

# Get Homework Help From Expert Tutor

Get Help

Copyright © Taylor & Francis Group, LLC ISSN: 1540-1383 print/1540-1391 online DOI: 10.1080/15401383.2013.844656



# Creative Approaches for Promoting Counselor Self-Care

#### NICOLE BRADLEY

Kent State University, Kent, Ohio, USA

#### JULIA WHISENHUNT

University of West Georgia, Carrollton, Georgia, USA

#### NICOLE ADAMSON

The University of North Carolina at Greensboro, Greensboro, North Carolina, USA

#### VICTORIA E. KRESS

Walden University, Minneapolis, Minnesota, USA

Professional counselors experience a range of emotional and personal demands, which can easily impact their quality of life and clinical efficacy. Creative engagement and expression may be effective in managing the impact of a career in helping. In this article, the authors present an overview of counselor self-care, including its applicability to the American Counseling Association Code of Ethics (2005) and the 2009 Council for the Accreditation of Counseling and Related Educational Programs standards. Strength-based, creative approaches to counselor self-care are provided and discussed.

KEYWORDS creativity, counselor self-care, burnout

Counselors are responsible for helping clients achieve their mental health goals (American Counseling Association [ACA], 2010b). However, counselors are not able to be effective if they do not engage in a healthy level of self-care (Emerson & Markos, 1996; Lawson, Venart, Hazler, & Kottler, 2007; Venart, Vassos, & Pitcher-Heft, 2007). Self-care is a broad term referring to any actions or experiences that enhance or maintain counselors' well-being (Eckstein, 2001).

Address correspondence to Nicole Bradley, Department of Counseling and Human Development Services, Kent State University, White Hall 310, P.O. Box 5190, Kent, OH 44424, USA. E-mail: nbradley@kent.edu

Individuals in professional counseling and other helping professions spend a great deal of time and energy focusing on others and sometimes neglect themselves and their own needs (Skovholt, 2001). This neglect can lead to a variety of consequences that impair the counseling professional, including burnout, impairment, vicarious trauma, compassion fatigue, and secondary traumatic stress (Emerson & Markos, 1996; Lambie, 2006; Lawson et al., 2007; Pearlman, 1999; Pearlman & Saakvitne, 1995; Valent, 2002; Venart et al., 2007). For counselors, balancing self-care and other care is an ongoing challenge (Skovholt, Grier, & Hanson, 2001).

Ethical standards support the notion that counselor self-care must be a priority for practicing professionals (ACA, 2005; Lawson et al., 2007). Many intuitive strategies for self-care have been supported in the literature, such as eating a balanced diet, exercising, getting enough sleep, and seeking support from other professionals (Cummins, Massey, & Jones, 2007; Eckstein, 2001; Grafanaki et al., 2005; Puterbaugh, 2008; Radey & Figley, 2007). The application of these basic self-care strategies can help reduce the likelihood of counselor impairment (ACA, 1991, as cited in ACA, 2010a).

Creative approaches to self-care may help counselors gain an increased awareness of their professional practice and needs, and the creative process allows counselors to engage in self-care in a dynamic, well-rounded manner (Duffey, Haberstroh, & Trepal, 2009; Puterbaugh, 2008; Robbins & Pehrsson, 2009). This article explores the existing literature regarding counselor self-care and provides theoretical support for infusing creative strategies into counselors' self-care routines. Creative counselor self-care activities are presented and discussed.

#### COUNSELOR SELF-CARE

According to the ACA Task Force on Counselor Wellness and Impairment, engaging in self-care activities enhances counselor and client well-being. Additionally, ethical codes (ACA, 2005) require counselor engagement in self-care. Furthermore, programs under the 2009 Council for the Accreditation of Counseling and Related Educational Programs (CACREP) accreditation are required to integrate self-care education into the curriculum (CACREP, 2009). Using self-care strategies promotes counselor wellness and prevents burnout and impairment (Venart et al., 2007). When counselors are impaired, they have a reduced ability to provide appropriate care to their clients (ACA, 1991, as cited in ACA, 2010a). However, when counselors are psychologically and physically well, they are best able to provide high-quality therapeutic services (Lawson et al., 2007). In addition to burnout (Figley, 2002; Lambie, 2006; Vernat et al., 2007) and impairment (Emerson & Markos, 1996; Lawson et al., 2007; Venart et al., 2007), additional potential consequences of not engaging in self-care include vicarious trauma

(Pearlman, 1999; Pearlman & Saakvitne, 1995), compassion fatigue (Figley, 2002), and secondary traumatic stress (Valent, 2002).

