

**HELPING OURSELVES: A MINDFULNESS-BASED SELF-CARE GROUP FOR
NOVICE COUNSELLORS**

by

Nicole Robinson-Weaver

B.Sc., University of Northern British Columbia, 2009

PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF EDUCATION IN COUNSELLING

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

July 2012

© Nicole Robinson-Weaver, 2012

UNIVERSITY of NORTHERN
BRITISH COLUMBIA
LIBRARY
Prince George, B.C.

Abstract

The purpose of this project was to develop a self-care group for new counsellors. The first part of this project includes a literature review that explores foundation concepts including wellness, impairment, mindfulness, and self-compassion. The group outline is organized into two main parts. In the first part of the group, participants are asked to reflect on the experience of counselling. Topics covered include the wellness-impairment continuum, somatic empathy, and stress. Part two of the group focusses on wellness promotion and participants are asked to reflect upon concepts of mindfulness, self-compassion, and creative self-care. Throughout this group, new counsellors will participate in meditations, experiential activities, and discussions. The guiding principle of this group is that if new counsellors are taught tools to broaden their awareness, then they may be better able to recognise when and how they are being affected by helping and intervene with compassionate self-soothing and self-care practices.

Table of Contents

Abstract	ii
Table of Contents	iii
Acknowledgement	v
Dedication	vi
Part One – The Journey of the New Counsellor	1
Part Two – Impairment, Wellness, and the Field of Counselling	5
Impairment	6
Risk Factors	8
Wellness	10
Self-care, Ethics, and the Knowing-Doing Gap	14
Part Three – Foundational Perspectives	16
Group Format	17
Mindfulness	18
Intention	19
Attention	20
Attitude	20
A Word of Caution	23
Self-Compassion	23
Part Four – A Mindfulness-Based Self-Care Group For Novice Counsellors	29
Pre-Group Preparation	30
Session One – Facilitators Notes	32
Outline	39
Session Two – Facilitators Notes	42
Outline	46

Session Three – Facilitators Notes	48
Outline	53
Session Four – Facilitators Notes	55
Outline	59
Session Five – Facilitators Notes	62
Outline	67
Session Six – Facilitators Notes	69
Outline	72
Session Seven – Facilitators Notes	74
Outline	75
References	76
 Appendix A- Session One	 82
Appendix B- Session Two	84
Appendix C- Session Three	87
Appendix D- Session Four	90
Appendix E- Session Five	92
Appendix F- Session Six	98
Appendix G- Evaluation Form	102

Acknowledgement

I would like to thank my project supervisor, Dr. Linda O'Neill, and my committee members, Dr. Corinne Koehn and Dr. Sherry Beaumont, for their valuable feedback and insights regarding this project. I would also like to thank my husband, family, and friends for their continued support and willingness to listen as I sorted out the details of this project.

Dedication

This project is dedicated to all new helpers who understand that in order to help others we need to be able to help ourselves.

Part One: The Journey of the New Counsellor

Counselling is a unique professional field that requires counsellors to use themselves as a tool in the therapeutic process. In order to be effective, counsellors constantly work to deepen their ability to empathically open themselves up to understanding the experiences of clients so that they can help them on their path of exploration, healing, and wellness. Helpers strive to manage their perspectives, feelings, and life stresses so that they can effectively hold present moment awareness and engage in the therapeutic process with clients. In reality, this is not an easy task and in order to learn how to effectively navigate this field, practitioners often need to deepen their commitment to understanding themselves, others, and the world.

For students in counselling, the journey of becoming a counsellor can be both daunting and awe-inspiring. Speaking of my own experience, this period of development has been a time of intense growth and self-discovery, in which I have felt my awareness expanding. This awareness has broadened my self-understanding, and nurtured my appreciation for the complexity of human interactions, and human *being*, in general. Although I have learned many lessons, I can honestly say that developing deeper self-awareness has challenged me in many ways. The path to becoming a helper is not straight and wide—instead there are many bumps and hazards encountered along the way and this period can be associated with heightened stress, anxiety, and insecurities (Christopher & Maris, 2010; Skovholt, 2001; Theriault, Gazzola, & Richardson, 2009).

Skovholt (2001) describes many of the challenges faced by new counsellors on the road to becoming an experienced helper. The novice counsellor does not necessarily have an established helping identity, therefore, they are in essence, trekking with a crude map that contains broad knowledge obtained from theories and past experiences, but does not contain

information for specific situations encountered along the way. At this time of the journey, it is common for students to feel unsure of themselves and where they are going. Moreover, because students may lack experience, they may have unrealistic expectations about what to expect from themselves and the counselling process. Another risk is that they may not yet have developed effective boundaries which can lead to client material seeping into their thoughts while at home (Skovholt, 2001).

While new counsellors are trying to navigate the ambiguous path towards their professional self, they may also experience stress and feelings of being overwhelmed with the complex world of human interactions. Feelings of incompetence (FOI) experienced by novice therapists can further affect their development in both positive and negative ways. Theriault et al. (2009) found that FOI in novice therapists could result in positive consequences including an increased sense of alertness in session and heightened motivation for learning. However, FOI could also lead to negative consequences including process disturbances (disengagement or detachment from clients), isolation, self-depreciation, and permeable work-home boundaries. Feelings of insecurity also spurred the novice counsellors to engage in coping. Some of the strategies that were endorsed included: peer collaboration and supervision; shifting personal expectations regarding the change process; efforts to contain intrusive client material; and engaging in self-care strategies including meditation and self-compassion. All of these factors were said to help ease the effects of FOI. In their conclusion, Theriault et al. (2009) suggest that if the stress experienced by the new counsellor is not addressed, it may become the burnout of the seasoned clinician. Therefore, there is a need to engage new counsellors in an open dialogue that normalizes their experience and helps them realize that in order to promote their wellness they need to develop tools to address the challenges associated with counselling.

One tool that may be very effective for helping new counsellors understand how their work may affect them is mindfulness. Generally speaking, mindfulness can be thought of as a state of consciousness which involves attending to moment-to-moment experiences. Mindfulness can help people shift their perceptions and move into a space of broadened awareness and acceptance which can help them move from reflexively reacting to consciously responding (Shapiro, Carlson, Astin, & Freedman, 2006). This way of responding means that people can begin to experience what is happening in the moment, instead of getting caught up in the turbulence of their emotions, habitual patterns, and thoughts. Developing mindfulness could be especially relevant for new counsellors who are learning how to create effective therapeutic relationships by trying to understand themselves and their clients.

While literature on counsellors in training characterizes this time as a period of great learning, reflexivity, and growth, it is also characterized by stress and anxiety (Skovholt, 2001). One theme that arises out of the literature is a need to break the silence and normalize the processes of developing counsellors, yet few training programs have created self-care training to address this problem (Theriault et al., 2009). I can experientially relate to some of the findings in the above studies as a new counsellor. I have often wondered why there are not more discussions of self-care and what new counsellors can do in the beginning of their careers to enhance their potential for success and longevity in the field. It is this gap in information that has provided an impetus for this project.

The purpose of this project is to design a preventative self-care option for new counsellors where they can come together with their peers with the purpose of reflecting on the guiding question, "What do I need to sustain myself while working within the realities of the counselling profession?" Using a psycho-educational and supportive group structure, the group

will first explore the mechanisms of helping that may lead to impairment. New counsellors will then participate in a blend of meditations, experiential learning activities, and reflective discussions that are used to help them cultivate their awareness and broaden their attention of issues found in counselling. The guiding principle behind the group is that if new counsellors are taught tools to broaden their mindful awareness, they may be better able to recognise when and how they are being affected by helping and intervene with compassionate self-soothing and self-care practices.

It is important to create diverse strategies to foster wellness in new counsellors so that they may adopt a value for self-care early in their careers. Research suggests that when practitioners are actively taking care of themselves, they are better equipped to provide high quality care as their wellness serves as a foundation for their helping work (Lawson, Venart, Hazler, & Kottler, 2007). Even though the importance of self-care is well known, this does not necessarily mean that counsellors actually commit to their own care. We have all heard the old saying, “practice what you preach” yet, often, counsellors forgo their own self-care needs in order to provide care to others, including their clients, families, or friends. There are many reasons why helpers may not practice self-care. Some believe that self-care is self-indulgent while others cannot squeeze any more time from their already packed lives. These explanations point to a gap that exists between knowing and doing and indicate that it is important to figure out how to start bridging this gap. By implementing experiential activities this mindfulness-based group attempts to take an active approach in closing the gap between knowing and doing.

Part Two: Impairment, Wellness, and the Field of Counselling

In order to understand why there is a need for a mindfulness-based group, it is necessary to explore the realities of helping and the spectrum of counsellor wellness and impairment. Exposing the hazards and benefits that can be experienced by the helper is a useful task because it highlights where impairment prevention and wellness promotion may be effective. It is well known that counselling can pose both rewards and risk to helpers' well-being—counsellors get the honour of witnessing stories of growth, and transformation; yet, they are also exposed to stories of tragedy, disempowerment, and hopelessness that can drain emotional resources in both the client and the counsellor. When thinking about the field and its vast potentials, it is important to highlight that wellness and impairment should not be thought of as two separate processes. Instead, as Lawson et al. (2007) reveal, it is more accurate to think of wellness and impairment as existing on the same continuum with marked stages in-between. The usefulness of this conceptualisation is that it provides a useful scale for gauging counsellors' well-being and stress and how it may be impacting their work.

According to Lawson et al. (2007), counsellors who are *well* experience a balance in multiple facets of their lives, and therefore, may be best suited to provide high quality care to their clients through modelling wellness by living it. Counsellors generally move away from wellness when there are one or more stressors present in the various domains of their lives. The difference between a *stressed* counsellor and a *distressed* counsellor is that the stressed counsellor can compartmentalize their stresses so that it does not affect their sessions. A distressed counsellor may not be able to effectively cope with external stressors, therefore their stress interferes with the counselling process. If a counsellor becomes too distressed they will

move into the realm of impairment which may have detrimental effects on their personal and professional lives.

Acknowledging that wellness and impairment occupy the same field is useful because it suggests that there are many points of entry for prevention. For example, if self-care is introduced as an intervention at a stage when a counsellor is feeling stressed, the self-care may prevent further stress to the counsellor. Early intervention could have the added benefit of protecting the client and therapeutic process. Prevention and wellness promotion are foundational to this mindfulness-based group which presents one option for helping new practitioners implement self-care as they navigate the field of counselling. Although various stages of prevention will be discussed later in this paper, it is important to first define several of the common concepts of impairment that are present in the literature to provide a fuller picture of the wellness-impairment continuum.

Impairment

Compassion fatigue (CF) is generally defined as feelings of emotional and physical fatigue that results from the chronic use of empathy and compassion while working with clients (Newell & MacNeil, 2010). Essentially, CF is the recognition that helping can be exhausting—attending to complex client stories day after day can deplete emotional resources and reduce the capacity to witness the suffering of others (Figley, 2002; Rothschild, 2006). It is worth noting that although CF is associated with secondary traumatic stress reactions in helpers who work with victims of trauma, helpers who do not work with traumatized populations can also experience CF (Newell & MacNeil, 2010). The shared symptoms of CF and *secondary traumatic stress* mirror post-traumatic stress disorder (PTSD) symptoms of intrusive thoughts, re-experiencing the traumatic events, and avoiding or numbing to cope with high arousal, such as

anxiety (Figley, 2002). The symptoms of CF are highly treatable once they are recognised therefore, increasing awareness of personal vulnerability and reactivity to stress and learning how to contain clients stories are a couple of strategies that can be helpful in mitigating the effects of CF (Rothschild, 2006).

Burnout has long been recognized as an occupational hazard for a variety of professions where demand exceeds capacity. Maslach and Goldberg (1998) describe burnout as a result of chronic professional or personal stress, conflict, and imbalance with defining symptoms of exhaustion; feelings of frustration or cynicism; and feelings of inadequacy. Emotional exhaustion is a result of feeling overextended and depleted emotionally. Depersonalization can initially arise as a result of emotional exhaustion and is characterized by a negative or detached response to other people. Although depersonalization may begin as a self-protective strategy to cope with feeling emotionally overwhelmed, there is a risk that this behaviour can become dehumanizing. Having a sense of reduced personal accomplishment involves feeling less effective or incompetent and this lowered self-efficacy has been linked with depression and an inability to cope with job demands (Maslach & Goldberg, 1998). Taken together, the symptoms of burnout can greatly affect both the personal lives of counsellors and their ability to provide high quality care to clients. What is more, the symptoms of burnout can be further exacerbated by a lack of social support. Although research details many strategies such as stress management and changing work patterns that can help diminish the effects of burnout, it is important to highlight that prevention is needed on both the structural level and personal levels.

Vicarious trauma (VT) describes the inevitable cumulative process in which counsellors experience shifts in their cognitive schema based upon their exposure to clients' traumatic experiences (Trippany, White Kress, & Wilcoxon, 2004). VT differs from *secondary traumatic*

stress—which involves the sudden onset of post-traumatic stress symptoms—with VT presenting as gradual shifts and changes over time, in the way that counsellors perceive themselves, others, and the world. VT develops through empathic engagement and connection with traumatized clients, and unlike *countertransference*—which refers to the counsellor’s emotional reaction to a client based on their own personal experience—a counsellor does not have to have a personal history of trauma to be affected by VT (Hesse, 2002). It is specific traumatic client material that can affect counsellors’ internal worlds including their feelings of trust, safety, esteem, and intimacy (Trippany et al., 2004). Many strategies have been identified in the research that can help mitigate the effect of VT including engaging in personal and profession self-care activities, accessing support, and having strong theoretical and spiritual foundations (Meyer & Ponton, 2006).

Risk Factors

Taken together, there are many risk factors associated with counselling. Complications can arise as a consequence of personal factors associated with the counsellor; the interaction between counsellors and their clients; or as a result of systemic factors. In reality, these factors work in concert to provide a dynamic and complex picture of counsellor risk. Personal factors that can put counsellors at risk of the aforementioned impairments include past experiences of trauma, feelings of incompetence, porous boundaries, and personal and professional stressors (Phelps, Lloyd, Creamer, & Forbes, 2009; Skovholt, 2001; Theriault et al., 2009). These personal factors can cause further complications for the counsellor, especially if they are coupled with low awareness because they can affect the therapeutic relationship. For example, empathy is one tool that is consistently used to build therapeutic relationships with clients that is based on shared understanding and an appreciation of how clients are impacted by their experiences. While

empathy is effective, Rothschild (2006) highlights that empathy may be a doubled edged sword that has the potential to both help and harm. Specifically, Rothschild proposes that unconscious empathy—that is, empathy that operates outside of counsellors' awareness and conscious control—is related to therapeutic impairments such as compassion fatigue, burnout, and vicarious trauma. When practitioners are not mindful of their own somatic and emotional processes, they can unknowingly place themselves in harms-way (Rothschild, 2006).

