

MUSIC THERAPY AND EXPRESSIVE ARTS TO PROMOTE SELF-AWARENESS
AND SELF-CARE IN DIRECT CARE STAFF: A PHENOMENOLOGICAL INQUIRY

A Thesis
by
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Abstract

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Direct care staff members who work with adults who have intellectual and developmental disabilities face a variety of work stressors. Some of these include burnout, work stress, organizational changes, feeling undervalued by administration, and being understaffed. Organizations that serve adults with intellectual and developmental disabilities may be able to help their staff to alleviate work stress and increase job satisfaction through providing trainings, workshops, and self-care strategies to their employees. Music therapy and arts-based trainings and workshops have shown to increase mood states and coping resources, while decreasing burnout and work-related stress. Through semi-structured interviews, the purpose of this study was to share the experiences of direct staff members who participated in a series of arts-based trainings focusing on self-care practices. The focus of the intervention was on increasing awareness of self and others, increasing compassionate self-talk, providing information about burnout and resiliency through a balanced model of self-care, connecting with personal values, and self-expression.

The results of the phenomenological analysis identified five global meaning units: Direct care work with adults with I/DD can be stressful and physically demanding, while also providing a sense of purpose, increased awareness about one's own personal care and health, and opportunities for career growth. Self-care is allowing yourself time alone, taking breaks, and shifting your perspective to help with the mental and emotional stability needed for direct care work. The arts-based self-care classes provided a relaxing environment, fostered connections, and allowed for everyone to participate providing some with lasting effects like renewed interest in the arts and actively using relaxation exercises. Self-care trainings in the workplace are not commonly available, and participation levels were varied as some people were initially uncomfortable or skeptical about the arts-based experiences. There was common interest in past and future self-care classes with recommendations to have greater participation from everyone and coordinate staff's time for attendance in the classes.

Limitations of the study were the length of time from participation in the classes to interviews, the small sample size, and difficulties with initial recruitment for interviews. Recommendations are made for music therapists and healthcare facilities for providing self-care training for staff in the workplace. From the findings of this study, the arts can foster connections, create a relaxing atmosphere, provide feelings of relief and calmness, provide unforeseen results, and provide a way for everyone to participate.

Keywords: direct care staff, music therapy, expressive arts, burnout, compassion fatigue

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I appreciate my supportive and giving husband, Nate, thank you for all the meals cooked, chores done, and encouragement as I pursued this degree while working. This has been a stressful time and you've helped me to take care of myself as I have researched and shared about self-care for others.

I would also like to thank the staff development and creative therapy department at J. Iverson Riddle for helping to fund the purchase of arts materials for use in these classes, feedback on the initial versions of these trainings, and time in which to continue to provide them even after my study has ended. Your support has helped make this possible.

Dedication

I dedicate this thesis to all direct care staff members with whom I have worked and will continue to work. The work that you do is important, valuable, and often underappreciated. I am grateful and humbled by the positive responses I have received in providing self-care resources for these staff members.

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Chapter 1

Personal Narrative

Self-care is not something that I ever thought I would have to actively think about practicing. I have always made sleep a priority, eaten a balanced diet, sought spiritual practices and community, created music and art for myself, and sought preventative care for any medical and emotional concerns. When I started my first music therapy job out of my internship, I found myself trying to cultivate a new identity as a professional. I agreed to everything, took on too many unrealistic responsibilities, had long commuting routes, worked over 40 hours every week without compensation, and had supervision from someone who was more focused on the number of client contact hours I had received the previous month than my emerging clinical development.

Looking back, I can see a recipe for burnout, which I helped to create. There was little balance and high stress. I brought my work home with me and was responding to emails from my client's parents on my vacations. Even once I realized what was happening, I felt powerless to change anything. Moreover, I was working in a facility with one specific behavioral framework that did not readily understand or welcome eclectic ways in working with music therapy. In addition to the external stressors of the job, there was little philosophical congruence with how I wanted to work in the world. When a former teacher asked how my job was, I said, "Well I really like my clients." To that, she responded, "The

clients are always great.” I think that was my first clue into evaluating where I was at in my professional journey and to set aside what I wanted and what I did not want in a job.

Burnout is something I came to understand within my first 6 months as a music therapist. After moving to a different job, I learned how to set and practiced setting healthy limits for myself. I am still working on my assertiveness, though I definitely feel a healthier work-life balance than I previously did. I worked with individuals with developmental disabilities some of whom had traumatic histories, aggression toward others, and self-injurious behaviors. These were some of the most dynamic and stimulating clients with whom I have worked. One case was somewhat consuming for me. This woman was the same age as I was and responded to music quite visibly in her body. She had severe self-injurious behaviors and wore a helmet and protective arm splints at all times. Our music sessions were dynamic and could range from vocalizing and dancing along to top 40 popular radio songs or using harsh dissonant chords on the guitar to match and modulate her mood to a more regulated and calm level. We had a profound connection with the music we created, and I felt fulfilled by my work with her. At times, I felt the emotional strain of working with someone who was in such a distressed state beyond our sessions. After some of our longer and more intense sessions, I had an extreme level of tiredness that felt as though everything I had to offer had been spent.

In retrospect, I would classify this experience as acute compassion fatigue. I was keenly aware of my physical and emotional responses to my work with her. Therefore, I was able to respond with a more active self-care routine consisting of taking more time for stillness and contemplation, peer supervision, and musical response of my work with her to process my own emotions. Because of these personal experiences, I gained an increased

awareness into both my own tendencies and the realities of these risks for people working in healthcare fields. If I was at risk for developing compassion fatigue from working with someone for a 30 minute session, I began to imagine how it would feel to work with that person for an 8 to 10 hour shift several days a week. Because of these personal experiences, I began to seek out opportunities to become involved in increasing personal awareness, self-care resources, and burnout and compassion fatigue prevention through focusing on resiliency and resources.