Of the aforementioned potential consequences related to a lack of self-care, impairment is the consequence identified and addressed in the ACA *Code of Ethics* (2005) and is described by the ACA Task Force on Wellness as occurring when counselors' own personal issues impact their ability to effectively interact with clients (ACA, 2010a). Impairment could be due to mental illness, personal issues (potentially burnout), physical illness or disability, or substance abuse (ACA, 2010a).

In 2004, the ACA conducted a study exploring the prevalence of impairment among ACA members. The study showed that 63.5% of counselors knew a counselor who they would consider impaired (ACA, 2010a). Of those counselors considered to be impaired, the participants shared that supervisors (54.3%) and colleagues (64.2%) were aware of the counselors' impairment (ACA, 2010a). Additionally, 75.5% of the counselors responding to the survey reported that they believed that impaired counselors pose a risk to the counseling profession (ACA, 2010a).

In addition to avoiding the potential consequences of not engaging in self-care, counselors have the responsibility to adhere to the ACA *Code of Ethics* (2005). Additionally, CACREP-accredited programs are required to adhere to the CACREP standard that stipulates the integration of self-care education into counseling programs. The 2005 ACA *Code of Ethics* requires that counselors are aware of their personal well-being and that they ensure they are not practicing if impaired.

The ACA Code of Ethics (2005) stipulates that:

counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. (ACA, 2005, Standard 2.g)

In addition to counselors adhering to the ethical codes related to counselor self-care, programs accredited under the 2009 CACREP Standards are required to incorporate "self-care strategies appropriate to the counselor role" (p. 10). Incorporating self-care education into counselor training programs demonstrates the value and significance of impairment prevention in the counseling profession (Richards, Campenni, & Muse-Burke, 2010; Roach & Young, 2007; Schure, Christopher, & Christopher, 2008; Witmer & Young, 1996; Yager & Tovar-Blank, 2007).

Despite the benefits and mandates that counselors use self-care practices, the ethical codes and accreditation standards do not provide concrete self-care strategies to guide counselors' practice. Although the literature provides some discussion of self-care strategies (e.g., Cummins et al., 2007; Eckstein, 2001; Grafanaki et al., 2005; Puterbaugh, 2008; Radey & Figley,

2007), the strategies are often general and specific self-care activities that counselors can use to enhance their self-care are rarely addressed. General self-care strategies supported by the literature include eating a balanced diet, exercising, getting enough sleep, and seeking support from other professionals (Cummins et al., 2007; Eckstein, 2001; Grafanaki et al., 2005; Puterbaugh, 2008; Radey & Figley, 2007).

Recognizing the lack of specific self-care strategies for counselors, the self-care strategies suggested in this article are strengths-based, creative strategies that encourage personal exploration and increased self-awareness—qualities that may enhance counselors' growth and development both personally and professionally. With this increased personal exploration and self-awareness, counselors may be able to not only prevent impairment (Richards et al., 2010) but grow and develop in unique ways.

#### CREATIVITY AND COUNSELING

The benefits of counselor self-care are clear; nonetheless, there is a paucity of literature addressing counselor self-care strategies. Given the therapeutic efficacy of creativity and its applicability to a diverse range of clients and client issues (Brown, 2007; Burt, Patel, & Lewis, 2012; Dollinger, Kazmierczak, & Storkerson, 2011; Duffey et al., 2009; Gladding, 2008, 2011; Gladding, Newsome, Binkley, & Henderson, 2008; Klein & Silverman, 2012; Slyter, 2012), extending the intentional use of creativity to the realm of counselor self-care may be a worthy pursuit. However, there is currently no research that addresses creative strategies for promoting counselor self-care.

#### CREATIVITY AND COUNSELOR SELF-CARE

The therapeutic use of creativity can take multiple forms, including art, drama, movement, music, play, poetry, writing, and sandtray (Malchiodi, 2005). Although no single definition or operationalization for creativity in counseling exists, Duffey et al. (2009) described creativity in counseling as a process that requires authenticity and an openness to think in novel ways, encourages unrestricted expression, and facilitates deeper connections with self and others.

