Journal of Human Services: Training, Research, and Practice

Volume 6 | Issue 1 Article 5

9-29-2020

Weaving in Wellness: Infographics for Self-Care

Adair Finucane
SUNY University at Buffalo, afinucan@buffalo.edu

Mickey Sperlich
SUNY University at Buffalo, msperlic@buffalo.edu

Whitney Mendel
Daemen College, wmendel@daemen.edu

Follow this and additional works at: https://scholarworks.sfasu.edu/jhstrp

Part of the Community-Based Research Commons, Counseling Commons, Counseling Psychology Commons, Health Psychology Commons, Multicultural Psychology Commons, Other Social and Behavioral Sciences Commons, Race and Ethnicity Commons, School Psychology Commons, Sociology of Religion Commons, and the Sports Studies Commons

Tell us how this article helped you.

Recommended Citation

Finucane, Adair; Sperlich, Mickey; and Mendel, Whitney (2020) "Weaving in Wellness: Infographics for Self-Care," *Journal of Human Services: Training, Research, and Practice*: Vol. 6 : Iss. 1 , Article 5.
Available at: https://scholarworks.sfasu.edu/jhstrp/vol6/iss1/5

This Article is brought to you for free and open access by the Journals at SFA ScholarWorks. It has been accepted for inclusion in Journal of Human Services: Training, Research, and Practice by an authorized editor of SFA ScholarWorks. For more information, please contact cdsscholarworks@sfasu.edu.

Abstract

Human service professionals are at risk for burnout, vicarious trauma (VT), and compassion fatigue (CF) throughout their careers, and contemporary levels of burnout, VT, and CF suggest a need for interventions. Engagement in mindfulness and self-care has been found to buffer these risks while increasing worker wellbeing. This article presents infographics intended for facilitating practical self-care engagement. The accompanying infographics provide guidance for mindful self-care behaviors woven into daily transitions. They present a low-cost means of promoting self-care strategies throughout agencies and organizations. This, along with minimal time commitments for each practice, makes these infographics an accessible intervention for human service professionals. These infographics may also act as a primer for more involved mindfulness and self-care training.

Weaving in Wellness: Infographics for Self-Care

Challenging working conditions such as large caseloads, limited resources, and work stress in many human services positions may increase the likelihood of burnout, vicarious trauma (VT), and compassion fatigue (CF) (Hensel et al., 2015; McFadden et al., 2014; Miller et al., 2017). However, simply being a provider of human services may be the greatest risk factor for developing professional burnout (Newell & MacNeil, 2010), as well as CF (Alkema et al., 2008). Further, human service professionals need not have long careers in the field before experiencing VT, CF, and burnout. For instance, students in health service psychology doctoral programs were found to have higher levels of stress and lower levels of self-care and quality of life than graduate students in other professions (Ayala et al., 2017), and social work students in field placements are at risk for VT, CF and burnout at rates comparable to other helping professionals (Harr & Moore, 2011). Similarly, a study of graduate students in psychology found that 38% of students reported experiencing CF and burnout (El-Ghoroury et al., 2012). Thus, even in optimal environments and with those just beginning their careers, it is critical for human service workers to have methods for addressing these factors. The present article briefly examines the risks of burnout, VT, and CF along with the concepts of self-care and mindfulness among human service professionals. We then introduce a set of infographics, which are visual representations of data or information, intended to promote holistic self-care practices. These infographics provide a low-cost opportunity to promote self-care for human services professionals.

Burnout, Vicarious Trauma, and Compassion Fatigue

Burnout is defined as a negative experience, primarily psychological in nature, that workers experience in response to job-related stress (Acker, 1999). This experience is often characterized by exhaustion, workers' lack of engagement, and depersonalization of clients

(Acker, 1999). Burnout can include emotional, physical, and interactional symptoms. A systematic review of the literature related to burnout among psychologists (in a variety of settings) found that emotional exhaustion, a main dimension of burnout, was reported across the literature, as well as confirmation of a robust relationship between high workload and burnout (McCormack et al., 2018). One recent study of clinical and counseling psychologists found that nearly 48% endorsed moderate to high levels of emotional exhaustion, with the challenge of work-life balance and managing distressed clients with chronic or complex issues causing the most severe clinician distress (Simpson et al., 2019). Social worker burnout is also common across various facets of the profession (Kim & Kao, 2011). Burnout for hospice social workers is exacerbated by death anxiety (Quinn-Lee et al., 2014). In both child protective work and hospice social work, burnout is frequently associated with higher workload and difficult cases (Balbay et al., 2011; McFadden et al., 2018). The physical impact of burnout has been documented in the nursing field: it is associated with increased risk of poor general health (Khamisa et al., 2016). Across human service professions, worker burnout is an abiding feature, and threatens not only the individual worker's experience but also organizational functioning; a recent meta-analysis of studies found that clinician burnout is related to lowered levels of patient safety (Garcia et al., 2019).

McCann and Pearlman (1990) conceptualized VT as an issue faced by clinicians and other helpers that can follow working with clients who have experienced trauma. VT involves the practitioner experiencing posttraumatic stress symptoms following engaging with traumatized clients, in spite of not having directly witnessed traumatic occurrences. Negative affective changes in reference to client experiences, in addition to intrusive thoughts, nightmares, and disturbing imagery, are common reactions to vicarious traumatization (Dunkley & Whelan,

2006). In some contexts, the prevalence of VT can be quite high; for example, one study of domestic violence victim advocates found a VT prevalence of approximately 50%, with risk factors including hourly length of workweek, hours of direct service, and working with adult survivors of child sexual abuse (Benuto et al., 2018).

The term "compassion fatigue" is used in the helping professions to describe clinicians' responses to client trauma and distress (Adams et al., 2006). Psychometric data gathered from social workers with a traumatized client base suggests that burnout and VT are actually underlying dimensions of compassion fatigue (Adams et al., 2006). Whereas vicarious traumatization tends to refer specifically to symptoms of PTSD, CF considers the impact of client experiences on the clinician more holistically, referring to the emotional, physical, and spiritual depletion social workers and other helpers can experience following exposure to client trauma (Pfifferling & Gilley, 2000). Among a random sample of clinical social workers and clinical psychologists who identified as having some expertise in trauma treatment, six percent endorsed compassion fatigue, and 12% endorsed burnout; with increased risk among those who had high caseloads of clients with PTSD, and who did not used evidence-based trauma treatments (Craig & Sprang, 2010). Practice context was also influential in an investigation of compassion fatigue in oncology nurses; finding that CF is more common for those who have worked longer in clinical nursing, those working in secondary hospitals, and those with passive coping strategies (Yu et al., 2016).

Self-Care

Human service professional's self-care may be one way to prevent and redress effects of burnout, vicarious trauma and compassion fatigue. Self-care involves behaviors that aid in balancing personal and professional facets of life, as well as healthy lifestyle practices (Bamonti

et al., 2014). Dorociak et al. (2017) offer a broad definition of self-care: "a multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being" (p. 326). It has been conceptualized as the process of giving oneself permission to take time for navigating professional challenges (Riley & Wachs, 2003), and includes adapting, rather than accepting, work environments (Keidel, 2002).

Professional self-care, defined as "the process of purposeful engagement in practices that promote effective and appropriate use of the self in the professional role within the context of sustaining holistic health and well-being" (Lee & Miller, 2013, p. 98), is used relatively infrequently, especially when compared with personal self-care practices such as spending quality time with loved ones and participating in enjoyable activities (Loeffler et al., 2018). Yet, some have argued that self-care is in fact an ethical imperative, in that self-care works to prevent personal problems a human service professional may have from interfering with their ability to perform work-related activities (e.g., Barnett et al., 2007; Maranzan et al., 2018). Underutilization of self-care practices may be explained by having limited perceived or actual access to self-care opportunities, for personal or economic reasons. Cultural ideals of self-care (e.g. eating a nutritious diet, reducing stress, and getting plenty of rest) have been critiqued as being bound in socioeconomic privilege (Nichols et al., 2015). Thus, these practices are more available to those with access to means. Also, in spite of being necessary due, at least in part, to the difficulties of professional work, self-care is frequently represented as something human service professionals engage in during their off-work hours (Lloro-Bidart & Semenko, 2017). Demands on human service professionals outside of work may be considerable and leave limited time and financial resources for devoting to wellness. This reality highlights a need for accessible opportunities to engage in self-care (Loeffler et al., 2018).

