RESILIENCE OVER BURNOUT

A SELF-CARE GUIDE FOR MUSIC THERAPISTS

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ACKNOWLEDGMENTS

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INTRODUCTION

The therapist's most valuable instrument is the therapist's own self (Yalom, 2002). As the importance of self-care gains momentum in therapeutic circles, it is being recognized not only as a strategy to improve well-being, but as an ethical imperative, a professional responsibility, and an essential part of a professional's identity (Barnett & Cooper, 2009; Newell & MacNeil, 2010). Professionals who assist people with psychological, social, and physical needs are at risk for burnout (Freudenberger, 1974), including music therapists.

When I first heard about music therapy as a career, I was sitting at a computer in a basement library of a molecular biology research lab at UCLA on my lunch break. I was searching online for a new job because I was feeling unfulfilled in my current position as a research assistant. When I saw the job listing for a music therapist, something deep within me lit up, and I felt a sense of knowing that this would be my path. As I gathered information on the music therapy profession and prepared to go back to school, my feelings were validated. Music therapy seemed like the perfect career because I could be a combination of three things: a healthcare professional, a therapist, and a musician. Now, ten years into my career, it is still the right fit.

Over the course of my career, I have come to learn that being a music therapist, with its extraordinary blend of being a healthcare professional, therapist, and musician, comes with both privileges to cherish and risks to heed. As healthcare professionals, we are valuable change makers, clinicians, treatment team members, and promoters of health – however, this also means we are at risk for compassion fatigue and the emotional toll of being regularly present with our clients' pains, illnesses, losses, challenges, and frustrations. As therapists, we have the deep privilege of contributing to transformation and of being present in sacred spaces with the clients we serve during difficult times – however, this also puts us at risk for vicarious traumatization, secondary traumatic stress, empathetic distress, and emotional exhaustion. As musicians, we harness the power of one of the most beautiful entities in this world, and we use our creative gifts to be part of a lineage of people dedicated to the therapeutic use of music. However, this role can be physically and emotionally tiring, and can compromise our own relationships with music.

Music therapists may also take on other professional roles in addition to clinical practice. These roles may include being educators, business owners, grant writers, researchers, speakers, program coordinators, supervisors, or board members. Furthermore, being a music therapist involves continuous advocacy efforts, including navigating the challenges of being a professional minority. This can lead to feeling misunderstood, repeatedly explaining what music therapy is, and coping with the isolation or confusion that comes with working in a profession that is in the process of establishing itself.

Throughout our careers we will witness countless moments of positive change, healing, and connection that will align us with our purpose and remind us why we chose this path. It is so important to keep these moments close to our hearts and fuel the momentum for our work and our profession. However, our clients' positive outcomes cannot exclusively balance out the risks and challenges that come with our careers. Not only is it unfair to make our clients' reactions responsible for our job satisfaction, but the emotional and psychological investment we put into our work can also take a toll if we are not caring for ourselves as we care for others. The concept of self-care is something we know, because we often promote this to our clients. Yet, self-care practices do not often come naturally or easily in our day-to-day choices, especially when we are busy, stressed, or feeling overwhelmed.

Finding a balance between serving others and caring for myself has certainly been a challenge in my career. I was only in my second year of working as a music therapist when I began to notice that something was not quite right. It started with fatigue that became more perceptible each time I got into my car and took off my name badge at the end of the day. This slowly turned into a deep exhaustion that would hit hardest on Friday evenings. Eventually, my weekends were spent recovering from the workweek and trying to gather the strength to return to work on Monday. This was just the beginning of burnout for me.

At the time, I was working full-time on a trauma unit of an inpatient psychiatric hospital. Despite the increasing burnout, I loved my job. I was a part of a strong team of mental health professionals working with clients in treatment for PTSD, trauma, personality disorders, eating

disorders, addiction, dissociative identity disorder, and mood disorders. I learned that I had a natural disposition that was well suited for the work, and I enjoyed the analytical and in-depth approaches involved in the process. I also learned that music therapy held a valuable role in my clients' treatment as an instrument of change. Strangely, however, the more effective I felt at my job, the less effective I felt about living my own life.

The physical exhaustion slowly evolved into emotional exhaustion as my ability to listen to my clients' traumatic experiences began to diminish. Hearing stories of rape, neglect, loss, pain, and abuse on a daily basis made my heart feel heavy. I found it difficult to hold the knowledge of such horrible events. Though I tried not to show it, I felt discouraged, unmotivated, and sad.

The cumulative emotional exhaustion manifested as irritability, sensitivity, isolation, and anxiety. My relationship with music also began to change. Music became something associated more with work than with enjoyment. On top of this, I felt frustrated with living paycheck-to-paycheck and working by the rules and regulations of a corporation. The stress manifested in numerous ways: a twitch under my left eye, a bumpy rash on my hands, migraine headaches, and depression. I was tired and felt like a hypocrite in front of my clients. I did not understand how I could be completely drained by a job I loved. Over time, my love for my work was not enough to sustain me. Something needed to change if I wanted to have long-term career success as a music therapist.

The solution to burnout that sounded most appealing at the time was to get as far away from work for as long as I possibly could. I wanted and needed an extended amount of time to rejuvenate, re-evaluate, and get to know myself again. The two-week vacation provided by my employer was simply not enough, so I thoughtfully crafted my exit plan. After months of working overtime, aggressively saving money, and carefully planning, I quit my job to travel for six months. The first flight took me to Ireland where, despite the physical distance from my job, I still vividly dreamt about work every night for two weeks. As I traveled through France and Italy my mind and body slowly started to let go and I began to feel more alive. I learned how healing travel is, and how much I needed to expand my worldview at that point in my life. My travels ended in India,

where I completed a month-long residential yoga teacher training. I had no intention of becoming a yoga teacher, but I hoped that living at an ashram would give me the discipline, pursuit, and understanding of self-care that I needed. It did.

I returned home ready to be a music therapist again, but knew I would have to find a different way to approach my work. I started a private practice, which gave me the freedom I needed to set my own schedule, take time off when I needed, and set my own rates. Although private practice was much more suitable to my personality and lifestyle, being a business owner came with its own challenges, pressures, and responsibilities. Hence, a couple of years into private practice, once again I started feeling fatigued and overextended. I did not want to give up the practice I worked so hard to build, so to cope with the burnout this time, I decided to go back to school and refuel myself with education.

The Master of Arts in Music Therapy program at Saint Mary-of-the-Woods College allowed me to keep my private practice while pursing a master's degree. At times, managing school and work was stressful. However, the transformation in my knowledge, confidence, support system, and clinical skills gave me a newfound appreciation and motivation for my role as a music therapist. This program also allowed me to formally pursue the study of burnout and self-care in the music therapy profession, which further sparked a passion and opened up the opportunity to help other professionals.

Looking back on my ten years as a music therapist, I was finally able to reach an improved state of balance by educating myself on burnout and self-care, and by making consistent and healthy day-to-day choices. Although quitting my job, running off to the other side of the world, starting a private practice, and pursuing higher education were priceless life experiences, these are not the solutions to burnout I am here to offer. Instead, we will be looking at sustainable, realistic, and immediate ways to cope with and prevent burnout through practical changes and choices that support you professionally, personally, and creatively.

The purpose of this eBook is to provide music therapists with information on burnout and self-care, as well as tools to increase professional and personal resilience. This eBook will help

synthesize current research and suggest recommended self-care practices. With this guide, I hope to contribute to the longevity and well-being of music therapy professionals and strengthen the quality of care toward ourselves and our clients.

This eBook is divided into three parts. In part one, information on burnout in the music therapy profession is provided to increase awareness of the risk factors, warning signs, symptoms, consequences, and types of burnout. Part two focuses on three categories of self-care practices for music therapists: professional, personal, and creative. Part three of this guide will help you formulate your own self-care action plan, deal with obstacles to self-care, and implement your self-care plan.

One of the most important lessons I learned from my experiences with burnout was that self-care goes beyond just doing healthy things. Self-care fosters our capacity for truly enjoying life and is a professional responsibility that is essential for quality client care. One of the most powerful quotes from the literature that illustrates this comes from Barnett, Johnson, and Hilliard (2006):

> **Self-care is not an indulgence. It is an essential component of prevention of distress, burnout, and impairment. It should not be considered as something 'extra' or 'nice to do if you have the time' but as an essential part of our professional identities. (p. 263)**

For many of us, this attitude of self-care is something we need to learn and develop. Wherever you are on your self-care journey at this moment, this guide is here to help you cultivate a self-care practice and mindset to support you in being a resilient music therapist.

PART I:
UNDERSTANDING BURNOUT

In the 1970s, Herbert Freudenberger was a practitioner treating drug abuse at a community agency in New York. At the time, the term *burnout* was used to describe a person who experienced a slow depletion of motivation and competence as a consequence of drug addiction (Skovholt & Trotter-Mathison, 2011). Interestingly, Freudenberger recognized similar trends in the practitioners who worked with these clients, and he was the first to use the term burnout to describe therapists who were no longer functioning effectively (Baker, 2003). Freudenberger (1974) described professional burnout as the physical, emotional, and mental exhaustion caused by the job demands of human service workers who help people with psychological, social, and physical needs.

In the 1980s, burnout not only became widely acknowledged in various occupations and academic journals, but also became measurable (Skovholt & Trotter-Mathison, 2011). Developed by Maslach and Jackson (1981), the **Maslach Burnout Inventory** (MBI) measures burnout symptoms of human service professionals using three sub-scales:

1. **Emotional exhaustion:** a depletion of emotional resources, reduced energy, tiredness, and feeling emotionally overextended (Cheek, Bradley, Parr, & Lan, 2003; Maslach & Jackson, 1981).

2. **Depersonalization**: a negative, cynical, or detached attitude towards clients (Maslach & Jackson, 1981; Newell & MacNeil, 2010).

3. **Personal achievement**: a negative evaluation of one's work, dissatisfaction with one's accomplishments on the job, and a decline in feelings of competence and success (Cheek et al., 2003; Maslach & Jackson, 1981).

Burnout in Music Therapy Professionals

Music therapy research shows that professional music therapists experience an average range of burnout on the Maslach Burnout Inventory (Kim, 2012; Vega, 2010). Regarding the MBI subscales, Vega's (2010) survey of 174 professional music therapists from all seven regions of the American Music Therapy Association found an average range of emotional exhaustion, as well as a low range on the subscales for depersonalization and personal achievement. Therapists reported an average level of feeling emotionally drained and fatigued, high levels of feeling connected with clients, and high satisfaction with job-related accomplishments. About ten percent of the music therapists in the survey reported a high degree of burnout. Kim's (2012) study of 90 music therapists showed a moderate range of emotional exhaustion and depersonalization. Age and income were found to be significantly predictive variables of experiencing burnout on the personal achievement subscale, where older therapists with higher salaries experienced less burnout.

To make sense of the MBI subscale scores of music therapists, the results of Vega's (2010) study were compared with the MBI scores of mental health workers. The occupational subgroup of mental health workers included psychologists, psychotherapists, counselors, psychiatrists, and mental health hospital staff. In regards to the emotional exhaustion subscale, music therapists experienced a greater depletion of energy and emotional resources than the average mental health worker. When comparing depersonalization subscale scores, music therapists were less negative, cynical, and detached from their clients than mental health workers. Additionally, music therapists scored significantly higher on the personal achievement subscale, experiencing more confidence and feelings of success than mental health workers. These results suggest that the opportunity to work with clients through music may be emotionally tiring, but can also provide positive therapeutic relationships and outcomes that instill pride and satisfaction.