Creativity is a powerful medium that can facilitate expression of feelings and thoughts that are difficult to put into words, beyond direct awareness, and is too emotionally evocative to discuss verbally (Malchiodi, 1998). Rogers (1993) stated that expressive mediums help create "an alternate path for self-exploration and communication," especially when exploring emotions that are complicated and perhaps illogical (p. 3). In this sense, creative expression may not only help to bring awareness to issues of countertransference (e.g.,

Jackson, Muro, Lee, & DeOrnellas, 2008; Koltz, 2008), but it may also assist professional counselors in processing difficult emotions related to client care.

The creative process can be naturally cathartic (Malchiodi, 1998) and self-soothing (Milia, 2000). Malchiodi (2005) stated that "the experience of doing, making, and creating can actually energize individuals, redirect attention and focus, and alleviate emotional stress, allowing clients to fully concentrate on issues, goals, and behaviors" (p. 10). Csikszentmihalyi (1996) took a similar view of the creative process, noting its transformational and healing qualities. Csikszentmihalyi used the term "flow" to describe the experience of being fully engaged in the creative moment (p. 110). During flow, the creator is so completely involved in the creative process that concerns and fears fade from direct awareness. Engagement in these types of activities tends to generate improved mood and reduced anxiety (Charyton, Hutchison, Snow, Rahman, & Elliott, 2009). Professional counselors who experience compassion fatigue, burnout, and vicarious trauma may find the cathartic and self-soothing functions of the creative experience helpful in maintaining appropriate self-care.

Seemingly antithetical to flow, the creative process can assist in the externalization of problems. This function of the creative experience may be helpful for professional counselors who find themselves taking ownership of their clients' issues. Externalization can also take the form of containment or compartmentalization. This is a particularly important function of creativity, as it can be difficult to rationalize or reject an image that is self-created (Martino, 2009). When expressing oneself through a creative medium, a protective distance between self and the problem is achieved (Edgar-Bailey & Kress, 2010). Whatever the image reflects (i.e., negative feelings, trauma, concern, problems, pain) can be observed more objectively and talked about more concretely. This process can help the creator to identify the problem as something outside of her or himself and may even assist the creator in finding imaginative solutions to the problem (Kress, Hoffman, & Thomas, 2008). Whereas talking about experiences can be retraumatizing, expression through creation can serve to contain emotions and, thereby, facilitate healing (Ahmed & Siddigi, 2006; Malchiodi, 2005). Milia (2000) noted the symbolic containment and protection of some art forms, such as vases, bowls, boxes, and fences. Containment may be appropriate when professional counselors experience trauma or loss, or when countertransference interferes with the therapeutic relationship.

Creativity also can be transformative (Milia, 2000) and facilitate self-awareness (Rao et al., 2009). Rogers (1993) poetically used the metaphor of a lotus blossom to describe the power of the creative process to stimulate self-awareness and transformation: "It is like the unfolding of a lotus blossom on a summer day. In the warm, accepting environment, the petals open to reveal the flower's inner essence. As our feelings are tapped, they become a resource for further self-understanding and creativity" (p. 4). Indeed, there

exists evidence to support creativity as a vehicle for personal enhancement and transformation. Summarizing the research on creativity, Gladding (2011) stated that people who engage in creativity tend to share characteristics with people who are considered psychologically healthy. Gladding (2011) further described creative individuals as "open and flexible to novel ideas, tolerant of uncertainty, playful and energetic, curious and imaginative, tolerant of change, focused and hardworking, motivated and persistent, and knowledgeable about their professional field" (pp. 2–3). Aside from the personal value of wellness, professional counselors are more likely to be effective in their therapeutic intervention when they experience a sense of balance and psychological health (Eckstein, 2001).

Counselors who use creative self-care strategies may experience the multiple benefits of engaging in the creative process—both personally and as a means of coping with the demands of a career in the helping profession. Not only can creativity facilitate expression (Ahmed & Siddiqi, 2006; Malchiodi, 1998, 2005) and serve as a coping mechanism (Charyton et al., 2009; Malchiodi, 2005), but it also can produce increased self-awareness (Rao et al., 2009) and assist in problem solving (Kress et al., 2008). Gladding (2011) described counseling as an inherently creative process and noted the reciprocal relationship between creativity and counseling when he said "counseling is creative and can help both counselors and clients understand themselves and their environments differently and in the process lead to new and better ways of living" (p. 3). Appropriate self-care can impact not only professional counselors' own psychological health, but also their therapeutic effectiveness.