Self-Care Strategies

There are a wide variety of self-care strategies that human service professionals might employ. One 2015 study of 786 social workers from throughout the United States found that from a list of 45 self-care activities across 5 domains (physical, professional, emotional, spiritual, and psychological), participants reported journaling, practicing yoga, participating in stress management training, and negotiating one's needs as least often practiced self-care activities. In contrast, they reported laughing, quality time with friends and family, and connecting with co-workers to be the most commonly used self-care practices (Bloomquist et al., 2015). In this study, the professional, emotional, and spiritual domains were most likely to buffer against burnout and increase compassion satisfaction. Researchers looking at self-care among psychologists also see a role for self-care in mitigating stress and suggest that self-care activities are most beneficial when woven into daily practices and routines, rather than being added to the clinician's already full list of professional obligations (Wise et al., 2012).

Mindfulness

Wise, Hersh, and Gibson (2012) also suggest mindfulness as a foundational strategy for promoting well-being among psychologists. Based on our inherent capacities for relaxation and insight, mindfulness is a systemic approach to living that focuses on awareness of the present moment (Kabat-Zinn & Hanh, 2013). In the social work literature, mindfulness is also frequently cited as an effective self-care strategy (Gockel et al., 2013; McGarrigle & Walsh, 2011). A self-care guide for practitioners, supervisors, and administrators has been developed that frames self-care not as occasional activities, but as a state of mind, and essential to social worker training (Cox and Steiner & 2013), and books have been written outlining self-care strategies aimed at building resilience against burnout (Grise-Owens et al., 2016; Smullens, 2015). Similarly,

mindfulness has been cited as an important way to promote well-being among professional counselors (e.g., Coleman et al., 2016), psychologists (e.g., Wise et al., 2012), and nurses (e.g., Bazarko et al., 2013).

Self-Care for Mitigating Risk

There is empirical support for the notion that education and engagement in self-care mitigate the emotional risk factors associated with human service provision (Lewis & King, 2019). For instance, social workers report that engaging in self-care practices is helpful in coping with VT and alleviating job-related stress (Bober & Regehr, 2006; Bloomquist et al., 2015), and can lead to lower levels of burnout (Salloum et al., 2015; La Mott, 2017). Thieleman and Cacciatore (2014) found that traumatic bereavement volunteers and professionals who engaged in increased levels of mindfulness practice were at less risk of compassion fatigue.

The need for increased training and expanded curricula in self-care for human service professionals is also becoming clear. Butler et al. (2017) found that among 195 MSW students, all students reported being faced with or reacting to trauma exposures in the course of their training; those with lower levels of self-care reported higher levels of burnout and secondary traumatic stress symptoms, while those who reported higher levels of self-care experienced higher levels of compassion satisfaction. Other human service professions are also recognizing the need for more self-care instruction, including for professional counseling programs (Coaston & Lawrence, 2019; Nelson, Hall, Anderson, Birtles, & Hemming, 2018; Shapiro, Brown, & Biegel, 2007), clinical psychology programs (Bachik & Kitzman, 2020; Pakenham & Stafford-Brown, 2012), nursing programs (Ashcraft & Gatto, 2018; Nevins & Sherman, 2016), and medical schools (Ayala et al., 2018).

Given the direction of the emergent literature on self-care and its promising potential for ameliorating the effects of burnout, VT and CF, the time is ripe to consider how to better promote and foster self-care practices in workplaces that employ human service professionals.

Workplace Culture: Room for Improvement

In the workplace, employees receive subtle and overt messages about which behaviors are and are not condoned or considered appropriate. Workplace culture in non-profits also tends to promote the agency's mission at the expense of self-care for individuals and the organization as a whole (Kanter & Sherman, 2017). These messages can have a direct impact on which - if any - self-care practices human service professionals choose to engage in during work hours. McGarrigle and Walsh (2011) discuss the importance of a work environment that unambiguously allots time, gives permission, and offers space for social workers to engage in self-care practices. We also find that building a workplace culture that actively promotes self-care requires that the values and behaviors of those in leadership positions reflect this respect for time, permission, and space. Critically, their research suggests that organizational leaders be involved in supporting human services practitioners in integrating self-care practices into their daily routines. Such support demonstrates another claim supported by McGarrigle and Walsh's (2011) findings: the importance of the workplace and individual social worker sharing responsibility for a practitioner's incorporation of self-care. When agencies value self-care, providing education and resources that enhance social worker well-being and performance, they create an opportunity to benefit clients and agencies over time (Xu et al., 2019). These findings are echoed by Wise, Hersh, and Gibson (2012) for the promotion of self-care among psychologists, in envisioning a future in which self-care is "truly valued, supported and promoted by the profession in a manner that complements and sustains our ongoing well-being and professional competence" (p. 487).

Infographics as a Self-Care Intervention

Sharing responsibility for promoting self-care in the workplace might take the form of agencies facilitating worker involvement in mindfulness practices such as those in Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn & Hanh, 2013) and Acceptance and Commitment Training (ACT; Hayes et al., 2004; Hayes et al., 1994), which have shown effectiveness in decreasing stress and burnout levels in social workers (Brinkborg et al., 2011; Shapiro et al., 2005), psychologists (Eriksson et al., 2018), as well as oncology nurses (Duarte & Pinto-Gouveia, 2017). While interventions of this nature may be instrumental in shifting the tide and creating a culture geared towards wellness, they require considerable time and financial resources, as well as buy-in from both leadership and organizational staff.

Infographics offer a clear way to guide the viewer in visualizing a concept. They have been referred to as "tool[s] for your eyes and brain to see what lies beyond their natural reach" (Cairo, 2013, p. 10). When compared to text-based messages, infographics have a greater likelihood of inciting cognitive elaboration (e.g. active learning and critical thinking) (Bice & Faith, 2019).

Research on the effectiveness of posters depicting infographics promoting wellness is scant. However, what literature does exist on the topic suggests that infographics are a helpful way for communicating ideas and catalyzing behavior change. One study, for example, assessed effectiveness of infographics promoting the Double Pyramid nutritional model, which promotes healthy eating choices with the goal of decreasing environmental impact (Ruini et al., 2016). When posters depicting infographics promoting this model were placed around company cafeterias, employees were found to have increased their whole grains, fruit, lean meat, and vegetable consumption, while decreasing their red meat consumption by 77%. These findings

were congruent with the tenets of the Double Pyramid infographics. In addition, a study involving hospital nurses found that self-care posters intended to help the nurses increase their physical activity levels. The posters, hung in break rooms, led to a statistical increase in the nurses' physical activity levels when compared with the pretest control period, as well as the post-intervention phase when the posters were removed (Raney & Van Zanten, 2018).

The realities of limited resources, as well as demands on human service professionals' full schedules, suggest that embedded, brief, and accessible daily reminders and practices can help promote practitioner wellness. As such, we have created infographics to serve as daily mindful self-care reminders (see Appendices A-F). While such infographics are not a substitute for more intensive training like MBSR and ACT, or expanded curricular offerings in self-care, they do offer numerous avenues to exploring mindful self-awareness, and small changes that human service workers can weave into their day-to-day routines. Our hope is that human service workers will find these techniques to be of practical value and use them as a starting point for deeper exploration of mindful self-care practices.

