, while *I was satisfied with the organization of the training* was the lowest rated.

Self-Care Knowledge

To test for differences between knowledge scores at retrospective pre and post, a paired-samples t-test was initiated. Participants' mean score at pretest was 3.38 (SD=.77), and the mean at post-test was 4.25 (SD=.54). Analysis reveals that this increase was significant (t(39) = -7.0, p=.000).

Value

As indicated, value scores for each participant were computed as a mean across all items on the subscale. Similar to the aforementioned analyses, a paired samples t-test

was commenced to assess any difference between retrospective pre and post scores. The pre score was 4.08 (SD=.57) and the post score was 4.48 (SD=.71). Analyses detected a significant increase between pre and post scores (t(39) = -3.25, p=.002). Results for pre/post analyses are included in Table 3.

Discussion and Implications

The purpose of this *brief* is to document an assessment of a self-care training delivered to field practicum supervisors in one southeastern state. Specific variables of interest included satisfaction with the training, self-care knowledge, and value associated with self-care. In so doing, this paper uniquely contributes to the self-care literature, in general, and that associated with social work field education, specifically. At present, the literature is devoid of works that explicitly examine the impact of such trainings. The following paragraphs briefly outline salient discussion points, and associated implications, derived from evaluation findings.

Satisfaction, Value, and Knowledge of Self-Care

Overall, data indicate that participants were satisfied with the training. On all five items, all participants agreed that they were generally satisfied with the training. As noted earlier, this affective/cognitive criterion is more than just "customer satisfaction," it is an important consideration for holistic competency development. The score for the item *I would recommend the training to other field practicum supervisors* is of particular import; this score was notably high (4.97). This response points to both the satisfaction of participants with this training and their desire for others to have a similar opportunity.

Data analyses reveal significant increases in self-care knowledge. Certainly, these data bode well for the field supervisors who participated in this training. As indicated in the previously referenced literature, field supervisors may struggle to engage in healthy self-care practices. The evaluative scores of this training documented a significant increase in knowledge. This finding indicates the importance of recognizing that practitioners do not typically have the knowledge necessary to develop competency in self-care.

Thus, like any practice skill, the profession must proactively provide this knowledge base. Advising practitioners to practice self-care is not sufficient. Developing a knowledge base is foundational to engaging in self-care. Trainings, such as the one described in this study, are models for bringing that knowledge to practitioners.

As well, analyses revealed significant increases in perceptions of value associated with self-care among training participants. Value is a key, yet often overlooked, facet in a holistic approach to competence. In this instance, unless busy practitioners see the value of self-care, they are not likely to invest in practicing it. Self-care is too often dismissed or minimized—both implicitly and explicitly. Thus, intentionally addressing the necessity of self-care is pivotal. These increased scores from the training about the value of self-care bode well for the participants.

Implications for Social Work Education, Practitioners, and Future Research

Likewise, the findings discussed above will likely positively impact the students mentored by the field supervisors. Field supervisors serve as key role models and resources for students transitioning into professional practice (e.g., Mosek & Ben-Oz, 2011). Students report that their field experience is pivotal in their professional development; field supervisors play a central role in socializing new professionals (Miller, Deck, Conley, & Bode, 2017). With increased valuing of self-care and knowledge of how to practice it, supervisors will more likely model self-care in their professional practice. Thus, students will be more likely to adopt self-care into their professional identities.

Social work education in general (Grant & Kinman, 2012), and the field practicum experience specifically (Lewis & King, 2019), has some responsibility in educating students about wellness and self-care (Grant & Kinman, 2012; Kanter & Sherman, 2017 etc.) The field practicum should not be the only place students learn about self-care, however. Social work programs should infuse self-care into curricula (Grise-Owens, et al., 2016).

Indubitably, this responsibility for promoting self-care as a practice skill extends to organizations and agencies who agree to take field students (e.g., Grant & Kinman, 2013). Actually, the field component can be used to implement a self-care/wellness emphasis in an agency (Miller et al., 2016).

