Self-Care/ Self-Compassion

The Science of Resilience

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Definition

Self-care involves the activities undertaken by individuals to prevent and limit illness and attain and improve functional health with or without the involvement of others, such as healthcare practitioners and professionals (Rijken et al., 2008). Jondottir (2012), defines self-care as "activities that individuals, families, and communities undertake with the intention of protecting and enhancing health" (p. 622). Therefore, the 'self' in self-care can mean self-directed or self-administered and therefore represents something different from care provided by others.

According to Lee and Milner (2013), self-care is an empowerment tool that enables an individual to maintain their overall health and wellbeing. Most scholars describe self-care as being able to meet one's basic needs in terms of vital functions (diet, sleep, exercise) and spiritual or emotional needs that promote subjective health and wellbeing (Coaston, 2017; Mills et al., 2015). Chang et al. (2017) note that self-care is a decision-making process that is linked to the concept of self-care maintenance, symptoms perceptions/recognition, and self-care management. Self-care maintenance pertains to adhering to treating procedures and engaging in healthy behaviors (Jondottir, 2012). The most notable examples of self-care cited in the literature include yoga, prayer, outdoor time, exercise, sleep, watching television, reading a book, and spending quality time with others, among others (Bender & Ingram, 2018). Each can be a distinct or combined method of self-care. For instance, Cook-Cottone (2016) explores the effectiveness of yoga as a mindful self-care practice. Yoga combines physical activities with self-regulation and non-judgemental which aids understanding of oneself awareness (Cook-Cottone, 2016). [See our write-up on Mindfulness and Self-Regulation for more on the relationship to resilience].

Some authors also note that self-care can be categorized into professional and personal characteristics, although these two are intertwined (Mills et al., 2015; Tan & Castillo, 2014). Professional self-care has to do with meaningful engagement in practices and behaviours of the self in a professional context that promote holistic health and wellbeing, whereas personal self-care deals with purposeful involvement in practices and behaviours that promote the health and wellbeing of the self outside of professional roles or duties (Acker, 2018; Lee & Milner, 2013). In relation to professional self-care, some strategies that have been identified as a means of reducing stress and burn-out in the work setting include creating and maintaining supportive relationships in the workplace, creating and enforcing boundaries, being caring but not too absorbed, having positive coping strategies, creating a safe workplace, promoting personal spirituality, and fostering growth and creativity (Lloyd & Campion, 2017; Outram & Kelly, 2014).

In extant research, it has been documented that mindfulness is an aspect of self-care, although research conducted on these concepts is often separate (Dorian & Killebrew, 2014; Rees, Craigie, Slatyer et al., 2018). Mindful self-care has been defined as a critical appraisal of

one's internal needs and external demands and engaging in specific self-care practices that meet both (Cook-Cottone & Guyker, 2018; Rees, Craigie, Slatyer et al., 2018). The internal needs relate to physiological, emotional, and cognitive experiences, while the external demands refer to structural determinants, such as family, community, and cultural experiences (Cook-Cottone & Guyker, 2018). It must, however, be noted that mindful self-care does not target a specific outcome but rather aims toward individuals' overall wellbeing (Slatyer, Craigie, Rees et al., 2018). Cook-Cottone (2016) hypothesizes that when mindful self-care is not "in tune" with the body, the repercussions can involve stress, burnout, disconnection, self-harm, a negative self-perception of body image, and eating disorders, among others. Some authors also documented that an individual who practices mindfulness is more aware of their self and their body, knows when they experience stress and discomfort, and will therefore practice self-care to eliminate such stress and discomforts (Cook-Cottone & Guyker, 2018; Slatyer, Craigie, Rees et al., 2018).

In essence, mindful self-care relates primarily to physical and emotional wellbeing, and related outcomes, such as increasing productivity in the workplace, reduced absenteeism, improved mental health, mindful awareness and relaxation, seeking medical care, exercise, self-soothing, rest, supportive relationship, and spiritual practices (Tan & Castillo, 2014). All of these may, in turn, improve individuals' resilience (Outram & Kelly, 2014). It must, however, be noted that self-care should not be viewed as being a self-centred or selfish strategy, whether from an individual or professional perspective (Mills et al., 2015). In fact, practicing self-care can lead to more empathetic and altruistic behaviours. People who practice self-care and self-compassion tend to have a heightened awareness of other people and their environment and are more compassionate. They are more willing to engage in prosocial behaviour and connect with other people while effectively regulating their emotions and empathy for other people's suffering. All these create balance and better transition from work practices to home (Outram & Kelly, 2014; Mills et al., 2015).

A related concept commonly discussed in the literature is self-compassion. According to Dorian and Killebrew (2014), self-care leads to self-compassion. Self-compassion is rooted in the concept of Buddhism as a way of relating to oneself in times of difficult situations (Ferrari et al., 2017; Neff, 2003). Self-compassion deals with the ability to treat oneself with kindness despite facing difficult circumstances (Ehret et al., 2015). In times of crises, instead of being self-critical, a self-compassionate person is loving to themselves, as they would be to someone in a similar situation. Instead of pitying themselves when they experience failures, people with self-compassion may recognize that life is difficult for everyone and perceive failures as opportunities to learn. They see taking a break and doing leisure activities as a way to care for themselves but know the boundaries to not become self-indulgent (Neff, 2011). According to Neff (2003), self-compassion is treating oneself with care and love the same way one would treat close friends or relations who may be experiencing difficult moments.