In creating these infographic posters, we considered the emerging evidence that human service professionals who engage in self-care efforts are more insulated from the effects of VT, CF, and burnout. The wisdom of yoga was the founding inspiration for the creation of these infographics. The philosophy of yoga provides structure for mindfulness practice: it is "a technology for arriving at the present moment…a way of remembering our true nature, which is essentially joyful and peaceful…it is a means of staying in intimate communication with the formative core matrix of yourself and those forces that serve to bind all living beings together" (Farhi, 200, p. 5). We believe this is a powerful ethos for supporting those working in human services, a field where wellness and human connection are fundamental values. We also

grounded the posters' creation in a model of wellness proposed by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2010), which proposes that wellness exists across eight dimensions: emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual.

Using Infographics to Weave in Wellness

Infographics are eye-catching, and provide information in a direct, simplified fashion. Promoting self-care as a state of mind (Cox & Steiner, 2013), the accompanying infographics provide invitations for human service professionals to engage in simple, mindful behaviors that can easily be woven into day-to-day schedules. These infographics were developed by the lead author, who is a yoga educator and social worker. Using her own self-care practices and those referred to as helpful by colleagues as inspiration, she created them in response to observations of burnout, VT, and CF in social workers.

The Infographics: Rationales and How to Use Them

Morning mindfulness and intention-setting is the goal of the infographic in Appendix A. Purposeful breathing and intention-setting are excellent ways to 'set the rudder' and steer the day in a particular (ideally positive) direction. A day at work for people in human services can include all kinds of unexpected and potentially destabilizing experiences. Taking time in the morning to pause and create direction for the day offers a buffer against factors that might otherwise be emotionally or mentally disruptive and stressful. Further, when we choose to focus our attention and become present with ourselves on a regular basis, we can condition activation in the prefrontal cortex, an area of the brain associated with mental well-being, happiness, and belonging (Cameron, 2018). In addition to being displayed on the walls in workspaces and break

rooms, this infographic can be printed as a small poster and placed on the human service professional's bedside table, or the wall near their bed.

The purpose of the Got 30 Seconds? infographic (Appendix B), is to present brief and potentially refreshing opportunities for self-care that can be woven into the human service professional's day. This weaving of brief, mindful self-care throughout the day encourages professionals to be present to how they are going about their rather than adding activities to professionals' to-do lists, which Wise et al. (2012) note may not be helpful in alleviating stress. Everyone, no matter how hectic their schedules, can make a choice to breathe, pray, or send positive energy to someone for 30 seconds. Regular use of prayer is associated with increased activity in areas of the brain associated with control of emotion and attention (Galanter et al., 2015), and thus has the potential to mitigate stress. Having a reminder to be intentional about this, instead of defaulting to checking one's phone or email may be the key to success in weaving in small mindfulness breaks throughout the workday. This infographic can be printed and hung on the wall or used as a screensaver in workspaces and break rooms.

The Work-to-Home Transitions infographic (Appendix C) offers an opportunity for human service professionals to attend to various aspects of their wellbeing. Stretching the body provides a mental, emotional, and physical reset. In nurses, mindful stretching has been associated with more self-caring attitudes during stressful experiences (Slatyer et al., 2018). While hydration is critical to maintaining cognitive performance and avoiding symptoms like headaches, tension, anxiety, and fatigue (Cian et al., 2000; Shirreffs et al., 2004), dehydration is common in human service professionals. In one study 36% of 87 doctors and nurses were dehydrated at the beginning of their shifts. By the end of their shifts, 45% of participants were dehydrated (El-Sharkawy et al., 2016). Proper hydration is essential for keeping human service

workers resourced at work. This infographic also recommends using affirmations, a popular positive psychology technique, that has been shown to mitigate burnout in nurses (Luo et al., 2019). This infographic can be printed and hung on the wall or used as a screensaver in workspaces and break rooms. It can also be printed and kept in workers' cars or bags that they carry home.

A regular deep-breathing practice such as the one offered in infographic D can have a significant impact on reducing stress (Kravits et al., 2010), which is a fundamental requirement in promoting holistic human service professional health. Further, burnout prevention for nurses including long deep breathing has led to significantly decreased levels of personal exhaustion (Kravits et al., 2010), and more recently, has been found to reduce stress while wearing a mask for protection during the COVID pandemic (Tian et al., 2020). This infographic can be printed and hung on the wall or used as a screensaver in workspaces and break rooms. Human service professionals can also use it printed out at home.

The omnipresence of technology, in addition to busy lives within and outside of human service work, create myriad distractions that can cause poor sleep habits. The blue light that comes from the use of smartphones at night can lead to a decrease sleep quantity and quality (Lanaj et al. 2014). Impaired sleep is a common factor in occupational burnout (Epstein et al., 2020). The Transitioning to Sleep infographic (Appendix E) addresses this, encouraging human service professionals to hone skills like slowing down in the evenings and practicing relaxing breathing techniques (Telles et al., 1994) to create the restful sleep that is essential to human service professionals' ability to remain engaged at work. In addition to being displayed as a poster or screen saver at work, this infographic can be printed and placed in human service professioanls' kitchen, the bathroom, or the bedroom.

The Workday Transitions infographic (Appendix F) offers the mindful practices of noticing the breath, body scans, deep breathing, and emotion awareness. Taking these brief pauses can mean the difference between a human service professional unintentionally bringing their stress home with them and allowing some work-related stress to dissipate throughout the day. Interventions using mindful breathing have been shown to decrease symptoms of distress (Beng et al., 2016), and when used regularly, body scans have been found to decrease humans' biological stress markers (Schultchen et al., 2019). This infographic can be printed and hung on the wall or used as a screensaver in workspaces and break rooms.

Conclusions

Similar to those reported by Raney and Zanten (2018), most of the infographics include step-by-step suggestions for daily moments of mindful transition (e.g. waking, breaks during the workday, leaving work, and preparing for sleep; Appendices A, B, C, E, & F). Transitions are ideal times for brief moments of awareness and setting intentions for whatever tasks lie ahead (David & Sheth, 2009). Research has shown that people working in various professions who report higher levels of mindfulness throughout the workday (e.g. those who found it easier to focus on the present moment, and those who reported being unlikely to rush or move automatically through tasks) are more likely to detach from their workday upon arriving home, and more likely to have a higher quality of sleep (Hülsheger et al., 2014). Practices like becoming aware of the breath, taking the time to affirm our own accomplishments, and making sure to hydrate consistently may sound too simple to have an impact on our sense of wellness. That is, until we begin to realize how easy it is to let these simple behaviors fall by the wayside in the midst of busy schedules.

Printing these infographics as posters and placing them throughout the work environment (e.g. in staff break rooms) or using them digitally as computer screen savers, or as digital visual reminders via email or text communications provides persistent reminders of ways for professionals to care for themselves, and making them visible in spaces where workers see clients also offers the additional benefit of promoting wellness and self-care practices to those they serve. Making these infographics available as posters for workers to take home is also an important consideration, as the Waking with Intention, Work-to Home Transitions, and Transitioning to Sleep infographics (appendices A, C, and E) are likely to occur outside the workplace.

If we consider human service professionals' engagement in self-care practices according to the stages of change (Prochaska, 2013), encountering these infographics (e.g. via verbal promotion and distribution from peers or supervisors, or seeing them displayed on the walls in the workplace), could offer an opportunity for those in pre-contemplation – those who are not taking many opportunities to check in with themselves during the workday – to become aware of how they might benefit from self-care practices. Incorporating practices like mindful breathing or more regular hydration would indicate shifts into further stages of the model: contemplation, preparation, action, maintenance, and termination. Saturating human services environments with visual cues like these may also counter stigma towards self-care by signaling support for these activities in the workplace. Such efforts may aid in burnout prevention (Bell et al., 2003), and could lead to greater uptake of these practices by organization staff, and a contribute to a shift in agency culture towards one that actively promotes wellness. It should also be noted that these infographics are offered for general consumption by human service professionals, and their effects have not been empirically studied. One direction for future research includes evaluating

the impact of these self-care infographics on workers' wellbeing. One viable approach to measuring the impact of these infographics would be to replicate the methods used in the Raney and Van Zanten (2018) study. Human service professionals' engagement in the activities noted in these self-care infographics could be measured prior to implementation of the infographics, during implementation when they are hung on the walls in break rooms and practice areas, and after removal of the infographics.