Counsellors need to be vigilant about self-monitoring so that they can track how they are being affected by helping, and how they are affecting the counselling session. Even though all counsellors can have bad days or experience events that have a negative impact on their wellness, that does not negate the importance of fostering awareness so that they may better recognise and understand how their personal realities may affect their ability to engage in the counselling process (Lawson et al., 2007).

There are also work-related risk factors that can impact wellness. General problems such as working hours, client load, and workplace conflict can have a powerful effect on any employee and can cause decreases in practitioners' well-being. It is especially important to consider systemic factors that can both promote and hinder counsellor wellness as interventions have generally tended to place the sole responsibility of wellness on individuals (Bober & Regehr, 2005). This individualistic view falls short by not acknowledging the many systemic barriers that can impede counsellor wellness. For example, one exploratory survey conducted by Lawson et al. (2007) found that counsellors not only perceived a lack of support for counsellors who are at risk, but participants also felt that it is unsafe for counsellors who were at risk to seek out support because of the fear of reprimand or stigmatization. The idea that counsellor impairment is taboo is also replicated in a study by Theriault et al. (2009) which examines

feelings of incompetence in novice counsellors. These authors suggest that it is time for leaders (educators and supervisors) in the counselling field to demystify counsellor self-doubts and impairment so that novices and counsellors in general do not feel alone in their struggles.

Although this project will attempt to normalize the processes that developing counsellors go through, it is beyond the scope of this project to address the many systemic barriers that affect counsellor wellness. That being said, there is a definite need for advocacy in this area as the consequences of systemic risks not only affect client care and the workplace environment, but they can also negatively impact counsellors' personal lives and relationships (Bober & Regehr, 2005).

In summary, there are many types of impairment and risk factors that can negatively affect counsellors' personal and professional lives. Stress can come from internal and external sources, and as it builds for counsellors, they can move down the continuum into the realm of distress and impairment. Further, as some literature reveals, counsellors who are at risk of impairment may be deterred from seeking the help that they need out of fear of stigmatization or reprimand (Lawson et al., 2007). For this reason, practitioners and researchers call for counsellor impairment to be normalized and attention shifted towards prevention and wellness promotion. As novice practitioners begin to understand what challenges and promotes their wellness, they may be better able to understand what they need to do to move towards attaining more balance in their personal and professional lives

Wellness

There is a growing section of research on counsellor wellness that is attempting to balance out the research on counsellor impairment. Although it is important for counsellors to recognise and understand what challenges their wellness, it is also equally important that they

understand what buffers their stress and promotes their wellness. But what is wellness? There are a variety of definitions of wellness presented in the literature. Some researchers differentiate between types of wellness including physical, emotional, and spiritual wellness (Venart, Vassos, Pitcher-Heft, 2007), whereas others view wellness more holistically. Roscoe (2009) conducted a review of the wellness literature and found that most definitions and models share common themes: (a) wellness is holistic and is made up of factors that interact in a complex, integrated, and synergistic fashion. Each factor is integral to the whole and no one facet operates independently; (b) wellness is action oriented and focusses on pursuing balance among the different dimensions that contribute to wellness; (c) wellness is a process of actualizing and movement towards optimal functioning; and, (d) wellness is viewed as a continuum, not an end state. These components demonstrate the complex and multidimensional concept of wellness.

For the purpose of the project, I will follow Myers, Sweeney, and Witmer's (2000) definition of wellness as "a way of life oriented towards optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (p.252). This definition is very comprehensive and fits well with the goals of this group which include increasing mindfulness so that new counsellors may better understand how to balance various dimensions of their lives, and in doing so, may feel more in tune in their personal and professional lives.

Given that the concept of wellness is so broad it can be useful to use a model to provide a framework for addressing the multidimensional components associated with wellness. Early attempts at mapping out wellness, such as the Wheel of Wellness model, had intuitive appeal and face validity, but could not be statistically validated (Myers & Sweeney, 2008). In 2005, Myers and Sweeney created the indivisible self model which was one attempt at developing an

evidence-based model of wellness (Cummins, Massey, & Jones, 2007). In Myers and Sweeney's (2005) wellness measure, wellness emerged as holistic factor that comprised of several interacting sub-components. This model is consistent with the common feature of wellness reviewed by Roscoe (2009) and means that wellness is a holistic way of being that can only be understood by examining the dynamic interplay of several spheres of life that contribute to wellness and arise within specific contexts. A brief description of the interacting factors that form wellness and the context variables that affect wellness as presented by Myers and Sweeney (2005) are presented below in order to highlight how many aspects of our lives are related to wellness:

The creative self is a combination of attributes that each of us forms to make a unique place among others in our social interactions and was comprised of five factors: thinking, emotions, control, positive humour, and work. *The coping self* is composed of four factors—realistic beliefs, stress management, self-worth, and leisure—that relate to our ability to regulate our responses to life events and soothe negative affect. *The social self* includes friendship and love (family and intimate) and reaffirms the relationship between social support and wellness. *The physical self* contains two factors, nutrition and exercise, which have been repeatedly linked to wellness. Lastly, the *essential self* is made up of four factors—spirituality, self-care, gender identity, and cultural identity—which relate to our essential meaning making processes in regard to self, others and life. In order to have a more complete understanding of wellness, this model highlights that wellness must be viewed as a holistic system that is affected by environmental or contextual factors. In the indivisible self model, the contextual factors included development factors as well as the influence of local, institutional, and global contexts (Myers & Sweeney, 2005, p.10-11).

Given the complex nature of wellness, Lawson and Myers (2011) argue that the benefit of using a structured holistic model is that it ensures no facets of life are ignored or deemphasized. Using a more structured guide is especially important considering that so many facets of our lives are related to wellness and that changes in one area can lead to changes (positive or negative) in other areas of our lives. Counsellors who work almost exclusively with traumatized clients understand how this phenomenon works as they may experience the impact of their work stress in their emotional, cognitive, interpersonal and spiritual spheres (Killian, 2008; Phelps et al., 2009; Skovholt, 2001). Understanding the holistic nature of wellness with its various interacting subcomponents is beneficial because it indicates the need to take an integrative approach to promoting wellness. Several facets of life have to be examined in order to determine where stress may be putting a practitioner at risk of falling out of balance. Moreover, these same domains need to be assessed to determine where practitioners have strengths and resources that they can draw on. Given that so many facets of life can affect counsellor's wellness the good news is that there are many possible avenues for creative interventions in wellness promotion.

Overall, when I contemplate the field of counsellor wellness and impairment, I visualize flowing water. Like a river, at times we can flow calmly through our lives, fulfilling our requirements with a sense of balanced purpose. Yet, as the speed of our lives accelerates, we can start to feel the effects of stress, which can create rapids and whirlpools that steal energy and churn with force and power. When stress from one facet of life cause havoc in other areas, we can fall out of balance and move down the wellness continuum into the realms of distress and impairment. As new counsellors travel the path of helping, they should expect periods of rapids and white-water— after all, every counsellor fluctuates along the wellness-impairment

continuum day-to-day (Lawson et al., 2007; Venart et al., 2007). What is important is that new counsellors gain awareness of this process so that they can better track and understand how they are being affected by their work on personal and professional levels. If new practitioners can increase their awareness, they may be able to intervene with active self-care strategies when they are experiencing stress, so that they do not slip into the realms of distress or impairment. Fostering this level of awareness is not an easy task however, and balancing the wellness-impairment continuum requires commitment and dedication.

Self-Care, Ethics, and the Knowing-Doing Gap

Self-care is not just a good idea, it is also an ethical imperative. Under the British Columbia Association of Clinical Counsellors (BCACC) code of ethics, counsellors are required to engage in self-care activities in the recognition of the unique professional stresses involved in counselling practice and in order to maintain optimal levels of professional practice. The code also requires counsellors to evaluate their professional activities and take appropriate steps to ensure that their personal issues or stresses do not interfere with their ability to provide professional assistance (BCACC Code of Ethical Conduct, 2010). In this way, the ethical guidelines highlight that responsible care involves counsellors being aware of their own self-care, needs and vulnerabilities. Implementing self-care strategies affords many benefits to new counsellors with studies generally showing that self-care can reduce distress and impairment, improve counsellor well-being, and help with retention in the counselling profession (Evans & Payne, 2008; Richards, Campenni, & Muse-Burke, 2010). Moreover, engaging in self-care practices that build insight may help new counsellors become more authentic in their practice which could allow them to provide higher quality care to clients while ensuring their own vitality (Lawson, 2007).

Although counsellors know that self-care is an ethical requirement, this does not necessarily mean that their knowledge translates into actual self-care practices (Barlow & Phelan, 2007). This gap between knowing and doing can become problematic if, as highlighted above, counsellors deplete their own resources in service of caring for others. There is a push for training programs to encourage new counsellors to adopt a value for self-care early in their careers as a preventative factor for later stresses (Pope & Vasquez, 2011). In light of the gap that exists between knowing and doing, programs that promote self-care need to engage new counsellors in diverse experiential activities that help them embody their self-care practice. This idea is one of the guiding forces of the group described in this project, and with the shift in focus onto the key component of this group in part three, it will become clearer how this group will try to help novice practitioners foster their mindfulness so that they can gently move towards their self-care goals and embody their self-care practice.

Part Three: Foundational Perspectives

There are many protective factors and self-care strategies that can shield counsellors from the stresses associated with helping. When considering what type of prevention is needed, it is important to assess where a counsellor is located on the wellness-impairment continuum as there are many points along this path where one can intervene with preventative measures. Phelps et al. (2009) describe three levels of prevention. *Primary preventions* aim to prevent the occurrence of stress related conditions by implementing strategies that minimize risks and maximize protective factors. *Secondary preventions* teach helpers how to identify the early warning signs and risk factors of impairment in one's self and others. Self-care at this level depends on the context and the individual, but can include spiritual, emotional, physical and mental self-care. *Tertiary preventions* are for helpers who have already developed stress-related conditions and need preventions that minimize the effects of the problem, prevent further complications, and restore higher level functioning. Self-care at this level may involve developing an individualized care plan or addressing the work-home balance.

While programs may blend interventions from each level, Phelps et al. (2009) highlight that less attention has been paid to creating strategies that focus on wellness promotion and early recognition of symptoms of stress. As Pope and Vasquez (2011) point out, effective self-care strategies require helpers to stop and examine red flags that may indicate whether they are hurting. If programs focus on alerting new counsellors to the early signs of stress and distress, novices may be better able to recognise when they are being affected by their work and determine what they need to regain balance and move towards wellness. Moreover, this process of engaging in early prevention may help new counsellors develop resources that inhibit the development of more serious problems later in life. This point is especially relevant for this

group which is considered a blend of primary and secondary preventions because of its focus on heightening awareness through the use of meditation and experiential activities in order to ease current stress faced by the new counsellors and build strengths and resources that can be used by novices later in their careers. Before outlining each group session, it is important to briefly explore the key components that form the foundation of this group.

Group Format

Literature on counsellor wellness and impairment consistently endorses supportive personal and professional relationships as key protective factors that help counsellors maintain their wellness (Hesse, 2002; Meyer & Ponton, 2006; Newell & MacNeil, 2010; Phelps et al., 2009; Trippany et al., 2004). For this reason, the group format will be used to foster mindful self-care and prevention. Peer support groups can offer many benefits to new counsellors including soothing stress reactions, promoting self-awareness, normalizing experiences, and providing a safe place for processing feelings and challenging situations (Cummins, Massey, & Jones, 2007; Venart et al., 2007). Several therapeutic factors have been identified that can lead to effective groups. As this group contains psycho-educational components, imparting information is one therapeutic factor that will be implemented however, all efforts will be made to process and debrief any didactic information. Group cohesion is another essential ingredient that needs to be nurtured within the group. Much like empathy is vital to building effective therapeutic relationships, group cohesion is the glue that keeps the group together and allows each participant to share experiences while feeling accepted by the group (Yalom & Leszcz, 2005). Other therapeutic factors that will be present in this group include universality, instillation of hope, and an existential focus. Taken together, these factors can help participants normalize their experiences and validate their feelings which can be tremendously helpful in creating hope

through connection to others and the human experience in general (Yalom, 2002; Yalom & Leszcz, 2005).

Research suggests that there are many benefits associated with peer groups. I can readily see the benefits of participating in group as my journey has led me to explore many different types of experiences within groups, including meditations, guided visualizations, and healing workshops. I love engaging in self-exploration while being surrounded by people who share similar interests. I find my experience is amplified through vicarious learning and the sense of community that is created. I have also witnessed the transformational power of the group for supporting self-awareness, emotional growth, and problem solving. During the second year of my studies, I participated in a practicum-focussed process group. Interacting with my peers in a supportive group not only normalized my experiences but it also nurtured my self-awareness and deepened my understanding of process and interpersonal relationships. While the effects were subtle, the benefits have been longstanding and have helped me integrate what I am learning about myself both personally and professionally. These experiences were invaluable for helping me in my development as a new counsellor and I truly believe that through these social interactions I came to know myself better. For these reason, I believe that the group format will effectively lend itself to the exploration of mindfulness and self-care.

Mindfulness

As described previously, the novice phase of the counselling journey is often riddled with stresses, doubts, and insecurities. However, it is possible that the stress experienced by new counsellors, if managed properly, will provide an experiential frame of reference in which helpers can learn skills and acquire tools that can help them with future stress. If new counsellors are aware of what is happening to their body, mind, and relationships as they practice

counselling, they may be able to recognise when they need to engage in self-care and self-soothing techniques to keep their arousal at a productive level (Rothschild, 2006; Shapiro, Astin, Bishop, & Cordova, 2005).