Clements-Cortes (2013) also examined burnout in music therapists, and explored the work, individual, and social factors that contribute to professional burnout. Work factors for music therapists were found to be the most dominant variable contributing to burnout and include insufficient pay, work overload, and client factors. Compared to the average salary of other

professionals such as rehabilitation therapists, occupational therapists, creative arts therapists, and clinical therapists, the average salary for a music therapist was found to be lower, and often by a considerable amount. Music therapists were also not prioritized in health care budget systems, or were cut out of budgets during times of financial strain. Work overload was another identified common burnout factor, especially for clinicians who were the only music therapist in their facility or when a limited number of music therapists were available in a geographical area. Client factors, such as the severity of client problems and client prognosis, were also found to impact a professional's experience of burnout.

Individual factors leading to burnout for music therapists included unrealistic expectations, idealism, altruism, age, years of work experience, lack of rewards, and limited feedback from supervisors (Clements-Cortes, 2013). Vega (2010) examined personality as an individual factor and found that anxiety and sensitivity were predictive of emotional exhaustion and burnout. New professionals need to be mindful of their risk for burnout and stress because of the potential to be overwhelmed by a new job, challenging client populations, and increased planning time that is needed in the beginning of a career. Other sources of strain for new professionals may involve stress around professional competence, clients' responses, bureaucracy in the workplace, and professional relationships (Dileo, 2000).

Social factors are also a consideration for burnout due to the unique challenges music therapists face (Clements-Cortes, 2013). Because music therapists are a professional minority, feelings of being misunderstood and isolated are common and may lead to feeling a lack of support and control (Rykov, 2001). Constant advocacy efforts that come with being a professional minority may also cause music therapists to feel fatigued or discouraged. Role ambiguity, which is a lack of clarity about one's role at work, is another social factor and source of stress for music therapists who find themselves confused about their job obligations and duties, or are asked to perform tasks outside of their role as a music therapist. The degree of contact between the therapist and client is also a social consideration because the level of intimacy involved in sharing a musical space can lead to emotional exhaustion.

Further research explores job satisfaction and the career longevity of music therapists. Investigating why music therapists persist in the field, Decuir and Vega (2010) surveyed 231 music therapists with ten or more years of experience. Seventy percent of the participants indicated that they changed or considered changing professions, and the number one reason for leaving the profession was burnout. Primary factors contributing to burnout included a lack of jobs, lack of advancement opportunities, and low salaries. Prevalent reasons why music therapists leave the field are a lack of support from administration, lack of respect and understanding of the field, and unrealistic workloads. Vega (2010) found that job satisfaction was closely linked to career longevity. Kim (2012) concluded that job satisfaction must be improved to decrease burnout, and that improving the collective self-esteem of the music therapy profession may prevent emotional symptoms of burnout, especially for those who are not satisfied with their job.

Career longevity is an important consideration for the strength of the music therapy profession, and although music therapy research shows that professionals are staying in the field for relatively short periods of time, the length of music therapists' careers is gradually increasing (Decuir & Vega, 2010). When the experienced music therapy professionals in Decuir and Vega's (2010) study were asked what keeps them professionally energized, six main themes emerged, including: "the interdisciplinary nature of music therapy, being part of the growth and development of a new and expanding profession, the personal and professional growth one experienced through clinical practice, observing the dynamic relationship between music and patient, working in a musical environment, and music's unique ability to reach across generations" (p. 138).

Additionally, among this sample of experienced professionals, participation in music activities outside of work was reported to be important for job satisfaction and career longevity (Decuir & Vega, 2010). Hesser (2010) also discussed the need for music therapists to keep their relationship with music alive and active because a disconnection with music may lead to burnout. Because a strong connection with music inspires a music therapist's career choice, a disconnection with music may have serious consequences. A music therapist's effort in maintaining an active and positive relationship to music holds significant value in burnout prevention.

What is Clinification?

Introduced by Patricia Allen (1992), the term *clinification* comes from art therapy literature, and is a consequence of a creative arts therapist neglecting their own creative process. Clinification is a phenomenon where professionals stop investing time and energy into their own art, and instead focus more on clinical skills. This creates a shift from being a creative arts therapist to a therapist who uses creative arts with clients (Iliya, 2014). Clinification can lead to burnout and career drift, and is intensified by isolation and ambivalence around clinical skills (Allen, 1992). Therefore, the survival and progression of creative arts therapies are dependent upon the practitioner's habitual engagement in personal creative practices (Iliya, 2014).

Translated into the work of a music therapist, clinification happens when personal music making is neglected or stopped, and the therapist only makes music at work. This is concerning because a decline in one's own music making can cause a decline in a music therapist's ability to communicate intuitively, fluently, and empathetically with music (Iliya, 2014). The music that clinicians make when working with clients is not sufficient for a complete understanding of the therapeutic power of music (Hesser, 2001). Music therapists must also personally and regularly experience the power of music, and musical skills must be continually developed in order to avoid burnout and to maintain effectiveness as a clinician. A music therapist's relationship to music is significant. It is vital for clinicians to be aware of shifts in this relationship and nurture this relationship with love, attention, and effort.

Research on burnout among music therapy professionals is relatively limited. However, the research that has been done provides a great starting place to understand burnout. As helping professionals, we can also look towards more general information on burnout to gain a comprehensive understanding of our experiences and potential for burnout.

The Professional Fatigue Syndromes and Empathetic Distress

Compassion fatigue, secondary traumatic stress, and vicarious traumatization are professional fatigue syndromes (Stebnicki, 2007) that clinicians may experience as a consequence of

emotionally taxing work. Though the lines that distinguish these professional fatigue syndromes are often blurry, each holds the potential to psychologically harm a professional and lead to burnout (Hernández et al., 2010). Information on the professional fatigue syndromes is provided on the following chart. If you feel these descriptions apply to you, discuss your experiences with a supervisor or therapist, and keep in mind that solutions will be presented later in this guide.

Professional Fatigue Syndromes
Compassion Fatigue Compassion fatigue is **an emotional and physical reaction that is cumulative over time**, resulting from the chronic use of empathy to support clients who are suffering (Newell & MacNeil, 2010; Skovholt & Trotter-Mathison, 2011). The use of empathy for prolonged periods of time can contribute to burnout by activating and maintaining physical and mental stress responses and by reminding the professional of his or her own wounds (Stebnicki, 2007). Empathy holds great value in a therapeutic relationship by allowing a therapist to experience an internal sense of a client's world and express an understanding of a client's experience (Briere, 2012; Rogers, 1961). However, compassion fatigue may occur when a clinician does not attend to their own experience after empathizing with a client's pain (Siegel & Germer, 2012).
Secondary Traumatic Stress When working with individuals who have endured hardship, professionals are often exposed to stories and experiences of trauma, suffering, victimization, pain, and adversity (Rogers, 2013). Secondary traumatic stress is **a behavioral stress reaction to knowing about a traumatic event experienced by a client** and wanting to help the traumatized person (Figley, 1995; Newell & MacNeil, 2010). When not properly addressed, the effects of secondary traumatic stress can lead to symptoms that parallel PTSD (Hernández et al., 2007) and may lead to burnout when the professional becomes overwhelmed, encumbered with traumatic material, over-identifies with the client, or takes excessive responsibility for the client's life (Collins & Long, 2003). Secondary traumatic stress may also include signs such as insomnia, avoidance, nightmares, startle reactions, and irritability (Newell & MacNeil, 2010).
Vicarious Traumatization Vicarious traumatization is **a cognitive stress reaction that results from a change or shift in the belief system of the professional** after empathetic engagement with clients who have experienced trauma (Newell & MacNeil, 2010). Hernández et al. (2007) identified vicarious traumatization as an inevitable consequence of trauma work, which involves the cumulative stress that affects a professional's feelings, thoughts, worldview, self-esteem, or sense of safety. The negative impact of bearing witness to a client's trauma may include feelings of anger, hopelessness, fear, and being overwhelmed and frustrated. The impact may depend on the length and intensity of the client's experiences, the professional's own trauma history, and the professional's ability to manage the inherent stress of trauma work (Hernández et al., 2010).

As seen in the descriptions of the professional fatigue syndromes, empathy may increase the risk for burnout (Klimecki, Ricard, & Singer, 2012). Research on the neurobiology of empathy supports the stressful nature of empathy on the brain (Singer et al., 2004). Using functional magnetic resonance imaging (fMRI), neuroscientists measured the brain activity of pairs of people, where one person experienced a painful stimulation and the other person observed the person receiving a painful stimulation. When comparing results from both conditions, overlapping activations in parts of the brain were found, specifically in the anterior insula and the anterior medial cingulate circuit. These regions of the brain are linked to the affective experience of pain, and these results suggest that when you empathize with another person's pain, a pain response is activated in your brain.

Further studies on empathy and stress have associated empathetic resonance with negative affect and a high burnout risk for helping professionals, especially those who work with people who are suffering (Klimecki et al., 2012). However, this does not mean that we should not be empathetic therapists, as empathy has a great amount of therapeutic value. We do, however, need to be aware if our empathetic engagements are causing us stress or harm.

As professionals who empathetically work with clients experiencing psychological, emotional, or physical pain, music therapists must be aware of the risks for developing empathetic distress, professional fatigue syndromes, and burnout. Additionally, we not only work empathetically with clients in an interpersonal manner, but also in music. Empathetic engagement through music can be a powerful and deeply moving experience for both client and therapist, especially when music becomes a container to hold and express pain and suffering. Although we are trained to harness the power of these moments, we can sometimes feel fatigued by the experience. Solutions on how to cope with the professional fatigue syndromes and empathetic distress will be covered in part two of this eBook.

Risk Factors, Warning Signs, and Symptoms of Burnout

To begin summing up this discussion on burnout, below is an overview of some of the risk factors, warning signs, symptoms, and consequences of professional burnout.

Table 1: Risk Factors for Professional Burnout

Individual Factors	Organizational Factors	Work Environment Factors
Use of empathy	Bureaucratic constraints	Work overload
High caseloads	Inadequate supervision	Lack of control
Interpersonal tensions	Low support	Insufficient reward
Maladaptive coping styles	Lack of resources	Breakdown of community
Emotional expectations		Unfairness
Repressing emotions		Significant value conflicts
Difficulty with clients		Job/Person incongruence
Professional isolation		

(Baker, 2003; Barnett, Baker, Elman, & Shoener, 2007; Klimenki, Ricard, & Singer, 2013; Maslach & Leiter, 1997; Newell & MacNeil 2010)

Table 2: Warning Signs and Symptoms of Professional Burnout

Warning Signs of Burnout	Symptoms of Burnout
Fatigue	Emotional exhaustion
Frequent absenteeism	Negative or cynical attitude toward work
Tardiness	Negative evaluation of work
Low completion rate of job duties	Feeling hopeless or helpless
Frustration	Intrusive thoughts
Anger	Difficulty sleeping
Impatience	Startle reactions
Boredom	Irritability
Lack of focus	Change in attitude towards clients
Hoping clients will cancel	Decreased social interests
Decreased motivation	Nightmares
Decreased enjoyment of work	Depleted physical and mental energy

(Baker, 2003; Barnett et al., 2007; Cheek et al., 2003; Newell & MacNeil, 2010)

The Consequences of Burnout

When these symptoms, warning signs, and risk factors are not attended to, the consequences of burnout are multidimensional: professional, physical, behavioral, and emotional. Professional consequences can include job loss, professional impairment, and poor client care (Clements-Cortes, 2013; Newell & MacNeil, 2010). The physical and behavioral consequences of burnout can include fatigue, hypertension, decreased immunity, pain, and substance abuse (Clements-Cortes, 2013; Stebnicki, 2007). Emotional consequences may include apathy, anxiety, and hopelessness (Clements-Cortes, 2013).

Additionally, burnout is positively correlated with the experience of stress itself (Etzion, 1984). Stress and burnout are closely related conditions. In general, stress is more of a short-term and situational response, while burnout is cumulative and multidimensional. Chronic stress may lead to gastrointestinal problems, musculature problems, disrupted sleep, overeating or under-eating, decreased immunity, anxiety, attention deficits, relationship difficulties, and performance impairment (Baker, 2003). Although stress does not necessarily mean impairment (Baker, 2003), the vulnerabilities caused by stress can be hazardous (Barnett & Cooper, 2009).