Implications for Practice

Active attention to self-care for human service professionals, whose work exposes them to various emotional risk factors, can be likened to ensuring that those working in construction are given proper safety training, as well as protective equipment. Avoidance, and even passive attention to self-care (e.g. verbally promoting wellness while failing to provide time, space, or permission for active engagement) is akin to an employer knowing that a work zone is a dangerous place, requiring construction workers to perform their duties without proper safety training and protective gear, and hoping that they do not get hurt.

These infographics provide an accessible, time- and resource-friendly platform for professionals to weave mindful habits into their day-to-day routines at home and at work. As such, they offer an opportunity to demonstrate organizational values around worker wellness. Engagement (especially by those in leadership and management positions) in the activities offered can create and encourage culture shifts that prioritize workers' wellness. Human service professionals operating in an environment that supports their pursuit of mindful well-being will be better able to serve their clients. Further, workers who are better insulated against vicarious trauma, burnout, and compassion fatigue and engaged with promoting their own wellness at work may be more likely to maintain their jobs. These factors might help increase the overall

quality of organizations' provision of human services and may encourage lower turnover rates among the professionals who provide such services.

References

Acker, G. M. (1999). The impact of clients' mental illness on social workers' job satisfaction and burnout. *Health & Social Work*, *24*(2), 112-119. doi: 10.1093/hsw/24.2.112

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, *76*(1), 103-108. doi: 10.1037/0002-9432.76.1.103

Alkema, K., Linton, J. M., & Davies, R. (2008). A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *Journal of Social Work in End-of-Life & Palliative Care*, *4*(2), 101-119. doi: 10.1080/15524250802353934

Ashcraft, P. F., & Gatto, S. L. (2018). Curricular interventions to promote self-care in prelicensure nursing students. *Nurse Educator*, *43*(3), 140-144.

Ayala, E. E., Ellis, M. V., Grudev, N., & Cole, J. (2017). Women in health service psychology programs: Stress, self-care, and quality of life. *Training and Education in Professional Psychology*, *11*(1), 18.

Ayala, E. E., Winseman, J. S., Johnsen, R. D., & Mason, H. R. (2018). US medical students who engage in self-care report less stress and higher quality of life. *BMC Medical Education*, *18*(1), 189.

Bachik, A. K., & Kitzman, M. J. (2020). The case for including personal development in undergraduate psychology curricula. *Scholarship of Teaching and Learning in Psychology*, *6*(2), 150.

Balbay, O. A., Isikhan, V., Balbay, E. G., Annakkaya, A. N., & Arbak, P. M. (2011). Burnout status of health care personnel working in oncology and their coping methods. *HealthMed*, *5*(4), 730-740.

Bamonti, P. M., Keelan, C. M., Larson, N., Mentrikoski, J. M., Randall, C. L., Sly, S. K., ... & McNeil, D. W. (2014). Promoting ethical behavior by cultivating a culture of self-care during graduate training: A call to action. *Training and Education in Professional Psychology*, *8*(4), 253. doi: 10.1037/tep0000056

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, *38*(6), 603a.

Bazarko, D., Cate, R. A., Azocar, F., & Kreitzer, M. J. (2013). The impact of an innovative mindfulness-based stress reduction program on the health and well-being of nurses employed in a corporate setting. *Journal of Workplace Behavioral Health*, *28*(2), 107-133.

Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Social Services*, *84*(4), 463-470. doi: 10.1606/1044-3894.131

Beng, T. S., Ahmad, F., Loong, L. C., Chin, L. E., Zainal, N. Z., Guan, N. C., ... & Meng, C. B. C. (2016). Distress reduction for palliative care patients and families with 5-minute mindful breathing: a pilot study. *American Journal of Hospice and Palliative Medicine*, *33*(6), 555-560.

Benuto, L. T., Newlands, R., Ruork, A., Hooft, S., & Ahrendt, A. (2018). Secondary traumatic stress among victim advocates: prevalence and correlates. *Journal of Evidence-Informed Social Work*, *15*(5), 494-509.

Bice, D., & Faith, C. (2019). *The Relative Persuasiveness of Health Infographics* (Unpublished doctoral dissertation. Colorado State University, Fort Collins, CO).

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

Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: Do they work?. *Brief Treatment and Crisis Intervention*, *6*(1), 1. doi: 10.1093/brief-treatment/mhj001

Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behaviour Research and Therapy*, *49*(6-7), 389-398. doi: 10.1016/j.brat.2011.03.009

Butler, L. D., Carello, J., & Maguin, E. (2017). Trauma, stress, and self-care in clinical training: Predictors of burnout, decline in health status, secondary traumatic stress symptoms, and compassion satisfaction. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(4), 416. doi: 10.1037/tra0000187

Cameron, L. J. (2018). *The mindful day: Practical ways to find focus, calm, and joy from morning to evening*. National Geographic Books.

Cairo, A. (2013). *The functional art: An introduction into information graphics and visualization.* Berkeley, CA: New Riders.

Cian, C., Koulmann, N., Barraud, P. A., Raphel, C., Jimenez, C., & Melin, B. (2000). Influences of variations in body hydration on cognitive function: Effect of hyperhydration, heat stress, and exercise-induced dehydration. *Journal of Psychophysiology*, *14*(1), 29.

Coaston, S. C., & Lawrence, C. (2019). Integrating self-compassion across the counselor education curriculum. *Journal of Creativity in Mental Health*, *14*(3), 292-305.

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

Cox, K., & Steiner, S. (2013). *Self-care in social work: A guide for practitioners, supervisors, and administrators*. Washington, DC: NASW Press.

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping*, *23*(3), 319-339.

David, D. S., & Sheth, S. (2009). *Mindful teaching and teaching mindfulness: A guide for anyone who teaches anything*. Somerville, MA: Wisdom.

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

Duarte, J., & Pinto-Gouveia, J. (2017). Mindfulness, self-compassion and psychological inflexibility mediate the effects of a mindfulness-based intervention in a sample of oncology nurses. *Journal of Contextual Behavioral Science*, *6*(2), 125-133.

Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatisation: Current status and future directions. *British Journal of Guidance & Counselling*, *34*(1), 107-116. doi: 10.1080/03069880500483166

El-Ghoroury, N., Galper, D. O., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology, 6,* 122-134. doi:10.1037/a0028768

El-Sharkawy, A. M., Bragg, D., Watson, P., Neal, K., Sahota, O., Maughan, R. J., & Lobo, D. N. (2016). Hydration amongst nurses and doctors on-call (the HANDS on prospective cohort study). *Clinical Nutrition*, *35*(4), 935-942.

Epstein, M., Söderström, M., Jirwe, M., Tucker, P., & Dahlgren, A. (2020). Sleep and fatigue in newly graduated nurses—Experiences and strategies for handling shiftwork. *Journal of Clinical Nursing*, *29*(1-2), 184-194.

Eriksson, T., Germundsjö, L., Åström, E., & Rönnlund, M. (2018). Mindful self-compassion training reduces stress and burnout symptoms among practicing psychologists: A randomized controlled trial of a brief web-based intervention. *Frontiers in Psychology*, *9*, 2340.

Farhi, D. (2000). *Yoga Mind, Body, & Spirit.* Henry Holt and Company.