Promoting wellness through nurturing mindfulness is one self-care approach that may help new counsellors become more conscious of the interaction between their personal and professional lives. Mindfulness is a state of consciousness which involves attending to moment-to-moment experiences. Although this concept originates in Eastern spiritual practices, in the last several years interest in mindfulness has exploded in the West. A working definition of mindfulness provided by Kabat-Zinn (2003) highlights that mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment” (p.145). This definition of mindfulness is useful because it highlights the essential building blocks of mindfulness—intention, attention, and attitude— which may indicate how mindfulness works (Shapiro et al., 2006). The mechanisms of mindfulness are not separate processes, rather they arise simultaneously as interacting components within a single holistic process of mindfulness. The basic components are explored below.

Intention. Intention sets the stage for what is possible and can be thought of as an evolving personal vision of why one wants to practice (Shapiro et al., 2006). Although intentions often shift and change with deepened practice, it is important to note that intentions set at the beginning of practice relate to the outcome of practice. In a study conducted on long term meditators, Shapiro (1992) found that when participants set an intention to reduce their stress, they achieved stress management. If participants intended to engage in self exploration, they

experienced deepened awareness. This demonstrates that setting an intention is important as it will partially determine what can be achieved through mindful practice.

Attention. The concept of attention highlights the process of tuning in and becoming aware of internal and external experiences as they arise moment-to-moment. Paying attention in mindfulness involves suspending interpretation and judgement and simply attending to experiences as they present themselves in the here and now (Shapiro et al., 2006). Stopping to acknowledge the continuous flow of consciousness is an important process because it can help nurture awareness, which may lead to people attending to their lives in a very different way. For example, we live in a culture that values achievement orientation and productivity and therefore many people chronically attend to their lives with a narrow objective focus. This way of attending is energetically demanding and it limits the field of awareness. Through mindful practice, people can learn to relax their attention which can help them open up to potentials and move into a space of diffuse attention which fosters creativity and spirituality (Fehmi & Robbins, 2007).

Attitude. The attitude that one brings to their mindful practice is absolutely crucial. Although mindfulness is often associated with bare awareness, this space should be approached from a place of compassion and curiosity (Shapiro et al., 2006). When people intentionally foster attitudes of patience, compassion, and non-striving they may learn to sit with all experiences, pleasurable or aversive, without feeling the need to push any experiences away. This compassionate approach is very important for the process of learning because if people feel safe and comfortable they will be more willing to take risks to enhance their learning and growth. The attitude brought to practice can greatly affect the outcome of practice as well. For example, if

people are critical, cold, or impatient in their approach, they may cultivate patterns of judgement and striving instead of gentle acceptance and allowing.

Taken together, the components of mindfulness interact to help people shift their perceptions and move into a space of broadened awareness and acceptance. People can begin to truly experience what is, instead of getting caught up in the turbulence of their emotions, habitual patterns, and thoughts. I love the analogy presented Shapiro et al. (2006) that compares this process to waves in the ocean—when we are caught on the surface we are thrashing about in the waves of emotion, thoughts, and past conditioning but, if we deepen our mindfulness practice, we can drop beneath the surface of the waves into a calmer, clear space where it becomes easier to perceive what is happening moment-to-moment. Said in another way, when people develop the ability to witness their thoughts and emotions, without being carried away by them, space is created in which insight and other perspectives can develop. This process helps people move from reflexively reacting to consciously responding. In my experience, this shift is one of the greatest benefits that mindfulness can afford because the effects of developing greater consciousness can benefit many facets of our lives including our relationship to our self and others.

There are many different formal and informal practices that aim to cultivate a continuity of awareness throughout our daily lives. For this reason, individuals are encouraged to find a practice that will best suit their needs and provide scaffolding for their deepened awareness and attention. It is also important to remember that fostering mindful awareness is an art form—it takes time, practice, and patience.

This group is designed so that new counsellors can try a variety of exercises and meditations that are used to nurture mindfulness. The idea is that through trying a variety of

approaches, new counsellors can reflect on the best practice for increasing their awareness, which may benefit their personal and professional lives. Several studies have examined the usefulness of integrating mindfulness into training programs for various mental health professions (Aggs, & Bambling, 2010; Christopher & Maris, 2010; Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007). The results have been promising and there is preliminary evidence that brief mindfulness programs (6-8 sessions) can be effective for promoting declarative mindfulness knowledge and skill attainment that can help practitioners enter a mindful state on request (Aggs & Bambling, 2010). Christopher and Maris (2010) examined the use of mindfulness training for students enrolled in a counselling program and found many benefits of the training, including helping the students become more aware of their internal sensations and habitual patterns of reactivity. This knowledge helped the students in their counselling sessions as they felt more present with clients; experienced greater flexibility in their responses; and were better able to recognise and soothe countertransference reactions. Moreover, students who participated in the mindfulness training program were said to be easier to supervise because they were more open, aware, self-accepting, and less defensive (Christopher & Maris, 2010).

Further support is gathered from a study that examined the effects of mindfulness-based stress reduction (MBSR) on the mental health of therapists in training. This study found that participation in MBSR led to declines in perceived stress, negative affect, anxiety, and rumination and increases in positive affect and self-compassion (Shapiro, Brown, & Biegel, 2007). These results are very promising and indicate that mindfulness-based training for new counsellors may be effective for nurturing their mindfulness and self-compassion which can help protect novice practitioners from stress and emotional reactivity.

A Word of Caution

Although mindfulness training receives ample support in the literature, Kabat-Zinn (2003) cautions that those wishing to facilitate mindfulness, must also practice mindfulness themselves. When the facilitators' knowledge and passion for mindfulness is at the foundation of their teaching, they will carry the appropriate energy or authenticity which can increase the effectiveness of the program.

Self-Compassion

Self-compassion is another foundational component that will be explored in this group. While compassion for self and others has been a central practice of Buddhism for thousands of years, more recently in the West, self-compassion has been receiving attention because of its beneficial effects on well-being (Gilbert, 2010). Compassion has traditionally been defined as a sensitivity to suffering with the motivation to relieve suffering for both self and others. However, it is important to note that there are several different models of self-compassion that emerge out of different theories, traditions, and research (e.g. Gilbert, 2009a; Neff, 2009) and for this reason there is not one standard definition of compassion.

For example, research conducted by Neff (2003b) demonstrates that like mindfulness and wellness, self-compassion is a holistic concept that emerges from a dynamic interaction between underlying sub-factors of self-kindness vs. self-judgement, common humanity vs. isolation, and mindfulness vs. over-identification or avoidance. Self-kindness involves extending empathy, warmth, and patience to all aspect of oneself including behaviours, thoughts, and emotions (Barnard & Curry, 2011). Although self-compassion and self-judgement are not mutually exclusive (i.e., having low levels of self-judgment does not necessarily indicate high levels of self-compassion), helping someone become aware of self-judgment while nurturing self-kindness

may undue the suffering that is elicited by self-criticism (Barnard & Curry, 2011; Neff, 2003b). The concept of common humanity refers to the understanding that all humans make mistakes and encounter challenges in life (Neff, Kirkpatrick, & Rude, 2007). The human experience is full of suffering and joy so acknowledging this factor can help people realize that they are not separate from others. The construct of mindfulness is very similar to the description provided above and refers to the process of becoming aware and accepting the present moment, without getting caught up in the turbulence of thoughts and feeling or avoiding present moment experiencing. Taken together the three facets of self-compassion interact and influence each other to create a dynamic picture of self-compassion.

While Neff and others have significantly contributed to the research on self-compassion, Gilbert views compassion through a different frame—one that is rooted in evolutionary, social, and Buddhist psychology as well as neuroscience (Gilbert, 2009a). Essentially, this perspective views self-compassion as a process that emerged out of attachment and caring behaviours. For Gilbert (2009, 2010), compassion can be defined as behaviour that aims to nurture, provide care, teach, guide, sooth, protect and offer feelings of acceptance and belongingness in order to benefit the self or others. While this description of compassion is somewhat similar to Neff's definition, Gilbert further explores compassion by examining its origin and underlying functions. Research on the neuroscience of emotion suggests that humans have at least three types of affect regulation systems: threat and self-protection; incentive and resources seeking; and soothing, contentment and affiliation systems (Gilbert, 2009b). These systems are defined below.

The main function of the threat and self-protection system is to pick up on threats to the self and close others and then activate feelings (e.g. anxiety, anger, or disgust) that motivate people to take action and self-protect (Gilbert, 2010). Essentially, this system is responsible for

flight, fight, and freeze and it can be easily conditioned because it operates in a “better safe than sorry” manner. Once the threat system is activated, people operate from a “threat mind” and all thoughts, emotions, behaviours, images, and fantasies become threat focused (Gilbert, 2009a). In order to cope, safety strategies are developed and while these strategies can reduce arousal in the moment, they can have unintended and unhelpful long term consequences.

The main function of the incentive and resource seeking system is to give people positive feelings that help guide, motivate, and encourage them to seek out resources that are needed to survive and flourish (Gilbert, 2009a). Basically, this system activates feelings of excitement and provides the motivation and desire that pushes humans to compete, want more, and achieve goals. When goals become thwarted this system can activate the threat system or cause a dip in mood (e.g. frustration, self-criticism, or depression).

The soothing, contentment and affiliation system creates feelings of safety, contentment, and peacefulness which are very different than the energy associated with striving or the need to self-protect (Gilbert, 2009a). This system is associated with affiliation and kindness such that it allows people to feel social connectedness and support. It is also involved in caring behaviours such as affection, kindness, empathy, and self-compassion. Much like the other emotional regulation systems, when compassionate qualities are integrated and working together, they pattern the mind and allow people to operate from a compassionate mind frame that textures experiences, interactions, and perceptions (Gilbert, 2010).

While all humans have these three basic affect regulation systems, the point to make is that the systems can fall out of balance due to our life experiences and levels of self-criticism or shame (Gilbert, 2009b). When the systems are unbalanced, people may be unable to access their soothing and contentment system which can leave them feeling constantly threatened or over

aroused. The main focus in Gilbert's compassionate mind training is to help people learn how to access their soothing compassionate systems so that they can generate positive affect including feelings of safety and contentment on a regular basis as well as when they are confronted with suffering which is an inevitable part of life (Gilbert, 2009a).

In Gilbert's model of self-compassion (2009a) a variety of skills and attributes are required to bring balance to the emotional regulation systems. Within this compassionate model each element is interconnected and arises within the context of emotional warmth. The skills which include compassionate attention, thinking, behaviour, feelings, and imagery can be learned and provide instructions on how to foster the various compassionate attributes. The attributes that are required to nurture self-compassion include: The desire to be caring and supportive; being sensitive to distress within ourselves and others; being moved by, and understanding the suffering of self and others; an ability to tolerate and accept distress; and an attitude non-judgment and kindness (Gilbert, 2010).

Taken together, both conceptualizations of self-compassion provide a useful map for learning to deal with life's challenges. For example, if individuals are mindful when they are confronted with feelings of inadequacy or failure, they may be better able to view their experience within the larger human context as well as offer themselves warmth and non-judgmental understanding, which can help deactivate their threat system while activating their self-soothing resources (Gilbert, 2009a; Gilbert, 2010; Neff et al., 2007).

In light of the practices prescribed by mindfulness and self-compassion, it becomes clear why these foundational practices will be useful to new counsellors. The path of the novice counsellors is characterized by intense growth and transformation. Without extensive experience to draw on, new practitioners must learn very quickly how to deal with the complexity and

ambiguity that the practice of counselling presents (Skovholt, 2001). Self-compassion can offer tools and resources to novices during this time of learning as it has been found to reduce stress, self-evaluative anxiety, negative affect, self-criticism, and shame (Barnard & Curry, 2011; Gilbert, 2010; Neff, et al., 2007; Shapiro et al., 2005). Further, because self-compassion activates the soothing and contentment system, it appears to provide the emotional safety needed to see the self clearly without the fear of self-condemnation, which can allow individuals to perceive their mistakes with greater clarity and help them admit their errors while taking appropriate action to resolve their issues (Neff, 2009; Neff et al., 2007).

Promoting self-compassion may offer other benefits to counsellors' wellness. Preliminary evidence suggests that self-compassion may protect against features of impairment including emotional exhaustion (a component of burnout) and the development or maintenance of PTSD symptomatology such as avoidance (Barnard & Curry, 2011; Thompson & Waltz, 2008). Although more research is needed, the findings suggest that helping new counsellors increase their self-compassion may potentially protect them from future impairment. There are other benefits that self-compassion can afford to the helping relationship. For example, counsellors in a study conducted by Patsiopoulos and Buchanan (2011) indicated that self-compassion positively impacted their ability to work effectively with clients by lowering their unrealistic self expectations; helping them develop effective self-care and other-care boundaries; and by motivating them to become more proactive in their preventative self-care.

Taken together, the literature on mindfulness and self-compassion offers some practical tools that can help new counsellors. Fostering mindfulness may help novices dip below the waves so that they can see themselves and others more clearly. If new counsellors develop their mindful awareness they may be better equipped to attend to processes that are happening within

themselves and within their sessions with clients. In fact, research has shown that mindfulness training can increase self-compassion, which mediates the relationship between mindfulness training and reductions in stress (Birnie, Speca, & Carlson, 2010; Shapiro, Astin, Bishop, & Cordova, 2005). Self-compassion can help developing practitioners accept their foibles and view themselves and others in a more realistic light. Together, mindful awareness and self-compassion may provide resources for new counsellors that can help them manage the wellness-impairment continuum so that they may stay safe and sustain themselves while they counsel.

Part Four: A Mindfulness-Based Self-Care Group for Novice Counsellors

The group will meet for seven weekly sessions that consists of two parts. Part one will focus on helping new counsellors nurture their awareness and reflect on the field of counselling including the wellness-impairment continuum. Novice counsellors will then engage in a series of discussions and experiential activities (breathing meditations, somatic body scans and mirroring exercises) that are designed to stimulate their insight regarding how they may personally be impacted by helping. Topics that will be covered include the wellness-impairment continuum, mindfulness, somatic empathy, and stress. Part two of the group will focus on wellness promotion and requires new counsellors to reflect upon concepts of mindfulness, self-compassion, and creative self-care. Counsellors will participate in several forms of meditation (self-compassion/lovingkindness meditation, present moment inquiry, guided visualization), as well as engage in a series of discussions. In the final phase of part two the counsellors will set one self-care intention that they will focus on after the termination of the group. Throughout the course of this group, all psycho-educational information and experiential activities will be followed by group processing and debriefing to stimulate reflection and integration.