The consequences of burnout may have further implications for therapists and their clients. Therapists experiencing stress and burnout may be vulnerable to boundary violations, depression, disinterest in clients, self-medicating with alcohol or other substances, maladaptive coping strategies, and a loss of objectivity (Barnett & Cooper, 2009; Clements-Cortes, 2013). Burnout can be a serious condition, and it is essential for music therapists to understand the warning signs, risk factors, and consequences of burnout, and to seek help when necessary (Clements-Cortes, 2013). Although individual, work, and environmental factors may put a music therapist at risk, burnout is not inevitable (Fowler, 2006). Health and well-being are possible if we are willing to care for ourselves as we care for others. In the next section, we will look at self-care practices and strategies that help music therapists thrive.

3 ACTION STEPS BEFORE MOVING ON:

1. **Print out the workbook on pages 63 to 80.** This eBook is interactive and will walk you through self-reflection exercises to create a self-care action plan that is right for you. The workbook is synced with the self-care section of this eBook, and action prompts will be given throughout this guide to keep you on track. The reflections in the workbook will help pace your experience and help you process and retain the material.

Self-reflection takes time and energy, and may naturally bring up resistances and insecurities. Approach your reactions with curiosity and compassion, but also dig deep and explore. As you work through this guide, try not to rush through the material, exercises, or experiences. Approach your efforts here as a significant act of self-care. This guide is meant to be a self-care practice within itself.

2. Complete the **Burnout Factors Self-Assessment** in your workbook. This self-assessment will help you gauge your experiences with the symptoms, risk factors, and consequences of burnout.

To complete the self-assessment, write today's date in the first column. On a scale of one to five, rate the degree to which you have experienced each factor in the past two months. This will be your starting point. Focus on gathering information. There is no need to be hard on yourself or feel like you are doing something wrong if these factors relate to you. Your responses are relative to you, and will provide you with data that can be tracked over time. Observe which section seemed to hold the most challenges for you at this point in time. You will be using this information later in this guide when creating your self-care goals.

Use the additional columns for future re-assessments. Your next re-assessment will be two months from now. Take a moment to make a reminder note in your schedule or calendar for your next re-assessment. This self-assessment will give you six months of data to track your self-care progress. You are encouraged to share your responses with a therapist or supervisor to work through any concerns that arise.

3. You are welcome to introduce yourself in the **Resilience Over Burnout Self-Care Support Network**. Instructions on how to join the group are on page 5.

PART II:
UNDERSTANDING and PRACTICING SELF-CARE

The Importance of Self-Care

Self-care is crucial in preventing burnout and is generally defined as engaging in behaviors that support health and well-being (Lee & Miller, 2013). For helping professionals, self-care is the implementation of skills and strategies to maintain the physical, psychological, emotional, social, spiritual, leisure, and professional needs of one's self while attending to the needs of others (Lee & Miller, 2013; Newell & MacNeil, 2010). By doing so, professionals engage in healthy and self-respecting processes that empower and enable a proactive and intentional ownership of health, well-being, and resilience (Baker, 2003; Lee & Miller, 2013). Self-care is a multidimensional phenomenon that considers both the personal and professional lives of the practitioner, and varies by individual preferences, beliefs, culture, and context of employment (Lee & Miller, 2013).

Caring for oneself not only protects an individual from the risk of burnout, it also protects the clients and profession from harm caused by the failure to manage stress and work challenges (Barnett et al., 2007). Because burnout can lead to professional impairment and affect clinical competence, self-care is an ethical responsibility for professionals (Barnett et al., 2007; Dileo, 2000; Richards, Campenni, & Muse-Burke, 2010). The American Music Therapy Association's (2013) **Code of Ethics** section 1.5 states,

> The [music therapist] is aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage, will take whatever action is necessary (i.e., seeking professional help, limiting or discontinuing work with clients, etc.) to ensure that services to clients are not affected by these limitations and problems. (para. 7)

In addition to being an ethical imperative within itself, self-care facilitates overall clinical competence in supporting ethical decision making in all aspects of the professional role.

Professionals are recommended to engage in self-care programs that are ongoing and preventative (Barnett & Cooper, 2009), comprehensive (Lee & Miller, 2013), and individualized (Stebnicki, 2007). Baker (2003) also recommended self-awareness, self-regulation, and balance as objectives to consider for therapists' self-care plans. Being self-aware of internal conflicts, physical experiences, psychological experiences, limitations, needs, and emotions allows a therapist to responsibly observe one's self as a person and as a professional. Self-regulation helps a therapist maintain a physiological and psychological equilibrium by proactively regulating mood and affect in order to reduce the risk of becoming overwhelmed and distressed.

This section will cover three categories of self-care for music therapists: professional self-care, personal self-care, and creative self-care. These categories are connected and symbiotic, providing a context that addresses and supports the unique needs of a music therapist.

KEY POINTS BEFORE MOVING ON:

- **Take your time** going through the material. An abundance of self-care suggestions are given over a wide range of topics, which can easily become overwhelming. Pace yourself.
- **You are not expected to maintain all of these practices all of the time**. These self-care practices are suggestions, not requirements. Move through the material knowing that you do not have to immediately implement all of these self-care practices. Focus on building awareness of your self-care needs and expanding your awareness of what it means to practice self-care.
- **Focus on what works for you** at this point in your career and what your current needs are. You may not relate to some of these self-care practices, and you may not have control over some of these practices.
- **Keep your workbook available** to complete the action steps and reflections. If you haven't already, print out the workbook portion on pages 63-80.
- **Click on the links** included in this guide. The links in this eBook will take you directly to the websites.
- **You can earn CMTE credits** for reading this eBook and completing the workbook. Click here for more information: http://www.harmonyresource.com/cmte-info/

Professional Self-Care for Music Therapists

Professional self-care means purposefully engaging in practices that support your professional role and promote an effective and appropriate use of the self at work (Lee & Miller, 2013). Eleven categories of professional self-care for music therapists are: (1) Knowing yourself as a music therapist, (2) Knowing your professional role, (3) Social support, (4) Attending to your reactions at work, (5) Workload and time management, (6) Setting boundaries, (7) Self-advocacy and professional advocacy, (8) Professional development, (9) Minding your work environment, (10) Vicarious resilience, and (11) Compassion. Let's go through these one at a time.

1. Knowing Yourself as a Music Therapist

Professional self-care starts with knowing who you are as a music therapist. What is your definition of music therapy? Which approaches to music therapy or theoretical orientations do you practice or resonate with? Have you been drawn to any specialized trainings or music therapy techniques? Who are your ideal clients? What are your talents, strengths, and challenges as a music therapist? Why are you grateful to be a music therapist?

Being able to answer these questions will help you build self-awareness to support the other professional self-care practices that follow. Who you are as a music therapist not only informs your work, but also how you care for yourself. The better you know yourself professionally, the better you can identify and care for your professional needs. Self-care requires practices that are aligned with your values and complementary to your way of being in the world.

In knowing who you are as a music therapist it can also be helpful to reflect on why you chose to become a music therapist. Staying in touch with what drew you to music therapy, and the process you went through to get where you are today, not only serves as a motivational tool, but also reflects your hopes, goals, values, and beliefs. Revisiting your music therapy journey can also bring a sense of accomplishment and help you stay in touch with *why* you chose this profession. Your identity and practice as a music therapist will change with time. It is important to create a

snapshot of your present professional identity, but also be flexible enough to let it evolve through experience and education.

2.   Knowing Your Professional Role

Your professional role involves the various roles you hold as a music therapist, your role at work, the goals of your work, and the tasks involved in your work. Maintaining clarity in your role as a music therapist helps prevent burnout, role ambiguity, and the stress that can come with being confused about what is expected of you at work. When you are able to clearly define what you do, you can serve more efficiently and with a greater sense of purpose.

The reasons for choosing your current job (or why your current job chose you) also reflects your professional role. This may include work setting, population, theoretical orientation, benefits, schedule, opportunity for advancement, management style, location, and workplace values. There are so many different ways to practice music therapy- why are you doing what you are doing? Also, what goals are you trying to achieve? What are the tasks involved in your work? And, what are the main contributions you make (or hope to make) through your role as a music therapist?

3.   Social Support

Support from others, and specifically from other professionals, is a key part of burnout prevention and stress management. Regular support from a trained professional such as a clinical supervisor or therapist is necessary for professional growth and to balance the output of support you provide for your clients. Social support in a professional context includes colleagues, coworkers, professional organizations, professional communities, and professionals who provide you with services- such as a clinical supervisor, therapist, coach, or mentor. All of these people make up your professional self-care team.

Although music therapists may be a professional minority, we do not need to remain isolated. No one understands what it is like to be a music therapist the way a fellow music therapist can, so reach out to colleagues to find social support through the strength of a common bond.

TAKE ACTION:

Identify your professional social support in **Reflection #3: My Professional Self-Care Team**. Also, identify where you may need more support and note any holes in your professional self-care team that need to be filled, or where improvement is needed. Remember that improvement may not mean finding more sources of social support, but actually using your existing support systems by asking for help, creating time for support, making requests of others, and practicing receiving support.

TIP: If you haven't already, join the Resilience Over Burnout Self-Care Support Network on Facebook for social support (see page 5 for instructions). Another professional online community is the Self-Care Community for Music Therapists, which is a Facebook group exclusively for music therapy professionals, interns, and students.

4.   Attending to Your Reactions at Work

Music therapists must work from a place of conscious awareness (Rykov, 2001). Throughout our careers, we will have all kinds of reactions to our clients, our coworkers, and our work itself.

The term *countertransference* refers to the clinician's response or reaction to the client. These reactions are a normal part of a therapeutic relationship, but can present challenges when strong emotional reactions are present, when your own issues manifest, or when the reactions are not addressed. It is important to attend to these reactions in order to care for your emotional health, maintain perspective and professionalism, and grow as a clinician. Your reactions at work can also be beneficial and provide you with important information about yourself and your clients. Not addressing your responses may lead to stress, resentment, burnout, and poor client care.

Clinical supervision is highly recommended in burnout prevention as a means of attending to your reactions at work to gain insight into yourself and your clinical work (Barnett & Cooper, 2009; Newell & MacNeil, 2010; Richards et al., 2010). Supervision focuses on supporting clinicians in their ongoing development to be competent and compassionate (Forinash, 2001), and **the goals of supervision may include:**

- Building an awareness of one's self.
- Improving clinical skills and increasing confidence in clinical skills.
- Processing emotions or memories triggered at work.
- Addressing the impact of trauma, vicarious traumatization, or secondary traumatic stress.
- Addressing feelings of grief, hurt, loss, hopelessness, or love that were evoked at work.
- Becoming aware of vulnerabilities.
- Exploring client or therapist resistances.
- Attending to self-care issues.
- Working through frustrations and challenges at work.
- Support in dealing with difficult clients.
- Maintaining objectivity and healthy boundaries.
- Opportunities for advanced training.

Other ways to attend to your reactions at work include personal therapy, peer supervision, consultation, coaching, and debriefing with colleagues. Journaling is also an option to express thoughts and concerns when sharing with another person may not be an option (Clements-Cortes, 2013).

5.   Workload and Time Management

Maintaining a manageable caseload and hours of work per week will not only allow you to reserve time and energy for self-care practices, but can assure that you maintain quality client care. Being present, focused, and compassionate can be difficult with an overloaded schedule. Having a high demand for your services is certainly a blessing. However, it is also necessary to gauge your energy levels and be realistic about how much you can work each week without compromising your health, relationships, or client care.

Taking into account your work situation, lifestyle, job demands, budget, and responsibilities, what is a reasonable number of client contact hours per day and per week for you? This may be a tricky question to answer because you may not have control over your number of client contact hours, or client contact hours may be directly related to income, which is something we usually want to maximize. However, for long-term career success, pacing is important. This may mean increasing your rates or asking for a raise, reallocating your time at work, renegotiating your schedule, or seeking other sources of income. If your schedule feels overloaded but changing the number of client contact hours is not an option for you right now, do your best to counteract this by creating adequate time outside of work for self-care and using your self-care team for support.