Garcia, C. D. L., Abreu, L. C. D., Ramos, J. L. S., Castro, C. F. D. D., Smiderle, F. R. N., Santos, J. A. D., & Bezerra, I. M. P. (2019). Influence of burnout on patient safety: Systematic review and meta-analysis. *Medicina*, *55*(9), 553.

Gockel, A., Burton, D., James, S., & Bryer, E. (2013). Introducing mindfulness as a self-care and clinical training strategy for beginning social work students. *Mindfulness*, *4*(4), 343-353. doi: 10.1007/s12671-012-0134-1

Harr, C., & Moore, B. (2011). Compassion fatigue among social work students in field placements. *Journal of Teaching in Social Work, 31*(3), 350-363. doi: 10.1080/08841233.2011.580262

Hayes, S. C., Bissett, R., Roget, N., Padilla, M., Kohlenberg, B. S., Fisher, G., ... & Niccolls, R. (2004). The impact of acceptance and commitment training and multicultural training on the stigmatizing attitudes and professional burnout of substance abuse counselors. *Behavior Therapy*, *35*(4), 821-835. doi: 10.1016/S0005-7894(04)80022-

Hayes, S. C., Jacobson, N. S., Follette, V. M. & Dougher, M. J. (Eds.) (1994). *Acceptance and change: Content and context in psychotherapy.* Reno, NV: Context Press.

Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress*, *28*(2), 83-91. doi: 10.1002/jts.21998

Hülsheger, U. R., Lang, J. W., Depenbrock, F., Fehrmann, C., Zijlstra, F. R., & Alberts, H. J. (2014). The power of presence: the role of mindfulness at work for daily levels and change trajectories of psychological detachment and sleep quality. *Journal of Applied Psychology, 99*(6), 1113.

Galanter, M., Josipovic, Z., Dermatis, H., Weber, J., & Millard, M. A. (2017). An initial fMRI study on neural correlates of prayer in members of Alcoholics Anonymous. *The American Journal of Drug and Alcohol Abuse, 43*(1), 44-54.

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

Kabat-Zinn, J., & Hanh, T. N. (2013). *Full Catastrophe Living: Using the wisdom of your body and mind to face stress, pain, and illness* (2nd ed.). New York: Bantam.

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

Keidel, G. C. (2002). Burnout and compassion fatigue among hospice caregivers. *American Journal of Hospice and Palliative Medicine, 19*(3), 200-205. doi: 10.1177/104990910201900312

Kim, H., Ji, J., & Kao, D. (2011). Burnout and physical health among social workers: A three-year longitudinal study. *Social Work, 56*(3), 258-268. doi: 10.1093/sw/56.3.258

Kravits, K., McAllister-Black, R., Grant, M., & Kirk, C. (2010). Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout. *Applied Nursing Research, 23*(3), 130-138.

La Mott, J. (2017). *The moderating effects of self-care on compassion outcomes among mental health providers with a history of trauma* (Unpublished doctoral dissertation). University of La Verne, La Verne, CA.

Lanaj, K., Johnson, R. E., & Barnes, C. M. (2014). Beginning the workday yet already depleted? Consequences of late-night smartphone use and sleep. *Organizational Behavior and Human Decision Processes, 124*(1), 11-23. doi: 10.1016/j.obhdp.2014.01.001

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society: The Journal of Contemporary Social Services, 94*(2), 96-103. doi: 10.1606/1044-3894.4289

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

Lloro-Bidart, T., & Semenko, K. (2017). Toward a feminist ethic of self-care for environmental educators. *The Journal of Environmental Education*, *48*(1), 18-25.

Loeffler, D. N., Miller, J. J., & Pachner, T. M. (2018). Self-Care Among Social Workers Employed in Rural Settings: A Cross-Sectional Investigation. *Contemporary Rural Social Work Journal*, *10*(1), 8.

Luo, Y. H., Li, H., Plummer, V., Cross, W. M., Lam, L., Guo, Y. F., ... & Zhang, J. P. (2019). An evaluation of a positive psychological intervention to reduce burnout among nurses. *Archives of Psychiatric Nursing*, *33*(6), 186-191.

Ma, X., Yue, Z. Q., Gong, Z. Q., Zhang, H., Duan, N. Y., Shi, Y. T., ... & Li, Y. F. (2017). The effect of diaphragmatic breathing on attention, negative affect and stress in healthy adults. *Frontiers in Psychology, 8,* 874. doi: 10.3389/fpsyg.2017.00874

Maranzan, K. A., Kowatch, K. R., Mascioli, B. A., McGeown, L., Popowich, A. D., & Spiroiu, F. (2018). Self-care and the Canadian Code of Ethics: Implications for training in professional psychology. *Canadian Psychology/Psychologie Canadienne, 59*(4), 361.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*(1), 131-149. doi: 10.1007/BF00975140

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause (s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology*, *9*, 1897.

McFadden, P., Campbell, A., & Taylor, B. (2014). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *The British Journal of Social Work*, *45*(5), 1546-1563. doi: 10.1093/bjsw/bct210

McFadden, P., Mallett, J., & Leiter, M. (2018). Extending the two-process model of burnout in child protection workers: The role of resilience in mediating burnout via organizational

factors of control, values, fairness, reward, workload, and community relationships. *Stress and Health*, *34*(1), 72-83.

McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. *Journal of Religion & Spirituality in Social Work: Social Thought*, *30*(3), 212-233. doi: 10.1080/15426432.2011.587384

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

Modesti, P. A., Ferrari, A., Bazzini, C., & Boddi, M. (2015). Time sequence of autonomic changes induced by daily slow-breathing sessions. *Clinical Autonomic Research*, *25*(2), 95-104. doi: 10.1007/s10286-014-0255-9

Nelson, J. R., Hall, B. S., Anderson, J. L., Birtles, C., & Hemming, L. (2018). Self–compassion as self-care: A simple and effective tool for counselor educators and counseling students. *Journal of Creativity in Mental Health*, *13*(1), 121-133.

Nevins, C. M., & Sherman, J. (2016). Self-care practices of baccalaureate nursing students. *Journal of Holistic Nursing*, *34*(2), 185-192.

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, *6*(2), 57-68. doi: not listed

Nichols, T. R., Gringle, M. R., & Pulliam, R. M. (2015). " You have to put your children's needs first or you're really not a good mother": Black Motherhood and Self-Care Practices. *Women, Gender, and Families of Color*, *3*(2), 165-189.

Pakenham, K. I., & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: Current research status and future directions. *Australian Psychologist, 47*(3), 147-155.

Pfifferling, J. H., & Gilley, K. (2000). Overcoming compassion fatigue. *Family Practice Management, 7*(4), 39-44. doi: not listed

Quinn-Lee, L., Olson-McBride, L., & Unterberger, A. (2014). Burnout and death anxiety in hospice social workers. *Journal of Social Work in End-of-Life & Palliative Care, 10*(3), 219-239.

Raney, M., & Van Zanten, E. (2019). Self-care posters serve as a low-cost option for physical activity promotion of hospital nurses. *Health Promotion Practice, 20*(3), 354-362. doi: 10.1177/1524839918763585

Riley, J. B., & Wachs, J. E. (2003). Holistic self care: Strategies for initiating a personal assessment. *Aaohn Journal, 51*(10), 439-445. doi: 10.1177/216507990305101007

Ruini, L., Ciati, R., Marchelli, L., Rapetti, V., Pratesi, C. A., Redavid, E., & Vannuzzi, E. (2016). Using an Infographic tool to promote healthier and more sustainable food consumption: the Double Pyramid Model by Barilla Center for Food and Nutrition. *Agriculture and Agricultural Science Procedia, 8*, 482-488. doi: 10.1016/j.aaspro.2016.02.049

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

Schultchen, D., Messner, M., Karabatsiakis, A., Schillings, C., & Pollatos, O. (2019). Effects of an 8-Week body scan intervention on individually perceived psychological stress and related steroid hormones in hair. *Mindfulness, 10*(12), 2532-2543.

Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: results from a randomized trial. *International Journal of Stress Management*, *12*(2), 164. 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.

Shirreffs, S. M., Merson, S. J., Fraser, S. M., & Archer, D. T. (2004). The effects of fluid restriction on hydration status and subjective feelings in man. *British Journal of Nutrition*, *91*(6), 951-958.

Siebert, D. C. (2006). Personal and occupational factors in burnout among practicing social workers: Implications for researchers, practitioners, and managers. *Journal of Social Service Research*, *32*(2), 25-44. doi: 10.1300/J079v32n02_02

Simpson, S., Simionato, G., Smout, M., van Vreeswijk, M. F., Hayes, C., Sougleris, C., & Reid, C. (2019). Burnout amongst clinical and counselling psychologist: The role of early maladaptive schemas and coping modes as vulnerability factors. *Clinical Psychology & Psychotherapy*, *26*(1), 35-46.

Slatyer, S., Craigie, M., Rees, C., Davis, S., Dolan, T., & Hegney, D. (2018). Nurse experience of participation in a mindfulness-based self-care and resiliency intervention. *Mindfulness*, *9*(2), 610-617.

Smullens, S. (2015). *Burnout and self-care in social work: A guidebook for students and those in mental health and related professions.* Washington, DC: NASW Press.

Substance Abuse and Mental Health Services Administration. (2010). The eight dimensions of wellness. Retrieved from: https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness

Telles, S., Nagarathna, R., & Nagendra, H. R. (1994). Breathing through a particular nostril can alter metabolism and autonomic activities. *Indian Journal of Physiology and Pharmacology, 38*, 133-133. doi: 10.2466/pr0.1997.81.2.555

Thieleman, K., & Cacciatore, J. (2014). Witness to suffering: Mindfulness and compassion fatigue among traumatic bereavement volunteers and professionals. *Social Work*, *59*(1), 34-41.

Tian, Z., Kim, B. Y., & Bae, M. J. (2020). Study on reducing the stress of wearing a mask through deep breathing. *Stress*, *6*, 7.

Trowbridge, K., & Mische Lawson, L. (2016). Mindfulness-based interventions with social workers and the potential for enhanced patient-centered care: A systematic review of the literature. *Social Work in Health Care, 55*(2), 101-124. doi: 10.1080/00981389.2015.1094165

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice, 43*(5), 487.

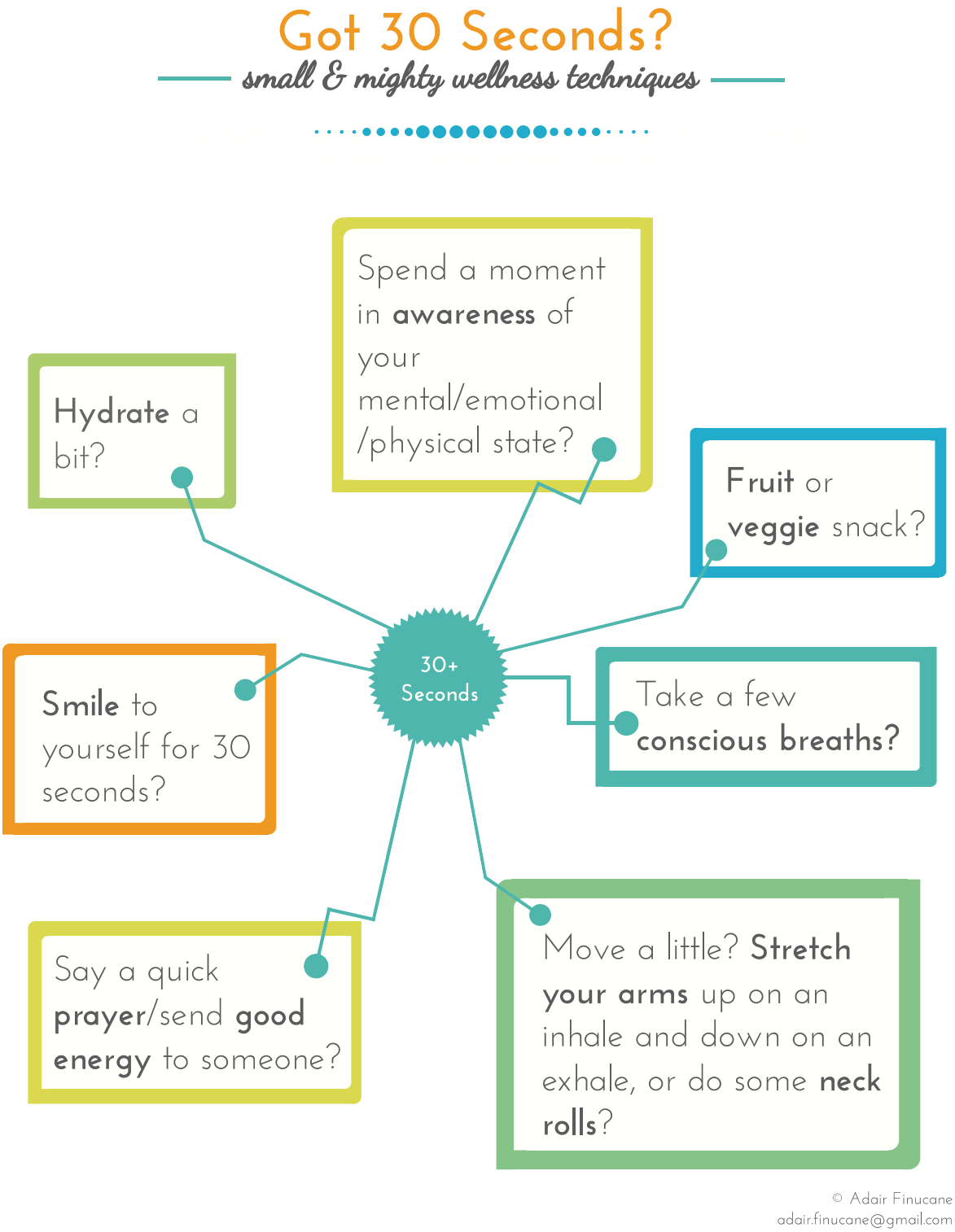
Xu, Y., Harmon-Darrow, C., & Frey, J. J. (2019). Rethinking professional quality of life for social workers: Inclusion of ecological self-care barriers. *Journal of Human Behavior in the Social Environment, 29*(1), 11-25. doi: 10.1080/10911359.2018.1452814

Yu, H., Jiang, A., & Shen, J. (2016). Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey. *International Journal of Nursing Studies*, *57*, 28-38.