When considering the goals and interactive nature of this group, the ideal number of participants would be between six and eight (Yalom & Leszcz, 2005). As this group is not a traditional psycho-educational group—it also contains supportive and experiential elements—it will be important that participants feel safe to explore and share at an insightful level. Six to eight people is enough to contribute to a diverse group experience, while ensuring that everyone can still be an active participant. In order to be included in this group, members must have some experience at counselling in order to make the discussions more relevant. As a minimum, participants should be actively counselling whether professionally or through their practicum.

As this group will be voluntary and offered to counsellors as an extended learning opportunity, participants will be recruited through advertising at training institutions and community agencies that employ counsellors. The group can be held in spaces such as multipurpose rooms, classrooms, community hall, etc. The basic venue requirement is that it is quiet, has enough space for movement, and can accommodate tables for days when expressive materials are used.

The group outline that follows can be used by facilitators with the purpose of leading a mindfulness-based self-care group. It is important to note that this outline is offered as a template, not as a standardized manual for practice. For this reason, the information presented below makes recommendations yet allows room for facilitator creativity based on group needs.

Pre-Group Preparation

Although this group is not a traditional therapy group, it will still be important to have pre-group preparation meetings with all of the members. Pre-group preparation has been shown to increase attendance and self-exploration while lowering anxiety levels and misconceptions about the group process (Yalom & Leszcz, 2005). For the purposes of this group, members will meet individually with the facilitator approximately one week before the sessions start. This helps the facilitator get acquainted with the participants as well as gives the members the opportunity to make a more informed decision about their participation in the group. There will be three areas that will need to be outlined in the pre-group meeting. Participants will find out about the format of the group; the basic grounds rules and guidelines; and they will be given the opportunity to ask questions and raise any concerns they may have.

The first task of the pre-group meeting will be to explain to the members what they can expect from group. The facilitator should outline that the group is for new counsellors who want

to explore some possible methods they can use to promote their wellness as they engage in the field of counselling. At this time, the facilitator will briefly describe the focus of each session as well as highlight the various activities that will be used.

The second task of the pre-group meeting is to tell members about important ground rules. At this time, the facilitator should initiate a discussion of confidentiality as well as the expectations about attendance (participants are required to make every effort to attend all sessions). Members should also be informed about how to get the most out of their group experience which includes being engaged in the process, trusting their own needs, and if possible, practicing techniques outside of group. It is important to note that this information will be reiterated in the first session because as Yalom and Leszcz (2005) point out, information revealed in the pre-group can be easily forgotten.

The last task of the pre-group meeting is giving members a chance to ask questions and voice any concerns they may have. Not only is this an excellent time for the facilitator to dispel any myths about the group process but it also gives the facilitator an opportunity to raise the members expectations about group. As groups can be anxiety provoking for some individuals, the pre-group meeting offers one mode for helping participants feel more comforted and ready to engage in the group process (Yalom & Leszcz, 2005).

Session One: Facilitators Notes

The purpose of group one is to introduce new counsellors to the concepts of impairment, wellness, self-care, and meditation. The main tasks of this group include: fostering connections and cohesion within the group; providing a context for upcoming groups; and giving the participants an opportunity to experience meditation.

In order to successfully facilitate this session, the group leader will need to be able to explain relevant background material and research. The following points can be used as a guideline:

Wellness-Impairment Continuum

(Lawson, Venart, Hazler, & Kottler, 2007).

Wellness → Stress → Distress → Impairment.

- Wellness and impairment exist on the same continuum with marked stages in-between.

The benefit of this conceptualisation is that it provides a useful scale for gauging counsellors' well-being by looking at how stress may impact their work. It is worth noting that all helpers find themselves fluctuating on this continuum day to day.

- Counsellors who are well...
 - Experience a balance in multiple facets of their lives, and therefore, may be best suited to provide high quality care to their clients through modelling wellness by living it. Counsellors generally move away from wellness when there are one or more stressors present in the various domains of their lives.
- Counsellors who are stressed...
 - Can compartmentalize their stresses so that it does not affect their sessions.

- Counsellors who are distressed...
 - May not be able to effectively cope with external stressors, therefore their stress interferes with the counselling process.
- Counsellors who are impaired...
 - Have become very distressed which may have detrimental effects on their personal and professional lives. Different forms of impairment will be examined below.
- Acknowledging that wellness and impairment occupy the same field is useful because it suggests that there are many points of entry for prevention. For example, if self-care is introduced as an intervention at a stage when a counsellor is feeling stressed, the self-care may prevent further stress to the counsellor. This could have the added benefit of protecting the client and therapeutic process.

Impairment

Burnout

- An occupational hazard for a variety of professions where demand exceeds capacity.
- Burnout is a result of chronic professional or personal stress, conflict, and imbalance with defining symptoms of exhaustion; feelings of frustration or cynicism; and feelings of inadequacy. Emotional exhaustion is a result of feeling overextended and depleted emotionally. Depersonalization can initially arise as a result of emotional exhaustion and is characterized by a negative or detached response to other people. Having a sense of reduced personal accomplishment involves feeling less effective or incompetent and this lowered self-efficacy has been linked with depression and an inability to cope with job demands (Maslach & Goldberg, 1998, p. 64).

- The symptoms of burnout can greatly affect both the personal life of counsellors and their ability to provide high quality care to clients. What is more, the symptoms of burnout can be further exacerbated by a lack of social support. Although research describes many strategies such as stress management and changing work patterns, that can help diminish the effects of burnout, it is important to highlight that prevention is needed on both structural and personal levels.

Compassion Fatigue (CF)

- Feelings of emotional and physical fatigue that result from the chronic use of empathy and compassion while working with clients (Newell & MacNeil, 2010).
- CF can deplete emotional resources and reduce the capacity to witness the suffering of others (Figley, 2002; Rothschild, 2006).
- The symptoms of CF are highly treatable once they are recognised therefore, increasing awareness of personal vulnerability, reactivity to stress, and learning how to contain clients stories are a couple of strategies that can be helpful in mitigating the effects of CF (Rothschild, 2006).

Secondary Traumatic Stress

- Describes the sudden on-set of post-traumatic stress symptoms of intrusive thoughts, re-experiencing traumatic events, and avoiding or numbing to cope with high arousal, such as anxiety (Figley, 2002).

Vicarious Trauma (VT)

- VT differs from secondary traumatic stress as counsellors may experience gradual shifts and changes over time in their cognitive schema (perceptions of self, others, and the

world) based upon their exposure to clients' traumatic experiences (Trippany, White Kress, & Wilcoxon, 2004).

- VT develops through empathic engagement and connection with traumatized clients, and unlike countertransference—which refers to the counsellor's emotional reaction to a client based on their own personal experience—a counsellor does not have to have a personal history of trauma to be affected by VT (Hesse, 2002).
- It is specific traumatic client material that can affect counsellors' internal worlds including their feelings of trust, safety, esteem, and intimacy (Trippany et al., 2004). Many strategies have been identified in the research that can help mitigate the effect of VT including engaging in personal and profession self-care activities, accessing support, and having strong theoretical and spiritual foundations (Meyer & Ponton, 2006).

Wellness

- A way of life oriented towards optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community (Myers, Sweeney, and Witmer, 2000, p.252).

Main Features of Wellness

(Roscoe, 2009)

- Wellness is holistic and is made up of factors that interact in a complex, integrated, and synergistic fashion. Each factor is integral to the whole and no one facet operates independently.
- Wellness is action oriented and focusses on pursuing balance among the different dimensions that contribute to wellness.
- Wellness is a process of actualizing and movement towards optimal functioning.

- Wellness is viewed as a continuum, not an end state.

A Model of Wellness: The Indivisible Self Model

(Myers & Sweeney, 2005, p. 10-11).

- This model demonstrates how wellness is a holistic way of being that can only be understood by examining the dynamic interplay of several facets of life that arise within specific contexts and interact to contribute to our overall wellness.
- Interacting components that make up wellness:
 - **The creative self** is a combination of attributes that each of us forms to make a unique place among others in our social interactions and is comprised of five factors: thinking, emotions, control, positive humour, and work.
 - **The coping self** is composed of four factors— realistic beliefs, stress management, self-worth, and leisure— that relate to our ability to regulate our responses to life events and soothe negative affect.
 - **The social self** includes friendship and love (family and intimate) and reaffirms the relationship between social support and wellness.
 - **The physical self** contains two factors, nutrition and exercise, which have been repeatedly linked to wellness.
 - **The essential self** is made up of four factors—spirituality, self-care, gender identity, and cultural identity—which relate to our essential meaning making processes in regard to self, others, and life.
 - **Environmental or contextual factors** include developmental factors as well as the influence of local, institutional, and global contexts.

Meditation as a Form of Self-Care

The facilitator can use spectrograms or continuums to find out what participants already know about self-care. To set up a spectrogram, indicate that each side of the room represents the extreme ends of the continuum. Then ask participants to find their place along the continuum and once everyone has found their place, they say a couple words as to why they chose to stand where they are standing.

Affectionate Breathing Meditation

The affectionate breathing meditation is used in the first session because it is a foundational meditation practice and it is not abstract or threatening. It does not require that the participants have any previous experience with meditation; however, it will be useful if the facilitator has basic skills in meditation so that he/she can effectively lead the affectionate breathing meditation and provide pointers to participants that can help deepen their practice.

Breathing meditations can aid in the development of mental focus as well as help people relax into the present moment (Wilber, Patten, Leonard, & Morelli, 2008). Adding the compassionate focus is useful for subtly introducing the practice of compassion by cultivating kindness and affection towards self and others. It will also set a positive tone to the first meditation introduced to the new counsellors.

It is important to note that some people can find meditating anxiety provoking (Gilbert, 2009a). For this reason, it will be important that the facilitator go over the following points:

- The main purpose of this meditation is to start experimenting with focusing attention and observing the breath and its own natural rhythm. It is important to realize that this meditation should not be effortful—you are not trying to achieve anything. Do not worry

about trying to do this meditation “the right way”. Just gently and non-judgementally observe your breath.

- Often people’s attention will wander as they first start practicing meditation. This is completely okay and very natural. Please do not judge or criticize yourself when this happens. Simply notice the distraction and return your attention to your breathing.
- Respect your own unique needs. If this meditation feels uncomfortable, make modifications. You can also choose to not participate but it is important that you remain quiet and still so as to not interfere with other members’ focus.

Materials Needed

- Whiteboard or flip chart and markers
- Meditation guide found in Appendix A.

Session One Outline

1. Introductions and ice-breakers (10 min)*

- Facilitate a name game with repetition in order to help group members learn each other's names and set a fun light tone.

2. Provide a brief overview of the group and review important group and personal leaning processes (10 min)

- Confidentiality
- Trusting our own personal process
 - Although the activities used throughout this group are shown to be associated with wellness promotion, members should reflect on their own needs and what will work for them. This means if any of the techniques do not feel right to them, they are encouraged to make modifications. It is very important to honour diverse mental, physical, spiritual, and emotional needs.
- Processing outside of group
 - Although this group will create opportunities for participants to practice of mindfulness, in order to maximize the benefits of the skills they are learning, practice outside of group is highly recommended. Not only does commitment to practice affords greater benefits but there is the added benefit that members can reflect and process their mindfulness practice within the group.

3. Group check-in (10min)

- What brought each member to the group?
- How can the group be useful for helping members move towards their self-care needs?

4. Introduce the focus of this session: The wellness-impairment continuum (30 min)

- Draw the continuum of wellness to impairment and explain the various stages.
- Ask the members to reflect on the following points while infusing the discussion with relevant background information and research.
 - What are some of the implications of using the self as a tool to create therapeutic relationships?
 - How do personal and professional stressors affect wellness?
 - What are the unique stressors that members face being new counsellors? How has being a new counsellor affected the member's wellness?
- Discuss the definitions, risk factors, and protective factors of common impairments.
- Describe the holistic definition of wellness and ask group members how they perceive of, or understand wellness.

5. Meditation as a form of self-care (10 min)

- Ask participants to reflect on the idea of self-care using spectrograms. Once participants have chosen their location ask them to say a few words about why they are standing where they are standing.
 - I have a clear idea about what self-care means.
 - I think self-care is important.
 - I am satisfied with my current level of self-care.
 - I know how I can improve my self-care.

6. Affectionate breathing activity (Meditation 10 min; Debrief 10 min)

- Ask participants to find a comfortable space in the room as they prepare to experiment with one type of meditation practice.

- Facilitate the affectionate breathing meditation.
- Debrief the experience using the following questions as a guideline:
 - How are participants feeling?
 - Was this task easy or challenging?
 - Did anyone notice any differences when they smiled?

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

Session Two: Facilitators Notes

The purpose of this session is to learn about somatic empathy and body-based intuition and reflect on their usefulness and potential to harm. The main goal of this group is to increase the participant's somatic awareness and provide the members with an opportunity to experiment with a containment activity.

In this session members will engage in discussions about somatic empathy and boundaries and they will participate in a mirroring activity and a boundary building activity. Engaging the participants in these activities will help them personalize the discussion of somatic empathy as well as help them recognise which of their senses is most effective in helping them tune in to, or empathise with their partner. This may help new counsellors in their practice by indicating where they may be vulnerable to unconsciously picking up sensory information which can lead to emotional contagion, over-arousal, or fatigue (Rothschild, 2006).

In order to successfully facilitate this session, the group leader will need to be able to explain relevant background material and research. The following points can be used as a guideline:

Somatic Empathy and Body Based Intuition

- We are hardwired for empathy. We copy each other's facial & body expressions which affects us physiologically. Mirroring facial and body expressions can also influence the learning process (i.e. modelling) and help people understand what someone else is feeling (Rothschild, 2006).
- Empathy is more than just a cognitive process—it is a highly integrated process that involves both the body and the mind.