On the other hand, sometimes not enough work can also be a problem. If this is the case, what can you do to maximize the time you have in order to still grow as a professional?

Mindfully managing, prioritizing, and organizing time spent on work tasks to maximize efficiency and balance is also included here. What can you do to be more efficient? Are there tasks you would like to let go of or delegate to someone else? Is your time and energy efficiently spent? What steps can you take to have your schedule run more smoothly and avoid feeling overwhelmed by all there is to do in a day?

Workload and time management also includes taking breaks throughout the day and taking vacations. Giving yourself a few moments in between sessions to refocus (Clements-Cortes, 2013) and taking rejuvenating breaks can help you pace your time and energy. Vacations and time off from work are essential. Try to schedule your breaks and vacations in advance if possible, and prioritize breaks and vacations as much as you prioritize your work.

TAKE ACTION:

In **Reflection #5: Workload and Time Management**, identify your current and ideal number of client contact hours in a typical workday and typical workweek. Note the difference between these numbers. Then, reflect on your current challenges with workload and time management, and what you can do to increase how efficiently you use your time and energy. Also, identify what your workday breaks look like, including length, frequency, and how you spend your breaks. Lastly, take a look at vacation time. How many days or weeks per year do you take for vacation? How long has it been since your last vacation? And, do you have any vacations to look forward to?

6.   Setting Boundaries

Boundaries are the relational lines between people that define the proper contact to maintain in a relationship (Skovholt & Trotter Mathison, 2011). Boundaries provide a context for safe and respectful interactions, and take into account culture, communication preferences, personality, and scope of practice. Well-established and clear boundaries with yourself and others can contribute to wellness, vitality, and the ability to cope with difficult situations.

Some examples of healthy boundaries at work include:
- Saying "no" and setting limits when necessary. An inability to say no can lead to feeling overextended and burned out.
- Being able to say, "I'm not comfortable with that" and suggesting an alternative.

- Ending a conversation politely or declining to answer an uncomfortable personal question.
- Declining to do a task that is out of your scope of practice.
- Allowing your self-esteem to be independent from your clients' behavior or progress.
- Maintaining ethical standards.

Boundaries with other people are necessary for professional self-care, and maintaining boundaries with ourselves is also needed. **Examples of healthy boundaries to maintain with yourself are:**
- Accepting that you do not know all of the answers all of the time.
- Giving yourself permission to be imperfect.
- Being clear with yourself that is it not your job to save or fix anyone.
- Regulating the number of client contact hours per week to a manageable limit.
- Allowing yourself to take a sick day or personal day when needed without guilt or shame.
- Keeping work tasks separate from personal or family time.

With this in mind, here are different **types of boundaries:**

- **Physical boundaries**: the personal space needed to feel respected and comfortable, the physical distance when communicating, and the amount of physical contact or touch with which you are comfortable.
- **Time boundaries**: protecting your time and not letting others sabotage or take control of your time. Staying on schedule as appropriate and determining the hours and days you are willing to work are ways to honor time boundaries. Violations of time boundaries can include dealing with people who are consistently late, working overtime without pay, or going over the appropriated session time.
- **Boundaries within your scope of practice**: knowing your professional limitations and staying within your capabilities and responsibilities. View the Scope of Music Therapy Practice here http://www.musictherapy.org/about/scope_of_music_therapy_practice/
- **Energetic boundaries**: working within what you are capable of doing on any given day, and being careful not to run on empty, or go beyond empty. Energetic boundaries also involve fairly allocating your energy and protecting yourself when interacting with people who drain your energy.
- **Emotional boundaries**: being able to distinguish your feelings from another person's feelings, separating other people's emotions from your own, and not taking on the emotions of others. Emotional boundaries also mean honoring your own emotional experiences and working within your emotional capacity.
- **Privacy boundaries**: maintaining confidentiality and choosing how much of your personal information to share with clients, coworkers, or anyone else.
- **Music boundaries**: the limitations you place on who has access to your musical instruments, which instruments are reserved for you, how much of your personal music you are willing to share, and how you make sure your instruments and your relationship to music remain respected.

7.   Self-Advocacy and Professional Advocacy

Advocating for yourself, your position at work, and the music therapy profession comes with the territory of being a music therapist. Advocacy helps to increase clients' access to music therapy services, funding for services, respect, recognition, employment opportunities, and the protection of the rights of music therapists (CBMT, 2016). Efforts may be made by advocating for yourself and for the music therapy profession.

Self-advocacy efforts include how you advocate for yourself, your position at work, and what you do to make sure you are a respected professional. This includes advocating for changes such as a pay raise or promotion, and making sure you have an appropriate job title. This can also include informing others about your services, skills, and education, as well as communicating your clients' progress and having a voice in your clients' treatment. **Professional advocacy** means educating others on music therapy, which can happen formally or informally. Advocating for the music therapy profession can be done at your workplace, in your community, on social media, and at state, federal, and international levels.

Advocacy efforts are an ongoing process that will evolve with your career. Constantly advocating for yourself and your profession can get tiring, and if advocacy brings up feelings of frustration for you, you are not alone. Here are some **tips on how to have a healthy relationship with advocacy:**

- Pay attention to your personal reactions that come with advocacy, such as feeling misunderstood, under-appreciated, disrespected, or unrecognized. Explore these feelings with a clinical supervisor or therapist. Sometimes advocacy can consciously or unconsciously trigger internal wounds, making advocacy more difficult than it needs to be.

- Try your best to not take it personally. Advocacy efforts that are born from a misrepresentation of music therapy, misuse of the term music therapy, or a lack of understanding of music therapy can sometimes make us defensive because music therapy is so closely tied to our identities. Advocate from a grounded place of passion and desire to educate, and have patience with those who are not yet informed about music therapy.
- Create regular advocacy events such as an annual in-service at your facility (Clements-Cortes, 2013). Make advocacy a regular and natural part of your role.
- Collaborate with other music therapists or colleagues. For further support, you may also contact your state task force, the advocacy representative in your region, or the American Music Therapy Association's Professional Advocacy Committee. You do not have to do this alone.
- Practice radical acceptance that advocacy will be an ongoing process throughout your career and reframe advocacy as a privilege and a benefit, not a burden. This is an exciting time to be a music therapist because we are part of a fast growing field. Own your knowledge and expertise on music therapy. Know that each advocacy effort is one step in the evolution of music therapy.

TAKE ACTION:

In **Reflection #7: Self-Advocacy and Professional Advocacy**, identify your current advocacy efforts. Then, identify any further efforts needed to advocate for yourself and the music therapy profession. This may include examining your own relationship with advocacy, identifying how advocacy can be less tiring for you, and reaching out for support.

TIP: For more information, visit CBMT's website at http://www.cbmt.org/advocacy/about-advocacy/ or AMTA's website at http://www.musictherapy.org/policy/advocacy/. You can also connect with your state task force here http://www.cbmt.org/advocacy/state-task-forces-map/ or contact your regional music therapy association to get in touch with your region's professional advocacy representative.

8.   Professional Development

Music therapy literature places an emphasis on the importance of professional development (AMTA, 2013; Clements-Cortes, 2013; Fowler, 2006). Attending conferences, networking,

participating in advanced training, professional supervision, and maintaining a supportive professional network are necessary self-care practices for music therapists to reduce the stress of professional isolation (Clements-Cortes, 2013; Fowler, 2006).

Professional development also includes becoming a member of a professional organization, reading current publications, engaging in research, and pursuing higher education. Being an active member of the music therapy profession can keep you connected with a network of other professionals and can support your advocacy efforts, confidence, and clinical skills.

Another professional development self-care practice is to regularly engage in continuing education, which can be done online or in person. Staying current with your continuing education units and professional fees is also a factor here. Keeping documentation of your recertification credits organized can help reduce stress at the end of your five-year cycle.

TAKE ACTION:
In **Reflection #8: Professional Development**, identify what you currently do for professional development and what practices you would like to further implement.

TIP: Check the dates for the next regional, national, and international music therapy conferences. Scholarships for conferences are often available. In addition to attending, consider presenting or participating to further your professional development. Also, look into advanced and specialized trainings that focus on populations or approaches that you find of interest. Or, look at where improvement might be valuable for your clinical skills and musical skills.

9.   Minding Your Work Environment

Working in a safe, clean, and organized space can foster effectiveness, efficiency, and productivity. A pleasant workspace can also help sustain hopefulness, energy, and inspiration around your professional role. Your workspace should feel:

- **Safe:** If you or your clients do not feel safe, treatment cannot be effective. Depending on your work environment, safety can be attained with support staff, adequate privacy, removing environmental hazards, and having emergency protocols that are in place and practiced.

- **Organized and clean:** Your workspace, musical instruments, supplies, and documentation systems should be organized in a way that is ethical, secure, and works for you. Organization saves time and energy.

- **Therapeutic:** The space in which you work is sacred, and the feeling of a space is often palpable to clients. A therapeutic space can be created with color, lighting, layout, design, and a positive intention.

We do not always have control over our work environment, especially when working in a hospital, facility, or client's home. However, small adjustments can make a difference. Taking a couple of minutes at the beginning of a session to make these adjustments can affect the flow of the rest of the session.

TAKE ACTION:

In **Reflection #9: Minding Your Work Environment,** rate how safe, organized, clean, and therapeutic your workspace feels. Also, describe the positive qualities of your work environment. Then, identify improvements to be made on overall safety, organization, and cleanliness. Also, note any adjustments that may need to be made by individual client or situation. You may also want to identify actions that can help maintain a safe and healthy work environment, such as scheduling in regular time to organize or having systems in place to keep things in order.

10.   Vicarious Resilience

In the previous section on burnout, vicarious traumatization was defined as a cognitive stress reaction to working with someone who has experienced trauma, where the clinician's belief system or worldview is negatively impacted by the client's experiences (Hernández et al., 2007; Newell & MacNeil, 2010). Although research has found that vicarious traumatization is an inevitable consequence of working with those who have experienced trauma, further research shows that therapists can also experience positive transformations. When working with clients who have experienced something traumatic, clinicians are also witnessing someone who has survived these events, is receiving help, and demonstrating courage and resilience in the face of hardship.

Vicarious resilience is characterized by a positive transformation of the therapist's experiences when engaging with a client who has survived a traumatic event (Hernández et al.,

2007). Positive effects of observing a client's resiliency include feelings of inspiration, growth, strength, and overcoming and coping with adversity. The concept of vicarious resilience originates from qualitative research with psychotherapists working with individuals and families who suffered traumatic events in Bogota, Columbia (Hernández et al., 2007). Although all subjects reported experiences of vicarious traumatization, witnessing their clients' capacity to heal and overcome adversity created positive transformations for the therapists. These transformations included a cognitive shift in perceiving the severity of one's own problems, an increase in hope for the recovery of trauma survivors, increased tolerance for frustration, and an increased sense of effectiveness at work.

Researchers conducted a similar study with mental health providers in the United States, and found congruent themes regarding vicarious resilience (Engstrom, Hernández, & Gangsei, 2008). In this study, subjects again reported being positively affected by their clients' resilience. Results showed the most dominant theme was the positive alteration of one's own perspective on life, which additionally provided motivation to address personal and global issues. This motivation, drawn from the clients' resilience, helped practitioners reaffirm the value of their work, served as a catalyst in reframing personal problems and negative experiences, and provided a source of inspiration and self-care.

By developing an awareness of vicarious traumatization and resilience, these processes can be managed to improve self-care by using vicarious resilience to decrease the fatigue caused by vicarious traumatization (Hernández, et al., 2007). Placing equal importance on both vicarious traumatization and vicarious resilience can create valuable opportunities for professional and personal growth (Engstrom et al., 2008). Balancing the difficult and painful aspects with hopeful and growth-oriented aspects can provide professionals with motivation, a sense of purpose, and a healthier lens through which to view clinical interactions (Hernández et al., 2010).