Chapter 2

Introduction

I spoke with a direct care staff member who was recently promoted to a mentor and lead support staff role in her home. She had 5 years of healthcare experience, with a year working at her current job, in intermediate care facilities. When I asked her to share about how she has experienced or witnessed burnout, this is what she had to say:

I think there are different levels. There are the people who have their job for the paycheck, to survive. And then there are the people who can't get the separation from heart and work. I'm one of those people. This is my family. This is my home. You see things. You hear things. You wonder what's going on when you're not there. Twelve women on my side of the home were my duty for the day. There were other staff, but I'm the type of person that does the job if it's not being done right. So that was my life 40 hours a week for 9 months. If you're really meant to do this kind of work, it'll break your heart. I would be so exhausted by the second part of my shift. It'll tear you down everywhere. I was emotionally and mentally exhausted. I had 3 days off in a row, which was nice, but it was always in the back of my mind—wondering if I'm going to walk into a mess when I came back. When I applied for my promotion, if I didn't get it I would have left. It wasn't that I wasn't talking about it. With people who've been here a while, it's like a callous grows over them. They're definitely burned out. They stop doing their work because they

don't want to check someone to see if they're wet or help brush teeth anymore. People stay because it's all they know how to do, and for the retirement, for the state benefits. Accountability isn't the same for people who've been here a while and that's not fair. I still have overwhelming days. The communication in this place is terrible. When you have a resident who's dying in the medical care unit...

She began to cry at this point and took a few moments before continuing. "...and you can't find out what's going on. You see so much death and turnover. You see things that are unimaginable everyday."

Direct care support staff working with adults who have intellectual and developmental disabilities (I/DD) experience a myriad of work stressors. The likelihood of burnout for direct care staff may be related to the frequency of aggression, illness, and/or death of those for whom they are responsible. Exposure to aggression occurs similarly in both community and institutional settings. In a survey of direct care staff working with adults with I/DD, about 30% of respondents reported that they were exposed to aggression daily either in the form of verbal, nonverbal, or physical behaviors (Hensel, Lunskey, & Dewa, 2014).

High turnover rates for staff working in this field are related to low work satisfaction, excessive job strain, and lack of staff support (Hatton et al., 2001). Hatton et al. (2001) conducted a survey of support staff working with people with intellectual disabilities and found that about one third of respondents experience significant levels of stress. Burnout, stress, policy changes, and feeling undervalued by administration have been identified as factors that contribute to retention in the direct care field with this population (Firman, Stener, Firmin, & Nonnemacher, 2013). Gray-Stanley and Muramatsu (2011) surveyed direct

care staff working with people with I/DD and found that increased perception of workload, decreased ability to participate in decision making at work, and decreased social support are all significant indicators of burnout. Burnout and emotional fatigue may be more common in direct care staff who are working in institutional settings than those working in the community, which indicates that factors beyond the act of caring for this population may play a role in staff wellbeing (Hensel et al., 2014).

Burnout and Compassion Fatigue

The American Institute of Stress (n.d.) defined burnout as a “cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress.” Compassion fatigue may include symptoms of burnout in addition to the emotional, physical, and spiritual drain of caring for others that can accumulate over time. It is the strain of caregiving itself (American Institute of Stress, n.d.). Burnout and compassion fatigue can co-occur, and the presence of burnout may be a stronger indicator for developing compassion fatigue. The cumulative nature of burnout makes it more complicated to treat than compassion fatigue alone (Figley, 1995).

Van Dernoot Lipsky and Burk (2009) outline 16 warning signs of compassion fatigue and/or burnout in response to traumatic stress. Emotionally, there may be feelings of hopelessness, inadequacy, anger, fear, victimization, guilt, and numbness (emotionally and through self-medication or addictions). Physically, there may be chronic pain and physical exhaustion. Mentally, there may be heightened alertness, decreased creativity, minimization of issues of others, avoidance, and a grandiose view of one’s work. Any of these signs and symptoms can occur simultaneously and may serve as indicators of a larger issue of burnout

from workplace stressors or compassion fatigue from the emotional, mental, physical, and spiritual effects of caregiving.

Music Therapy

Music therapy is the intentional use of music experiences to address client-specific goals through a therapeutic relationship with a board-certified music therapist. Goal areas can range from maintaining overall wellness, self-expression of emotions, and stress management. Other general goals that can be addressed through music therapy include communication, social, physical, and cognitive domain areas (American Music Therapy Association, 2017).

Health is wholeness—a harmony of all the parts; thus, a common goal of music therapy is to help the client to make connections of all kinds, to put the parts of herself, her life, and her world together into a harmonious whole. (Bruscia, 2014, p. 39)

Music therapy uses sound and music to provide experiences that may not be able to be addressed with words alone. Music experiences may encompass receptive music experiences, improvising music, re-creating music, or composing music (Bruscia, 2014).

Music therapists conduct assessments, develop treatment plans, and document ongoing progress of their clients.

Expressive Arts

Expressive arts can incorporate movement, sound, music, drawing, painting, collage, sculpture, mindfulness, poetry, story telling, dream work and imagery (Appalachian Expressive Arts Collective, 2003).

Expressive arts therapy celebrates connectedness, deep feeling, creativity, intuition, integration, purpose, and the totality of the human experience.... Like all interdisciplinary work, it enlarges the capacity of both client and therapist to hold different perspectives, to speak many 'languages' simultaneously (Appalachian Expressive Arts Collective, 2003, pp.12–13).

Therapists trained in using the expressive arts bring together the arts for integrated health and wellbeing.

Self-Compassion and Mindfulness

Self-compassion has been considered effective in reducing work-related stress. Self-compassion integrates kindness, shared human experience, and mindfulness as a practice to offer forgiveness and understanding of one's self in the face of shortcomings. Mindfulness is defined as an awareness of personal thoughts and feelings without judgment or rumination. Interpersonal functioning can also be improved by practicing self-compassion, which in turn can translate into the work of care giving (Germer & Neff, 2013). When a culture of compassionate thinking and care can be formed, the organization, the employees, and ultimately the consumers benefit.

McConnell (2015) described a culture of compassion that seeks to

- Enhance and encourage self-compassion for staff
- Explore how attitudes towards oneself as a person and professional, the working environment and the organizational culture might create a barrier to compassionate care, and then to address these [and]
- Empower staff to incorporate a culture of compassion. (p. 96)

Self-compassion enhances resilience in staff and allows them to provide care that is guided by the values of the staff instead of pressure to meet organizational standards. By practicing self-compassion, the quality of care received by the consumers improves, as there is a greater ease for staff in being compassionate to others (Raab, 2014).

Didactic experiences, group discussions, and writing prompts focused on mindfulness and rational detachment have been shown to improve self-compassion and decrease stress in health care workers (Kemper, Xiaokui, & Khayat, 2015; McConachie, McKenzie, Morriz, & Walley, 2014). Improvements in self-compassion were shown to be indicators for increased resiliency and decreased burnout in the workplace (Kemper et al., 2015).