- Somatic empathy is defined as "the capacity and action of understanding, being aware of, being sensitive to and vicariously experiencing in one's body, the sensations, thoughts, feelings and experiences of another (either past or present), without having the feelings, sensations, thoughts and experiences fully communicated in an objective, explicit manner" (Rand, 2002, para. 3).
- Empathy is processed at conscious and unconscious levels. When we adopt an empathic facial expression, body posture, or breathing style (consciously or unconsciously) we can dramatically affect our automatic nervous system (Rothschild, 2006). Moreover, research on mirror neurons has demonstrated that simply observing another person's behaviour or emotional expression can stimulate the exact same neurons in the observer as the ones that are activated in the person who is being observed (Pearson & Wilson, 2009).
 - Examples: smiling, yawning, and purposely slowing our breath to calm an anxious patient.
- In our human development, mimicry is highly related to how we learn (e.g. language, manners). It is important to recognise this process and make it more conscious so that we can use it to our advantage instead of being unconsciously affected.
- We can access a vast wealth of information from tuning into our bodies. However, this somatic based knowing is not infallible therefore, we need to spend time discovering how our bodies communicate and always check our hunches with others.

For more information on somatic empathy, group leaders are encouraged to familiarize themselves with Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. It is a great resource for helpers and includes an informative section on somatic empathy. The full reference is cited below:

Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York, New York: W.W. Norton.

Mirroring Activity

In a similar fashion to meditation, body scans can be distressing for some individuals. For this reason it will be important for facilitators to review the following point:

- The main purpose of this body scan is to start experimenting with tuning into your body and becoming more aware of how your body communicates information. Again, it is important to try not to achieve anything. Do not worry about trying to do this activity “the right way”. Just gently and non-judgementally observe your body as you take the position of your partner.

Boundaries

Counselling is a very unique profession in that it requires that counsellors use their self as a tool in the therapeutic process. As previously mentioned, due to the nature of interpersonal relating this type of work can come at a cost—counsellors can be put at risk for counter-transference, vicarious traumatization, and burnout. So an important question becomes how much can counsellors engage with clients and still keep themselves safe? How much can counsellors let in before they become distressed or detach from the situation? At their core, these questions are about setting boundaries between engagement and disengagement, and care for self versus care for others. While counsellors vary in their needs for personal boundaries, generally research shows that there is value in having boundaries between work and home life (Evans & Payne, 2008).

Building Boundaries Activity

Members will be asked to participate in a boundary building activity in order to provide them with the opportunity to experientially practice creating boundaries as a form of containment and self-care. Again, members should respect their own needs and make modifications if necessary.

Materials Needed

- Activity guides found in Appendix B

Session Two Outline

1. Group check-in (5 min)*

- Has anyone tried meditating or want to share any thoughts or insight that arose during the week?

2. Somatic empathy and body-based intuition (20 min)

- Engage the members in a discussion about empathy based on their personal experiences and relevant background information and research. The following points can be used as a guide:
 - What is empathy? What are the differences between cognitive and emotional empathy on an experiential level?
 - How do members experience empathy in their bodies (e.g. visual images, somatic sensations, guiding thoughts)?
 - Empathy is processed consciously and unconsciously (e.g. mirroring and emotional contagion). What are the implications of this?
 - Ask members to think of a time when they were affected by someone else's emotional state. How did they catch the emotional state? How did this process happen?

3. Mirroring activity (30 min)

- Ask members to find someone to partner with as they prepare to engage in the mirroring activity.
- Facilitate the mirroring activity.
- Debrief the experience:

- Did members find they were more accurate with a particular sensation (i.e. body sensations, emotions, visual images, thoughts?)
- Ask participants to reflect on what this may mean for them within the therapeutic encounter. How can their body-based knowledge be useful? How can their body-based knowledge be potentially harmful?

4. Boundaries (15 min)

- Facilitate a discussion of boundaries. Ask members to reflect on the following questions:
 - What are boundaries?
 - What kinds of boundaries are needed for helping (e.g. Engage-Disengage; Self-Other Care; Home-Work, Personal space)?
 - How are boundaries helpful? How can boundaries be harmful?
 - Ask members to reflect on their personal boundaries (think of how they reacted to the empathy-in-action activity). How do members create boundaries?

5. Building boundaries activity (Visualization 10 min; Debrief 10 min)

- Ask participants to find a comfortable space in the room as they prepare to experiment with the building boundaries activity.
- Facilitate the building boundaries activity
- Debrief the experience using the following questions as guidelines:
 - Did the group members find this visualization useful?
 - Did they make any modifications?

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

Session Three: Facilitators Notes

The purpose of this session is to further the discussion of the impacts of helping by learning about the physical changes that can take place in our bodies. Members will learn about tracking arousal and stress in the body as well as reflect on three broad emotional regulation systems. The goal of this session, much like last session, is to have the participants further their somatic awareness through engaging in experiential activities and discussions.

In order to successfully facilitate this session, the group leader will need to be able to explain relevant background material and research. The following points can be used as a guideline:

Stress and Arousal

(Rothschild, 2006)

- The autonomic nervous system (ANS) is divided into two branches: the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS).
- **Sympathetic Nervous System**
 - Activates during positive and negative stress states (e.g. anxiety, trauma, sexual climax).
 - Prepares us for action (i.e. fight or flight).
 - Noticeable signs: increased breathing rate, heart rate, blood pressure, and sweating; dilated pupils; pale, cold, or clammy skin; and decreased digestion.
- **Parasympathetic Nervous System**
 - Activates during rest, relaxation, sexual arousal, happiness, and sadness.
 - Involved in relaxation, but can also activate concurrently with SNS leading to a freeze response.

- Noticeable signs: decreased breathing rate, heart rate, and blood pressure; constricted pupils; flush, dry, warm skin; and increased digestion.

- **Stages of Arousal**

- A relaxed system indicates that you are calm and fairly comfortable. This is a stage of moderate PNS activation which is signalled by breathing easy, slow heart rate, and warm dry skin.
- When we are slightly aroused we experience excitement or containable discomfort. This stage signalled by low to moderate PNS activation combined with slightly rising SNS activation. Breathing or heart rate may quicken, skin colour remains normal yet skin may moisten slightly.
- Experiencing moderate hyper-arousal indicates that it is time to slow things down as you are having trouble dealing with what is going on and you may be quite anxious. Primary signs of increasing SNS activation include rapid heart rate and respiration and cool clammy skin.
- If we move beyond moderate hyper arousal we enter into severe hyper-arousal. At this stage we must hit the brakes whenever we can. Sympathetic nervous system activation is very high as indicated by accelerated heartbeat, quickened respiration, pale skin colour, and cold sweat.
- If we experience any more arousal we enter a stage of threatening hyper arousal. At this stage SNS and PNS are both very highly activated and we must slam on the brakes as we are at risk of panicking, dissociating, or freezing. As both systems are activated look for combinations- rapid heart rate (SNS) with very

slow respiration (PNS) or the reverse, slow heart rate (PNS) with rapid breathing (SNS).

Tracking Arousal Activity

The body-based awareness and tracking exercise can help new counsellors become more aware of changes in their level of arousal. If participants are not accustomed to tuning into their bodies, this exercise will provide a good foundation. If participants do practice listening to their bodies, this activity may serve as a refresher.

As with meditation, it is important to note that some people can find body scans anxiety provoking. For this reason it will be important for the facilitator to go over the following points:

- The main purpose of this visualization is to start experimenting with observing the body. It is important to realize that this visualization should not be strenuous (i.e. you are not trying to achieve anything). Do not worry about trying to do this visualization “the right way”. Just gently and non-judgementally observe your body.
- Your attention may wander as you practice scanning your bodies. It is important to not become judgemental if this occurs. Instead, simply notice the distraction and return your attention to your body.
- Respect your own unique needs. If this visualization feels uncomfortable, make modifications. You can also choose to not participate but it is important that you remain quiet and still so as to not interfere with other member’s focus.

Emotional Regulation Systems

(Gilbert, 2010)

- Gilbert provides a helpful framework for exploring how our brains give rise to different feelings, urges, desires, and soothing. Although this view is a simplified view of complex

and interacting systems, it is useful for tracking influences on our thinking, feeling, and behaviours.

- **Threat and self-protecting system**

- The main function of this system is to pick up on threats to self and close others and then activate feelings that alert people to take action or self-protect (e.g. anxiety, anger, or disgust).
- Responsible for flight, fight, and freeze.
- The brain gives more priority to dealing with threats than with pleasures. This system is easily conditioned because it operates in a “better safe than sorry” manner.
- Once the threat system is activated, thoughts, emotions, behaviours, images, and fantasies can all become threat focused.
- In order to cope, safety strategies are developed. Although these strategies reduce arousal they can have unintended and unhelpful long term consequences.

- **Incentive and resource seeking system**

- The main function of this system is to give people positive feelings that help guide, motivate, and encourage them to seek out resources that are needed to survive and flourish.
- Basically this system can excite, motivate, and push people to desire more and achieve goals. This system is also related to competition.
- When goals become thwarted, this system can activate the threat system or cause a dip in mood (e.g. frustration, self-criticism, or depression).

- **Soothing, contentment, and affiliation system**

- The main function of this system is to allow people to feel safe, content, calm, and balanced.
- This system is associated with affiliation and kindness such that it allows people to feel social connectedness and support. It is also involved in care behaviours such as affection, kindness, empathy, and self-compassion.
- This system allows individuals to feel a sense of soothing peacefulness which is very different than the energy of striving or self-protection.
- This system is very important in balancing out the other affect regulation systems.

For more information on the affect regulation systems, the group leader is encouraged to read Paul Gilbert's work. He has two informative books that are great resources. The full references are cited below:

Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*.

Oakland, California: New Harbinger Publications.

Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. New York, New York: Routledge.

Materials Needed

- Whiteboard or flip chart and markers
- Handouts and activity guides found in Appendix C

Session Three Outline

1. Group check-in (5 min)*

- Has anyone had any new thoughts come up regarding empathy or body based intuition?

2. Stress and arousal (30 min)

- Facilitate a discussion on the autonomic nervous system and stress. Find out what the participants already know about the effects of stress in the body and adjust the discussion accordingly. Ask participants to personalize the information by reflecting on some of the unique stresses of new counsellors. Also highlight the connection between stress and the wellness-impairment continuum.
- Shift the focus to arousal and pass out handouts. Ask members to discuss how stress and arousal can affect their minds, bodies, relationships and counselling sessions.

3. Tracking arousal: Body scan visualization (Visualization 15 min; Debrief 10 min)

- Ask participants to find a comfortable space in the room as they prepare to experiment with somatic tracking.
- Facilitate the body scan visualization
- Debrief and process the body scan activity. Possible reflection questions include:
 - What did the participants experience?
 - Were some areas of the body easy to tap into? Were some areas challenging?
 - How did it feel to reflect on pleasant and unpleasant memories?
 - Reflecting on the three major emotional regulation systems, how did doing the body scan feel? (e.g. energizing, threatening/anxiety provoking, soothing?)

4. Emotional regulation systems (30 min)

- Draw the three basic emotional regulation systems as described by Gilbert (2009a).

Describe the elements of the model and initiate a discussion on the development and function of the systems.

- Ask members to find a partner and spend some time discussing the balance of their emotional regulation systems.
- Once members have finished their discussion with their partner, ask them to come back to the large group and share any thoughts, insights, or themes that arose out of the pairs.

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

Session Four: Facilitators Notes

This session will examine the nature of mindfulness while drawing on the metaphor of the river of life in order to highlight the importance of increasing our awareness so that we can flow with life as opposed to resisting life. The goal of this session is to nurture members' mindful awareness as well as introduce them to a formless awareness meditation.

In order to successfully facilitate this session, the group leader should practice mindfulness. When the facilitators' knowledge and passion for mindfulness is at the foundation of their teaching, they will carry the appropriate energy or authenticity which can increase the effectiveness of the program. This does not imply that the facilitator must become a mindfulness master before they can help members develop their own mindful awareness. Instead, this acknowledgement means that the facilitator should adopt their own practice of lifelong learning and growth through deepening their awareness if they expect to help the members do the same.

The facilitator will also need to be able to explain relevant background material and research. The following points can be used as a guideline:

The Foundations of Mindfulness

- Mindfulness is a state of consciousness which involves attending to moment-to-moment experiences. Although this concept originates in Eastern spiritual practices, in the last several years interest in mindfulness has exploded in the West.
- A working definition of mindfulness provided by Kabat-Zinn (2003) highlights that mindfulness is "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally to the unfolding of experience moment by moment" (p.145).

- This definition highlights the essential building blocks of mindfulness—intention, attention, and attitude— which may indicate how mindfulness works (Shapiro et al., 2006). The mechanisms of mindfulness are not separate processes, rather they arise simultaneously as interacting components within a single holistic process of mindfulness.

The basic components are explored below:

- **Intention** sets the stage for what is possible and can be thought of as an evolving personal vision of why one wants to practice (Shapiro et al., 2006). Although intentions often shift and change with deepened practice, it is important to note that intentions set at the beginning of practice relate to the outcome of practice.
- **Attention** highlights the process of tuning in and becoming aware of internal and external experiences as they arise moment-to-moment. Paying attention in mindfulness involves suspending interpretation and judgement and simply attending to experiences as they present themselves in the here and now (Shapiro et al., 2006). Stopping to acknowledge the continuous flow of consciousness is an important process because it can help nurture awareness, which may lead to people to attend to their lives in a very different way. For example, we live in a culture that values achievement orientation and productivity and therefore many people chronically attend to their lives with a narrow objective focus. This way of attending is energetically demanding and it limits the field of awareness. Through mindful practice, people can learn to relax their attention which can help them open up to potentials and move into a space of diffuse attention which fosters creativity and spirituality (Fehmi & Robbins, 2007).

- **Attitude** highlights that the mind frame that is brought to mindful practice is absolutely crucial. Although mindfulness is often associated with bare awareness, this space should be approached from a place of compassion and curiosity (Shapiro et al., 2006). When people intentionally foster attitudes of patience, compassion, and non-striving they may learn to sit with all experiences, pleasurable or aversive, without feeling the need to push any experiences away. This is very important for the process of learning because if people feel safe and comfortable they will be more willing to take risks to enhance their learning and growth. The attitude brought to practice can greatly affect the outcome of practice as well. For example, if people are critical, cold, or impatient in their approach, they may cultivate patterns of judgement and striving instead of gentle acceptance and allowing.
- Taken together, the components of mindfulness interact to help people shift their perceptions and move into a space of broadened awareness and acceptance. People can begin to truly experience what is, instead of getting caught up in the turbulence of their emotions, habitual patterns, and thoughts. This helps people move from reflexively reacting to consciously responding which can positively impact relationships both to the self and others.
- There are many different formal and informal practices that aim to cultivate a continuity of awareness throughout our daily lives. This means that individuals must find a practice that will best suit their needs. It is also important to remember that fostering mindful awareness is an art form—it takes time, practice, and patience.