Self-compassion is divided into three interconnected components; self-kindness, common humanity, and mindfulness (Dorian & Killebrew, 2014; Neff, 2003; Shebuski et al., 2020). Self-kindness is the ability to sooth and support oneself. Smith (2015) documented that people who practice self-kindness do not judge themselves harshly or engage in self-criticism for the mistakes they have committed, even when they are personally responsible. Self-kindness aims to improve one's wellbeing and reduce further stress or pain. People who engage in common humanity are not overly self-critical of their challenges and weakness but are able to recognise that it is okay to feel inadequate, makes mistakes, and face difficult situations, as we all do at different times in our lives. In general, it can be helpful to know that other people share in our burdens and challenges (Vigna et al., 2018). Mindful people are also more accepting of their negative emotions and experiences and therefore tend to be better at processing and controlling these emotions. Mindfulness and self-compassion can help a person to self-regulate their negative emotions (Terry & Leary, 2011). Sirois (2015) developed the self-regulation resource model (SRRM) of self-compassion. The SRRM model of self-compassion explains how self-compassion acts as a quality that enhances self-regulation of resources through positive affect improvement, negative affect inhibition, and the fostering self-efficacy. In this approach, self-compassion is a trait that can be fostered to help people improve their self-regulation to maintain positive behaviours.

Positive psychology is an aspect of psychology that deals with the best qualities and positive emotions in human beings; it is related to self-care because it often focuses on what people do well, which can be an important focus in self-care improvement at the individual and professional level (Bioler et al., 2013; Cerezo et al., 2013; Durgante & Dell'Aglio, 2019). Some of the qualities that positive psychology focuses on are creativity, optimism, humor, and happiness, among others. According to Burtion et al (2009), positive psychology encompasses positive emotions, cognitive flexibility, life meaning, social support, and active coping strategies.

Relationship to Resilience

Much of the literature on the links between self-care and resilience has focused on professional work settings (Riegel et al., 2019). For instance, some studies note that inadequate self-care has the tendency to result in stress in the workplace, engagement in maladaptive coping strategies, and not being able to engage in professional roles as is expected (Lloyd & Campion, 2017). Lloyd and Campion (2017) explored the experience among veterinary nurses and staff and found that compassion fatigue and burnout are common, especially after emotionally stressful encounters, such as euthanizing a pet. People with adaptive coping strategies will seek support in these situations, for example from other staff members, before succumbing to negative thoughts and coping mechanisms, or taking a vacation or break which helps them to process the experience. A healthy lifestyle, such as regular exercise, enough sleep, and healthy eating also helps their awareness of their own needs. People in such roles

who are not aware of their own needs (and therefore who do not act to meet these needs) tend to experience burnout and compassion fatigue from overwork and the use of negative coping strategies to deal with difficult experiences. People with compassion fatigue become emotionally depleted and less compassionate and empathetic to other people and clients at work (Lloyd & Campion, 2017). Mills et al. (2018) found that resilience and self-care in the professional work setting is viewed as a holistic approach in promoting health and wellbeing to support professional care of other team members as personalising healthcare in the workplace. Self-care, in this case, refers to conscious behaviours that can be found in the form of healthy eating, regular exercise, relaxation, rest, spiritual practices, and doing meaningful activities with family and friends. At work, self-care is done by creating boundaries and self-regulating one's workload. Another way to practice self-care at work is through accessing professional supports and programs. To achieve a holistic self-care, a person needs to find a balance between work and home.

The links between self-care and resilience have also been discussed widely in the literature focusing on health (Bender & Ingram, 2018). For instance, a study by Alvarado-Martel (2019) established that diabetes patients who practice self-care are more likely to adhere to diabetes management program and are better at making decisions for themselves. The internal motivation to care for themselves is also influenced by self-efficacy and self-reliance. Thus, patients who are motivated to care for themselves are more likely to follow healthy practices and comply with medications recommended by health professionals. Related studies that have examined self-care and resilience among children with cerebral palsy found that children who engage in self-care practices are more likely to have fewer health problem and more likely to have high adaptive behavior. However, their gross motor function influenced the degree of their capability for self-care. Children with higher gross motor functions are more likely to be independent, and thus, are more able to practice self-care (Bartlett et al., 2014). In their study, Chang et al. (2017) found that people with chronic heart failure and severe depressive symptoms have less confidence to practice self-care and are thus less likely to practice self-care maintenance. However, resilience traits moderate depressive symptoms and increase people's willingness to maintain self-care. Finally, greater resilience is associated with better self-care for people with spinal cord injury disorders, irrespective of the severity of injury. People with greater resilience, which shows in their ability to move forward from their previous life, mediates their self-care practice and disability management (LaVela et al., 2016). Pertaining to the individual level, self-care has also been found to be a predictor of resilience in disrupting negative influences among Black women in the United States. These women share their self-care activities, such as exercising, healthy eating, stress management activities, and hair care to their audience through vlogs in social media. These activities embodied their resistance toward 'European beauty standard', empower other black women, and foster the sense of identity among them (Neil & Mbilishaka, 2019).