Direct Care Staff

While some of the research that I describe was done with a variety of healthcare personnel, the use of the term staff in this research study relates to direct care staff members. These are staff members who work with the residents of the intermediate care facility 24 hours a day, 7 days a week, 365 day a year. They assist with activities of daily living including meals, personal care, leisure activities, and support with training new skills. The residents and the facility depend on these staff members to help maintain health and safety and provide continual active treatment.

Methodology

Phenomenological methodology examines one's lived experience, or phenomena, to better understand the subjective, introspective inner world. Phenomenology describes the appearance and what is present in the experience as opposed to describing why something occurs (Reeder, 2009). In phenomenological inquiry, results share the perspective and understanding of the individual without providing generalizable information about a

phenomenon. Husserl (1969) described consciousness as containing both noesis, the structure of the object, and noema, the perception of the object. Determining the essence of a phenomenon by analyzing data requires bracketing and epoché. Epoché is identifying and stating one's assumptions, biases, and beliefs. Bracketing is the intentional setting aside of those viewpoints or expectations regarding the research study in an attempt to bring awareness to potential biases. The purpose of this process is to name the researcher's potential preconceived notions about the topic and provide a more neutral, objective lens in the research process (Jackson, 2016).

Interviewing is most frequently used for phenomenological studies. McFerran and Grocke (2007) outlined a phenomenological procedure for music therapy research that guided the analysis of this study. Following the transcription of the interviews, the data are reduced to include key statements that are relevant to the research questions. Then, the data are grouped into structural meaning units, which consider the explicit experience of the informants. The researcher creates experienced meaning units to bring differing perspectives and new points of view. Next, the interviews are distilled into the unique essence of each interviewee to determine whether the researcher's results are congruent with the experience of the person. Member checking may be used to gain the feedback from the informants. Themes are formed from the experienced meaning units, which may be common to all informants, significant as they relate to some informants' experience, or individualized. From here the themes are categorized into global meaning units, which summarize the findings and form the narrative results of the research into the final distilled essence.

Chapter 3

Review of Related Literature

Work stress, burnout, and compassion fatigue have been researched within healthcare organizations. Throughout this chapter, current research about the causation and prevention of burnout and compassion fatigue is described. Workshops and trainings, including arts-based interventions and therapies, are discussed with implications for healthcare staff.

Burnout and Compassion Fatigue in Direct Care Staff

To prevent burnout and compassion fatigue, a staff person needs to actively participate in self-care and stress management techniques. This process includes understanding one's arousal stimuli, monitoring body responses to stress, making a personal plan of coping skills for self-care, and then acting on the plan with self-monitoring (Sansbury, Graves, & Scott, 2015). Organizations have a responsibility to support staff who may be exposed to traumatic situations or caring for individuals who have trauma histories. Feeling support from their workplace can help staff to experience lower levels of compassion fatigue (Sansbury et al., 2015). When people perceive support from coworkers, they tend to have greater levels of work satisfaction (Devereux, Hastings, Noone, Firth, & Totsika, 2009). Interventions and trainings to build teamwork and stress management resources are needed to help to mitigate the effects of burnout for direct care staff (Gray-Stanley & Muramatsu, 2011). Organizations that serve adults with I/DD may be able to help their staff to alleviate work stress and increase job satisfaction through providing trainings, workshops, and self-

care strategies to their employees (Ingham, Riley, Neven, Evans, & Gair, 2013; Innstrand, Espnes, & Mykletun, 2004; McConachie et al., 2014).

Sansbury, Graves, and Scott (2015) outline a four-step guide for staff members who may be exposed to traumatic situations through their work. First, one needs to become aware of the body and mind through mindfulness of the body and recognition of states of arousal. The second step is to reduce stress by creating healthy boundaries in relationships with clients, assessing areas of imbalance, and building a list of stress reducing resources. Once the resources have been gathered, the third step is to make a plan and prepare to create a behavioral change to manage and mitigate stress. Because of the ongoing and active process of self-care, several coping skills are recommended to create stress management practices. The final step is to act by engaging in healthy coping skills through following the plan and creating support systems for community building and accountability. Beyond personal responsibility, organizations have a responsibility to cultivate resiliency within their staff. “Thus, it is important that an organizations’ environment exemplify the support network clinicians recommend for their clients” (Sansbury et al., 2015, p. 119). Organizations in healthcare settings should provide education on the symptoms of compassion fatigue and burnout. Additionally, materials about self-care strategies should be prepared and made available. Staff trainings should create a sense of empowerment regardless of the resources available. Regular support from supervisors and being able to manage difficult cases may reduce the likelihood of developing a traumatic response in the workplace. An environment of self-care benefits the client, the staff member, and the organization as a whole.

Workshops and Trainings on Burnout and Self-Care for Staff in Health Care

Barbosa, Nolan, Sousa, and Figueiredo (2014) interviewed direct care staff and managers at a long term care facility for individuals with dementia to determine their perspectives of providing a psycho-educational training for direct care staff. Managers shared that they thought the proposed intervention could help with job performance and a greater sense of teamwork. The direct care workers shared the need to be supported by the emotionally demanding nature of their work, to learn to handle job stress with relaxation techniques, and to be supported by their managers by having time to learn and integrate these new skills.

Ingham et al. (2013) provided single-session workshops, which focused on resilience for direct care staff working with adults with I/DD. Through reflection on the duties of care, impact of challenging or aggressive behavior, and stress in the work environment, participants were asked to consider their values and emotional responses. Results indicated that emotional responses related to challenging or aggressive behavior were improved, though burnout levels were not affected. As stress levels and emotional states correspond with burnout, the authors proposed that positive changes in emotional responses might be helpful in reducing burnout in the future. These findings suggest that burnout levels may not be affected after a single workshop and may need a series of sessions to effect change.

Gardner, Rose, Mason, Tyler, and Cushway (2005) reported results of a randomized controlled trial with two experimental groups and a control group with healthcare staff of various roles including nurses, care assistants, professional services, doctors, and administrative staff. Of the 138 participants, 75% worked with people who have intellectual disabilities. Three half-day workshops ran for three consecutive weeks. Both experimental

groups received the same initial training in burnout and signs of stress. The first experimental group received behavioral coping strategies focused on teaching specific stress management interventions, such as progressive muscle relaxation, healthy lifestyles, and goal setting. The second experimental group received a cognitive behavioral approach that emphasized cognitive appraisal of stress and thought patterns, positive self-talk, and relaxation with imagery. Results showed significant decreases in work-related stress with the cognitive behavioral approach being slightly more effective than the behavioral approach. Gardner et al. suggested that because stress is so prevalent in health care work settings, training programs focusing on burnout should use a treatment based approach as compared to a preventative approach.