Mindfulness in Action Activity

The mindful walking activity is used in order to highlight how mindfulness can be applied to everyday activities that we often perform mindlessly. This activity is also used so that members can see that mindfulness is not just associated with sitting meditation.

The Impact of Thoughts and Mental Imagery

- Thoughts and images link to our physiology and will stimulate our bodies and brains (Gilbert, 2009a). In other words, the thoughts and the images we create in our minds can powerfully stimulate reactions in our brains and bodies (e.g. imagining a delicious meal can make our mouth water or imagining a sexy scene can cause us to become aroused).
- The implication of this is that if we are constantly imagining bad things we will be activating our threat system or conversely, if we focus on creating compassionate imagery it can activate our soothing system.

Present Moment Awareness and Inquiry Meditation

The inquiry meditation is introduced as a technique that can help the members open themselves up to formless awareness and the present moment (Wilber et al., 2008). This is different than the preceding exercises as the participants experience is not heavily guided by the facilitator. As with all meditations, members are encouraged to trust their own personal process and make modifications if necessary.

Materials Needed

- Meditation guides found in Appendix D

Session Four Outline

1. Group check-in (5 min)*

- Has anyone had any insight regarding the basic emotional regulation systems, or stress and arousal?

2. Mindfulness and the flow of consciousness (30 min)

- In order to find out how much participants know about mindfulness, facilitate a couple of spectrograms. Once participants have chosen their location on the continuum, ask them to say a few words about why they are standing where they are standing.
 - I am familiar with the concept of mindfulness practice
 - I practice mindfulness in my life
- Ask participants to return to their seats. Using the metaphor of a river, describe the dynamic flowing nature of consciousness and explain that one of the main purposes of this group is learning to pay attention to how we navigate the stream and flow of consciousness. Ask members to reflect on the following questions:
 - In life, how do you know when you are going with the flow?
 - How do you know when you are going against the flow?
- Based upon the members knowledge of mindfulness, explain the basic foundations of mindfulness which involve paying attention (observing/witnessing), in a certain way (compassionately, nonjudgmentally), for a certain reason (intention).

3. Mindfulness in action (Meditation 10 min; Debrief 5 min)

- Ask participants to stand and prepare to engage in mindful movement.
- Guide participants as they engage in mindful walking.

- Debrief the experience by asking members to share anything they feel comfortable sharing about their process of mindful walking.

4. Mindfulness and counselling (15 min)

- Shift the discussion to focus on other aspects of mindfulness such as acceptance and non-action. What do ideas like striving, allowing, and surrendering mean to the group?
- Guide the conversation into an examination of how these ideas relate to helping. Ask the group to reflect on and discuss the following points;
 - Have the group members experienced any changes in their awareness since becoming involved in counselling?
 - How mindful are participants about the flow of their sessions with clients (e.g. the therapeutic window and the idea of titration).

5. The impact of thoughts and mental imagery (5 min)

- Initiate a discussion about the impact of our habitual thoughts and mental imagery on our physiology and emotional states. Link this idea to the three basic emotional regulation systems and importance of cultivating compassion and the soothing system.

6. Present moment awareness and inquiry meditation (Meditation 10 min; Debrief 10 min)

- Ask participants to find a comfortable space in the room as they prepare to experiment with present moment awareness and inquiry.
- Facilitate the meditation.
- Debrief and process the meditation. Possible reflection questions include:
 - What did the participants experience?
 - Was this experience challenging or did it come naturally?

- Did anyone gain insight into how they pull themselves away from present moment experiencing?

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

Session Five: Facilitators Notes

The main focus of this session is on compassion for self and others. Members will be given the opportunity to assess their own levels of self-compassion as well as participate in an activity and loving-kindness meditation that can help cultivate compassion. Participants will also explore the differences between compassionate self-correction and critical self-attacking. The main goal of this session is to nurture member's awareness about self-compassion and self-criticism as well as provide them with many chances to experientially practice cultivating self-compassion.

In order to successfully facilitate this session, it will be helpful if the group leader has some experience with cultivating their own self-compassion. When the facilitator operates from a compassionate frame, it will allow them to be more genuine as well as model the essence of compassion. The facilitator will also need to be able to explain relevant background material and research. The following points can be used as a guideline:

Compassion: Self, Others and the World.

(Gilbert, 2009; Neff, 2003a)

- Compassion can be defined as behaviour that aims to nurture, provide care, teach, guide, sooth, protect, and offer feelings of acceptance and belongingness in order to benefit another person.
- In order to enact this type of behaviour, a number of different competencies and attributes are required
- **Compassionate Attributes:**
 - **Care for well-being.** The desire to be caring and supportive forms the foundation of compassion. This includes caring for self and others with the aim of reducing

distress and promoting wellness. Some people from harsh or shaming backgrounds will find it difficult to imagine caring for themselves as they may see this as a weakness or self-indulgent. If this rings true for people, it is important to highlight that focussing on care for well-being is about mind training with the aim of bringing balance to our affect regulation systems.

- **Sensitivity to distress and needs.** Being sensitive to distress means noticing and attending to distress in self and others in a kind non-judgemental way.
- **Sympathy.** To feel sympathetic means having the ability to feel for ourselves and others and to be emotionally moved by pain. To feel sympathy for ourselves is different than self-pity as the later generally involves over-identification with emotions or an element of contempt. To feel sympathy for ourselves means having the ability to genuinely acknowledge how difficult our pain can be without minimizing or denying our experience. It also means that if the opportunity arises we can work with our pain.
- **Distress tolerance and acceptance.** Tolerance describes the ability to compassionately stay with difficult emotions (note- both positive and negative emotions can be experienced as difficult). Acceptance means learning to come to terms with things instead of struggling against or resisting. Both tolerance and acceptance are enhanced when they exists within the context of kindness, compassion, and warmth.
- **Empathy.** Empathy is both an emotional process and an ability to understand or have insight into why we (or others) feel, think, or react in the ways that we do. Empathy involves personal experiences and knowledge as well as imagination. It

differs from sympathy because sympathy is an automatic reaction whereas empathy requires effort to get to know and understand someone else.

- **Non-judgement.** Being non-judgemental is not synonymous with not having preferences or not being open to self-correction. Rather, it means not engaging in self-criticism and condemnation.

- **Compassionate Skills:**

- The following skills can help people develop their compassionate mind.
 - Compassionate attention
 - Compassionate thinking and reasoning
 - Compassionate behaviour
 - Compassionate sensory focus
 - Compassionate feelings
 - Compassionate imagery
- Each skill is to be enacted in a compassionate and helpful way which means that each skill should be framed within the context of warmth, support, and kindness.
- Much like the other emotional regulation systems, when the compassionate qualities are integrated and working together, they pattern our mind and allow us to operate from a compassionate mind frame that textures our interactions and perceptions.

How Self-Compassionate Are You Activity?

(www.self-compassion.org)

- Given the nature of the questions asked in this exercise, it may bring up a lot of feelings for the members. It will be important to take the time to process any feelings and reactions that members have.

Self-criticism and Self-compassion

(Gilbert, 2010)

- Take time to examine the difference between compassionate self-correction and critical self-attacking.
- **Compassionate self-correction**
 - Focusses on growth and the desire to improve.
 - Has an emotional tone of encouragement, support, and kindness.
 - Builds on positives and what one did well and then looks at what can be learned from the experience.
 - Focusses on attributes and specific qualities of the self.
 - Increases engagement.
- **Critical self-attacking**
 - Focusses on condemnation and the need to punish.
 - Has an emotional tone of anger, frustration, contempt, and disappointment.
 - Focuses on deficits and the fear of exposure.
 - Focusses on a global sense of self.
 - Increases withdrawal and avoidance.

Cultivating Compassionate Images Activity

As some people may find it difficult to picture a compassionate image in their minds eye, this activity provides an excellent foundation for a compassionate practice.

Self-Compassion and Loving-kindness Meditation

(Neff, 2009)

Loving-kindness meditations are beneficial and have been shown to increase self-compassion which can lead to increased feelings of happiness, optimism, and connectedness, while decreasing feelings of anxiety, rumination, or the fear of failure. As with all meditations, members are encouraged to trust their own personal process and make modifications if necessary.

For more informative resources on self-compassion, facilitators are encouraged to check out Dr. Kristin Neff's website www.self-compassion.org. It is an amazing resource with links to research, guided meditations, and other activities that are designed to help cultivate compassion for self and others.

Materials Needed

- Whiteboard or flip chart and markers
- Activity and meditation guides found in Appendix E

Session Five Outline

1. Group check-in (5 min)*

- Has anyone had any insight regarding mindfulness? Have any of the members been practicing being more mindful? If not, has something been holding members back?

2. Compassion: Self, others and the world (10 min)

- Check in with group members—what do they know about compassion?
- Highlight key concepts in the area of compassion and explain compassion using Gilbert's (2009) compassion circle.
- Discuss the benefits of compassion on personal and interpersonal levels.

3. How self-compassionate are you? (Activity 10 min; Debrief 10 min)

- Ask the members to complete the exercise 'how self-compassionate are you?' (obtained from www.self-compassion.org.)
- Spend time processing and debriefing any reactions, feelings, and thoughts this exercise may stimulate.

4. Self-criticism vs. self-compassion (10 min)

- Discuss self-criticism using the following points as guidelines:
 - Why do we use self-criticism?
 - What are the effects of self-criticism on our body and minds?
- Highlight the difference between compassionate self-correction and critical self-attacking. Check in with members to process their feelings and reactions.

5. Cultivating compassionate images (Activity 10 min; Debrief 10 min)

- Invite participants to prepare to contemplate their ideal compassionate image.

- Hand out the compassionate image worksheet and allow time for members to complete the activity.
- Process the compassionate image activity. Possible reflection questions include:
 - What came up for the members while they participated in this exercise?
 - What kinds of images did the members build?

6. Self-compassion/Loving-kindness meditation (Meditation 15 min; Debrief 10 min)

- Ask participants to find a comfortable space in the room as they prepare to try the self-compassion/loving-kindness meditation.
- Facilitate the meditation.
- Debrief and process the member's reactions, thoughts, and feelings about this meditation.

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

Session Six: Facilitators Notes

As this is the second to last group, the purpose of this group is to get the members to assess their holistic wellness and set one healing intention to focus on as they move forward in their counselling journeys. The main goal of this group is to help members take a creative stance when approaching self-care.

The creative self-care approach for intention setting is used as a way of introducing participants to creative solution planning. Although the goal is to move towards improving our self-care practice, strictly applying a systematic approach does not necessarily translate into lasting change. The idea behind getting participants to engage in a creative self-care process is to remove the achievement orientation in favour of a more nurturing approach that acknowledges that change is a process and does not necessarily happen overnight. As indicated in the mindfulness literature, intentions are related to outcomes, therefore if participants can set compassionate intentions for change, they should gently move towards their desired outcomes. This movement follows the mindful concept of non-action.

This session requires the facilitator to engage the participants in the creative process. As such there is not a lot of background research. However, it will be important for the facilitator to address the following points:

- Provide a summary and review the guiding question of this group which is: how can members be safe and sustain themselves while doing this work? The purpose of this session is to reflect on what has been learned and develop one self-care intention for promoting wellness both in the present moment and in the future.

Wellness Card Sort Activity

The wellness card sort is used as a way of sorting through the many aspects of our lives that are related to wellness. This activity is useful for generating conversations and has been adapted from Lenz and Roscoe's (2011) wellness card sort.

Guided Visualization with Creative Exploration

For this visualization members will experiment with creating a safe place where they feel comfortable, soothed and safe. As they relax into their safe place, their attention will be called to receiving a message regarding what they need to move forward with their self-care goals.

It is important to acknowledge that some people can find guided visualization difficult. They may struggle with seeing an image in their minds eye or they may feel unable to provoke the feelings of calmness and safeness. The facilitator should take the time to explain that even if images or feelings do not come right away, the important thing to do is try. Just like exercise improves physical health, practice can help make compassionate images and feelings more accessible. It is also useful to try and engage all of the senses in the imagery as this can help with compassionate attention.

The creative exploration part of this activity is used to help members further explore the message they received from the guided visualization. Through allowing the participants to use a variety of modalities for self-expression, this creative process is designed to deepen the member's exploration of self-care as well as help foster integration. Art and creative modalities tap into different system of knowing and create the potential for members to gain insight into their feelings, thoughts, beliefs, and values from a different perspective (Malchiodi, 2007; Rogers, 1993). It is worth noting that creative expression can be anxiety provoking for some individuals. It will be important that the facilitator highlights the following points:

- Participants are free to use a variety of expressive media (i.e. they can create a visual image, write poetry, or sculpt with clay). Members are encouraged to choose an outlet for expression that feels right to them.
- This activity was created with the aim of helping members further explore the theme of self-care. For this reason participants should approach the activity from a place of curiosity, non-judgement, and warmth. There is no “right way” to do the activity—members should honour their own needs and engage in this activity in a way that feels safe and authentic.

Materials Needed

- Paper, pencils, pens, oil pastels, crayons, felts, paint, clay, assorted tactile materials (e.g. feathers, puff balls, yarn, pipe cleaners etc.)
- Wellness cards and activity guides found in Appendix F

Session Six Outline

1. Group check-in (5 min)*

- Has anyone had any insight regarding self-compassion or self-criticism?

2. Creative self-care (20 min)

- Engage members in a discussion of self-care using the following points as guidelines:
 - What helps the group members set attainable self-care goals?
 - What leads to unattainable goals?
 - What roles do self-compassion and self-judgement play in motivation?
- Explain to participants that the focus of this group is to set a self-care intention that may be helpful as the members gently move towards their self-care goals

3. Wellness card sort (15 min)

- Ask participants to find a comfortable space in the room as they prepare to do the wellness card sort.
- Facilitate the card sort.
- Ask the members to find a partner to debrief with. Use the following points to guide the discussions:
 - What area of focus did you choose and what does this focus mean to you?
 - Is this something you have been thinking about for a long time or is this some new area of focus?
 - Do you have resources and supports to help you achieve this goal?