The use of vicarious resilience as self-care for music therapists is seen in a case study presented by Amir (2004), who used improvisational music therapy with a 32-year-old woman named Lisy. A survivor of childhood sexual abuse, Lisy's music therapy treatment focused on

exposing, dealing with, and healing her trauma. In response to working with Lisy, Amir first expressed feelings of vicarious traumatization and subsequently provided an example of functional self-care:

> I still remember moments when the pain was so big that I could hardly contain it. I would come out of some sessions completely exhausted. Sometimes I wasn't sure if she was going to make it. I had moments of doubt. At times I was so involved that I found myself going through the same emotions and feelings as Lisy. I was furious at her father, and also at her mother. I had to work hard and separate myself from her in order to help her. I remember that after my sessions with her I sat down at the piano and played. It helped me to release my emotions. I also wrote in my journal and reflected on the process that I was going through. (p. 103)

Amir (2004) then reflected on the vicarious resilience experienced from her work with Lisy:

> Even though many years have passed since I worked with Lisy, I am still full of admiration for her. I admire her courage, her commitment to finding her real self and becoming a whole and complete human being. I am still affected by her authenticity. To be a witness to such transformation is a powerful experience, and I am so thankful for having had the chance to do it. Sharing Lisy's journey was a very meaningful experience for me as a therapist, but primarily as a human being…I learned a lot from Lisy. She showed me that even when the past is so dark, there is hope for the future. She showed me the powerful place music has in such a journey. (pp. 102-103)

As a professional self-care practice to counteract vicarious traumatization, we can cultivate vicarious resilience by recognizing our clients' strengths, courage, growth, ability to survive hardship, positive outcomes in treatment, breakthroughs, and stories of resilience. Another related term is *posttraumatic growth*, which refers to the positive changes experienced as a result of the struggle of a traumatic event, which may include strengthened relationships, an increased awareness of personal strength, and a new perspective on life (Calhoun & Tedeschi, 1999). Although burnout literature is predominantly focused on the negative impact of working with a client's struggles,

resiliency and positive change are worth noticing, and have potentially beneficial applications for the therapist (Hernández et al., 2010).

II. Compassion

Compassion is a practice that bridges both professional and personal self-care to remedy the fatigue and burnout caused by empathetic distress (Siegel & Germer, 2012). In research following Singer et al.'s (2004) study on the similarities of the brain's perception of pain and empathic resonance of pain, neuroscientists studied the brain function involved in states of empathy and compassion during meditation (Klimecki et al., 2013). First, magnetic resonance imaging (MRI) scans were taken while subjects meditated on empathetic responses, which means they thought about and connected with the suffering of another person. These brain scans of empathetic responses showed brain activity similar to an affective experience of pain, and subjects reported feeling burned out. However, when asked to focus on compassion, or warm feelings of acceptance for a suffering person, brain scans showed neuronal activity in areas associated with romantic love and reward (Kupfershmidt, 2013).

These outcomes led researchers to distinguish empathy and compassion as two different inner states with different consequences for health and well-being (Klimecki et al., 2013). Although empathy may be necessary in therapeutic interactions, burnout is likely to develop when empathizing with a client's pain without a simultaneous attitude of compassion (Siegel & Germer,

2012). Researchers concluded that compassion for ourselves and others is a skill that can be trained and cultivated through practice (Klimecki et al., 2013).

Compassion allows us to accept the suffering of another person, and also hold ourselves in a state of love and acceptance (Briere, 2012; Germer, 2012). By practicing compassion as a skill, clinicians can open up to pain and sorrow in safer and healthier ways that allow for freedom, nonresistance, and expansion without draining one's own emotional resources. Compassion for our clients starts with compassion for ourselves, which will be discussed in the next section on personal self-care.

Exercises for Building Compassion

1. Breathing Compassion In and Out

Germer (2012) suggests this exercise during times of stress, emotional discomfort, or when feeling the fatigue that comes with empathy. This may be done in a quiet moment alone or even during a session with a client. If you feel the distress of another person due to empathy, practice inhaling compassion for yourself, and exhaling compassion for your client.

- Sit comfortably, take a few breaths, and continue to focus on your breathing.
- Identify any physical feelings of tension, stressful emotions, or feelings of suffering in your awareness. Be aware of any stress associated with another person.
- Staying aware of the stress, take a deep breath in, drawing feelings of compassion into your body. Give yourself compassion as you inhale deeply.
- Exhale and send compassion out to a suffering person or to anyone in need of compassion.
- Continue breathing compassion in and out.

2. Phrases of Equanimity

These phrases may be repeated to ourselves to address compassion fatigue, for mental calmness, and to build compassion for yourself and your client (Germer, 2012).

- *Everyone is on his or her own journey.*
- *I am not the cause of my patients' suffering, nor is it entirely within my power to make it go away, no matter how much I wish I could.*
- *Although this moment is difficult to bear, it remains a privilege to help.* (p. 110)

Before moving on to the next section, feel free to share your professional self-care practices and reflections online in the **Resilience Over Burnout Self-Care Support Network**. Reach out to your peers for support, ideas, and to discuss insights that came up for you. What professional self-care practices do you need support with? Can you share any practices that work for you?

Personal Self-Care for Music Therapists

Personal self-care involves the things we do to purposefully engage in practices that promote holistic health and well-being for ourselves (Lee & Miller, 2013). Seven personal self-care practices for music therapists are: (1) Physical practices, (2) Psychological and emotional practices, (3) Social practices, (4) Spiritual practices, (5) Organizational and financial practices, (6) Leisure practices, and (7) Self-compassion.

1.   Physical Practices

Caring for your physical health includes maintaining consistent exercise, adequate sleep, a healthy diet, general body health, and preventing illness and injury. Sufficient exercise and sleep are particularly important lifestyle habits to minimize the effects of burnout (Barnett & Cooper, 2009; Lee & Miller, 2013; Newell & MacNeil, 2010). The following health and lifestyle practices are recommended by the American Heart Association (2015), the National Sleep Foundation (2015), and the USDA (2010):

Health and Lifestyle Recommendations

Exercise: The American Heart Association (2015) recommends that adults get 30 minutes of moderate intensity aerobic activity five days a week.

Sleep: The National Sleep Foundation (2015) recommends that adults get seven to nine hours of sleep per night. As an essential component of health, the following sleep hygiene habits are recommended (Skovholt & Trotter-Mathison, 2011):
- Go to bed around the same time each night.
- Develop a nightly routine to relax your body and mind to prepare for sleep.
- Reserve your bedroom for sleep and intimacy only- no TV, computers, screens, or phones.
- Make sleep a top priority.
- Unplugging 30 minutes before going to sleep can improve your sleep quality and allows your mind and body to wind down (Huffington, 2014).

Diet: The USDA (2010) recommends healthy eating habits, which include:
- Limiting intake of added sugar, saturated fat, and sodium.
- Increasing intake of fruits, vegetables, and whole grains.
- Planning your meals ahead and preparing your own food rather than eating out.
- Staying hydrated with water and/or unsweetened beverages.

These recommendations are meant to be a starting place for you to formulate a plan for your optimal health. Strive to do what is best for you on any given day. Stay current with your medical check-ups and work with your healthcare providers to come up with an individualized plan for health and wellness that works for you at this point in your life.

For music therapists, physical self-care also involves caring for your voice, hands, posture, and how your body is affected by singing, playing instruments, and transporting instruments. The vocal demands for music therapists (with both singing and speaking) can create risks for vocal strain due to physiological, environmental, and personal factors (Boyle & Engen, 2008). Symptoms such as voice loss, excessive phlegm, chronic throat clearing, persistent cough, feeling a lump in the throat, decrease in vocal range, or hoarseness in the voice may indicate a need for medical assistance and consultation with an otolaryngologist or speech pathologist. Seeking a vocal coach or teacher may be used as preventative measures to maintain healthy vocal habits.

Some suggestions for caring for your voice include using vocal warm-up techniques, staying hydrated, using amplification equipment (if necessary), practicing good oral hygiene, taking time to intentionally rest your voice, and practicing supportive breathing techniques. Your vocal health is an extension of your overall health and is influenced by your sleep, exercise, diet, and your psychological and emotional states. Your overall self-care efforts will also help support your voice.

As a musician, being mindful of how you use your body will also help support your career longevity and ability to enjoy playing music. Maintaining a consistent practice regimen can help avoid injury. Be aware of repetitive movements and postures that may cause physical strain or harm your body over time. Playing guitar and drumming can also pose risks to your hands and wrists, and a teacher or coach can help you maintain proper technique and expand your skills. If you feel pain in your body while playing music or singing, or if you are concerned with any symptoms regarding your physical health, seek advice from a medical professional.

TAKE ACTION:
In Reflection #11: Physical Self-Care, identify your current physical self-care practices in the areas of exercise, sleep, diet, vocal health, and body health. Note any other physical self-care practices that are important for you. Then, list specific improvements that can be made in each area. Include any recommendations made by your healthcare providers. And, what can you do at this moment for physical self-care? Stand up and stretch, get a healthy snack, or drink some water?

2.   Psychological and Emotional Practices

Tending to your psychological and emotional health includes engaging in stress management techniques, recognizing your strengths, seeking personal therapy, adopting positive coping strategies, and attending to your emotional needs (Barnett & Cooper, 2009; Lee & Miller, 2013; Richards et al., 2010). A balance between individualized practices and support from others is recommended. Individualized practices such as journaling, meditation, and reading books are great for self-reflection and growth. However, support from others can accelerate and deepen your personal growth to address things that might be difficult to see or process on your own.

Seeking regular support from a professional such as therapist, coach, or mentor not only supports your psychological and emotional self-care, but also allows you to consistently experience being the client in a therapeutic relationship. This helps balance out the energy that you give to your clients, can improve your clinical skills, and can allow you to work from an authentic place. As a music therapist, you give so much of yourself at work. Allow yourself to also experience being on the receiving end.

Two positive mental coping strategies, threat minimization and positive appraisal, were found to be important for the career longevity of music therapists (Fowler, 2006). Threat minimization refers to diverting attention away from a problem or situation instead of dwelling on it. Positive appraisal is the act of perceiving a stressful situation as manageable or beneficial, and focusing on the positive aspects of a situation rather than the negative. Threat minimization and positive appraisal do not mean ignoring or discounting problems, but instead being able to approach challenges from a place of strength and perspective.

Psychological self-care also includes avoiding technology overload. Disconnecting from your devices and scheduling digital detoxes can help you connect with yourself and loved ones (Huffington, 2014). Find quiet time, without your devices, throughout the day for your mind to truly get a break. It is great to be curious, connected, and continually learning, but these days we need to be careful about overloading our minds with too much information.

3.   Social Practices

The social aspect of personal self-care means sustaining meaningful and supportive relationships, connecting with loved ones, participating in community events, and using your personal support system in times of need (Lee & Miller, 2013; Richards et al., 2010). This includes spending quality time with your family, significant other, friends, and loved ones. Spending time with people you love is not only a transformative self-care practice, but it can be a motivating force for self-care. In turn, the healthier and less stressed you are, the greater capacity you have to enjoy time with people who make you happy.

Social self-care also means being mindful of the health of your relationships, taking measures to maintain the quality of your relationships, and protecting yourself from toxic relationships. Your time and energy are sacred, so be mindful of how you spend your resources both in person and online. Social media and online communities can be great resources to connect with others and gain support from people who share your interests, culture, or lifestyle. However, be attentive of the quality of your interactions and the impact on your overall health and happiness.

Additionally, social self-care practices include honoring your personality and preferences. Giving yourself adequate alone time and choosing to socialize in small groups may be necessary if you are more introverted, and scheduling social events to look forward to may be helpful if you are more extroverted. Remember that saying no to an invitation or a social event can also be an important self-care practice.