#### GUIDELINES FOR USING CREATIVE SELF-CARE

Just as special considerations and precautions should be applied in the context of using creativity in counseling, appropriate considerations and precautions should be applied when using creativity as a means of counselor self-care. A common obstacle to the use of creative mediums is the tendency to evaluate the creation for its artistic quality (Malchiodi, 1998). Evaluation is inconsistent with the purpose of the creative process, which is to tap into its inherently therapeutic value. Natalie Rogers described the importance of the act of creating, rather than evaluating, when she said, "Art is a language. With expressive art, we are concerned as much about the process as we are about the product" (as cited in Sommers-Flanagan, 2007, p. 123). The point, then, is to experience the creative process and to allow oneself to use creativity as a means of communication, catharsis, or containment.

When using creativity therapeutically, professional counselors are cautioned to avoid symbolically analyzing theirs, or others', creations (Ahmed & Siddiqi, 2006); any interpretation of a creation's meaning should come directly from the creator (Malchiodi, 1998). Although counselors who use

creativity as a means of self-care will be the creators and experts of their own creations, we suggest that counselors avoid overanalyzing their creations. Overintellectualization can take counselors away from the creative experience and into the cognitive realm.

Another important consideration is that of emotional safety. The act of creating can evoke powerful emotions (Rao et al., 2009). Accordingly, professional counselors who use creative self-care strategies should be mindful to consider their own physical and emotional safety (Milia, 2000). Although professional counselors may approach the creative process with the expectation of remaining composed and in control, the power of creativity to tap into intense emotions can be unexpected and can occur with anyone.

#### CREATIVE ACTIVITIES THAT PROMOTE COUNSELOR SELF-CARE

In this section, three creative strategies that promote counselor self-care are discussed in detail. Engaging in these creative strategies may facilitate wellness by fostering the development of increased insight and personal well-being. Additionally, each of these activities provides a reference that counselors can use to reflect back on different points in their career so as to maintain personal well-being.

## Little Changes Are a Big Deal

Counselors can become burnt out when they feel ineffective helping clients meet their mental health goals (Pearlman & Saakvitne, 1995). Although clients are primarily responsible for making desired changes in their lives, counselors and clients jointly devise treatment plans to assist clients in their journey (ACA, 2005, A.1.c.). As such, counselors might alter their interventions several times during the course of the helping relationship, and counselors can benefit from taking pride in these efforts. The first step in this creative self-care strategy is for counselors to acknowledge the hard work they have put into each of their helping relationships. This step also includes shifting counselors' mind sets from viewing clients' ultimate goals as the measure of success to viewing every small client change as a victory. Counselor efforts and small client changes should be celebrated regularly.

Counselor shifts in treatment interventions might be subtle, such as integrating an emotion-focused concept into a primarily cognitive intervention. However, this shift is intentional and designed specifically by the counselor for the client. Counselors should take pride in their small, but powerful efforts. Oftentimes, such efforts have the potential to lead to small client changes. Perhaps a client who is trying to quit smoking cigarettes has reduced his or her daily intake from 20 cigarettes to 19. This is an improvement. A client who is working on anger management is still engaging in verbal altercations but is now able to identify bodily signs of anger and

arousal. This is a movement. Counselors should take time to acknowledge their clinical efforts and any small client successes.

The next step of this self-care activity is to write the counselor effort or small client success on a small slip of paper. This can be done in a variety of ink, paper colors, and styles. The paper strips can be kept in a jar, box, or other container. Periodically, or when feeling defeated, counselors should review these slips of paper to connect with the ways in which they are positively helping other people.

The final step of this creative self-care technique involves validating the counselor for their efforts and the progress the client is making. Counselors may share their interventions and successes with a colleague. It has been established that support from other professionals helps reduce the likelihood of counselor impairment (ACA, 2005, Standard 2.g; Coster & Schwebel, 1997; Cummins et al., 2007; Lawson, 2007; Trippany, White Kress, & Wilcoxon, 2004). Counselors can join with fellow professionals to celebrate clients' accomplishments and to validate each other's work. Counselors may choose to make a collage or scrapbook of their clients' little changes, or they may take turns pulling slips describing intentional interventions from each other's jars.