McConachie et al. (2014) and Noone and Hastings (2009) both used a cognitive behavioral treatment protocol for staff supporting adults with I/DD. Acceptance and commitment therapy and mindfulness based workshops were provided that focused on identifying present coping strategies of participants, providing mindfulness experiences, and assessing personal values (Noone & Hastings, 2009). Psychological distress was found to significantly decrease even while work stress perception increased (McConachie et al., 2014; Noone & Hastings, 2009). Mindfulness and acceptance-based interventions may benefit staff resiliency and wellbeing in staff (Noone & Hastings, 2009).

Self-compassion and mindfulness to decrease stress and burnout. Kemper et al. (2015) conducted a cross-sectional survey of health professionals to determine the relationship between mindfulness and self-compassion with sleep and resilience. Quality of sleep was evaluated by depth of sleep, the ability to get or stay asleep, and the participants' perceptions of the satisfaction of their sleep habits. Resilience, dispositional mindfulness (as

opposed to trained mindfulness), and self-compassion were each measured with a separate, standardized scale. Self-compassion was a significant predictor for better resilience. Neither self-compassion nor dispositional mindfulness was a predictor of sleep. The participants surveyed had low sleep disturbances and were new trainees. Additionally, other measures of trained mindfulness-based stress reduction or similar approaches could be researched to show the potential effect of a mindfulness intervention on resilience in healthcare staff.

Tarantino, Earley, Audia, D'Adamo, and Berman (2013) provided wellness workshops that integrated Reiki, yoga, vocal toning, mindfulness practices, and creative expression. The participants were healthcare professionals (primarily nurses). Six 3-hour trainings were provided across 8 weeks. Participants reported lower stress levels and greater coping skills resources following the training.

Singh et al. (2009) conducted a multiple baseline study wherein 23 direct care staff for adults with I/DD attended a 12-week mindfulness training program. They studied the impact of this mindfulness training on aggressive behaviors of the residents of four group homes and corresponding responses required by the staff in the home. In a related study, Singh, Lancioni, Karazsia, and Myers (2016) provided a 7-day Mindfulness-Based Positive Behavior Support training to direct care staff members in community group homes. Using a quasi-experimental design, they measured staff and client behavior and conducted a cost-benefit analysis from the training results. Direct care staff members were monitored using a daily meditation log following the workshop and by the end of the 40 day period were meditating for 20 to 30 minutes each day. From the 12-week mindfulness training programs, the use of physical restraints and emergency medications for behavioral management decreased to nearly zero, and any uses of restraints and medication were correlated to new

admissions and/or staff who had not received the training (Singh et al., 2009). In the 7-day mindfulness workshop with meditation practice in the follow up portion of the study, statistically significant results were seen in reduction of physical restraint used, staff injuries, peer injuries (client's injuring peers in the group home), and in staff turnover related to stress or injury. As a result of all of these positive changes, the cost-benefit analysis showed there were savings of 89% or \$447,372 (Singh et al., 2016). Singh et al. (2009) suggest that through staff regularly using mindfulness practices their interactions with the individuals in their care were changed and resulted in clinically beneficial results for both staff and individuals with I/DD.

Arts-Based Therapy in the Workplace

Therapy groups that incorporate arts-based experiences have been shown to decrease stress and burnout in the workplace (Cheek, Bradley, Parr, & Lan, 2003; Huet & Holtrum, 2016; Salzano, Lindemann, & Tronsky, 2013). Huet and Holtrum (2016) found that art making allowed individuals to express and release authentic emotions safely while sharing only as much as they were comfortable sharing with the group. Visual arts-based experiences helped to engage health care workers in the process and allowed them to gain perspective and awareness of work-stresses and how to respond to them.

Ifrach and Miller (2016) provided social action art therapy to domestic violence counselors as an intervention for managing stress and compassion fatigue. After participating in a group art experience, participants reported feeling more appreciated by their coworkers and a greater sense of cohesion in addition to decreased stress levels. These findings can relate to lessened burnout and compassion fatigue for healthcare staff.

In a pre-post experimental study, Salzano et al. (2013) explored a group art-making experience for hospice workers to promote team cohesion as a way to decrease stress. The experimental group had a significant decrease in burnout scores from pre- to posttest indicating that collaborative art making can help to aid in stress reduction.

Music therapy has been used to address work-related stress and burnout in varying settings. Cheek et al. (2003) conducted a pre-post randomized controlled trial for educators with two cognitive behavioral treatment groups, one with music therapy and one without. Each group received 6 weeks of 75-minute sessions. In the music therapy group, participants brought music selections that had personal significance to their careers and the physical, spiritual, and emotional effects of burnout. Sessions were spent listening and processing these music selections as a group. Teacher burnout was significantly improved as a result of participating in the cognitive behavioral music therapy group.

Beck, Hansen, and Gold (2015) studied the effects of Guided Imagery and Music (GIM) for individuals on stress-related sick leave from work. Individuals who received a series of individual GIM sessions showed significant increases in self-reported wellbeing and significant reductions in mood disturbance, anxiety, and physical distress. GIM had long-lasting and strong effects on mood disturbance, anxiety, and depression for workers on long-term sick leave from stress.

Brooks, Bradt, Eyre, Hunt, and Dileo (2010) reported a mixed methods study with an experimental music therapy group ($n = 34$) and a waitlist control group ($n = 31$) of medical personnel from a hospital. The experimental group received three to six 60-minute sessions weekly that used body relaxation experiences, directed music and imagery, and mandala creation. Final participant numbers were reduced to 26 people per group due to medical

leave, scheduling difficulties, and not completing the posttest. Quantitatively, there were no significant results in reported job satisfaction, burnout, or sense of coherence. The researchers suggested that the small number of attended sessions, the elevated level of emotional fatigue reported by the participants, and the barriers to participation in the session (coverage and organizational changes) were all factors that contributed to the lack of significant change. Positive qualitative results showed that there were immediate effects of the sessions such as positive emotional responses, relieved stress perception, and an increased sense of well-being for all participants. Some participants reported a decrease of physical ailments, a greater awareness of their bodies, and an increased perspective on their work and personal stressors. “Other participants, while not in physical pain, were able to experience mind-body connections that elicited a sense of wholeness” (p. 262).