4.   Spiritual Practices

Spiritual self-care practices include meditation, prayer, reflection, spending time in nature, and faith-based practices (Lee & Miller, 2013). Meditation was found to increase awareness of thoughts, feelings, vulnerabilities, needs, and patterns of relating to others when used by therapists in training (Boellinghaus, Jones, & Hutton, 2013). An increasingly utilized stress management technique for people of all ages, meditation comes in many forms and practices. Here are few to start with:

Mindfulness Exercises

Germer (2012) suggests four mindfulness practices to increase awareness and be present with your experience of the moment:

- **Formal Mindfulness Meditation**: set aside a period of time to sit with yourself and observe what you are thinking, feeling, and sensing. Germer recommends 30 minutes of formal mindfulness meditation per day, which is the amount of time that has been shown to increase well-being. However, 20 minutes per day may also be sufficient.
- **Informal Mindfulness Meditation**: take a brief mindful moment in the midst of being busy to stop what you are doing to observe yourself in the moment, and then return to what you were doing.
- **Conscious Breathing**: take a deep breath in and exhale, focus on your breath, and keep an awareness of your breathing.
- **Mindful Walking**: walk slowly and deliberately while focusing on the physical sensations of walking, while maintaining an attitude of kindness and gratitude.

Loving–Kindness Meditation

Boellinghaus, Jones, and Hutton (2013) studied therapists in training who participated in guided loving-kindness exercises and found that the meditation helped participants become more aware of their thoughts, feelings, and patterns of relating to others. Loving-kindness meditation involves the repetition of these phrases in a meditative state and focusing on extending compassion to yourself and to others:

May I be safe.	*May you be safe.*	*May we all be safe.*
May I be happy.	*May you be happy.*	*May we all be happy.*
May I be healthy.	*May you be healthy.*	*May we all be healthy.*
May I live with ease.	*May you live with ease.*	*May we all live with ease.*

Spirituality can help develop self-awareness and deepen self-reflection. Honoring oneself and/or one's higher power and connecting to ideas larger than oneself can be a valuable self-care practice. A spiritual practice connects you to your core values and can help remind you of the interconnectedness of the human experience. For many music therapists, a spiritual practice is directly connected to music.

TAKE ACTION:
In **Reflection #14: Spiritual Self-Care,** make a note of your current spiritual self-care practices and identify practices to add to your life to enhance your self-care.

5. Organizational and Financial Practices

Living in a clean, organized, and clutter-free home can improve your overall efficiency, mood, and energy levels. Though your home does not need to be perfect, having a sense of organization in your home environment can help you and your family avoid unnecessary stress. Your home should also be a place where you can exhale, rejuvenate from work, and feel comfortable and safe. As a musician, this is especially important because music supplies and equipment take up space. Find an organizational system that works for you. If de-cluttering feels like a big job, get some support from your self-care team or consider hiring someone to help you.

Being organized also applies to your finances, and financial self-care encompasses understanding the ins and outs of your finances, budgeting, and planning for retirement. Improving your financial literacy and maintaining a healthy relationship with money can be a huge factor in reducing stress. If money brings up feelings of anxiety, resentment, stress, or confusion, it may be worth exploring your current financial situation with an accountant or financial advisor to help you gain a sense of control over and understanding of your finances.

TAKE ACTION:
In **Reflection #15: Organizational and Financial Self-Care,** identify what you can do to make your home feel more organized or rejuvenating. Then, reflect on what steps you can take to improve your financial self-care.

6. Leisure Practices

Leisure involves enjoyable activities such as sports, reading, time with pets, recreation, and pursuing creative endeavors (Lee & Miller, 2013). Leisure can also include travel, cooking, art, dance, film, photography, and of course, music. Music and creativity as self-care will be further discussed in the next section. It can also be beneficial for music therapists to engage in non-musical leisure involvement to get a break from music when needed.

TAKE ACTION:
In **Reflection #16: Leisure Self-Care**, identify your current leisure self-care practices. Then, reflect on leisure activities you would like to spend more time and energy on.

7. Self-Compassion

Compassion for the self is a key part of self-care (Klimecki et al., 2013). Kristin Neff (2012) presented the concept of *self-compassion*, or compassion directed inward, as a source of emotional strength and resilience that consists of three main elements.

The first element is **self-kindness**, or internal dialogues that are caring rather than critical, in order to offer acceptance, soothing, and support to oneself (Neff & Germer, 2013). Self-kindness recognizes that part of being human is having flaws, making mistakes and being imperfect. Self-kindness involves giving yourself warmth, understanding, caring, and patience rather than judgment or criticism. Simply put, self-kindness means not being so hard on yourself, and responding to yourself the way you would respond to a friend.

Common humanity is the second element, which recognizes that challenges, failures, mistakes, and shortcomings are a part of the shared human experience (Neff & Germer, 2013). Looking at challenge as something everyone goes through, rather than something that only happens to you, can relieve shame and guilt. Common humanity also gives you a broader perspective of human suffering that you can apply to yourself or your work with a reminder that the human experience is interconnected.

The third element of self-compassion is **mindfulness**, which refers to an awareness of thoughts and feelings with non-judgment and equanimity (Neff & Germer, 2013). Mindfulness is a receptive state of mind where thoughts and feelings are observed, identified, and held in one's awareness without judgment or attachment. Mindfulness promotes acceptance and presence without emotional reactivity, over-identification, or minimization. The combination of these three elements of self-compassion acknowledges the existence of both positive and negative feelings with a receptive and non-resistant state of mind (Neff, 2012).

Research has found that greater self-compassion is associated with positive feelings about one's work and making a difference in the world (Neff, 2012). Self-compassion is also correlated with less anxiety and depression, as well as with increased motivation, emotional intelligence, and coping skills (Neff, 2012; Neff & Vonk, 2009). When we are compassionate with ourselves, we are better able to be compassionate with others. This not only protects against burnout, but also creates more effective therapeutic conditions (Barnard & Curry, 2011; Klimecki et al., 2013). By reducing reactivity and increasing feelings of acceptance, compassion may allow a clinician to better remain present and approach a client's suffering without being personally activated. Self-compassion can be increased through self-reflective exercises and mindfulness practices in order to evoke a more compassionate mindset and increase resilience (Siegel & Germer, 2012).

TAKE ACTION:
Go to http://self-compassion.org/test-how-self-compassionate-you-are/ to take an online survey to gauge your level of self-compassion. Make a note of your scores on your worksheet in **Reflection #17: Self-Compassion**. Use your responses to brainstorm ways you can be more compassionate with yourself.

Self-compassion meditations and exercises are available at: http://self-compassion.org/category/exercises/

Before moving on to the next section, you are welcome to share your responses to the personal self-care practices online in the Resilience Over Burnout Self-Care Support Network. Discuss any insights you had when reflecting on personal self-care. What personal self-care practices do you need support with? Do you have any self-care practices to recommend to others?

Creative Self-Care for Music Therapists

Pursuing music and creative endeavors outside of work is an essential self-care practice for music therapists. The music we make at work is not enough to fully understand the therapeutic power of music or honor our personal relationship with music (Decuir & Vega, 2010; Hesser, 2001). Our personal music making efforts may sometimes be abandoned due to our other demands and responsibilities. However, music therapists need to make music to be better clinicians (Iliya, 2014) and need to make music for self-care.

Creative self-care for music therapists involves purposeful practices to nurture your creativity and connection with music, for both personal and professional well-being. Three categories of creative self-care for music therapists are: (1) Honoring your relationship with music, (2) Self-exploration through music, and (3) Contributing to the strength of the music therapy profession.

1. Honoring Your Relationship with Music

Keep your relationship with music fresh and alive (Hesser, 2001). By engaging in your own music making process, you connect to your original love for music that existed before you became a music therapist. This love is an important part of our identities, and represents a unique relationship. Like other treasured relationships in our lives, as it naturally evolves, our connection with music requires attention, care, and nurturing. Honoring this relationship often means stretching outside of our comfort zones, exposing ourselves to new things, allowing music to be a support in times of need, and simply making regular quality time for it.

Experiencing both the enjoyment of music making and the continued development of musical skills can help music therapists honor their relationship to music. Opportunities to participate in music outside of work include joining community bands, orchestras, choirs, and church groups (Decuir & Vega, 2010). More individualized music activities can include ongoing music lessons, learning a new instrument, learning new styles of music, designating time each week to play

music for enjoyment, improvisation, writing or composing, performing, recording, or attending classes or workshops. Enjoying music does not always mean playing music, but also attending concerts, exploring other music cultures, listening to music, dancing, keeping up with your favorite artists or bands, sharing music with friends, and building your music library.

TAKE ACTION:
In **Reflection #18: Honoring My Relationship with Music**, reflect on your relationship with music. What does your personal music-making look like? How are you involved in music socially and in your community? What music, artists, bands, or songs inspire you? In what other ways do you enjoy experiencing music? Then, describe how your relationship with music has evolved over time. Lastly, reflect on improvements that you can make to strengthen your relationship with music.

2. Self-Exploration Through Music

Every day at work, we see our clients musically stretching themselves, learning new ways to communicate through music, coping with life's challenges with music, and putting effort into musical expression even when it feels difficult or mundane. We also witness the insights, joy, accomplishments, validation, peace, and resolve brought on by music. When we, too, experience the therapeutic power of music, we can better connect to our clients' experiences and more effectively utilize the therapeutic potential of music.

When you are willing to do the same self-exploration that you ask of your clients, you can serve from a more compassionate, sensitive, empathetic, and authentic place (Hesser, 2001). It is difficult to guide a client through a transformative music experience when you are personally unfamiliar with the process. We can offer a transformative experience through music only to the degree that we experience the power of music in our own lives. The use of music for self-care supports music therapists' creative drives, expression, and abilities, and increases self-awareness, which is one of the best defenses against burnout (Baker, 2003; Camilleri, 2001; Newell & MacNeil, 2010).

As mentioned in the previous sections, self-awareness can be cultivated in many ways. However, the music therapist's language is music. Harnessing the power of music to build self-

awareness and attune to your needs keeps your musical language muscles in shape, strengthens your abilities for creative self-reflection, and supports the depth and quality of your work. Getting to know yourself musically as a human being, as a therapist, and as an artist can support your ability to be present, responsive, and compassionate to yourself and to your clients. Hesser (2001) suggested the following self-exploration practices through music and music therapy experiences.

Avenues of Exploration Through Music for Music Therapists

1. **Self-Exploration Though Music**

   Maintaining an active relationship with music can help you avoid a disconnection with music and prevent clinification. Self-exploration practices through music contribute to this active relationship while also building a deeper awareness and understanding of the client's process. Examples of self-exploration practices include:
   - Write or record the story of how you came to be a music therapist.
   - Explore your music history: reflect on music experiences and memories from your childhood or adolescence.
   - Reflect on the role music played in your family, school, and community during your childhood and make or listen to music from this time.
   - Reflect on the role music plays in your current life.
   - Create a playlist of your favorite music and reflect on the meaning by journaling or drawing. Share this playlist with a friend or colleague.
   - Select a piece of music that is meaningful to you and listen to it and/or play it live. Reflect on its meaning though imagery, art, or journal writing.
   - Record a daily music journal.
   - Improvise your dreams, feelings, themes in your life, or challenges. Record your improvisations and listen back. Then, draw or write about your experience.

2. **Music Therapy and Music Therapy Supervision**

   Active participation in music therapy with an experienced professional, seeking music therapy supervision, and engaging in music therapy experiences with colleagues is also recommended. Suggestions for deepening your relationship with music therapy include:
   - Participating in a music therapy group with peers/colleagues that meets regularly and allows for exploratory music making.
   - Seeking individual therapy with a music therapist or creative arts therapist.
   - Using music in clinical supervision.
   - Joining a peer supervision group for music therapists.