This creative technique makes elusive client and counselor accomplishments more concrete. It allows counselors to join with each other in a positive, uplifting way. Additionally, it validates the challenging circumstances in which counselors work and provides professionals with a way to enhance their personal self-efficacy and wellness.

### Every Plant Needs Water

Although they are ethically mandated to maintain appropriate self-care (ACA, 2005), counselors may not always be aware of their own self-care needs. This creative self-care intervention asks counselors to start by envisioning themselves as a plant—any type of plant, either real or imaginary. Using a variety of colored writing instruments, counselors can next draw a plant that depicts their present experience. The counselor then looks at the plant and notices the plant's color, health, environment, and exposure to natural elements such as the sun and water. After taking some time to evaluate the plant's condition, the counselor writes a set of care instructions for the plant—directions that will promote optimal plant growth. These instructions may include actions such as "provide me with filtered light because too much time in the spotlight wilts my leaves," "don't change my environment too abruptly; I need time to acclimate to change," or "make sure to water me daily; don't forget me."

Solution-focused brief therapy techniques (De Shazer, Dolan, Korman, Trepper, & McCollum, 2007) might also be used to help counselors identify what they need to be doing to take care of themselves. Solution-focused brief therapy focuses on what people are doing that is right or is working for them

(De Shazer et al., 2007). Counselors might be asked the following solution-focused questions in relation to this activity: Are there any indications that this plant is doing well and healthy? What is working well for this plant and how can those strengths be used to help the plant grow? Which things in the plant's environment can be changed to help it continue to grow? In its optimal state, how would this plant look and how would you know that it had reached its optimal state?

Using the plant metaphor may help the counselor develop increased awareness regarding her or his self-care needs. In addition to facilitating greater insight (Rao et al., 2009), relating to the metaphoric image of the plant may help change the counselor's perception of external reality (Lahad, 2000) and develop specific self-care plans. This intervention can be used periodically as a means of gauging the counselor's self-care status.

### Scrapbook Journaling

As previously mentioned, counselors are often so focused on others that they can forget to focus on themselves (Skovholt, 2001). Self-awareness and self-reflection are requisite to counselors monitoring their well-being (Richards et al., 2010). One way for counselors to reflect and monitor their well-being is through journaling, which has been shown to be therapeutic in the clinical setting (Utley & Garza, 2011). Reflective journaling allows individuals to explore internal thought processes and gain insight into how they assign meaning to situations (Hubbs & Brand, 2005).

The difference between traditional journaling and scrapbook journaling is the use of multiple mediums and sources to create the journal. To begin, counselors select a journal that best suits and represents their unique journaling needs (i.e., lines vs. no lines, color, size of journal). Counselors then choose different mediums to express their current emotional state. Examples of mediums include quotes, music lyrics, photos, poems, and clippings from magazines or newspapers. Counselors can include any source or item that resonates with them and reflects their current thoughts and emotions. Similarly, counselors can use different modalities such as painting, sketching, or writing. Additionally, counselors may find it helpful to incorporate positive feedback from supervisors or colleagues as a reminder of their positive attributes or skills. Encouraging the use of multiple sources in journaling as a modality of emotional expression empowers the counselor by giving them control over the activity (Utley & Garza, 2011). Consequently, counselors may become more engaged in the process, thus allowing them to further explore current emotions and assess their own well-being.

To enhance wellness, counselors can reflect on the patterns of emotions that emerge from the journaling by asking themselves questions about the content. This reflection may increase awareness and lead to engagement of positive activities that could prevent impairment. After identifying an emotion or a pattern of emotions, counselors may ask themselves: "What led to this

emotion or pattern of emotions? What was going on when I was experiencing this emotion or pattern of emotions? Do I experience this emotion or pattern of emotions frequently? How did I respond? Was my response helpful? What changes can I make to improve my mood or my responses?" Additionally, counselors can refer back to previous journal entries in which they were in a better place and reflect on what they were doing at that time to allow them to implement changes that were previously successful. With the use of the previously mentioned questions and reflections, the journal becomes a tool for counselors to use in recognizing and responding to potential concerns while maintaining their well-being.