Self-compassion is negatively associated with mental distress, depression, and anxiety among university undergraduates. Having self-compassion protects them from having

destructive obsessive passion and helps them find positive internal motivation to study (Kotera & Ting, 2019; Kotera et al., 2019). Similarly, Ehret et al. (2015) found that individuals who engaged in more self-criticism and less self-compassion were more likely to be depressed, express perfectionist's beliefs, and have lower overall emotional regulation. Olson and Kemper (2014) established in their study that self-compassion was inversely related to perceived stress but was found to be positively associated with resilience; furthermore, it was found to boost the confidence of clinicians to provide compassionate care. People with greater self-compassion are more likely to provide care with confidence and will respond to difficulties and challenges in a more adaptive way. They tend to treat others with kindness and compassion as well. In a similar study on the relationship between self-compassion and burnout, Olson et al. (2015) found that self-compassion was significantly associated with resilience among medical residents. Residents who practiced self-compassion and mindfulness had higher resilience and a better tolerance to emotional exhaustion. Other research suggests that self-compassion significantly correlates with resilience and sleep among different category of health professionals (Kemper et al., 2015). Vigna et al. (2017) established that self-compassion serves as a protective factor for the mental health of sexual and gender minority. Self-compassion help minorities prevent the internalization of stigma, self-blame, and rumination.

In general, a link between self-care and resilience may be found when considering the biases we have against ourselves when we think about our performance and how we manage challenges. Research indicates that we are much more likely to judge ourselves more harshly than we would others and are less forgiving of our mistakes. We assume we are at fault for problems in neutral situations, rather than external forces, and that others experiencing similar problems in such scenarios are less likely to blame. These aspects of self-bias mean we are harder on ourselves and may be less likely to reach out for support in times of difficulty. Instead, we perceive that we *ought* to be able to manage a problem, and that our struggles may be to do with some deficiency we possess. Self-care, on the other hand, allows an individual to give themselves a "break", mentally and/or physically, which can provide the relief to better handle challenges.

Interventions

Mindfulness-Based Interventions (MBI)

Brown and Ryan (2003) view mindfulness as "an enhanced attention to and awareness of current experience to reality". The most common types of mindfulness-based interventions are Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) (Janssen et al., 2018; Rees et al., 2018). MBCT was adopted from the classical MBSR. MBSR aims to alleviate suffering. Some of the components of MBSR include: the body scan, sitting meditation, simple body movement exercises such as walking, standing meditation, yoga exercise, etc. and informal meditation exercises such as brushing one's teeth, taking a shower,

eating etc. Both MBSR and MBCT are designed to suit the specific context in which the intervention is to be delivered; they can be delivered through face-to-face or online. In most studies MBSR and MBCT interventions usually last between 4 to 8 weeks (Ferrari et al., 2019).

Mindfulness-based interventions are known to improve self-care at both the individual and organizational levels. Mindfulness has to do with being purposeful, present, and nonjudgmental. Research has established that the practice of mindfulness is associated with stress reduction as well as improved mental health in both clinical and non-clinical settings. Past research suggests that mindfulness-based interventions are effective in reducing burnout and anxiety and enhancing the spiritual wellbeing of different groups of health professionals (Cragie et al., 2016; Crowder & Sears, 2017). Current literature has found that the use of mindfulness-based interventions leads to improved thought processes among nurses and midwives, thereby decluttering mental space and resulting in more patient-centered care (Lin et al., 2019). Similarly, other studies have noted that mindfulness-based interventions with health professionals in the workplace lead to empathic patient care, mood improvement, and improved communications (Orellana-Rios et al., 2018; Wasson et al., 2020). It has also been highlighted in the literature that mindfulness-based interventions are associated with life satisfaction among nurses, which enhances patient-nurse relationship (Hotchkiss & Cook-Cottone, 2019; Slatyer et al., 2018; Sood et al., 2011). Moreover, mindfulness-based interventions are known to reduce destructive thought processes, specifically rumination due to working for long hours, among health care professionals; this process also reduces emotional reactivity among nurses (Delaney, 2018). The literature concludes that mindfulness-based interventions are associated with greater inner peace, the promotion of self-care, and better coping and adjusting in the workplace (Lebares et al., 2018).

Most mindfulness-based interventions at the individual level have been conducted among patients with chronic conditions such as anxiety, chronic pain, diabetes, cancer, eating disorders, and major depressive disorders (Bradshaw et al., 2007; Khagram et al., 2013; Loprinzi et al., 2011; Ludolph et al., 2019). Most studies suggest that mindfulness-based interventions among patient groups is linked to improved stress management, reduced anxiety, and depression, as well as increase physical resilience and concentration (Foureur et al., 2013).

Duarte & Pinto-Gouveia (2016) examined the effectiveness of a six-week mindfulness-based training for nurses. Participants had one session per week, which covered different themes. They also received a CD for guided meditation and had to practice 15 minutes of meditation every day. See Appendix A for a description of the program sessions. Duarte & Pinto-Gouveia (2016) found that nurses who did the mindfulness-based training had lower compassion fatigue compared to the control group. They were also less likely to experience burnout and stress, were more satisfied with life, and had better overall wellbeing.

The Pro-Self Program

The Pro-Self Program is a self-care program that aims to increase self-care abilities in adults, children, and adolescents. The program was developed with the goal of helping cancer patients to understand the information, enhance the skills, and get the support needed for their daily life and disease management. The Pro-Self Program consists of three dimensions: getting relevant information, skill improvement, and interactive support to teach patients to manage their symptoms and prevent side effects from their disease and treatment (West et al., 2003). The program was also developed as a mouth awareness program that focused on knowledge attainment, skill improvement, and enhancing support for pain management and systematic oral assessment and hygiene protocol in cancer patients (Dodd & Miaskowski, 2000).