In 2009, NASW issued the *Policy Statement on Professional Self-Care and Social Work*. This pivotal document delineated 11 specific suggestions for promoting self-care as an essential aspect of ethical practice. Among these suggestions, NASW (2009) discussed the importance of "training of social work students about professional self-care in their field experiences and the modeling of these behaviors by field instructors" (p. 270). Whilst some progress has been made, much work is needed. NASW (2009) called for

educational programs, including the field component, to promote self-care. Likewise, they recommended that supervisors mentor and model self-care and that resources (such as trainings and research) be pursued (NASW, 2009).

Overall, findings from this evaluative effort suggest trainings may be one way to improve self-care practices among field supervisors, in general, and social work practitioners, more broadly. In general, the profession lacks training frameworks on self-care and wellness (e.g., Kinman & Grant, 2017). Also, within social work (and other helping professions), a shift towards competency-based education has necessitated assessing holistic variables (e.g., knowledge, values) related to constructs of interest (CSWE, 2015; Malczyk, 2019). This study offers a tested training model that can be adapted for field supervisors, practitioners, and students.

Research implications associated with this evaluation abound. Perhaps most importantly, given limitations in the current literature, researchers and evaluators should continue to examine training models associated with self-care. This might include subjecting participants to experimental conditions to examine training impacts on actual self-care practices. As well, longitudinal works that assess self-care knowledge, skills, and abilities, and qualitative and mixed-method approaches to exploring the constructs of self-care are needed. The current study may certainly serve as a model for such works.

Limitations

As with any study, this work is not without limitations. The sample was drawn from field supervisors associated with one public institution in a southeastern state. The sample was overwhelmingly Caucasian/White and female. All participants self-selected into the training and all provided data immediately following the training. While appropriate for an exploratory evaluation of this type, the sample was rather small and may not be reflective of field supervisors more generally. Because participants received free CE credits for participating in the training, a social desirability bias may be present in the findings. Other methodological approaches (e.g., traditional pre/post) may yield different results. Because of these limitations, and others, broad generalizations associated with this work should be considered carefully and critically.

Conclusion

For the foreseeable future, social work practitioners, in general, and field supervisors, specifically, will grapple with challenges related to their personal and professional

roles. It is imperative that training efforts designed to assist in assuaging these challenges be documented. This *brief* sought to contribute to addressing limitations in the current literature by documenting the impact of a self-care training tailored to field supervisors. If the promise of self-care is to be actualized, works such as this must conducted, evaluated, and documented. After all, the future of a healthy and vibrant social work profession depends on it.

References

Acker, G. M. (2018). Self–care practices among social workers: Do they predict job satisfaction and turnover intention? *Social Work in Mental Health, 16*(6), 713–727. doi:10.1080/15332985.2018.1494082

Bhanji, F., Gottesman, R., de Grave, W., Steinert, Y., & Winer, L. R. (2012). The retrospective pre-post: A practical method to evaluate learning from an educational program. *Academy of Emergency Medicine, 19*(2), 189–194. doi:10.1111/j.1553-2712.2011.01270.x

Bent-Goodley, T. B. (2018). Being intentional about self-care for social workers. *Social Work, 63*(1), 5–6. doi:10.1093/sw/swx058

Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. W. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work, 16*(2), 292–311. doi:10.18060/18760

Bressi, S. K., & Vaden, E. R. (2017). Reconsidering self-care. *Clinical Social Work Journal, 45*(1), 33–38. doi:10.1007/s10615-016-0575-4

Cleantis, T. (2017). *An invitation to self-care: Why learning to nurture yourself is the key to the life you've always wanted.* Center City, MN: Hazelden Publishing.

Coleman, C., Martensen, C., Scott, R., & Indelicato, N. A. (2016). Unpacking self-care: The connection between mindfulness, self-compassion, and self-care for counselors. *Counseling & Wellness: A Professional Counseling Journal, 5*. Retrieved from https://openknowledge.nau.edu/2337/

Council on Social Work Education. (2015). *Educational policy and accreditation standards.* Retrieved from https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx

Dalphon, H. (2019). Self-care techniques for social workers: Achieving an ethical harmony between work and well-being. *Journal of Human Behavior in the Social Environment, 29*(1), 85–95. doi:10.1080/10911359.2018.1481802

Dorociak, K. E., Rupert, P. A., Bryant, F. B., & Zahniser, E. (2017). Development of a self-care assessment for psychologists. *Journal of Counseling Psychology, 64*(3), 325–334. doi:10.1037/cou0000206

Dreyfus, S. E., & Dreyfus, H. L. (1980). *A five-stage model of the mental activities involved in directed skill acquisition.* Berkeley, CA: Operations Research Center, University of California Berkeley.