#### **SUMMARY**

Counselors must adequately address their own physical and emotional wellness (ACA, 2005). If counselors neglect their self-care needs, they can suffer impairment from burnout, vicarious trauma, compassion fatigue, and secondary traumatic stress (Emerson & Markos, 1996; Lambie, 2006; Lawson et al., 2007; Pearlman, 1999; Pearlman & Saakvitne, 1995; Valent, 2002; Venart et al., 2007). Counselors are ethically obligated to ensure they are capable of effectively helping their clients (ACA, 2005, 2010a; CACREP, 2009). The use of creative activities is one way counselors can engage in self-care.

Although counselors are adept at helping others achieve their mental health goals, it can be a struggle for some counselors to address their own emotional and physical needs (Skovholt, 2001). Counselors should take care to identify the self-care strategies that are most helpful for them. Counselors might find it beneficial to use a variety of conventional self-care strategies (e.g., eating healthy food and getting enough sleep) and to apply creative approaches such as those described in this article. Creative strategies offer a way for counselors to intentionally engage in fun and meaningful self-care activities (Duffey et al., 2009; Puterbaugh, 2008; Robbins & Pehrsson, 2009).

Creative techniques are used as engaging and effective counseling interventions (Bradley, Whiting, Hendricks, Parr, & Jones, 2008; Duffey et al., 2009; Gladding, 2008, 2011; Gladding & Wallace, 2010; Utley & Garza, 2011). Counselors can use creative techniques to enhance their own mental health as well. The creative activities provided in this article can be used a means of helping counselors to reflect upon their current state of mind, ways in which they could improve their professional outlook, and techniques for documenting their journey as a professional helper.

When using creative self-care interventions, counselors should take care to assess and protect their own physical and emotional safety (Milia, 2000; Rao et al., 2009). They should enter creative activities with an open mind and allow the creative process to unfold naturally. Counselors should focus on

releasing stress and improving a sense of well-being, rather than interpreting or judging their creative products (Ahmed & Siddiqi, 2006).

Creative counselor self-care interventions are an innovative way to address an important issue in the counseling profession. Counselors should focus on their own well-being so that they can preserve their ability to help others. Although many counselors find it difficult to indulge in their own wellness activities, it is beneficial for them, their clients, and the counseling profession.

Although this article provides creative self-care strategies for counselors, future research exploring counselors' experiences with creative self-care strategies as well as the effectiveness of the strategies in preventing impairment would be contributory to the literature. Additionally, exploration of the impact that creative self-care strategies have on a counselors' level of well-being may be beneficial. Furthermore, exploration of how counselors' implementation of creative strategies impacts their ability to engage with and help clients change may also be beneficial.

#### REFERENCES

- Ahmed, S. H., & Siddiqi, M. N. (2006). Healing through art therapy in disaster settings. *Medicine and Creativity*, *368*, 528–529. doi:10.1016/S0140-6736(06)69916-9
- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author. American Counseling Association. (2010a). *American Counseling Association's task-force on counselor wellness and impairment*. Retrieved from http://www.creating-joy.com/taskforce/tf\_history.htm
- American Counseling Association. (2010b). *Consensus definition of counseling*. Retrieved from http://www.counseling.org/knowledge-center/20-20-a-vision-for-the-future-of-counseling/consensus-definition-of-counseling
- Bradley, L. J., Whiting, P., Hendricks, B., Parr, G., & Jones, E. G. (2008). The use of expressive techniques in counseling. *Journal of Creativity in Mental Health*, *3*, 44–59. doi:10.1080/15401380802023605
- Brown, N. (2007). The therapeutic use of fairy tales with adults in group therapy. *Journal of Creativity in Mental Health*, 2(4), 89–96. doi: 10.1300/J456v02n04\_08
- Burt, I., Patel, S. H., & Lewis, S. V. (2012). Anger management leadership groups: A creative intervention for increasing relational and social competencies with aggressive youth. *Journal of Creativity in Mental Health*, 7, 249–261. doi: 10.1080/15401383.2012.710168
- Charyton, C., Hutchison, S., Snow, L., Rahman, M. A., & Elliott, J. O. (2009). Creativity as an attribute of positive psychology: The impact of positive and negative affect on the creative personality. *Journal of Creativity in Mental Health*, *4*, 57–66. doi:10.1080/15401380802708791
- Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology*, 28, 5–13.