4. Guided visualization with creative exploration (45 min)

- Invite the members to find a space in the room where they feel comfortable and prepare to engage in a guided visualization.

- Facilitate the guided visualization and creative exploration activity.
- Spend time processing the member's experiences, reactions, and feelings regarding this process. The following points may be used as a guideline:
 - What was it like to engage in this process?
 - Does anyone want to share any insight they have had?
 - How did it feel to enact this creative process instead of outlining structured goals?
 - How will you know when changes are starting to take place in your life that indicate that you are actively moving towards improving your chosen area of focus?
 - What resources do you already have?

5. Remind members about potluck (5 min)

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

Session Seven: Facilitators Notes

Given that this is the last session, the focus of this session will be on reflecting, saying goodbye, and instilling hope for the future. The main goal of this session is to help participants think about the gap between knowing and doing and reflect on how they can help themselves gently move towards their self-care intention. Following the reflective discussion, participants will engage in a ceremony to bring the group to a close and then the last 30 minutes will be dedicated to eating, enjoying each other's company, and saying goodbye.

Session Seven Outline

1. Final Reflections (30 min)*

- Discuss any personal insights that may have come up regarding self-care.
- What themes have been most relevant to each of the participants?
- What have members learned about themselves?
- Have any of the members notice any changes within their relationships since beginning this group?
- How does their learning apply to their personal life and professional lives?

2. Bridging the gap between knowing and doing (15 min)

- Engage members in a discussion of the knowing-doing gap. Explore important concepts including:
 - Time—how will members create time for self-care?
 - Mindfulness and modifications—how will members track their process?
 - Self-compassion vs. Self-judgement—how will members treat themselves as they move towards wellness?

3. Closing ceremony (10 min)

- Ask participants to stand in a circle and hold hands/link arms. Participants take turns sharing any insights or positive messages they want to leave with the group.

4. Evaluations and potluck (35 min)

- Participants share food, reflect, and say goodbye.
- An evaluation sheet is provided to help make this workshop more effective.

** All time guides are approximations. The facilitator should judge time spent on various activities and discussions based on group needs.*

References

- Aggs, C. & Bambling, M. (2010). Teaching mindfulness to psychotherapists in clinical practice: The mindful therapy programme. *Counselling and Psychotherapy Research, 10*(4), 278-286. doi: 10.1080/14733145.2010.485690
- Barlow, C. A., & Phelan, A. M. (2007). Peer collaboration: A model to support counsellor self-care. *Canadian Journal of Counselling, 41*(1), 3-15.
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology, 15*(4), 289-303. doi:10.1037/a0025754
- BC Association of Clinical Counsellors (2010). *Code of ethical conduct and standards of clinical practice for registered clinical counsellors*. Retrieved from www.bc-counsellors.org
- Birnie, K., Speca, M., & Carlson, L. E. (2010) Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress & Health 26*(5), 359-371. doi: 10.1002/smi.1305
- Bober, T., & Regehr, C. (2005). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief treatment and Crisis Intervention, 6*, 1-9. doi:10.1093/brief-treatment/mhj001
- Christopher, J. C., & Maris, J. A. (2010). Integrating mindfulness as self-care into counselling and psychotherapy training. *Counselling and Psychotherapy Research, 10*(2), 114-125. doi: 10.1080/14733141003750285
- Cummins, P. N., Massey, L., & Jones, A. (2007). Keeping ourselves well: Strategies for promoting and maintaining counselor wellness. *Journal of Humanistic Counseling, Education and Development, 46*(1), 35-49.

- Evans, Y. A., & Payne, M. A. (2008). Support and self-care: Professional reflections of six New Zealand high school counsellors. *British Journal of Guidance and Counselling*, 36(3), 317-330.
- Fehmi, L., & Robbins, J. (2007). *The open-focus brain: Harnessing the power of attention to heal mind and body*. Boston, MA: Trumpeter Books.
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology: In Session*, 58, 1433-1441. doi:10.1002/jclp.10090
- Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. New York, NY: Routledge.
- Gilbert, P. (2009a). *The compassionate mind: A new approach to life's challenges*. Oakland, CA: New Harbinger Publications.
- Gilbert, P. (2009b). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, 15, 199-208. doi: 10.1192/apt.bp.107.005264
- Hesse, A. R. (2002). Secondary trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 293-309.
- Kabat-Zinn, J. (2003). Mindfulness-Based Interventions in Context: Past, Present, and Future. *Clinical Psychology: Science and Practice*, 10, 144-156. doi: 10.1093/clipsy.bpg016
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44. doi: 10.1177/1534765608319083
- Lawson, G., & Myers, J. E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling & Development*, 89, 163-171.

- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development*, 46, 20-34.
- 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.
- Lenz, A. S., & Roscoe, L. J. (2011). Personal wellness card sort: A strategy for promoting relational healing. *Journal of Creativity in Mental Health*, 6, 70-83.
- Malchiodi, C. A. (2007). *The art therapy sourcebook* (2nd ed.). New York, NY: McGraw-Hill.
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventative Psychology*, 7(1), 63-74.
- Meyer, D., & Ponton, R. (2006). The healthy tree: A metaphorical perspective of counselor well-being. *Journal of Mental Health Counseling*, 28(3), 189-201.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling and Development*, 86(4), 482-493. doi:10.1002/j.1556-6678.2008.tb00536.x
- Myers, J. E., & Sweeney, T. J. (2005). *The five factor wellness inventory, adult (5f-wel-a)*. Palo Alto, CA: Mindgarden.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, 78(3), 251-266.
- Neff, K. D. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*, 52(4), 211-214. doi:10.1159/000215071
- Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-102. doi: 10.1080/15298860390129863

- Neff, K. D. (2003b). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250. doi: 10.1080/15298860390209035
- Neff, K. D., Kirkpatrick, K. & Rude, S. S. (2007). Self-compassion and its link to adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154. doi: 10.1016/j.jrp.2006.03.004
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventative methods for clinicians and researchers. *Best Practices in Mental Health*, 6(2), 57-68.
- Orloff, J. (2005). *Positive energy: Ten extraordinary prescriptions for transforming fatigue, stress, and fear into vibrance, strength, and love*. New York, NY: Three Rivers Press.
- Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42(4), 301-307. doi: 10.1037/a0024482\
- Pearson, M., & Wilson, H. (2009). *Using expressive arts to work with mind, body and emotions: Theory and practice*. London, England: Jessica Kingsley Publishers.
- Phelps, A., Lloyd, D., Creamer, M., & Forbes, D. (2009). Caring for Carers in the Aftermath of Trauma. *Journal of Aggression, Maltreatment & Trauma*, 18(3), 313-330. doi: 10.1080/10926770902835899
- Pope, K. S., & Vasquez, M. J. T. (2011). *Ethics in psychotherapy and counselling* (4th ed.). Hoboken, NJ: John Wiley and Sons.

- Rand, M. L. (2002). *Somatic empathy: The key to preventing burnout*. Annals of the American Psychotherapy Association. Retrieved from:
http://findarticles.com/p/articles/mi_hb013/is_2_5/ai_n28913773/
- 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(3), 247-264.
- Rogers, N (1993). *The creative connection: Expressive arts as healing*. Palo Alto, CA: Science and Behavior Books.
- Roscoe, L. J. (2009). Wellness: A review of theory and measurement for counselors. *Journal of Counseling and Development*, 87, 216-226.
- Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York, NY: W.W. Norton.
- Shapiro, D. H. (1992). A preliminary study of long term meditators: Goals, effects, religious orientation, cognitions. *Journal of Transpersonal Psychology*, 24(1), 23-39.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., and Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12(2), 164-176. doi: 10.1037/1072-5245.12.2.164
- Shapiro, S. L., Brown, K. W., & Biegel, G. M (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1(2), 105-115. doi: 10.1037/1931-3918.1.2.105
- Shapiro, S. L., Carlson, L. E., Astin, J. A. & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, 62(3), 373-386. doi: 10.1002/jclp20237

- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Needham Heights, MA: Allyn & Bacon.
- Theriault, A., Gazzola, N., & Richardson, B. (2009). Feelings of incompetence in novice therapists: Consequences, coping, and correctives. *Canadian Journal of Counselling*, 43(2), 105-119.
- Thompson, B. L., & Waltz, J. (2008). Self-compassion and PTSD symptom severity. *Journal of Traumatic Stress*, 21(6), 556-558. doi: 10.1002/jts.20374
- 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(1), 31-37.
- Venart, E., Vassos, S., & Pitcher-Heft, H. (2007). What individual counselors can do to sustain wellness. *Journal of Humanistic Counseling, Education and Development*, 46(1), 50-66.
- Wilber, K., Patten, T., Leonard, A., & Morelli, M. (2008). *Integral life practice: A 21st –century blueprint for physical health, emotional balance, mental clarity, and spiritual awakening*. Boston, MA: Integral Books.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.
- Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York, NY: HarperCollins Publishers.

Appendix A- Session One

Affectionate Breathing Meditation

Adapted from <http://www.self-compassion.org/guided-self-compassion-meditations-mp3.html>

1. Sit comfortably and let your eyes soften and look downwards, or close them if you feel comfortable doing so.
2. Get in touch with your body. Gently scan your body and note how you are feeling. Start from your feet and gently move upwards to your legs, hips, back, stomach, shoulders, neck, head. Notice any sensations you feel— tingling, warmth, spaciousness. Notice all sensations, pleasant, unpleasant or neutral. Don't judge them, just notice how you are feeling.
3. Take three big breaths to let out tension from the day. Let breathing return to normal.
4. Notice where you do feel the breath most strongly. In your nose as air rushes in? Your chest as it rises and falls? In your diaphragm as your belly rises and falls? It doesn't matter where you feel it—just notice where it feels strongest.
5. Let your body just breathe. Don't try and control it. Your body knows how to breathe. Show appreciation for breath itself.
6. Let you mouth adopt a slight smile and notice how this makes you feel?
7. Keep breathing, and start to infuse your breath with affection for yourself and others. Kindness for yourself and others. Even if you don't really feel it. Just set the intention to feel affection and kindness for yourself with each in breath and affection and kindness for others with each out breath.
8. If your mind wanders that ok, it is very normal. Don't judge yourself. Just notice the distraction and return your awareness to your breath. This is a moment of mindfulness.

Gently return your focus to your intention to breathe in love and kindness for yourself and breathe out love and kindness for others.

- Periodically remind the members to return their attention to their breath if it has wandered. Also call attention to the feelings of affection generated by the half smile and the intention of breathing in and out kindness, affection, and love for self and others.
9. At the end of the specified time, ring a bell, or calmly ask the participant to bring their attention back to the room. Ask them to wiggle their toes and fingers. And when they are ready they can gently open their eyes.

Appendix B- Session Two

Mirroring and Guessing Feelings

Adapted from Rothschild (2006).

1. Choose a partner and determine which partner will mirror (Partner A) and which partner will be mirrored (Partner B).
2. Before we start the activity we are going to do some breathing to centre ourselves and get in touch with our bodies. Gently scan your body to get a baseline of how you are feeling in the current moment. How does your body temperature feel? Do you feel any areas of tension or other internal sensation? Observe your breath—is your breathing smooth, slow, shallow, deep, or tight? Reflect on your mood—how are you feeling right now?
3. Now that you have a baseline for how your bodies feel, please do not talk for the remainder of the activity.
4. Now partner B think of a situation with an emotional charge. It can be pleasant, or MILDLY unpleasant (happy, sad, anxious, irritated etc.) but NOT traumatic or highly stressful. Once you have thought of a situation, adopt a posture and facial expression that has something to do with the situation you are thinking about and hold the posture.
5. Now partner A try and take the exact same posture and facial expression that your partner is holding.
6. As you assume the position, please take note of the following:
 - What do you have to do with your body to assume this position? Which muscles do you tense and relax? Where do you twist, bend, or tip?

- What sensations are you aware of? Is there any changes in temperature, tingles, numbness, pain, excitement etc. anywhere in your body? If so, note where this sensations exists in your body.
 - Do you have any images or thoughts coming to mind? If so, what are the sensations associated with the images or thoughts?
7. After partner A has completed the last step, both partners can relax and begin to debrief. When processing this exercise it is important that partner A speaks about their own experience (i.e. I had to do _____ with my body, I sensed, felt, though etc.) After partner A has revealed their sensations and perceptions, they guess the scene that partner B was remembering.
 8. Lastly partner B shares what they were remembering and includes a description of their sensations and perceptions.
 9. Debrief and discuss any similarities and differences. This step is very important because allows you to check your hunches.
 10. Switch roles and repeat the process.

Boundary Building Visualization

Adapted from Orloff (2005).

1. Close your eyes and begin to focus on your breath. Spend a few moments getting centred by focussing on the breath.
2. When you are ready, start to imagine that you are surrounded by a cocoon of white light. This white light is forming a fail-safe barrier around you that protects you. This barrier is semi-permeable so it will allow positive energy and influences in yet it will keep you safe from negative energy or unwanted influences from outside sources.

3. Take note of how far the white light extends. Is it close to your skin or does it extend out quite far? Ask yourself if the cocoon needs to be bigger or smaller?
4. Spend some time breathing and focussing on this beautiful white light that surrounds your entire body and keeps you safe. Allow yourself to feel safe, soothed, and protected.
5. When you are ready, slowly start to come out of your visualization. Wiggle your fingers and toes and in your own time gently open your eyes.

Appendix C- Session Three

Autonomic Nervous System

(Rothschild, 2006)

Sympathetic Nervous System (SNS)

Parasympathetic Nervous System (PNS)

Descriptions of Arousal

- A *relaxed system* indicates that you are calm and fairly comfortable. This is a stage of moderate PNS activation which is signalled by breathing easy, slow heart rate, and warm dry skin.
- When we are *slightly aroused* we experience excitement or containable discomfort. This stage signalled by low to moderate PNS activation combined with slightly rising SNS activation. Breathing or heart rate may quicken, skin colour remains normal yet skin may moisten slightly.
- Experiencing *moderate hyper-arousal* indicates that it is time to slow things down as you are having trouble dealing with what is going on and you may be quite anxious. Primary signs of increasing SNS activation include rapid heart rate and respiration and cool clammy skin.
- If we move beyond moderate hyper arousal we enter into *severe hyper-arousal*. At this stage we must hit the brakes whenever we can. Sympathetic nervous system activation is very high as indicated by accelerated heartbeat, quicken respiration, pale skin colour, and cold sweat.
- If we experience any more arousal we enter a stage of *threatening hyper arousal*. At this stage SNS and PNS are both very highly activated and we must slam on the brakes as we are at risk of panicking, dissociating, or freezing. As both systems are activate look for

combinations- rapid heart rate (SNS) with very slow respiration (PNS) or the reverse, slow heart rate (PNS) with rapid breathing (SNS).