3. Contributing to the Strength of the Music Therapy Profession

In Decuir and Vega's (2010) survey of experienced music therapy professionals, participation in music activities outside of work was reported to be important for job satisfaction and career longevity. Our individual creative self-care efforts contribute to the strength of the music therapy profession. Caring for our relationships with music, experiencing the transformative power of music, and increasing our self-awareness through music supports our ability to offer therapeutic experiences for our clients that no other professional can provide.

Music therapists are different from other therapists because we are musicians who are trained to respond, listen, and musically intervene. Music therapists are different from other musicians because we are clinicians with a therapeutic intention. By neglecting your own music making, you risk losing the specialized knowledge and skill that comes from being a proficient therapist *and* musician – an unfortunate consequence of clinification.

As discussed earlier, clinification is a consequence of a creative arts therapist neglecting their own creative process (Allen, 1992), creating a shift from being a creative arts therapist to a therapist who uses creative arts with clients (Iliya, 2014). Other negative consequences of clinification include burnout, career drift, a lack of research, and a lack of theoretical depth, all of which can weaken the entire profession (Allen, 1992). Continuing to practice the creative medium in which one works not only defends against clinification, but can also result in benefits such as transformation, wholeness, completion, spirituality, connection, and cleansing (Brown, 2008). By honoring your creative efforts, skills, and growth, you affirm the value of the profession and maintain a healthy relationship with music.

TAKE ACTION:

Describe your experiences with clinification in **Reflection #20: Contributing to the Strength of the Music Therapy Profession.** Our relationship with music will naturally evolve over time. Identify any periods of time when your personal music making stopped or lessened. Then, brainstorm ways you can avoid clinification so that music is not something you just do at work. Use ideas from the previous two reflections, and identify specific ways to avoid neglecting your own music-making and your personal relationship with music.

Feel free to share your creative self-care practices and reflections in the Resilience Over Burnout Self-Care Support Network. Reach out to your peers for support, ideas, and to discuss insights that came up for you.

Take your time digesting this information. There is a lot here. Trying to maintain all of these professional, personal, and creative self-care practices could be a full time job. The goal here is not to maintain all of these self-care practices all of the time. Instead, pay attention to your current needs and gradually incorporate these practices to make self-care a natural part of your lifestyle.

Before moving onto the final section of this guide, make sure you have completed the Burnout Factors Self-Assessment and Reflections #1-20 in your workbook. In the next part of this eBook, you will create your self-care goals and plan.

PART III:
CREATING and IMPLEMENTING a SELF-CARE PLAN

This section will guide you through creating a personalized self-care plan based on your reflections, preferences, and goals. Self-care at its best is individualized. Your self-care practices should take into consideration your various roles, such as being a parent, business owner, or student. With this in mind, as you create your self-care plan, try to avoid comparison with others. Your self-care journey is your own. Comparing your self-care practice to someone who may have more time, money, or energy can create resentment, discouragement, and stress. Focus on your own resources and what is manageable at this point in your life, and use this as an opportunity to create a plan that is right for you.

Researchers recommend self-care programs that are ongoing (Barnett & Cooper, 2009), preventative, comprehensive (Lee & Miller, 2013), and individualized (Stebnicki, 2007). Remember that self-care is a multidimensional phenomenon that considers your personal life, professional life, individual preferences, beliefs, culture, and work setting (Lee & Miller, 2013).

Let's work on building the foundation for your self-care plan in three steps: (1) Self-care action brainstorm, (2) Create your self-care goals, and (3) Create your self-care calendar and schedule. So clear some space on your desk, give yourself time with this process, and take it one step at a time.

1. Self-Care Action Brainstorm

Before creating your self-care goals and plan, take a look at all of the information you gathered in your reflections and self-assessment. This will allow you to see a bigger picture of what

your self-care needs are so you can later prioritize your goals. Complete the **Self-Care Action Brainstorm** in your workbook by following these steps:

- Review all of your responses to Reflections #1-10 in your workbook and identify **professional** self-care practices to work on. Write down specific self-care improvements to be made in the professional self-care category of your Self-Care Action Brainstorm.
- Review all of your responses to Reflections #11-17 in your workbook, and identify **personal** self-care practices to work on. Write down specific self-care improvements to be made in the personal self-care category of your Self-Care Action Brainstorm.
- Review all of your responses to Reflections #18-20 in your workbook, and look for **creative** self-care practices to work on. Write down self-care improvements to be made in the creative self-care category of your Self-Care Action Brainstorm.
- Go through your responses in the Burnout Factors Self-Assessment. Identify which factors you rated to be the highest and which factors feel most important to address. Make a note of these factors in your Self-Care Action Brainstorm.

Identify and brainstorm all of the possible areas of self-care for yourself, and know that you will not have to immediately act on everything you wrote down. Approach this with self-compassion in order to avoid judgment or self-criticism. To make writing your goals easier in the next step, be as specific as you can.

2. Create Your Self-Care Goals

Prioritize what you wrote down in your Self-Care Action Brainstorm by choosing one to three self-care goals per category to focus on in the next month. Use your responses in your Burnout Factors Self-Assessment to help you prioritize what is most important to address right now.

Two general types of self-care goals are action-oriented goals and mindset-oriented goals. **Action-oriented goals** are goals that involve doing something that can be measured. Try your best to make these goals specific and measurable (e.g., I will meditate for 10 minutes, 5 days per week). **Mindset-oriented goals** are goals that support a self-care mentality and will read more like a

mantra (e.g., I will be kind to myself when I make a mistake). To create balance in your self-care goals, try to have a combination of action-oriented goals and mindset-oriented goals.

Now, define your self-care goals in the **My Self-Care Goals** box on page 78 of your workbook. These goals will determine your self-care plan for the next month. Be hopeful, but realistic with what is sustainable and attainable for you. Small and simple goals are a great way to start the self-care journey. You are welcome to share your goals in the <u>Resilience Over Burnout Self-Care Support Network</u>.

3. Create your self-care calendar and schedule

Using your goals as a guide, create your self-care plan for the next month on the **Self-Care Calendar** in your workbook on page 79, or in your own planner. When possible, schedule in your goals on specific times and days. For self-care mindset goals or goals that you are not able to schedule, make a note on the bottom of the calendar. Also, pick a day during the last week of the month to make a self-care schedule for the following month.

Pay attention to how you feel while creating your Self-Care Calendar. If you start to feel overwhelmed or anxious, remove one or two goals that you can save for next month. Work with your goals and schedule to get to a place of optimistic anticipation for incorporating these self-care practices into your life. Once you have completed your self-care calendar, keep it where it will be visible to you every day.

Obstacles, Accountability, and Re-evaluation

With your self-care plan in place for the next month, the next step is to reinforce the implementation of your plan by addressing self-care obstacles, accountability, and the need for re-evaluation. Common obstacles to self-care are time, money, and energy. Additionally, therapists often face challenges such as a lack of support, difficulty saying no to requests, imbalanced personal relationships, perfectionism, and unresolved personal issues (Skovholt & Trotter-Matthison, 2011). Feelings of selfishness and guilt may also be a factor in creating resistance or avoidance of self-care practices.

Many of these obstacles are hard to face and overcome on your own. Call in your personal and professional self-care team for support and to help you gain insight into the underlying meaning behind the obstacles that challenge you. On page 78 of your workbook, identify your obstacles to self-care and possible ways to overcome these obstacles. You can also problem solve your obstacles by imagining that a friend or client came to you for help regarding this challenge. What guidance would you give them? Further suggestions are in the following chart.

10 Tips to Overcome Obstacles to Self-Care

1. Ask for help. Use your self-care team.
2. Say no. Saying no can free up your valuable time, money, and energy. Big obstacles to self-care are the inability to say no to requests and difficulty saying no to yourself.
3. To create more space in your schedule, evaluate tasks or activities that may be unnecessary and drain your time and energy. Identify anything that you could stop doing, even the smallest of tasks.
4. Resolve your personal issues and imbalances in your personal relationships. This can help alleviate guilt around taking time for yourself and help free up mental and emotional space.
5. Review your financial situation and create a self-care budget, even if you have to start small. If you are not able to afford certain self-care practices right now, focus on self-care that does not require a financial commitment, such as setting boundaries, meditation, or walking in nature. Self-care does not have to be expensive or cost money.
6. Be mindful of how perfectionism blocks your self-care.
7. Allow your idea of work/life balance to be flexible and specific to you and your current lifestyle. It can be difficult to find balance on a daily basis, so keep in mind what balance looks like in the bigger picture.
8. Avoid self-care comparison. Self-care means something different to everyone. Stick to what is possible and realistic for you.
9. Remember that self-care is not just for you. When intrinsic motivation is hard to come by, look around you and see what external sources would benefit from your health and happiness- your loved ones, your clients, your community, and the music therapy profession.
10. Stay connected to WHY self-care is essential:
    - Self-care prevents burnout.
    - Self-care is an ethical imperative and professional responsibility.
    - Self-care promotes authenticity in your work when you practice what you preach.
    - Self-care supports and sustains enjoyment of life.

Use your self-care team to help you stay accountable to your goals and plan. It may be beneficial to have an accountability partner that is a peer or colleague who is also working on their own self-care plan. Clinical supervisors, mentors, and coaches can also help hold you responsible for your self-care plan and serve as regular sources of encouragement. The self-care calendar you created is also an accountability tool. Keep it visible and check off activities as you go through your month to give yourself a sense of accomplishment. Depending on what motivates you, you may implement a rewards system for yourself. However, the rewards for self-care are often the practice itself. Recognize the rewards that show up as you expand your self-care practice, such as improved clinical work, increased creativity, harmonious relationships, improved mood, and an increased sense of happiness. When self-care is practiced regularly it can reinforce itself, creating a self-care cycle that is inherently sustaining and motivating.

To keep your self-care practice ongoing, create a new self-care calendar each month by revisiting your Self-Care Action Brainstorm, revising your self-care goals, and creating a new self-care schedule. Get into the habit of scheduling in your self-care the same way you would schedule work or appointments. The Burnout Factors Self-Assessment should be re-evaluated every two months, and all of the reflections should be revisited at least once a year. Regularly take time to assess your success and areas for improvement. Allow your self-care plan to evolve with your life.

Lastly, let's end with creating a vision of your ideal lifestyle, and where you want your self-care plan and goals to ultimately take you. At the heart of all of this, self-care is about enjoying life, living fully in the moment, and experiencing love and connection- what does that look like for you?

As the final step in this guide, complete the **Visualizing My Ideal Lifestyle** exercise on page 80 of your workbook. Ultimately, your self-care goals are not just about self-care. Self-care supports your bigger dreams and helps you manifest them. Self-care enhances your experience of life. What kind of life do you want to live?

Self-Care Considerations

As a healthcare professional, you are at risk for burnout. Chances are you will experience symptoms of burnout at some point, and feelings of stress and fatigue will ebb and flow throughout your life and throughout your career. Although self-care is needed to *avoid* burnout, we also need self-care measures in place to *cope* with burnout when it happens. There will be times in our lives when we are not getting enough sleep, life events are happening, work is overwhelming, or when we may even deliberately choose behaviors that go against the principles of self-care. There may also be times when your usual self-care practices take a back seat so you can put your head down and get to work- and these times can be exciting and important. Hard work and self-care can coexist, and it is okay to push yourself as long as you are also caring for yourself and have a plan to rejuvenate afterward.

Another consideration for self-care is not using it as an excuse or a way to justify behaviors that do not actually serve you. Self-care is a conscious choice to do what is best for you, and is not about doing whatever you want or necessarily doing what feels good. *Pseudo self-care* is behavior that is justified as being self-care, but is actually behavior manifesting from procrastination, avoidance, resistance, self-sabotage, or addiction. Be willing to compassionately call yourself out on these behaviors and set boundaries with yourself. It may be helpful to explore your pseudo self-care patterns with a therapist because it can be difficult to recognize these behaviors on your own.