- Council for the Accreditation of Counseling and Related Educational Programs. (2009). 2009 standards. Retrieved from http://www.cacrep.org/doc/2009%20Standards%20with%20cover.pdf
- Csikszentmihalyi, M. (1996). *Creativity: Flow and the psychology of discovery and invention*. New York, NY: HarperCollins.
- Cummins, P., Massey, L., & Jones, A. (2007). Keeping ourselves well: Strategies for promoting and maintaining counselor wellness. *Journal of Humanistic Counseling Education & Development*, 46, 35–49.
- De Shazer, S., Dolan, Y. M., Korman, H., Trepper, T., & McCollum, E. E. (2007). *More than miracles: The state of the art of solution focused brief therapy*. New York, NY: Haworth.
- Dollinger, S. J., Kazmierczak, E., & Storkerson, P. K. (2011). Creativity and self-exploration in projective drawings of abused women: Evaluating the Inside Me–Outside Me Workshop. *Journal of Creativity in Mental Health*, 6, 202–219. doi:10.1080/15401383.2011.607094
- Duffey, T., Haberstroh, S., & Trepal, H. (2009). A grounded theory of relational competencies and creativity in counseling: Beginning the dialogue. *Journal of Creativity in Mental Health*, 4, 89–112. doi:10.1080/15401380902951911
- Eckstein, D. (2001). A F.A.M.I.L.Y. approach to self-care: Creating a healthy balance. *The Family Journal: Counseling and Therapy for Couples and Families*, 9, 327–336. doi:10.1177/1066480701093014
- Edgar-Bailey, M., & Kress, V. E. (2010). Resolving child and adolescent traumatic grief: Creative techniques and interventions. *Journal of Creativity in Mental Health*, *5*, 158–176. doi:10.1080/15401383.2010.507657
- Emerson, S., & Markos, P. A. (1996). Signs and symptoms of the impaired counselor. *Journal of Humanistic Education and Development*, *34*, 108–117.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58, 1433–1441. doi:10.1002/jclp.10090
- Gladding, S. T. (2008). The impact of creativity in counseling. *Journal of Creativity in Mental Health*, *3*, 97–104. doi:10.1080/15401380802226679
- Gladding, S. T. (2011). Using creativity and the creative arts in counseling: An international approach. *Turkish Psychological Counseling and Guidance Journal*, 4 (35), 1–7. Retrieved from http://www.pdr.org.tr
- Gladding, S. T., Newsome, D., Binkley, E., & Henderson, D. A. (2008). The lyrics of hurting and healing: Finding words that are revealing. *Journal of Creativity in Mental Health*, *3*, 212–219. doi:10.1080/15401380802385210
- Gladding, S. T., & Wallace, M. J. D. (2010). The potency and power of counseling stories. *Journal of Creativity in Mental Health*, 5, 15–24. doi:10.1080/15401381003640569
- Grafanaki, S., Pearson, D., Cini, F., Godula, D., McKenzie, B., Nason, S., & Andregg, M. (2005). Sources of renewal: A qualitative study on the experience and role of leisure in the life of counselors and psychologists. *Counselling Psychology Quarterly*, 18, 31–40. doi:10.1080/09515070500099660
- Hubbs, D. L., & Brand, C. L. (2005). The paper mirror: Understanding reflective journaling. *Journal of Experiential Education*, 28, 60–71.
- Jackson, S. A., Muro, J., Lee, Y. T., & DeOrnellas, K. (2008). The sacred circle: Using mandalas in counselor supervision. *Journal of Creativity in Mental Health*, *3*, 201–211. doi:10.1080/15401380802369164