Hilliard (2006) provided music therapy groups for professional hospice staff to reduce compassion fatigue and promote community. Two groups were offered for 6 weeks each. One took an ecological approach to music therapy and used improvisation as the primary intervention, while the other used a didactic, structured approach. Interventions in the latter approach used guided meditation with music, breathing exercises, group drumming, chanting, movement, and lyric analysis. Both groups had significant improvements in team building with more improvement made in the didactic approach, though no significant reduction was noted for compassion fatigue (Hilliard, 2006). Group music making among mental health staff may be an effective way to promote relaxation, improved mood, team cohesion, and emotional expression in the workplace (Newman, Maggott, & Alexander 2015).

Arts therapy based workshops for self-care and work-related stress. Huet (2012) used an art therapy-based consultant approach in developing workshop trainings for staff in healthcare facilities. Through art viewing, discussion, and creating response art, participants explored work issues through accessing their own creativity. Participants shared a reaction of fear and uncertainty about being creative and using arts media. However, Huet stated, “fear of inadequacy is replaced by enjoyment in the process” (p. 29). Connection with the creative process allows for new ways of thinking about a situation and may increase reflective thinking in staff (Huet, 2012). During semi-structured individual interviews with staff members, Huet (2017) found that the participants struggled to create emotional boundaries between work and home. Art making was seen as a resource for improving wellbeing and decreasing stress.

Kometiani (2017) similarly provided an art therapy support group for employees of a hospital, including professional staff and office workers. Three 45 to 60 minute sessions occurred once a month for 3 months. The group made vision boards, worry dolls, and altered books and had opportunities for group discussion after each session. This mixed methods study had limited quantitative findings; however, qualitative results from interviews showed benefits like joy and relaxation through self-exploration and creating community in the workplace. Because recruitment of the groups was generated by staff interest and initiative to join, Kometiani suggested that those who chose to participate were more satisfied with their work and had more coping skills available to them.

Martin et al. (2018) performed a systematic review of creative arts therapy interventions for stress, which included four studies with stress management for a variety of healthcare staff members. Randomized control trials were used in 73% of the studies

analyzed. Results indicated that stress was reduced significantly in 81% of studies indicating that creative arts therapy may provide effective treatment interventions for stress reduction.

Professional hospice workers in South Africa attended creative arts therapy workshops in support of emotional expression and decreasing risk of compassion fatigue. Painting, drawing, writing, movement, music making, and drama were all used in the workshops. Themes that emerged included the view that everyone has creative potential, self-awareness and self-care, establishing healthy boundaries, and finding group support (van Westrhenen & Fritz, 2013).

Similarly, Murrant, Rykov, Amonite, and Loynd (2000) used journal writing, art therapy, and music therapy to provide trainings for staff in hospice focused on self-care through creativity. Mindfulness and sensory awareness were integrated into the journal-writing portion, which gave participants practice in using written expression for self-care. The art therapy intervention focused on self-expression, self-awareness, and naming an affirming word that reflected the kind of care the participant required. The music therapy portion used movement and music improvisation experiences that emphasized self-expression and had opportunities for discussion. During the music therapy segment of the workshop, some participants shared about having had previous negative situations with music and creative expression as children that led them to believe they were unmusical. Following the music experience, participants reported feeling liberated and coming to enjoy the music making that they initially feared. All participants reported that they appreciated having a variety of arts modalities in which to participate and that they appreciated having the time to be in a nonjudgmental and supportive environment. This type of workshop allows for the integration of mind, body, emotions, and spirit. Observations from the

facilitators and follow-up feedback showed that the workshop brought greater awareness to the significance for self-care for caregivers (Murrant et al., 2000).

Summary

Work stress for direct care staff working with adults with intellectual disabilities can be influenced by a variety of factors ranging from the complex needs of the people they care for to organizational stressors (Firman et al., 2013; Hatton et al., 2001; Hensel et al., 2014). High turnover rates due to low job satisfaction and support can also impact the quality of care received by the individuals with I/DD (Hatton et al., 2001). Organizations can help to increase the wellbeing of their staff by providing trainings focusing on wellness and stress management support (Sansbury et al., 2015). Music therapy and arts-based workshops can effect change in stress levels, anxiety, sense of community, emotional expression, and by proxy resiliency in health care workers (Brooks et al., 2010; Huet, 2012, 2017; Kometiani, 2017; Murrant et al., 2000). Because of the risk level for burnout and compassion fatigue in direct care staff working with adults with intellectual and developmental disabilities, there is a need for a focus on self-awareness and self-care to promote opportunities for resiliency.

Statement of Purpose

The purpose of this study was to understand the lived experiences of direct care staff working in an intermediate care facility for adults with intellectual disabilities who experienced a series of self-care training sessions. The research questions for this study were

1. What is direct care staff workers' perceived impact of working at an intermediate care facility?
2. How do direct care staff workers understand self-care?

3. What was the direct care staff member's individual experience of participating in a series of self-care training classes as part of new hire orientation?
4. What recommendations would the direct care staff members have for future opportunities or resources?

Chapter 4

Method

This section outlines demographic information and inclusion and exclusion criteria for the informants. This chapter also describes the intervention about which the interviews were conducted. Also described are the procedure and data analysis process.

Informants

Informants were direct care staff recently employed at an intermediate care facility for adults with I/DD. Each of the staff had completed four weekly sessions as part of new hire orientation. Purposive sampling was used to generate a demographically diverse group of interviewees of four informants. The inclusion criterion was having had previous work experience in a healthcare setting. Exclusion criteria were missing one or more of the trainings and/or separation from the facility before the time of the interview. Informants will be referred to with pseudonyms to protect identities and each participant was encouraged to select a name to be used in the study.

Jennifer was a 53-year-old, white female with an associate's degree in applied science in mental health. Jennifer had previously worked in several healthcare settings including public schools, assisted living facilities, and adult developmental day centers. She had 32 years of experience in related settings.

Rebecca was a 47-year-old, white female with some college. She had worked with adults with I/DD for about 12 years in respite care, group homes, alternative family living.

She specifically focused on working with people with dual diagnoses who also had mental health disorders.

Tyler was a 25-year-old, white male with an associate in arts degree. He had worked mostly in individualized settings within home care for people with I/DD. He also had experience volunteering at a hospital while in high school.

Nesa was a 23-year-old, black female with some college. Her experience with healthcare was from personal experience of caregiving for her mother. Her mother had a heart attack 3 years ago followed by two strokes within 3 months of each other. Since that experience, her mother has been under the care of herself and her family members.