The intervention consists of three home visits and three phone calls during a six-week period to teach and coach patients about getting medications needed to manage their symptoms. Before starting the program, participants filled out a questionnaire to assess their condition, knowledge, and attitude toward their conditions and management. Coaching/training was done by experienced nurses. Below is an example of the weekly intervention in the Pro-Self Program (West et al., 2003):

1. Week 1: Nurses/trainers meet with the patient and family caregiver (20 min)
   a. Filling out the knowledge and attitude questionnaire
   b. Introducing the Pro-Self Program to the patient and the family caregiver
   c. Reviewing the patient's current condition (e.g. pain scores and pattern)
   d. Reviewing the patient's current medication and schedule
   e. Coaching patients about the optimal treatment and administration and set everything up
   f. Explaining each treatment/medication, the side effects, and how to manage the side effects
   g. Coaching patients about how to talk to their healthcare provider regarding their situation and if they need a change of their treatment plan
   h. Reviewing how to contact nurses for any questions regarding the program and treatment
   i. Patients write down their daily condition (intensity, frequency, medication/treatment taken) in a diary/ journal
2. Week 2: nurses/trainers talk to patients and their caregiver on the phone (13-16 min)
   a. Reviewing the previous week's management
   b. Further explanation regarding unclear information of the treatment, side effects, and side-effect management, if needed
   c. Determining if the patient needs to see their healthcare provider for treatment changes

   d. Nurses/trainers answer the patient's questions
3. Week 3: nurses/trainers visit the patient and the caregiver
   a. Reviewing the previous week's management and outcome
   b. Further explanation regarding unclear information of the treatment, side effects, and side-effect management, if needed
   c. Determining if the patient needs to see their healthcare provider for treatment changes
   d. Nurses/trainers answer the patient's questions
4. Week 4: phone call, same as week 2
5. Week 5: phone call, same as week 2
6. Week 6: home visit, same as week 3

The training engenders patients' skills in assessing their condition and their response to medication, developing the right treatment fit, developing management strategies for their symptoms and side effects, and talking to a healthcare professional about their condition. The program is cost saving and improves patients' independence, self-efficacy, and self-care practices (Dodd & Miakowski, 2000; West et al., 2003).

Brief Mindful Self-Care and Resiliency (MSCR) intervention

The Brief Mindful Self-Care and Resiliency (MSCR) intervention is designed to improve resiliency, reduce the impact of psychological distress at work, and prevent burnout. It involves a one-day workshop and three weekly mindfulness practice sessions (Slatyer et al., 2018). Specifically, the intervention consists of (Cragie et al., 2016; Slatyer et al., 2018):

- 1 full day workshop: four 1.5-hour sessions
  - Two sessions about compassion fatigue resiliency
  - Two sessions of mindfulness concepts (autopilot metaphor, staying present, body and breath meditation)
- Three follow-up sessions: 1.75-hour session per week
- Each participant is provided with materials about compassion fatigue, skills to build resiliency or the five "antibodies" (1 – self regulation, 2 – intentionality, 3 – perceptual maturation, 4 – connection and social support and 5 – self-care and revitalisation) (Slatyer et al., 2018, p. 539).

Slatyer et al. (2018) found that the intervention reduces burnout among nurses, with an effect up to six months after the intervention (Craigie et al., 2016; Slatyer et al., 2018). It also reduced negative feelings and depressive symptoms (Slatyer et al., 2018).

Orem's Self-Care Theory Intervention

Orem's self-care deficit theory argues that most people have potential for self-care and knowledge, motivations, and skills that can be developed to enhance their self-care abilities.

When self-care needs are greater than an individual's ability, they experience a deviation and need external care. To fulfil self-care needs, a person has to improve their knowledge and skills, or ask for external supports to fulfil their needs (Hartweg, 1991).

Mohammadpour et al. (2015) analyzed an intervention based on Orem's self-care theory for myocardial infraction (MI) patients. The intervention started with a pretest to assess the participants' self-care ability and needs. Then, in three 45-minute sessions, information regarding the disease, risk factors, etiology, and management were provided to the participants. Forty-five days after the sessions, educators talked to the participants by phone and provided them with further trainings and counselling. Mohammadpour et al. (2015) found that after the intervention, participants showed higher self-care motivation, skills, and abilities.

Literacy-Sensitive Self-Care Intervention

DeWalt et al. (2012) examined a literacy-sensitive self-care intervention for patients with heart failure. The intervention was based on the theory that low literacy causes an increase of adverse effect and worse outcome (mortality and hospitalization) among heart failure patients. The intervention is designed to be relevant to patients' literacy skills and to help them master instructions and programs to manage their symptoms. The intervention consisted of:

- Initial training session (40 min): in this session, participants reviewed their current situations and actions to manage their condition/symptoms, such as exercise, salt avoidance, what they needed to do in case their condition got worse, and their medications (dosage, frequency, and side effects).
- Participants received an education manual and a digital scale to weigh themselves.
- Over the next four weeks, trained health educators talked to the participants by phone to reinforce education and improve participants' skills in self-care. The follow-up calls consisted of 5-8 calls; each call lasted for around 10 minutes.
    - In the first two calls, the educator talked about key behaviour components of the program: recording daily weights, symptoms, and taking the proper doses of medications. Participants were reminded to call their physicians when needed.
    - In the calls three to eight, educators focused on the three elements of self-care: medication adherence, limiting salt, and exercise. Educators reviewed participants' knowledge and self-care skills, motivated the participants, and provided them with more information when needed. Educators talked to the participants every two weeks until the participants showed mastery in all areas of self-care practices.