Drolet, J., & McLennan, C. (2016). Wellness and relational self-care in social work field education. *The International Journal of Health, Wellness, and Society, 6*(4), 9–21. doi:10.18848/2156-8960/CGP/v06i04/9-21

Grant, L., & Kinman, G. (2012). Enhancing wellbeing in social work students: Building resilience in the next generation. *Social Work Education: The International Journal, 31*(5), 605–621. doi:10.1080/02615479.2011.590931

Grant, L., & Kinman, G. (2013). 'Bouncing back?' Personal representations of resilience of student and experienced social workers. *Social Work in Action, 25*(5), 349–366. doi:10.1080/09503153.2013.860092

Grise-Owens, E., Miller, J., & Eaves, M. (Eds.). (2016). *The A-to-Z self-care handbook for social workers and other helping professionals.* Harrisburg, PA: The New Social Worker Press.

Geldhof, G. J., Warner, D. A., Finders, J. K., Thogmartin, A. A., Clark, A., & Longway, K. A. (2018). Revisiting the utility of retrospective pre-post designs: The need for mixed-method pilot data. *Evaluation and Program Planning, 70*(c), 83–89. doi:10.1016/j.evalprogplan.2018.05.002

International Federation of Social Workers. (2018). *Global social work statement of ethical principles.* Retrieved from https://www.ifsw.org/global-social-work-statement-of-ethical-principles/

Kanter, B., & Sherman, A. (2017). *The happy, healthy nonprofit: Strategies for impact without burnout.* Hoboken, NJ: John Wiley & Sons, Inc.

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology, 77*(6), 1121–1134. doi:10.1037/0022-3514.77.6.1121

Kinman, G., & Grant, L. (2017). Building resilience in early-career social workers: Evaluating a multi-modal intervention. *The British Journal of Social Work, 47*(7), 1979–1998. doi:10.1093/bjsw/bcw164

Lewis, M. L., & King, D. M. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent compassion fatigue, burnout, and vicarious trauma. *Journal of Human Behavior in the Social Environment, 29*(1), 96–106. doi:10.1080/10911359.2018.1482482

Malczyk, B. R. (2019). Self-care: There's badge for that. *Journal of Human Behavior in the Social Environment, 29*(1), 76–84. doi:10.1080/10911359.2018.1476198

Miller, J., Deck, S., Conley, C., & Bode, M. (2017). Field practicum supervisor perspectives about social work licensing: An exploratory study. *Field Educator, 7*(1). Retrieved from http://fieldeducator.simmons.edu/article/field-practicum-supervisor-perspectives-about-social-work-licensing-an-exploratory-study/

Miller, J., Donohue-Dioh, J., Larkin, S., Niu, C., & Womack, R. (2018). Exploring the self-care practices of practicum supervisors: Implications for field education. *Field Educator, 8*(2). Retrieved from http://fieldeducator.simmons.edu/article/exploring-the-self-care-practice-of-practicum-supervisors-implications-for-field-education/

Miller, J., Donohue-Dioh, J., Niu, C., & Shalash, N. (2018). Exploring the self-care practices of child welfare workers: A research brief. *Child and Youth Services Review, 84*(c), 137–142. doi:10.1016/j.childyouth.2017.11.024

Miller, J., Grise-Owens, E., Addison, D., Marshall, M., Trabue, D., & Escobar-Ratliff, E. (2016). Planning an organizational wellness initiative at a multi-state social service agency. *Evaluation and Program Planning, 56*, 1–10. doi:10.1016/j.evalprogplan.2016.02.001