Intervention

New direct care staff participated in a four part series of arts-based trainings, each 60 to 75 minutes long. These were *The Whole Self, Day One: Self-Affirmations*; *The Whole Self, Day Two: Awareness; Burnout and How We Can Achieve Wholeness*; and *Who I Am*. These trainings were scheduled trainings for new direct care staff and were offered with other orientation classes that took place over the employees' first 4 weeks of employment. Each course was offered as part of a continuous 4-week rotation with other orientation trainings. Therefore, new staff members may have started the rotation of self-care training with any one of these four classes.

The Whole Self, Day One: Self-Affirmations provided participants with an introduction to mindfulness through a therapist-led body scan and positive self-talk with the use of affirmations. Participants had the opportunity to create affirmation cards, color an image and integrate an affirmation, or free write about an affirmation. At the conclusion of

the class, the group members shared their affirmations with the group in the context of a group chant.

The Whole Self, Day Two: Awareness focused on awareness of self and others. After a brief check in, a music improvisation experience occurred with brief processing afterward about the participants' awareness and experience. Next, a sensory experience in clay was facilitated in which participants pass their clay to other group members on a cue from me. In conclusion, the group wrote about their experience and extracted one line of their writing to contribute with the structure of a group poem. Because of the nature of these experiences, when there were very small (three participants) or larger (over 20 participants) training unit groups, I adjusted the content of this course to best meet the needs of the group while still focusing on self- and other-awareness. Some adjustments included using a structured gratitude dance to music for the largest group and a supportive music and imagery experience for the smallest group.

Burnout and How We Can Achieve Wholeness integrated arts experiences including group singing, a metaphorical movement experience, and a sensory-based mindfulness experience throughout the training. The presentation used a psycho-educational approach to describing signs of burnout and compassion fatigue and also an approach for wellness and resilience developed by van Dernooy Lipsky and Burk (2009).

Who I Am provided staff with an opportunity to explore personality traits and personal values that guide their lives. A group reading and non-verbal acting out of a poem opened the group and stimulated discussion about personal choice and what guides one's decisions. Everyone then took a brief personality test and received information about their tendencies, strengths, and needs. Group music making followed this experience with a focus

on self-expression and teamwork. Participants focused on personal values by narrowing a list to their top three personal values and depicting these within a mandala.

Procedure

After gaining written consent from informants who attended the four sessions described above, each participated in an audio and video-recorded, semi-structured interview conducted by a psychologist at the facility who was not involved in the sessions. Due to my role as training facilitator, I was not present for the interviews so as not to create bias. Informants received a \$25 Visa gift card for participation in the study. Interview times lasted from 13 minutes to nearly an hour. The shortest interview length was due to the predetermined questions being asked in succession without follow-up. I gave clearer instructions to the interviewer and the subsequent interviews were 56 minutes, 29 minutes, 43 minutes, respectively. See Appendix for interview questions.

Data Analysis

McFerran and Grocke (2007) outlined a method for analyzing data within a phenomenological framework that utilized a seven-step procedure that has been used for music therapy research. Per this procedure, each interview was transcribed word for word. Words or phrases said with a change in inflection or emphasis were put into italics. Loud words or statements were noted in all capital letters. Because video footage was taken in addition to audio recording, notable body language was verbally described within the transcripts with the use of brackets. Following the transcription and after removing repetitive language and information not related to the experience being researched, I identified the key statements of each participant.

Once the key statements were formed, categories were created in response to the research questions (impact of the work, understanding of self-care, experience participating in the training groups, and recommendations for self-care trainings), and these led to the creation of structural meaning units. Within each of these categories, a color-coding system was created to see connections across the category for later grouping and summarizing. For example, in the first category regarding the impact of healthcare work, general statements were put in red, statements about the physical impact were put in orange, statements about the emotional impact were put in green, etc. Each category had a color for identifying unexpected responses or responses that went beyond the question that was asked. Within the structural meaning units, the explicit experience of each interviewee was described using the language of the person to not create distancing from the experience (McFerran & Grocke, 2007).

As described in the research procedure of McFerran and Grocke (2007), the structural meaning units were then grouped together to determine the possible lived experience of the individual and create the experienced meaning units. These focused on the implicit meaning and further distilled the interview. I created individual distilled essences for each of the four interviewees and sent them to the informant for member checking to confirm the accuracy of the distilled essence for each participant. I also consulted the interviewer on the distillation of the interviews for clarity and accuracy. The interviewer made one suggestion for revision, and I clarified the statement to better express the meaning of the participant.

I determined themes across interviews through isolating each meaning unit and grouping them together through a process called imaginative variation. To attempt to view the data with a fresh perspective, each participant was assigned a number and the numbers

were placed on the back of the paper strip containing each meaning unit for later identification. I did not use the previous categories to group the findings and allowed them to emerge more organically so as to allow for new possibilities to emerge from the data. Common themes were those that were shared by all four informants, significant themes were those that were shared by two or three informants, and individual themes were those that were shared by one participant (McFerran & Grocke, 2007).

Once I established the themes, she isolated each theme and again used the process of imaginative variation to connect and summarize the findings. I then created global meaning units from all the common, significant, and individual themes. When put in a narrative style, the global meaning units then formed the final distilled essence (McFerran & Grocke, 2007).

Chapter 5

Results

This chapter describes the findings from the informants' interviews. First, each global meaning unit (GMU) is presented. Common, significant, and individual themes have been outlined under each of the GMU. Supporting and notable experienced meaning units and/or direct quotations are included below in each of the sections. This chapter concludes with the final distilled essence.

The four informants were Jennifer, who had 32 years of experience across many healthcare settings; Rebecca, who had 12 years of experience with I/DD and dual diagnoses; Tyler, who had previous experience providing in home care for adults with I/DD; and Nesa, who had experience caring for her mother for the last 3 years. All informants shared four common themes. Fifteen significant themes were found from two to three informants' experiences. Two individual themes represent an individual experience. From these themes five GMUs were formed. These GMUs then comprised the final distilled essence from my perspective and summarized the results as per McFerran and Grocke's (2007) phenomenological research procedure. GMUs and themes are summarized in Figure 1.

GMU 1: Direct care work can be stressful and physically demanding, while also providing a sense of purpose, increased awareness about one's own personal care and health, and opportunities for career growth.