De Walt et al. (2012) found that this multi-session intervention increases patients' literacy and quality of life compared to a single session intervention. The multisession intervention allowed low literacy patients to learn self-care management instructions.

Internet-Based Self-Care Intervention

Wangberg (2008) examined the effectiveness of a self-care intervention for diabetic patients. The intervention was delivered via an internet site, in which patients could sign-up and log on to their account where they filled out questionnaires and attained information regarding aspects of self-care (blood glucose monitoring, diet, exercise). The intervention was tailored to the individuals' levels of self-efficacy.

The intervention consisted of exercises and information based on social-cognitive theory, including behaviour exercises, monitoring and graphic feedback, and information regarding health risks and benefits, self-care, and overcoming barriers. Quizzes and feedback were available to engage the participants. The site also provided videos of other patients that overcame the challenges of living with diabetes and video lectures from professionals in the area (Wangberg, 2008).

Wangberg (2008) found that participants with high self-efficacy had better self-care practices. However, the level of improvement following the intervention was higher in people that started with lower self-efficacy.

Assessment

The Mindfulness Self-Care Scale (MSCS; Appendix B; Cook-Cottone & Guyker, 2018)

- The MSCS is a 36-item questionnaire with a 5-point Likert response scale that measures self-reported behaviors of self-care.
- The items that comprised the MSCS are: mindful relaxation, physical care, self-compassion and purpose, supportive relationship, supportive structure, mindfulness awareness.

Self-Compassion Scale (SCS; Neff, 2003; Appendix C)

- The SCS was designed to measure the construct of self-compassion based on six sub-scales as its constituent elements (Neff, 2003).
- According to Neff (2020), the SCS is a multidimensional scale measuring self-compassion with three sub-scales related to self-responding (self-kindness, common humanity, and mindfulness) and three sub-scales constituting uncompassionate self-responding (self-judgement, isolation, and over-identification).
- Research that has used the SCS as a measure of self-compassion concluded that the SCS is strongly associated with happiness, optimism, life satisfaction, motivation, and reduced depression and low maladjustment (Neff, 2020; Neff, Bluth et al., 2020; Pommier et al., 2020). Similarly, other research found that the SCS is positively associated with emotional state of participants relating to positive self-construct of self-

esteem but had a negative association with self-worth, public self-comparison, self-rumination, anger, closed mindfulness and narcissism (Neff, 2020; Neff et al., 2019).

Self-Care Patterns Questionnaire (Mahoney, 1997; Appendix D)

- The questionnaire consists of various patterns of coping and self-care activities. Each item is rated on a 4-point scale from 1 = *strongly disagree* to 4 = *strongly agree.*

The Mental Health-Related Self-Care Agency Scale (West & Isenberg, 1997)

- This 35-item measurement is based on Orem's theory of self-care and consists of five types of human functioning: affective, cognitive, and perceptual functioning, patterns of activity, and valuation processes. Each item is measured on a 5-point scale.

The Appraisal of Self-Care Agency Scale-Revised (ASAS-R; Damásio & Koller, 2013; Appendix E)

- The ASAS-R is a 15-item measurement that evaluate one's responsibility and efficacy for self-care behaviour and awareness and the willingness to improve one's self-care practices.
- It is measured on a 5-point scale from 1= *totally disagree* to 5= *totally agree.*

The Professional Quality of Life Scale (ProQOL-R III; Stamm et al., 2009)

- This 30-item measure analyzes three subscales: compassion satisfaction, burnout, and compassion fatigue regarding to one's perception of themselves and their work.
- It is measured on a 6-point response scale (Stamm et al., 2009; Eastwood & Ecklund, 2008).
- Compassion satisfaction is defined as "the pleasure and meaning one derives from being able to do one's helping work well, with higher scores on this scale representing a greater satisfaction related to one's ability to be an effective caregiver through one's work" (Eastwood & Ecklund, 2008, p. 108). Cronbach's alpha: 87.
- Burnout is defined as: *"*the experiencing of feelings of hopelessness and problems dealing with work and doing one's job effectively" (Eastwood & Ecklund, 2008, p. 108). Cronbach's alpha: .72.
- Compassion fatigue is defined as *"*the experiencing of symptoms of secondary traumatic stress as a result of exposure to others' traumatic material while engaging in helping work" (Eastwood & Ecklund, 2008, p. 108). Cronbach's alpha: .80.

Self-Care Practices Questionnaire (Eastwood & Ecklund, 2008; Appendix F)

- The measure consists of a list of 29 self-care practices, which participants will rate on a 6-point scale to indicate how frequent they engage in the activity.
- The frequency is measured: 0 = *never,* 1 = *1-2 times/year,* 2 = *3-6 times /year,* 3 = *1-2 times/months*, 4 = *1-2 times/week*, 5 = *1-2 times/ day*.