- Klein, C., & Silverman, M. J. (2012). With love from me to me: Using songwriting to teach coping skills to caregivers of those with Alzheimer's and other dementias. *Journal of Creativity in Mental Health*, 7, 153–164. doi:10.1080/15401383.2012.685010
- Koltz, R. L. (2008). Integrating creativity into supervision using Bernard's discrimination model. *Journal of Creativity in Mental Health*, *3*, 416–427. doi:10.1080/15401380802530054
- Kress, V. E., Hoffman, R., & Thomas, A. (2008). Letters from the future: The use of therapeutic letter writing in counseling sexual abuse survivors. *Journal of Creativity in Mental Health*, *3*, 105–118. doi:10.1080/15401380802226497
- Lahad, M. (2000). Creative supervision: The use of expressive arts methods in supervision and self-supervision. London, England: Jessica Kingsley.
- Lambie, G. W. (2006). Burnout prevention: A humanistic perspective and structured group supervision activity. *Journal of Humanistic Counseling, Education, and Development*, 45, 32–43.
- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education, and Development*, 46, 20–34. doi:10.1002/j.2161-1939.2007.tb00023
- Lawson, G., Venart, E., Hazler, R. J., & Kottler, J. A. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling, Education, and Development*, 46, 5–19.
- Malchiodi, C. (1998). The art therapy sourcebook. Los Angeles, CA: Lowell House.
- Malchiodi, C. (Ed.). (2005). Expressive therapies. New York, NY: Guilford.
- Martino, S. (2009). Scars: Creative approaches to understanding and coping with self-mutilation. Baltimore, MD: Apprentice House.
- Milia, D. (2000). *Self-mutilation and art therapy: Violent creation*. Philadelphia, PA: Jessica Kingsley.
- Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed.). Lutherville, MD: Sidran.
- Pearlman, L. A., & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150–177). Bristol, PA: Brunner/Mazel.
- Puterbaugh, D. T. (2008). Spiritual evolution of bereavement counselors: An exploratory study. *Counseling and Values*, *52*, 198–210.
- Radey, M., & Figley, C. R. (2007). The social psychology of compassion. *Journal of Clinical Social Work*, 35, 207–214. doi:10.1007/s10615-007-0087-3
- Rao, D., Nainis, N., Williams, L., Langner, D., Eisin, A., & Paice, J. (2009). Art therapy for relief of symptoms associated with HIV/AIDS. *AIDS Care*, *21*, 64–69. doi:10.1080/09540120802068795
- Richards, K. C., Campenni, C. E., & Muse-Burke, J. L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, *32*, 247–264.
- Roach, M. E., & Young, L. F. (2007). Do counselor education programs promote wellness in their students? *Counselor Education and Supervision*, 47, 29–45.
- Robbins, J. M., & Pehrsson, D. E. (2009). Anorexia nervosa: A synthesis of poetic and narrative therapies in the outpatient treatment of young adult women. *Journal of Creativity in Mental Health*, 4, 42–56. doi:10.1080/15401380802708775

- Rogers, N. (1993). *The creative connection: Expressive arts as healing*. Palo Alto, CA: Science & Behavior.
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind–body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and Qigong. *Journal of Counseling and Development*, 86, 47–56.
- Skovholt, T. M. (2001). The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals. Boston, MA: Allyn and Bacon.
- Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development*, *27*, 167–176.
- Slyter, M. (2012). Creative counseling interventions for grieving adolescents. *Journal of Creativity in Mental Health*, 7, 17–34. doi:10.1080/15401383.2012.657593
- Sommers-Flanagan, J. (2007). The development and evolution of person-centered expressive art therapy: A conversation with Natalie Rogers. *Journal of Counseling and Development*, 85, 120–125.
- Trippany, R. L., White Kress, V. E., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling and Development*, 82, 31–37.
- Utley, A., & Garza, Y. (2011). The therapeutic use of journaling with adolescents. *Journal of Creativity in Mental Health*, 6, 29–41. doi:10.1080/15401383.2011.557312
- Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 17–37). New York, NY: Routledge.
- Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *Journal of Humanistic Counseling, Education, and Development*, 46, 50–65.
- Witmer, M. J., & Young, M. E. (1996). Preventing counselor impairment: A wellness approach. *Journal of Humanistic Counseling, Education and Development*, 34(3), 141–155.
- Yager, G. G., & Tovar-Blank, Z. G. (2007). Wellness and counselor education. *Journal of Humanistic Counseling, Education and Development*, 46, 142–153.

**Nicole Bradley** is an Adjunct Faculty in the Department of Counseling and Human Development Services at Kent State University, Kent. Ohio.

**Julia Whisenhunt** is an Assistant Professor in the Department of Clinical and Professional Studies at the University of West Georgia, Carrollton, Georgia.

**Nicole Adamson** is an Adjunct Professor in the Department of Counseling and Educational Development at The University of North Carolina at Greensboro, Greensboro, North Carolina.

**Victoria E. Kress** is a Contributing Faculty in the Department of Counseling and Human Services at Walden University, Minneapolis, Minnesota.

Copyright of Journal of Creativity in Mental Health is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.



# Get Homework Help From Expert Tutor

Get Help