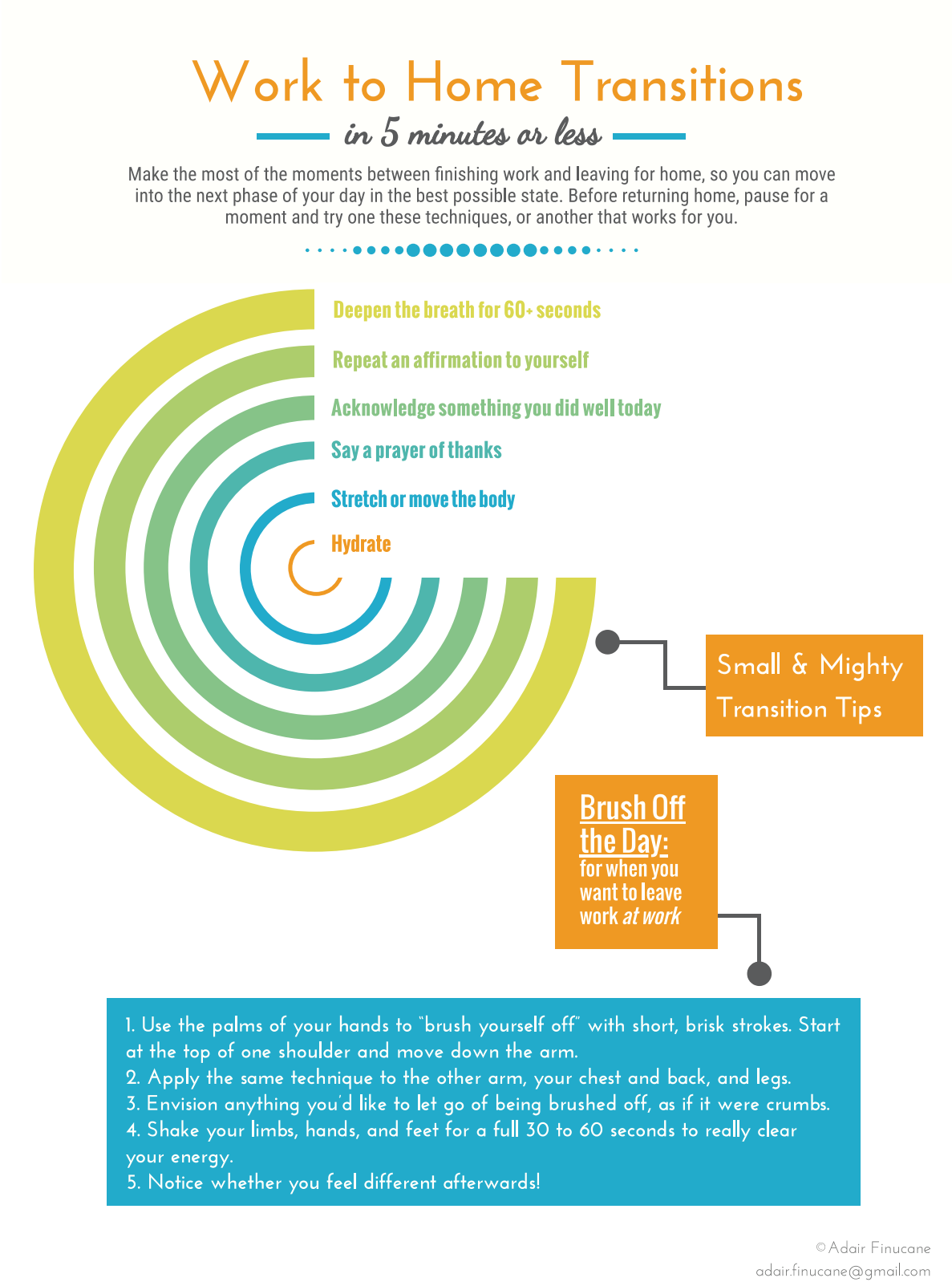
Appendix A

Waking Up With Intention
in 5 minutes or less
Spending a few mindful minutes and setting intentions when you wake up are powerful ways to start the day.
Upon waking, before getting out of bed:
Notice your mental state (positive, negative, neutral?). *No need to evaluate/make judgements. Just notice.
1
2
Scan your body from toes to head, observing physical sensations.
3
Acknowledge any particular emotions that are present. *Again, no need to make judgements about whether they are good/bad.
4
Take 10 or more long, deep breaths. Try to inhale and exhale for the same number of counts (try in 5, out 5 to begin with).
5
Return to your natural breath. Spend a moment noticing how you feel after breathing with intention.
6
Decide on a mindset/intention to stick with for the first part of your day, or even for the entire day.
7
Smile to yourself. You've started off with an act of self-compassion.
© Adair Finucane
adair.finucane@gmail.com

Appendix B


Got 30 Seconds?
small & mighty wellness techniques
Spend a moment in awareness of your mental/emotional /physical state?
Hydrate a bit?
Fruit or veggie snack?
30+ Seconds
Smile to yourself for 30 seconds?
Take a few conscious breaths?
Say a quick prayer/send good energy to someone?
Move a little? Stretch your arms up on an inhale and down on an exhale, or do some neck rolls?
© Adair Finucane
adair.finucane@gmail.com

Appendix C


Work to Home Transitions
in 5 minutes or less
Make the most of the moments between finishing work and leaving for home, so you can move into the next phase of your day in the best possible state. Before returning home, pause for a moment and try one these techniques, or another that works for you.
Deepen the breath for 60+ seconds
Repeat an affirmation to yourself
Acknowledge something you did well today
Say a prayer of thanks
Stretch or move the body
Hydrate
Small & Mighty Transition Tips
Brush Off the Day:
for when you want to leave work at work
1. Use the palms of your hands to "brush yourself off" with short, brisk strokes. Start at the top of one shoulder and move down the arm.
2. Apply the same technique to the other arm, your chest and back, and legs.
3. Envision anything you'd like to let go of being brushed off, as if it were crumbs.
4. Shake your limbs, hands, and feet for a full 30 to 60 seconds to really clear your energy.
5. Notice whether you feel different afterwards!
©Adair Finucane
adair.finucane@gmail.com

Appendix D

Long Deep Breathing

tutorial for a 3-part breath

Diaphragmatic, or long deep breathing, can improve attention, decrease negative affect and cortisol (stress hormone) levels,[1] stabilize or lower blood pressure, and slow the heart rate.[2] Try this breathing technique alone or in company, for 30 seconds longer. Use it in transitions or when feeling stressed to increase relaxation and your sense of wellbeing.

1

Simply notice your breath moving in and out of the nose/mouth. Observe where you feel the breath in your lungs and body. Notice the length of inhales and exhales.

2

Adjust the breath so that the inhale and exhale are of even length. Start with the count of in 4, out 4 and extend if you are comfortable.

3

Placing your hands on your low belly, breathe for 10 breaths. Breathe so you can feel your hands move on the inhale and exhale.

4

Moving the hands to the sides of the rib cage, breathe into the low belly, and into the side body, feeling the hands move on the inhale and exhale for 10 breaths.