The Dependent Care Agent (DCA) Questionnaire (Moore & Gaffney, 1989; Appendix G)

- The measurement is used to analyzed mother's performance of self-care activities for children. It is based on Orem's self-care dimension.
- The questionnaire consists of 39 items that are measured on a 5-point Likert response scale, ranging from always to never.
- Higher scores show high level of dependent care agent performance.
- Reliability = .91

Self-Care Assessment (Saakvitne, et al. 1996; Appendix H)

- Assessed on a 4 -point scale (0 = I never do this; 1 = I barely or rarely do this; 2 = I do this OK (occasionally); 3 = I do this well (frequently))
- The questionnaire measures practices of self-care in five domains: physical self-care; psychological self-care; emotional self-care; spiritual self-care; relationship self-care; workplace or professional self-care; and overall balance.

Five Facet Mindfulness Questionnaire (FFMQ)

- This scale measures how mindfulness is related to psychological adjustment.
- The FFMQ is a 39-item questionnaire (Baer et al., 2018; Bohlmeijer et al, 2011).

The Mindful Attention Awareness Scale (MAAS)

- The MASS is a 15-item scale that measures the tendency to be attentive and present in daily life experiences.
- It is a 6-point Likert scale ranging from almost always to almost never.
- Items on the scale ask participants to self-report their experiences of being auto pilot, being preoccupied, and not being present in the moment.
- Research has found that the MASS is positively associated with openness to experience, emotional intelligence, and wellbeing. MASS scores are higher among participants who practice mindfulness. Higher scores on the MASS have also been found to be negatively associated with rumination, anxiety, and self-monitoring.

The Freiburg Mindfulness Inventory (FMI)

- The FMI is a 30-item, 4-point Likert scale that assesses the non-judgmental present moment observation of participants.

The Kentucky Inventory Mindfulness Skills (KIMS)

- This a 39-item, 5-point Likert response scale questionnaire that measures four components of mindfulness: observing, describing, and acting with awareness and accepting without judgment. The KIMS assesses the daily experiences of being mindful rather than the practice of meditation.

The Cognitive and Affective Mindfulness Scale (CAMS)

- CAMS is a 12-item inventory scale with a 4-point Likert scale ranging from rarely/not at all to almost always. It assesses several components of mindfulness including attention, awareness, present focus, and judgment of daily life experiences of thoughts and feelings.

Mindfulness Questionnaire (MQ)

- This is a 16-item instrument with a 7-point Likert scale that measures a mindful approach to distressing thoughts and image.

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Appendix A: Mindfulness-based Intervention Program Sessions

Duarte & Pinto-Gouveia (2016, p. 101)

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Theme	Introducing mindfulness	Mindfulness of the body	Dealing with (difficult) emotions	The content of the mind	Compassion and loving-kindness	Mindful communication Keeping the practice alive
Exercises	Raisin exercise Sitting meditation with focus on the breath	Body scan meditation	Sitting meditation with awareness of breath and emotions 3-minute breathing space	Sitting meditation with awareness of breath and thoughts	Loving-kindness mediation focused on the self and others	Mindful communication exercises How to take better care of myself Letter to future me
Homework	Sitting meditation with focus on the breath Routine activity Eat one meal mindfully	Body scan or walking meditation Sitting meditation with awareness of breath and sensations New routine activity Pleasure events diary	Body scan or sitting meditation 3-minute breathing space Negative events diary	Body scan or sitting meditation 3-minute breathing space	Loving-kindness mediation Body scan or sitting meditation 3-minute breathing space	Continuing formal and informal mindfulness practice

Appendix B: Mindfulness Self-Care Scale

Adopted from: Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness*, *9*(1), 161-175.

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
1	2	3	4	5

Reversed-scored:

Never (0 days)	Rarely (1 day)	Sometimes (2 to 3 days)	Often (4 to 5 days)	Regularly (6 to 7 days)
5	4	3	2	1

Mindful Relaxation (6 items)	1	2	3	4	5
I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote)	1	2	3	4	5
I did something interpersonal to relax (e.g., connected with friends)	1	2	3	4	5
I did something creative to relax (e.g., drew, played instrument, wrote creatively, sang, organized)	1	2	3	4	5
I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds)	1	2	3	4	5
I sought out images to relax (e.g., art, film, window shopping, nature)	1	2	3	4	5
I sought out smells to relax (lotions, nature, candles/incense, smells of baking)	1	2	3	4	5
Physical Care (8 Items)	1	2	3	4	5
I drank at least 6 to 8 cups of water	1	2	3	4	5
I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains)	1	2	3	4	5
I planned my meals and snacks	1	2	3	4	5
I exercised at least 30 to 60 minutes	1	2	3	4	5
I took part in sports, dance or other scheduled physical activities (e.g., sports teams, dance classes)	1	2	3	4	5
I did sedentary activities instead of exercising (e.g., watched tv, worked on the computer) **reverse scored**	5	4	3	2	1
I planned/scheduled my exercise for the day	1	2	3	4	5