Direct care work with people with I/DD is rewarding and provides a sense of purpose. (Common Theme 1)

Direct care work can be a physically demanding job. (Significant Theme 6)

Working at an intermediate care facility may give more awareness about overall health and provide opportunities for career growth. (Significant Theme 7)

Direct care work can be stressful. (Significant Theme 8)

When initially asked about self-care, automatic responses were related to the personal care and grooming of themselves and/or the people with whom they work. (Significant Theme 9)

GMU 2: Self-care is allowing yourself time alone, taking breaks, and shifting your perspective to help with the mental and emotional stability needed for direct care work.

Self-care is regularly allowing oneself alone time to do things that are personally meaningful. (Common Theme 2)

Being mentally and emotionally stable allows you to be responsive to the variable nature of direct care work. (Significant Theme 2)

There are opportunities to take breaks on campus at work. (Significant Theme 11)

People can prevent burnout in their work based on their perspective and reason for being here. (Significant Theme 15)

Figure 1. Music Therapy and Expressive Arts for Self-Care for Direct Care Staff Analysis

Results

Figure 1 Continued

GMU 3: The arts-based self-care classes provided a relaxing environment, fostered connections, and allowed for everyone to participate providing some with lasting effects like renewed interest in the arts and actively using relaxation exercises.

The trainings provided a relaxing environment and feelings of calmness within the group. (Significant Theme 1)

Informants later used relaxation exercises including arts-based exercises to manage their stress level. (Significant Theme 3)

Participating in these arts-based classes brought the arts back into their lives. (Significant Theme 4)

The classes and arts-based experiences fostered connections within the group. (Significant Theme 5)

Arts-based trainings allowed everyone to participate even if they were skeptical. Once people were engaged they were more open. (Significant Theme 13)

GMU 4: Self-care trainings in the workplace are not commonly available, and participation levels were varied, as some people were initially uncomfortable or skeptical about the arts-based experiences.

People participated in various ways. For those who were skeptical about the classes, if they participated they tended to benefit from the classes. (Significant Theme 10)

Some participants were initially uncomfortable and didn't understand the purpose of some of the arts-based experiences. (Significant Theme 12)

These classes were different than other orientation trainings because they gave opportunities for becoming present and grounded. (Significant Theme 14)

Self-care classes may not be commonly available to direct care staff at other healthcare facilities. (Individual Theme 2)

Figure 1 Continued

GMU 5: There was common interest in past and future self-care classes with recommendations to have greater participation from everyone and coordinate staff's time for attendance in the classes.

There were few recommendations for changes of the classes. One was to have greater participation from everyone in the group. (Common Theme 3)

All informants shared interest in six-week self-care groups for themselves and other staff at the facility for building community and self-awareness. (Common Theme 4)

Coordinating staff's time and attendance could be a barrier to having everyone attend a 6-week self-care class. (Individual Theme 1)

GMU 1: Direct care work can be stressful and physically demanding, while also providing a sense of purpose, increased awareness about one's own personal care and health, and opportunities for career growth.

One common theme and four significant themes supported the first GMU.

- Direct care work with people with I/DD is rewarding and provides a sense of purpose. (Common Theme 1)
- Direct care work can be a physically demanding job. (Significant Theme 6)
- Working at an intermediate care facility may give more awareness about overall health and provide opportunities for career growth. (Significant Theme 7)
- Direct care work can be stressful. (Significant Theme 8)
- When initially asked about self-care, automatic responses were related to the personal care and grooming of themselves and/or the people with whom they work. (Significant Theme 9)

Common Theme 1. These collective themes describe the nature of direct care work and the different impacts of the job. All informants commented on the rewarding aspects of

working with people with I/DD. Tyler's perspective was that working with people with I/DD is more rewarding than working with the general public because he's helping people gain life skills. Jennifer, Rebecca, Tyler, and Nesa expressed that they find a rewarding sense of purpose or pride from their work.

Significant Theme 6. While there are general feelings of the positive and rewarding nature of the work, three informants described the physically stressful aspects of direct care work. Because of the range of needs of people at the intermediate care facility, some individuals have different needs in terms of personal care. For two informants who work with people with more physical needs, they stated their work is physically tiring.

“It is a physical job on your body. I work with residents who have to have total care.”
(Jennifer)

“The work I do is very tiring.” (Nesa)

Another perspective of the physical impacts of the work is the quantity of direct care work done in a week.

“If I told you that I work 100 hours a week you probably wouldn't believe me, but I do work about 100 hours a week... I would say, health-wise, I'm pretty healthy because I've been doing a hundred hours [a week] for a number of years and I work on like 3 or 4 hours of sleep. My doc says, I have an imbalance, but he says, 'It's okay. It works for you, it's okay.'” (Rebecca)

Significant Theme 7. Tyler and Nesa shared the positive health benefits of coming to work at this particular intermediate care facility. Nesa shared that she's more on top of her physical health since working in healthcare settings and more routinely goes to the doctor than she did previously.

“There's a wide variety of things that I've learned but for the overall better health of myself, I've benefited from that too by working in healthcare. Well since I came to the center, working with these people is almost therapeutic for me and I've actually been able to come off of two blood pressure medicines that I was on. I've lost 30 pounds.” “Coming [here] has been a lifesaver for me in multiple ways. Because I benefited from my anxiety and stress level.” (Tyler)

Another benefit of working at a larger facility is the opportunity for career growth. Rebecca and Tyler both commented on the possibilities available to them at their job.

“I think here, the opportunities afford whatever you want to do. You have to take the initiative. You have to participate. I have found that because I do like participating and jumping in with both feet, maybe I'm getting a better experience from it.”
(Rebecca)

Significant Theme 8. Rebecca, Tyler, and Nesa referred to direct care work with adults with I/DD as stressful for them currently or in a previous job. Tyler shared that working at an intermediate care facility provides more structure for staff, which decreases the stress that he experienced providing in home care.

“Working in direct care can be very stressful. For me, it's allowing myself to slow down and step back.” (Nesa)

Significant Theme 9. *Self-care* is often used to refer to personal care and grooming in direct care work. When asked to define self-care, Rebecca and Nesa both had automatic responses of describing the independence level of their residents or themselves around bathing and grooming tasks.

GMU 2: Self-care is allowing yourself time alone, taking breaks, and shifting your perspective to help with the mental and emotional stability needed for direct care work.