Tracking Arousal Body Scan

Adapted from Rothschild (2006).

1. Sit comfortably and take a moment to focus on your breath.
2. After a few moments, begin to focus on your body. What sensations do you feel? Where do you feel tension? Where do you feel relaxed? Don't judge these experiences or try to make yourself feel differently. For now, simply be curious about the sensations of your body and observe them.
3. Continue to deepen your experience and feel the subtle sensations of your body. Can you feel your heart? Is it beating fast or slow? What about your breathing—is it slow, deep, shallow, relaxed, or constricted? Notice your facial expression from the inside—what is the position of your mouth, eyes, and forehead? And your skin—does your skin feel moist, dry, cool, or warm?
4. The areas that you just checked into are some of the areas that can help you determine your level of arousal. Reflect on the sensations that are the most accessible to you. Which were hard to tune in to?
5. Now slowly allow yourself to remember something pleasant from your life. Note any changes you feel in your skin, muscles, breathing, heart rate, or facial expression.
6. Next remember something slightly unpleasant (NOT highly distressing or traumatic) from your life, or something you are anticipating in the future with mild anxiety or irritation. Again note any changes in your skin, muscles, breathing, heart rate, or facial expression.

7. Next practice moving slowly back and forth between the pleasant and unpleasant images, spending a few seconds with each to hone in on the changes in your body.
8. When you practice tuning into your body in this way, you can develop your skills in body awareness and tracking your arousal.
9. When you are ready, slowly start to come back to the room. Attend to sounds you hear in the room, wiggle your fingers and toes and slowly come back to this space by opening your eyes.

Note: the more you practice this, the more available this knowledge will be to you in actual stressful situations.

Appendix D- Session Four

Mindful Walking

1. Spread yourselves out in the room.
2. The aim of mindful walking is to move slowly and fully bring your attention to your walking—something we normally do quite mindlessly. Pay attention to the mechanic of walking, including paying attention to your toes, balls of your feet, heels, calves, legs, knees, and body position etc. Also bring your attention to the phenomena or experience of walking (e.g. the rhythmic flow of the experience of walking).
3. Move around the room **slowly** and gently bring your full attention to walking (i.e. slowly and mindfully placing the foot on the ground, rolling from the toes through to the heel, and gently picking the foot up to engage in the next step). Soften and lower your gaze so that you are not making eye contact with anyone. This is an introspective meditation.
4. Bring your attention to the mechanics of walking—how do your toes, feet, heels, knees etc. feel as you walk. Where are they located in space?
5. Now gently expand your awareness and pay attention to the flow of your walking. Does it feel smooth, fluid, or choppy?
6. Take some time to note any sensations or feelings that come up for you while you are walking.
7. If you get distracted or your mind start to wander, gently and non-judgementally bring your attention back to the experience of walking.
8. When the allotted time is up, ask participants to form a circle and prepare to debrief the experience of mindful walking.

Present Moment Awareness and Inquiry Meditation

Adapted from Wilber, Patten, Leonard, & Morelli (2008).

1. Sit in a comfortable and upright position. Bring your attention to your breath and simply enjoy breathing for a few moments.
2. Rest in the present moment awareness. Release your attention into the space or openness in which everything arises. Relax into the space that surrounds your body and the space within your body.
3. The purpose of this meditation is simply to rest and enjoy the flow of consciousness. If thoughts arise or your attention wanders, you can ask a question that helps you notice what has distracted you from formless awareness. You can ask, "Who am I?" "What am I doing?" "What is this?"
4. Let the question open you to deeper understanding rather than trying to answer it. Don't engage in a mental story about your avoidance or distraction. Just touch the moment with open awareness and be present.
5. When you inquire, you may notice that you relax and release back into the present moment. Just let go and let it flow.
6. As the meditation begins to come to a close, get participants to adopt a slight smile. After sitting and generating positive energy, express gratitude for any guidance received. Also thank yourself for sitting in present moment awareness.

Appendix E- Session Five

How Self-Compassionate Are You?

From <http://www.self-compassion.org/>

How do you typically react to yourself?

- What types of things do you typically judge and criticize yourself for (appearance, career, relationships, parenting, etc.)?
- What type of language do you use with yourself when you notice some flaw or make a mistake (do you insult yourself, or do you take a more kind and understanding tone)?
- When you are being highly self-critical, how does this make you feel inside?
- When you notice something about yourself you don't like, do you tend to feel cut off from others, or do you feel connected with your fellow humans who are also imperfect?
- What are the consequences of being so hard on yourself? Does it make you more motivated and happy, or discouraged and depressed?
- How do you think you would feel if you could truly love and accept yourself exactly as you are? Does this possibility scare you, give you hope, or both?

How do you typically react to life difficulties?

- How do you treat yourself when you run into challenges in your life? Do you tend to ignore the fact that you're suffering and focus exclusively on fixing the problem, or do you stop to give yourself care and comfort?
- Do you tend to get carried away by the drama of the situation, so that you make a bigger deal out of it than you need to, or do you tend to keep things in balanced perspective?

- Do you tend to feel cut off from others when things go wrong, with the feeling that everyone else is having a better time than you, or do you get in touch with the fact that all humans experience hardship in their lives?
- If you feel that you lack sufficient self-compassion, check in with yourself – are you criticizing yourself for this too? If so, stop right there. Try to feel compassion for how difficult it is to be a human being in this extremely competitive society of ours. Most of us live in cultures that do not emphasize self-compassion. We're told that we're being lazy and self-indulgent if we don't harshly criticize ourselves. We're told that no matter how hard we try, our best just isn't good enough. It's time for something different. We can all benefit by learning to be more self-compassionate, and now is the perfect time to start.

Cultivating Compassionate Images

Adapted from Gilbert (2009a).

1. When creating a compassionate image, it is important that it contains certain qualities including:
 - Wisdom
 - Strength
 - Warmth
 - Non-judgement

It is important that when you create your image that you remember that this image has unfaltering compassion for you.

2. What colours and sounds are associated with the compassionate qualities of wisdom, strength, warmth, and non-judgment?

3. What would your ideal compassionate image to look like?
4. What would your compassionate image sound like?
5. What other sensory qualities would your compassionate image have?
6. How would you like your compassionate image to relate to you?
7. How would you relate to your compassionate image?

Self-Compassion/Loving-Kindness Meditation

Adapted from <http://www.self-compassion.org/guided-self-compassion-meditations-mp3.html>

1. Sit upright, yet relaxed. Settle into your posture and notice how your body feels. Scan your body and feel your experience fully.
2. Allow your attention to move outside of yourself. What sounds do you hear? Try not to block out the sounds, rather imagine the sounds entering your mind and body and flowing right through you.
3. Now take a moment to focus on your breath, both the inhalations and exhalations. Do not try and force your breath. Your body knows how to breathe.
4. Notice the peacefulness of being quiet and resting as you gently breathe.
5. Bring to mind some aspect of your personality, or maybe some mistake or failure that has been bothering you lately. Perhaps it is something that you have been criticising yourself for or feeling inadequate for in some way. Try to get in touch with your feelings about it. How does it make you feel? Sad, frightened, inadequate, alone?
6. How have you felt as you thought about this inadequacy? See if you can locate the sensations of the emotions in your body. Perhaps there is tightness in your throat, heaviness in your heart, or tension in your shoulders? What emotions do you feel as you think about this mistake or inadequacy, and where are those emotions felt in the body.

Just allow them to be there instead of resisting the natural feelings that arise when we judge ourselves.

7. Get in touch with how much suffering is caused by our self-judgements, our fear of not being good enough. Some of our greatest suffering is inflicted by our own hands, by our need and drive to be perfect.
8. Take your hand and place it over your heart. You may even want to gently rub and soothe your heart in the same way you would soothe a child who is in distress. See if you can sense your heart right now, and let it be moved by how difficult your emotional experience is when you think about this thing that makes you feel bad about yourself.
9. Now, we are going to repeat some loving-kindness phrases designed to help you feel compassion for the fact that you are an imperfect being. You try your best, but no one on this planet is perfect. We all fail, we all make mistakes, and that's okay. This is the human experience.
10. So I will say a few sets of phrases and then you can repeat them silently. May I be safe. May I be peaceful. May I be kind to myself. May I accept myself as I am. Feel the warmth of your hand on your heart. Repeat these phrases silently and try to get in touch with the intention behind the words. The intention is to offer yourself kindness, compassion, and acceptance.
11. If your mind wanders, it is okay and very natural. Just refresh the phrases in your mind— May I be safe. May I be peaceful. May I be kind to myself. May I accept myself as I am.
12. Give yourself the same kind of kindness, love, and support you would give a friend that was feeling bad about themselves. May I be safe. May I be peaceful. May I be kind to myself. May I accept myself as I am.

13. Remember that we all go through suffering, we all make mistakes, we all fail, and we all feel inadequate. That's okay. It's part of the human condition. We all go through it. May I be safe. May I be peaceful. May I be kind to myself. May I accept myself as I am.
14. Remember all your fellow humans that struggle with self-judgement. Now let's change our phrases so as to include everyone in our intention for self compassion. May we all feel safe. May we all be peaceful. May we be kind to ourselves. May we accept ourselves as we are. Gently repeat these phrases silently.
15. Now think about something in your life that has been causing you suffering that you haven't necessarily been blaming yourself for, but it is causing you to suffer or is hard to deal with nonetheless. Perhaps something has gone wrong in your life due to external circumstances. Give yourself compassion for this situation too. Our suffering comes from two main sources—either from ourselves not being as we want, or from our lives not being as we want.
16. Thinking about this aspect of your life that is causing you pain, repeat the following phrases. May I be safe. May I be peaceful. May I be kind to myself. May I accept my life as it is. Repeat.
17. Really feel your caring concern, your tenderness for yourself because you are struggling like so many others. May I be safe. May I be peaceful. May I be kind to myself. May I accept my life as it is.
18. Again feel your hand on your heart. As we have been focussing on comforting ourselves for our pain and suffering, see if you can feel what your compassionate self feels like. Maybe your heart is tingling or feels warm, or vibrant in some way. Notice the good qualities of an open heart that is filled with compassion. A beautiful feeling of tenderness,

care, compassion, kindness. Notice the joy of compassion. The connectedness, the openheartedness. This is also part of the human experience.

19. Thank yourself for being a good supportive friend. May we all be well, safe, peaceful and free.

Appendix F- Session Six

Wellness Card Sort

Exercise	Nutrition	Spirituality
Gender Identity	Cultural Identity	Self-Care
Friendship	Love	Realistic Beliefs
Self-Worth	Stress Management	Leisure

Thinking	Emotions	Control
Work	Positive Humour	

1. Take a moment to get comfortable and take a few moments to connect with your breath.
2. Take your wellness cards and place them in 3 piles: Very satisfied, satisfied, not satisfied
3. Choose the not satisfied pile and take some time to sort through the cards and choose one area of focus. Don't forget to breathe while engaging in this process.
4. Set cards aside and find a partner to debrief why you chose the area you did. Use the following points as a guideline for processing:
 - What area of focus did you choose and what does this focus mean to you?
 - Is this something you have been thinking about for a long time or is this some new area of focus?
 - Do you have resources and supports to help you achieve this goal?

Guided Visualization and Creative Exploration

Part One: Guided visualization in to our safe place.

Adapted from Gilbert (2010).

1. Invite the members to close their eyes and bring their attention to their breath.

2. The aim of this visualization is to create a place in your mind that gives you a sense of comfort, safety, and peacefulness.
3. Your safe place may be a beautiful wooded area where the rustling leaves dance in the gentle breeze and you can smell the richness of life as you watch the light filter through the trees. Or, your safe place may be a beautiful sandy beach by a crystal blue ocean where you can smell the salt water and hear the waves gently breaking on the shore.
4. Wherever your safe place is, the important thing to do is engage all of your senses. What can you imagine seeing, feeling, hearing, and smelling?
5. As you enjoy the peaceful and soothing environment of your safe place, allow yourself to relax even more. Adopt a facial expression that demonstrates your pleasure of being in this perfect, beautiful safe place.
6. As this is your own personal sacred space, imagine that this place feels great pleasure in your being there. Explore how it feels to know that this place appreciates you being there.
7. As you enjoy being in this beautiful setting, silently ask your surroundings “what do I need to know to move forward with my self-care?” Do not try to force an answer. Simply sit and enjoy as the subtle message is gently revealed to you. The message may come to you visually, or as a sound, or as a feeling. Be open and non-judgmental as you pay attention to what your body and safe place are telling you.
8. Once you have received your symbol/message, let your heart be filled with gratitude and appreciation for this sacred moment in this sacred place.
9. Slowly and gently start to leave your safe place and come back in to the room.
10. When you are ready, slowly open your eyes and prepare to move into the second part of this activity.

Part Two: Exploring the message from our safe place.

1. As members reflect on the symbol or message they received, they are invited to create something in its image—they can draw, paint, journal, create a poem or song, or sculpt with clay. Members should be encouraged to choose the medium that speaks to them and will help them further explore the symbol or message they received during the guided visualization.
2. As the allotted time comes to a close, participants are invited to reflect on their symbol or message and creative exploration and set one healing intention that will help them move towards their self-care goals.
3. When they are finished, participants are invited back to the large group to debrief this experience.

Appendix G- Evaluation Form

1. The material was presented in a clear and useful way.

___ Strongly disagree ___ Disagree ___ Neutral ___ Agree ___ Strongly Agree

2. What were the major strengths of this workshop?

3. How could this workshop be improved to better meet your needs?

4. Did this workshop provide you with information or self-care strategies that will be useful in your personal and professional lives? (Please elaborate).

5. Any other feedback?

6. Overall, how would you rate this workshop?

___ Poor ___ Satisfactory ___ Good ___ Excellent