I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi)	1	2	3	4	5
Self-Compassion and Purpose (6 Items)	1	2	3	4	5
I kindly acknowledged my own challenges and difficulties	1	2	3	4	5
I engaged in supportive and comforting self-talk (e.g., "My effort is valuable and meaningful")	1	2	3	4	5
I reminded myself that failure and challenge are part of the human experience	1	2	3	4	5
I gave myself permission to feel my feelings (e.g., allowed myself to cry)	1	2	3	4	5
I experienced meaning and/or a larger purpose in my *work/school* life (e.g., for a cause)	1	2	3	4	5
I experienced meaning and/or a larger purpose in my *private/personal* life (e.g., for a cause)	1	2	3	4	5
Supportive Relationships (5 Items)	1	2	3	4	5
I spent time with people who are good to me (e.g., support, encourage, and believe in me)	1	2	3	4	5
I scheduled/planned time to be with people who are special to me	1	2	3	4	5
I felt supported by people in my life	1	2	3	4	5
I felt confident that people in my life would respect my choice if I said "no"	1	2	3	4	5
felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group)	1	2	3	4	5
Supportive Structure (4 Items)	1	2	3	4	5
I maintained a manageable schedule	1	2	3	4	5
I kept my work/schoolwork area organized to support my work/school tasks	1	2	3	4	5
I maintained balance between the demands of others and what is important to me	1	2	3	4	5
I maintained a comforting and pleasing living environment	1	2	3	4	5
Mindfulness Awareness (4 items)	1	2	3	4	5
I had a calm awareness of my thoughts	1	2	3	4	5
I had a calm awareness of my feelings	1	2	3	4	5
I had a calm awareness of my body	1	2	3	4	5
I carefully selected which of my thoughts and feelings I used to guide my actions	1	2	3	4	5
General (3 items)	1	2	3	4	5
I engaged in a variety of self-care activities	1	2	3	4	5
I planned my self-care	1	2	3	4	5
I explored new ways to bring self-care into my life	1	2	3	4	5

Appendix C: Self-Compassion Scale

Neff (2003)

I’m disapproving and judgmental about my own flaws and inadequacies.	Almost never 1	2	3	4	Almost always 5
When I’m feeling down I tend to obsess and fixate on everything that’s wrong.					
When things are going badly for me, I see the difficulties as part of life that everyone goes through					
When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.					
I try to be loving towards myself when I’m feeling emotional pain.					
When I fail at something important to me I become consumed by feelings of inadequacy.					
When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.					
When times are really difficult, I tend to be tough on myself.					
When something upsets me I try to keep my emotions in balance.					
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.					
I’m intolerant and impatient towards those aspects of my personality I don't like.					
When I’m going through a very hard time, I give myself the caring and tenderness I need.					
When I’m feeling down, I tend to feel like most other people are probably happier than I am.					
When something painful happens I try to take a balanced view of the situation.					

I try to see my failings as part of the human condition.					
When I see aspects of myself that I don't like, I get down on myself.					
When I fail at something important to me I try to keep things in perspective.					
When I'm really struggling, I tend to feel like other people must be having an easier time of it.					
I'm kind to myself when I'm experiencing suffering.					
When something upsets me I get carried away with my feelings.					
I can be a bit cold-hearted towards myself when I'm experiencing suffering.					
When I'm feeling down I try to approach my feelings with curiosity and openness.					
I'm tolerant of my own flaws and inadequacies.					
When something painful happens I tend to blow the incident out of proportion.					
When I fail at something that's important to me, I tend to feel alone in my failure.					
I try to be understanding and patient towards those aspects of my personality I don't like.					

Appendix D: Self-care Patterns Questionnaire

Mahoney (1997)

	1 *Totally disagree*	2	3	4 *Totally agree*
Engaged in a hobby or ready for pleasure				
Taken pleasure trips or vacations				
Attended movies, artistic events, or museums				
Engaged in physical exercise				
Participated in peer supervision				
Played recreational games				
Practiced meditation or prayer				
Engaged in volunteer work for a worthy cause				
Been a client in personal therapy				
Received massage or chiropractic services				
Attended church services				
Kept a personal diary				

Appendix E: The Appraisal of Self-Care Agency Scale-Revised (ASAS-R)

Damásio & Koller (2013)

	1 *Totally disagree*	**2**	**3**	**4**	**5** *Totally agree*
To make adjustments to stay healthy					
To set new priorities to stay healthy					
To make the needed adjustments to stay healthy					
To evaluate the effectiveness of things to stay healthy					
To have changed old habits to improve health					
To look for better ways to take care of yourself					
Lack of time to take care of yourself					
Inability of taking care of yourself					
Lack of energy to care of yourself					
Seldom take time to care for yourself					
Take time to care for yourself when necessary					
Receive necessary information, when health is threatened					
Obtain information about side effects of a new medication					
Take measures to ensure safety of yourself and the family					
Seek help when unable to care for yourself					

Appendix F: Self-Care Practices Questionnaire

Eastwood & Ecklund (2008)

Frequency Scale:

0 = Never

1 = 1–2 times/year

2 = 3–6 times/year

3 = 1–2 times/month

4 = 1–2 times/week

5 = 1–2 times/ day

Description:

1. Hobby
2. Reading for pleasure
3. Pleasure trips/ vacations
4. Movies, artistic events, or museums
5. Physical exercise
6. Recreational games
7. Peer consultation about clients
8. Meditation and/or prayer
9. Volunteer work
10. Massage and/or chiropractic care
11. Church/worship services
12. Diary/journal
13. Personal therapy
14. Support group participation
15. Socialize with friends
16. Socialize with family
17. Regular lunch breaks
18. Take short breaks at work
19. Get sufficient sleep
20. Eat nutritious meals
21. Take vitamins and/or supplements
22. Take prescription medication
23. Consume caffeinated beverages
24. Consume alcoholic beverages
25. Use recreational drugs

26. Smoke cigarettes
27. Consume junk/snack food
28. Consume fast food meals
29. Watch >1 hour TV per day

Appendix G: The Dependent Care Agent (DCA) Questionnaire

Moore & Gaffney (1989)