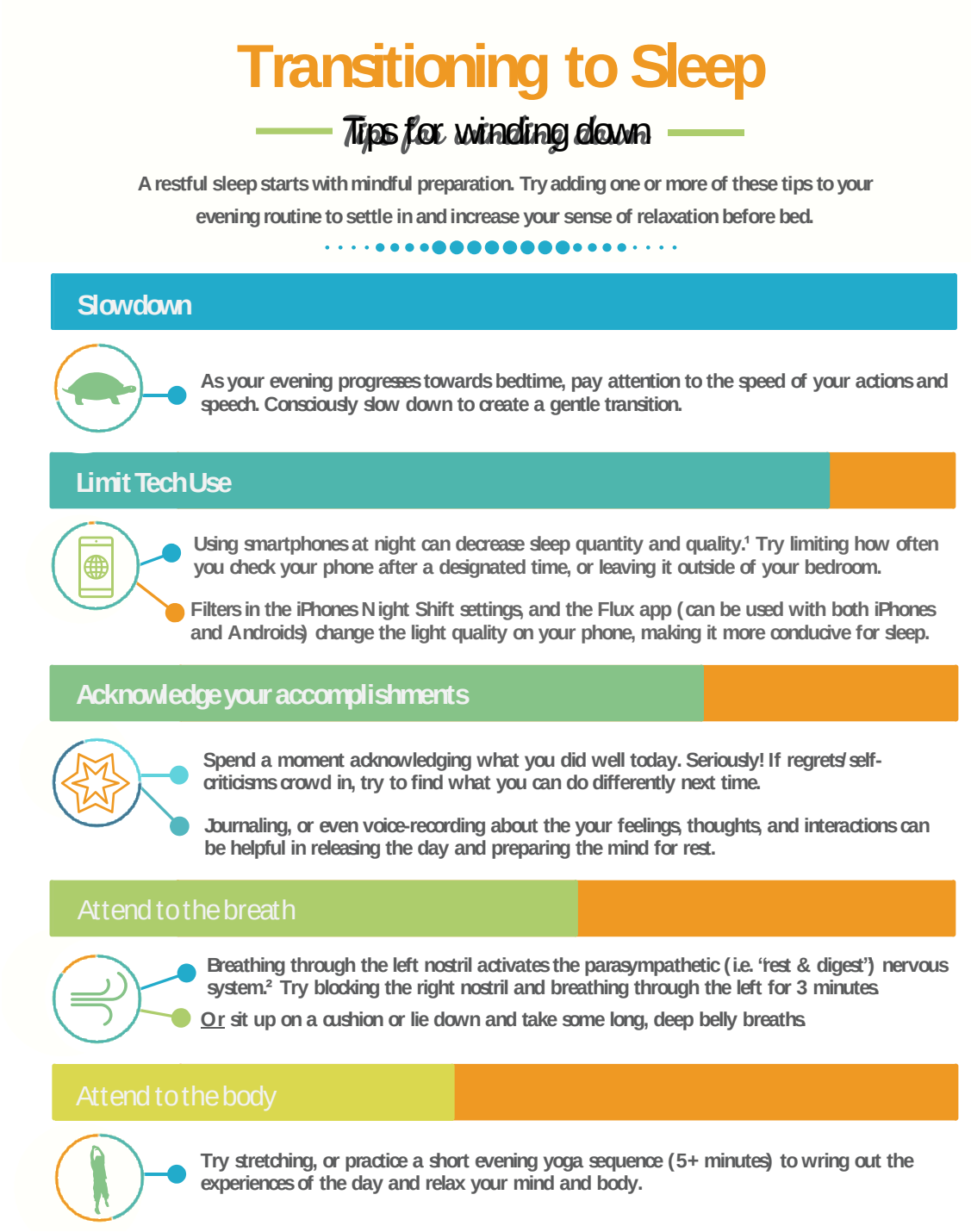
5

Drawing the hands just underneath the collar bones, with long deep breaths, drawing the breath from the low belly, to the mid-lungs, and up to the top of the chest, feeling the hands move on the inhale and exhale for 10 more breaths.

References:
1. Ma, X., Yue, Z. Q., Gong, Z. Q., Zhang, H., Duan, N. Y., Shi, Y. T., ... & Li, Y. F. (2017). The effect of diaphragmatic breathing on attention, negative affect and stress in healthy adults. *Frontiers in Psychology, 8*, 874.
2. Modesti, P. A., Ferrari, A., Bazzini, C., & Boddi, M. (2015). Time sequence of autonomic changes induced by daily slow-breathing sessions. *Clinical Autonomic Research, 25*(2), 95-104.

© Adair Finucane
adair.finucane@gmail.com

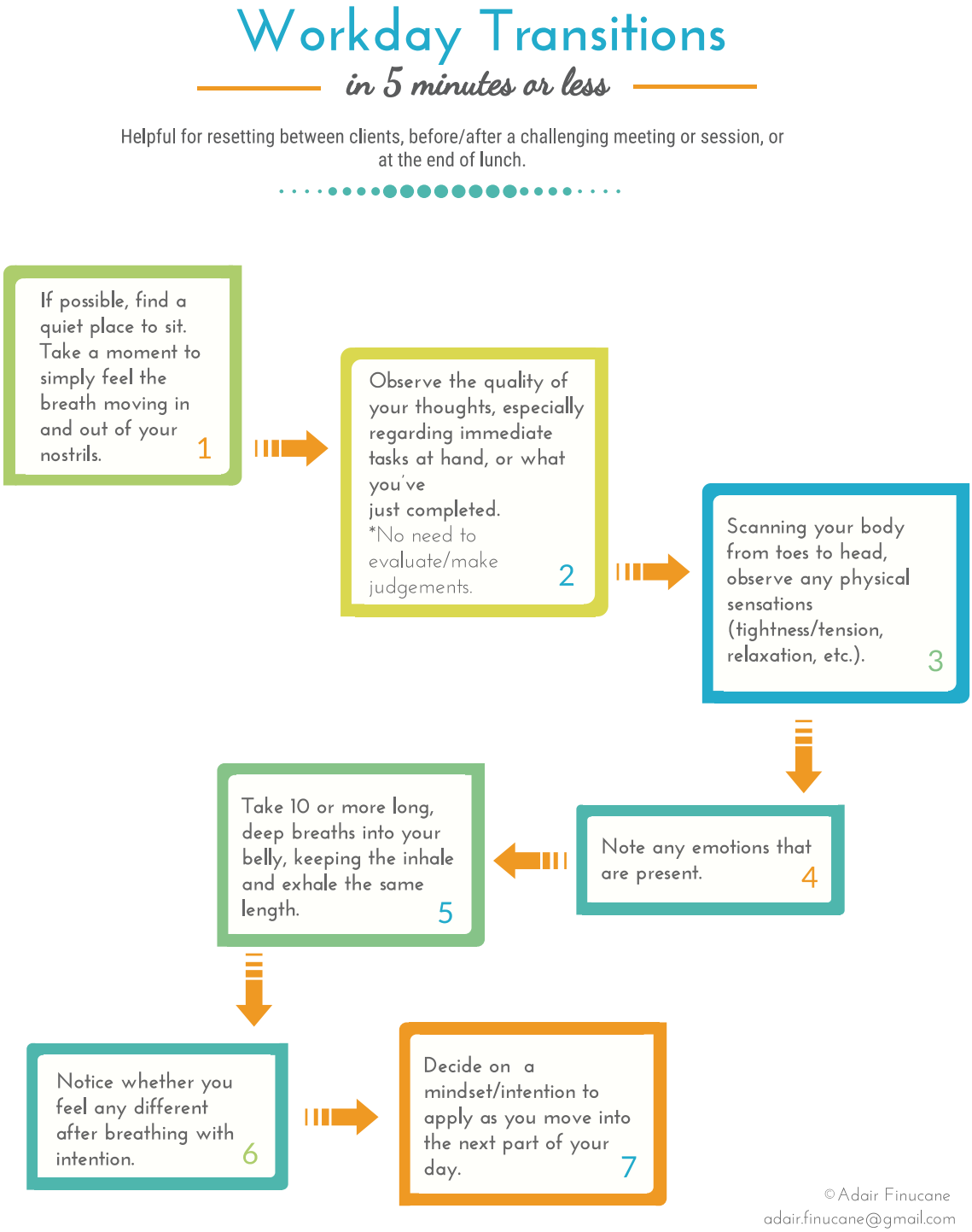
Appendix E



References:
1. Lanaj, K., Johnson, R. E., & Barnes, C. M. (2014). Beginning the workday yet already depleted? Consequences of late-night smartphone use and sleep. *Organizational Behavior and Human Decision Processes, 124*(1), 11-23.
2. Telles, S., Nagarathna, R., & Nagendra, H. R. (1994). Breathing through a particular nostril can alter metabolism and autonomic activities. *Indian Journal of Physiology and Pharmacology, 38*, 133-133.

© Adair Finucane
adair.finucane@gmail.com

Appendix F


Workday Transitions
in 5 minutes or less
Helpful for resetting between clients, before/after a challenging meeting or session, or at the end of lunch.
If possible, find a quiet place to sit. Take a moment to simply feel the breath moving in and out of your nostrils. 1
Observe the quality of your thoughts, especially regarding immediate tasks at hand, or what you've just completed. *No need to evaluate/make judgements. 2
Scanning your body from toes to head, observe any physical sensations (tightness/tension, relaxation, etc.). 3
Note any emotions that are present. 4
Take 10 or more long, deep breaths into your belly, keeping the inhale and exhale the same length. 5
Notice whether you feel any different after breathing with intention. 6
Decide on a mindset/intention to apply as you move into the next part of your day. 7
©Adair Finucane
adair.finucane@gmail.com