Miller, J., Lianekhammy, J., & Grise-Owens, E. (2018). Examining self-care among individuals employed in social work capacities: Implications for the profession. *Advances in Social Work, 18*(4), 1250–1266. doi:10.18060/22320

Miller, J., Lianekhammy, J., Pope, N., Lee, J., & Grise-Owens, E. (2017). Self-care among healthcare social workers: An exploratory study. *Social Work in Health Care, 56*(10), 865–883. doi:10.1080/00981389.2017.1371100

Mosek, A., & Ben-Oz, M. (2011). Baccalaureate social work education: A developmental perspective. *Journal of Teaching in Social Work, 31*(1), 89–109. doi:10.1080/08841233.2011.539153

National Association of Social Workers. (2009). Professional self-care policy and social work. In NASW (Ed.), *Social work speaks: National Association of Social Workers policy statements 2009-2012* (pp. 268–272). Washington, DC: Author. Retrieved from http://www.compassionstrengths.com/uploads/NASW.ProfesionalSelf-Care.pdf

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers.* Retrieved from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.aspx

Newell, J. M. (2017). *Cultivating professional resilience in direct practice: A guide for human service professionals.* New York, NY: Columbia University Press.

Owens-King, A. P. (2019). Secondary traumatic stress and self-care inextricably linked. *Journal of Human Behavior in the Social Environment, 29*(1), 37–47. doi:10.1080/10911359.2018.1472703

Raney, A. F. (2014). Agility in adversity: Integrating mindfulness and principles of adaptive leadership in the administration of a community mental health center. *Clinical Social Work Journal, 42*(3), 312–320. doi:10.1007/s10615-014-0487-0

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review, 49*, 54–61. doi:10.1016/j.childyouth.2014.12.023

Schiller, P. L., & Levin, J. S. (1983). Is self-care a social movement? *Social Science & Medicine, 17*(18), 1343–1352. doi:10.1016/0277-9536(83)90194-6

Smith, K. L. (2017). Self-care practices and the professional self. *Journal of Social Work in Disability & Rehabilitation, 16*(3/4), 186–203. doi:10.1080/1536710X.2017.1372236

World Health Organization. (1983). *Health education in self-care: Possibilities and limitations (Report of a scientific consultation)*. Geneva, Switzerland. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/70092/HED_84.1.pdf;jsessionid=F61145BA0D4574718830FECD18F5D141?sequence=1

Xu, Y., Harmon-Darrow, C., & Frey, J. J. (2019). Rethinking professional quality of life for social workers: Inclusion of ecological self-care barriers. *Journal of Human Behavior in the Social Environment, 29*(1), 11–25. doi:10.1080/10911359.2018.1452814

Table 1: Descriptive Statistics of Participants (*N*=40)

	n (%)
Race (n=40)	
Caucasian/White	35 (87.5)
African-American/Black	4 (10)
Other (Not Specified)	1 (2.5)
Gender (n=39)	
Female	38 (97.43)
Male	1 (2.57)
Level of Students Supervised (n=40)	
Undergraduate	2 (5)
Graduate	24 (60)
Equal Number of Undergraduate and Graduate	14 (35)
Primary Work of Agency (n=40)	
Micro	1 (2.5)
Mezzo	5 (12.5)
Macro	3 (7.5)
Work spread equally across >1 area	31 (77.5)

Table 2: Satisfaction Items, Ratings, and Standard Deviations

Item	**Mean Rating(SD)**
Overall, I was satisfied with this training.	4.55(.55)
I was satisfied with the content of this training.	4.45(.59)
I was satisfied with the organization of the training.	4.14(.50)
I was satisfied with the trainers' responsiveness to my questions/comments.	4.30(.68)
I would recommend this training to other field practicum supervisors.	4.97(.15)

Table 3: Paired Sample T-Test Results

Variable	Mean Pre-Score(SD)	Mean Post-Score(SD)	Paired T-Test Result
Self-Care Knowledge	3.38(.77)	4.25(.54)	$t(39) = -7.0$, $p=.000$*
Value	4.08(.57)	4.48(.71)	$t(39) = -3.25$, $p=.002$*

*Significant