It is also important to be able to distinguish between burnout, stress, depression, and simply being in a job that is not a good fit for you. Taking a look at the Burnout Factors Self-Assessment, we can see that many of the factors relating to burnout can also be symptoms of other conditions. It may be difficult to distinguish between these conditions, which can sometimes concurrently exist. Seek professional support to understand your unique situation. Although self-care is an essential part of managing any of these conditions, your self-care plan may vary by what you are actually experiencing.

Finally, let's consider three paradoxes that exist within self-care:

The first is that self-care is all about you. Yet, it's not *just* about you. Keep your self-care practices personalized and specific to your needs, with an understanding that your efforts will impact your clients, your family, your community, and the music therapy profession.

The second paradox is that self-care is situational. What may be self-care on one day may not be self-care at another time. Also, what may be self-care for you might not be self-care for someone else.

The third self-care paradox is a common experience to be handled with care - those moments when you feel like you don't have the time or energy for self-care. Ironically, this is when you need self-care the most.

We can move through these paradoxes by continuing to develop self-awareness, personalizing our self-care practices, and allowing self-care to progress one conscious choice at a time.

CONCLUSION

Take a deep breath in through your nose. Fill your lungs with air. Slowly exhale.

Self-care can be as simple as this.

As music therapists, we're human beings that work with other human beings in creative, sacred, empathetic, and compassionate spaces. This is both a deep privilege and a worthy challenge that requires us to care for ourselves as we care for others in order to be ethical, compassionate, and effective in our work. All of our professional, personal, and creative self-care efforts will contribute to our health, client care, and the strength and growth of the music therapy profession. Let's be strong together, let's be human together, let's lean on each other, and let's honor self-care together.

Throughout my career as a music therapist, I've experienced both the consequences of burnout and the benefits of self-care. I've learned that self-care is a process that requires both patience and perseverance, but not perfection. A delicate balance exists in pushing myself to commit to a self-care mindset, while at the same time not being too hard on myself. I'm learning to be kinder to myself, and I'm learning that my greatest potential as a clinician truly manifests when I'm prioritizing self-care.

Self-care is a lifelong endeavor. Honor your process and be kind to yourself on the journey. Remember to call upon your self-care team, your intuition, your willpower, and the grace within you.

Thank you for taking the time to value your self-care, and thank you for the valuable work that you do.

About the Author

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Ami holds a Master of Arts in Music Therapy from Saint Mary-of-the-Woods College and a Bachelor of Arts in Psychology from Loyola Marymount University. Ami has also received certifications in Yoga Education from Yoga Vidya Gurukul in Nasik, India and in first and second degree Reiki from the International Center for Reiki Training.

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For more information on music therapy, mental health, and self-care, please visit:

www.harmonyresource.com

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Resilience Over Burnout
WORKBOOK

CONTENTS

Burnout Factors Self-Assessment

On a scale of 1-5 rate the degree to which you are experiencing the following factors:

0- Not applicable 1-Not at all   2-Somewhat   3-Moderately   4-Very much   5-Extremely

Factors Relating to Burnout	Date:	Date:	Date:	Date:
A. Work Factors				
High caseload/ Work overload	_____	_____	_____	_____
Difficulty with clients	_____	_____	_____	_____
Bureaucratic constraints	_____	_____	_____	_____
Lack of supervision	_____	_____	_____	_____
Lack of support	_____	_____	_____	_____
Lack of resources	_____	_____	_____	_____
Feeling like you are not a good fit for your job	_____	_____	_____	_____
Increased absenteeism/Tardiness	_____	_____	_____	_____
Low completion rate of job duties	_____	_____	_____	_____
Hoping clients will cancel	_____	_____	_____	_____
Decreased enjoyment of work	_____	_____	_____	_____
Negative or cynical attitude toward work	_____	_____	_____	_____
Interpersonal tensions with coworkers	_____	_____	_____	_____
Insufficient pay/Insufficient reward	_____	_____	_____	_____
Professional isolation	_____	_____	_____	_____
Difficulty coping with clients' prognosis	_____	_____	_____	_____
Role ambiguity (Unsure about your work role)	_____	_____	_____	_____
High-stress work environment	_____	_____	_____	_____
Other:	_____	_____	_____	_____
TOTAL:				
B. Physical and Emotional Factors				
Fatigue	_____	_____	_____	_____
Apathy	_____	_____	_____	_____
Frustration/Anger	_____	_____	_____	_____
Impatience/Boredom/Lack of focus	_____	_____	_____	_____
Irritability	_____	_____	_____	_____
Repressing emotions	_____	_____	_____	_____
Lack of sleep	_____	_____	_____	_____
Emotional exhaustion	_____	_____	_____	_____
Physical exhaustion	_____	_____	_____	_____
Mental exhaustion	_____	_____	_____	_____
Feeling hopeless or helpless	_____	_____	_____	_____
Difficulty sleeping/Nightmares	_____	_____	_____	_____
Pain/Illness	_____	_____	_____	_____
Depression/Decrease in mood	_____	_____	_____	_____
Anxiety/Worry	_____	_____	_____	_____
Other:	_____	_____	_____	_____
TOTAL:				
C. Personal Factors				
Decreased social interests	_____	_____	_____	_____
Increased isolation	_____	_____	_____	_____
Decreased motivation	_____	_____	_____	_____
Maladaptive coping styles	_____	_____	_____	_____
Interpersonal tensions	_____	_____	_____	_____
Feeling misunderstood	_____	_____	_____	_____
Feeling a lack of control	_____	_____	_____	_____
Decreased music enjoyment/participation	_____	_____	_____	_____
Other:	_____	_____	_____	_____
TOTAL:				

Professional Self-Care Reflections

Reflection #1: Who I am as a Music Therapist	
My **definition** of music therapy:	**Why** I chose to become a music therapist:
Theoretical orientation(s) and **approaches to music therapy** that inform my practice:	My **ideal population**(s) to work with:
My ideal **work setting**:	I am **grateful** to be a music therapist because:
My **talents** and **strengths** as a music therapist:	My **weaknesses** and **challenges** as a music therapist:

Reflection #2: My Professional Role as a Music Therapist	
My **roles** as a music therapist: (Clinician, educator, supervisor, employer, speaker, business owner, advocate, etc.)	My **current job**(s) and **why** I chose it:
What are the **goals** of my job?	What are the **roles/tasks** involved in my current work?
What are the main **contributions** I make through my role as a music therapist?	What are the current **challenges** in my role as a music therapist?

Reflection #3: My Professional Self-Care Team	
(Identify who provides essential support in your professional life)	
Professionals: (Clinical supervisor, therapist, coach, mentors, etc.)	Music therapy colleagues:
Coworkers: (Music therapists or non-music therapists)	Professional organizations:
Professional communities: (Professional groups, online communities, support groups, local organizations, etc.)	Where I need more support / How I can better use my professional support system:

Reflection #4: How I Attend to my Reactions at Work		
How I attend to my reactions at work: (Clinical supervision, therapy, peer supervision, consultation, journaling, debriefing with colleagues, etc.)	My goals for supervision:	Recent reactions at work I need to attend to:

Reflection #5: Workload and Time Management	
Current number of client contact hours: Per day: Per week:	**Ideal number** of client contact hours: Per day: Per week:
Current challenges with workload and time management:	What I can do to be more efficient with my time and energy:
My scheduled workday breaks and what I do during these breaks:	Average number of vacation days taken per year: Time since last vacation: Upcoming vacations:

Reflection #6: Setting Boundaries		
Boundaries I feel confident about maintaining:	Boundaries I need to improve:	How I can improve these boundaries:

Reflection #7: Self-Advocacy and Professional Advocacy	
Current **self-advocacy** efforts:	Current **professional advocacy** efforts:
Further **self-advocacy** efforts to implement:	Further **professional advocacy** efforts to implement:

Reflection #8: Professional Development

Current professional development practices: (Attending conferences, reading publications, engaging in research, continuing education, etc.)	Further professional development practices to implement:

Reflection #9: Minding Your Work Environment

| On a scale of 1-5, rate how your workspace feels:

Safe: 1 2 3 4 5
Organized: 1 2 3 4 5
Clean: 1 2 3 4 5
Therapeutic: 1 2 3 4 5

Describe the strengths and positive qualities of your workplace: | Actions I can take to improve my work environment: |
| | |

Reflection #10: Vicarious Resilience List
(Stories of resilience, progress, positive outcomes at work, client breakthroughs, and inspiration)

Personal Self-Care Reflections

Reflection #11: Physical Self-Care	
CURRENT PRACTICES	IMPROVEMENTS TO BE MADE
Exercise (types and frequency):	Exercise:
Sleep (hours per night and sleep habits):	Sleep
Diet:	Diet:
Vocal health:	Vocal health:
Other:	Other:

Reflection #12: Psychological and Emotional Self-Care	
How I currently care for my psychological and emotional health: (Include individual practices and support from others)	Psychological or emotional issues or challenges I need to address to improve my well-being:
Further actions to take and improvements I can make to care for my psychological and emotional health:	

Reflection #13: My Personal Self-Care Team	
(Identify who provides essential support in your personal life)	
Professionals: (People who provide professional or specialized services to support you with your goals, health, and growth, such as a therapist, coach, mentor, or healthcare professionals)	Family and friends:
Community support: (Community groups, support groups, online communities, etc.)	Where I need more support and what I need more support with:

Reflection #14: Spiritual Self-Care	
My current spiritual practices and interests:	Practices I would like to work on or add to my life:

Reflection #15: Organizational and Financial Self-Care	
How I can improve my home environment:	How I can improve my financial self-care:

Reflection #16: Leisure Self-Care	
What I currently do for leisure:	Leisure I would like to spend more time and/or energy doing:

Reflection #17: Self-Compassion	
Scores from the Self-Compassion Scale: (http://self-compassion.org/test-how-self-compassionate-you-are/) Self-Kindness: Self-Judgement: Common Humanity: Isolation: Mindfulness: Over-Identification: OVERALL SCORE: _____ Date: _____	How I can be more compassionate with myself:

Creative Self-Care Reflections

Reflection #18: Honoring My Relationship with Music	
My personal music making practices: (Playing instruments, songwriting, composition, etc.)	Social and community music involvement: (Community bands, orchestras, choirs, church groups, music groups, people to make music or enjoy music with, etc.)
Music, artists, bands, and songs that inspire me:	Other ways I enjoy experiencing music:
How my relationship with music has evolved over time:	How I can strengthen and honor my relationship with music:

Reflection #19: Self-Exploration Through Music	
How I use music to build self-awareness and engage in self-exploration:	How I have experienced the transformational power of music through music therapy, music therapy supervision, or on my own:
Actions to take to further deepen my self-exploration through music and experience the power of music:	

Reflection #20: Contributing to the Strength of the Music Therapy Profession	
My experiences with clinification: (Times when my own music making stopped or lessened, and how that may have related to my work)	What I can do to avoid clinification:

Self-Care Action Brainstorm	
Professional Self-Care	Professional self-care practices to work on (from Reflections #1-10):
Personal Self-Care	Personal self-care practices to work on (from Reflections #11-17):
Creative Self-Care	Creative self-care practices to work on (from Reflections #18-20):
Highest rated factors from Burnout Factors Self-Assessment:	

My Self-Care Goals	
Professional Self-Care	1. 2. 3.
Personal Self-Care	1. 2. 3.
Creative Self-Care	1. 2. 3.

Obstacles and Accountability	
My obstacles to self-care:	Ways to overcome these obstacles:

Self-Care Calendar
Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
—	—	—	—	—	—	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—
—	—	—	—	—	—	—

Self-Care Mindset Goals / Notes:

Visualizing My Ideal Lifestyle

(Describe in detail what your life would look like when your self-care goals are achieved. How do you feel when you wake up in the morning and go to sleep at night? What practices are a natural part of your daily routine? What are your relationships like? What is your ideal vision of your professional life, personal life, and creative practices?)

To complete an optional survey on
Resilience Over Burnout: A Self-Care Guide for Music Therapists
please visit:

http://www.harmonyresource.com/feedback-form/