"I encourage my child to…" or "I teach my child to…"

1 = Never 5 = Always

1. Activities with peers
2. Social activities
3. Play opportunities
4. Group activities
5. Family activities
6. Physical exercise
7. Praise
8. Learn about safety hazards
9. Cope with stressful events
10. Make home safe
11. Have healthy self-image
12. Follow directions for medication
13. Be responsible family member
14. Adjust to changes
15. Respect other's property
16. Be increasingly independent
17. Monitor urination
18. Monitor bowel movements
19. Remind child to drink
20. When hot, encourage to drink
21. Evaluate for minor illness
22. Learn new words
23. Communicate effectively
24. Consider limitations
25. Notice outside hazards
26. Get immunizations
27. Quality of air
28. Avoid smoking
29. Notice outside hazards
30. Receive regular health checkups
31. Receive immunizations
32. Get good night's sleep

33. Get rest
34. Use safety restraints in car
35. Understand nutrition
36. Eat food from our food groups
37. Watch growth and development
38. Adjust to changes
39. Get along with others

Appendix H: Self-Care Assessment

Adapted from: Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.

I never do this	I barely or rarely do	I do this Ok (e.g., occasionally)	I do this well (e.g., frequently)
0	1	2	3

Physical Self-Care	0	1	2	3
Eat regularly (e.g. breakfast, lunch, and dinner)	0	1	2	3
Eat healthily	0	1	2	3
Exercise	0	1	2	3
Get regular medical care for prevention	0	1	2	3
Get medical care when needed	0	1	2	3
Take time off when sick	0	1	2	3
Get massages	0	1	2	3
Dance, swim, walk, run, play sports, sing, or do some other fun physical activity	0	1	2	3
Take time to be sexual - with myself, with a partner	0	1	2	3
Get enough sleep	0	1	2	3
Wear clothes I like	0	1	2	3
Take vacations	0	1	2	3
Psychological Self-Care	0	1	2	3
Take day trips or mini-vacations	0	1	2	3
Make time away from telephones, email, and the Internet	0	1	2	3
Make time for self-reflection	0	1	2	3
Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings	0	1	2	3
Have my own personal psychotherapy	0	1	2	3
Write in a journal	0	1	2	3
Read literature that is unrelated to work	0	1	2	3
Do something at which I am not expert or in charge	0	1	2	3
Attend to minimizing stress in my life	0	1	2	3
Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre	0	1	2	3
Be curious	0	1	2	3
Say no to extra responsibilities sometimes	0	1	2	3
Emotional Self-Care	0	1	2	3
Spend time with others whose company I enjoy	0	1	2	3

Stay in contact with important people in my life	0	1	2	3
Give myself affirmations, praise myself	0	1	2	3
Love myself	0	1	2	3
Re-read favorite books, re-view favorite movies	0	1	2	3
Identify comforting activities, objects, people, places and seek them out	0	1	2	3
Allow myself to cry	0	1	2	3
Find things that make me laugh	0	1	2	3
Express my outrage in social action, letters, donations, marches, protests	0	1	2	3
Spiritual Self-Care	0	1	2	3
Make time for reflection	0	1	2	3
Spend time in nature	0	1	2	3
Find a spiritual connection or community	0	1	2	3
Be open to inspiration	0	1	2	3
Cherish my optimism and hope	0	1	2	3
Be aware of non-material aspects of life	0	1	2	3
Try at times not to be in charge or the expert	0	1	2	3
Be open to not knowing	0	1	2	3
Identify what is meaningful to me and notice its place in my life	0	1	2	3
Meditate	0	1	2	3
Pray	0	1	2	3
Sing	0	1	2	3
Have experiences of awe	0	1	2	3
Contribute to causes in which I believe	0	1	2	3
Read inspirational literature or listen to inspirational talks, music	0	1	2	3
Relationship Self-Care	0	1	2	3
Schedule regular dates with my partner or spouse	0	1	2	3
Schedule regular activities with my children	0	1	2	3
Make time to see friends	0	1	2	3
Call, check on, or see my relatives	0	1	2	3
Spend time with my companion animals	0	1	2	3
Stay in contact with faraway friends	0	1	2	3
Make time to reply to personal emails and letters; send holiday cards	0	1	2	3
Allow others to do things for me	0	1	2	3
Enlarge my social circle	0	1	2	3
Ask for help when I need it	0	1	2	3
Share a fear, hope, or secret with someone I trust	0	1	2	3
Workplace or Professional Self-Care	0	1	2	3
Take a break during the workday (e.g., lunch)	0	1	2	3
Take time to chat with co-workers	0	1	2	3

Make quiet time to complete tasks	0	1	2	3
Identify projects or tasks that are exciting and rewarding	0	1	2	3
Set limits with clients and colleagues	0	1	2	3
Balance my caseload so that no one day or part of a day is “too much”	0	1	2	3
Arrange work space so it is comfortable and comforting	0	1	2	3
Get regular supervision or consultation	0	1	2	3
Negotiate for my needs (benefits, pay raise)	0	1	2	3
Have a peer support group	0	1	2	3
(If relevant) Develop a non-trauma area of professional interest	0	1	2	3
Overall Balance	0	1	2	3
Strive for balance within my work-life and work day	0	1	2	3
Strive for balance among work, family, relationships, play, and rest	0	1	2	3
	0	1	2	3

For more information about R2 or to discover how you can bring the program to your organization, business or educational setting, please contact us.

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