The second global meaning unit was formed from one common theme and three significant themes:

- Self-care is regularly allowing oneself alone time to do things that are personally meaningful. (Common Theme 2)
- Being mentally and emotionally stable allows you to be responsive to the variable nature of direct care work. (Significant Theme 2)

- There are opportunities to take breaks on campus at work. (Significant Theme 11)
- People can prevent burnout in their work based on their perspective and reason for being here. (Significant Theme 15)

Common Theme 2. Jennifer, Rebecca, and Tyler all described self-care as needing time to be alone, have “me time,” and allowing yourself the time to relax and do something for yourself. Rebecca stated that she thinks there's burnout in healthcare because humans are more likely to take care of other people than ourselves. Rebecca and Nesa described times when they had not taken care of themselves to define the importance of self-care for them now.

“And I used to think, back in the day years ago, that it was selfish, you know, of me to do that. They need me more, but then when I looked in the mirror, I wasn't taking care of myself. Everybody else was doing wonderful, everybody else had everything that they needed and I said, ‘No, I've got to take that moment for myself.’” (Rebecca)
 “I feel like everything that was taught to me or shown to me in those groups has helped me. Because I never knew that *myself* mattered so much until I began just giving all that I had to everyone else. And then I went, ‘Oh well hey, there’s me.’ Take that time for yourself.” (Nesa)

Significant Theme 2. Rebecca, Tyler, and Nesa all referred to the unexpected and variable nature of working in direct care. Rebecca and Tyler commented on how working with people is not monotonous and is always changing. In response to the nature of the work, Tyler and Nesa mentioned how necessary it is to be in control of yourself mentally and emotionally before you can be prepared to work with someone else.

“You have to be emotionally strong within yourself so that you can be emotionally strong for the residents that you were working with. Because not always are they going to be able to tell you, ‘I'm hurting.’” (Nesa)
 “You have to make sure that you're mentally sharp and ready for whatever. Because you don't know what to expect sometimes. [laughs] You don't know what you're going to walk into especially after you've been off, too. After you've been off it's important to be ready when you come back in because you don't know what you may

be walking into, so you need to be prepared for whatever is going to be thrown at you.” (Tyler)

Significant Theme 11. Rebecca and Tyler felt that they have opportunities to take breaks at work. Tyler commented on how walking and enjoying the nature on the campus of the facility helps him to come back prepared to work. Rebecca shared that in addition to taking breaks for herself, she can help the residents with whom she works take breaks as they need them, too.

“I allow myself to take breaks at work. Also, if a resident is having a difficult day, I might take that person to help them get away and unwind.” (Rebecca)

Significant Theme 15. Rebecca and Tyler mentioned ways of thinking and perspectives that they see as promoting resiliency. Rebecca spoke to the importance of taking “little growth moments” from the work because people with I/DD won’t always express their appreciation to staff.

“I think too not getting burnout in your work and finding ways to maybe alter your thinking in a way before you go into a place. Instead of just getting in the same routine, you've got to make sure to keep your mental state open and just broaden your horizons on your thinking in your work.” (Tyler)

GMU 3: The arts-based self-care classes provided a relaxing environment, fostered connections, and allowed for everyone to participate providing some with lasting effects like renewed interest in the arts and actively using relaxation exercises.

These five significant themes supported GMU 3:

- The trainings provided a relaxing environment and feelings of calmness within the group. (Significant Theme 1)
- Informants later used relaxation exercises including arts-based exercises to manage their stress level. (Significant Theme 3)

- Participating in these arts-based classes brought the arts back into their lives.
(Significant Theme 4)
- The classes and arts-based experiences fostered connections within the group.
(Significant Theme 5)
- Arts-based trainings allowed everyone to participate even if they were skeptical. Once people were engaged they were more open. (Significant Theme 13)

Significant Theme 1. The relaxing nature of the classes was remembered and shared by three informants. Jennifer, Rebecca, and Tyler talked about the relaxing effects for themselves and others in the training group. Tyler also mentioned how the arts-based self-care classes were different from other orientation classes.

“Everybody seemed relaxed. The atmosphere was relaxing.” (Jennifer)

“That was some of my favorite parts of the orientation because it was nice to take a step back from--because in the orientation you’re here for a good bit of time and I think it was nice to have those classes because you were doing a repetitive motion [moves hand in bouncing motion across body] during some of the orientation so it kind of got you out of the general mindset of just doing stuff by the book. And it was very therapeutic in a way too because it gave you time to relax and just kind of come to yourself and really get to that mental state.” (Tyler)

Significant Theme 3. Rebecca, Tyler, and Nesa spoke to the lasting effects of the classes as they had done relaxation exercises, including arts-based experiences, to manage their stress levels. Rebecca and Tyler recalled specific instances of using exercises from the classes to calm themselves while at work. Nesa shared a broader perspective about new awareness gained from participation in the self-care classes and how she was able to sustain her work past her first couple of months at the facility.

“I remember I used it later on. I was having a really bad day and one of the clients was just here [motions behind her shoulder]. I was like, “I will in a moment.” And I

remember, one of the markers was on the table. It was like black and green and I'm like [motions drawing quickly], 'Okay, I'm good.' [laughs]" (Rebecca)
"Participating in those different groups let me know that you can give out all the love, all the care, you can give your everything, but at the end of the day *you can't forget yourself. You have to remember yourself.* [Points inward]. Because if you allow yourself to get to the point of where you are burnt out, you have nothing anymore. Because you have now forgotten yourself while trying to love someone else, but you have to love yourself before you can allow yourself to love someone else. And from that aspect of it, if I didn't do some of the things that were shown to me in those classes, I think after my first two weeks of being out of the training unit, being in the home, predominantly in the home, I probably would have left. But I just had to step back, remove myself from everything else that was going on, and say, 'Okay.' And just take some deep breaths, and listen to some music and just realize: 'I'm okay, so it's okay.'" (Nesa)

Significant Theme 4. For Rebecca and Tyler, participating in the arts-based classes brought their interest in the arts back into their lives. For both of them, visual arts or writing had previously been a means of expression that they had taken a break from doing.

"It gave me a renewed interest in them [writing and poetry]. Because I mean I was kind of, when I came here, to be honest, I was a little bit burnt out anyway. Getting in these classes, it changed my mind on what I need for my self-care." (Tyler)
"Because I had kind of put it away for a while, of drawing and sketching and painting and all of that, so actually that brought that back in, into my life." (Rebecca)

Significant Theme 5. For three direct care staff, the classes and arts-based experiences fostered connections within the group. Rebecca and Nesa both shared that when everyone participated it brought everyone together as a group. Tyler reflected on the individualized nature of some arts-based experiences that then connected outward to the group.

Significant Theme 13. Because of the nature of these trainings and how they were facilitated, Rebecca and Tyler commented that everyone was able to participate. For those who were shy or skeptical of participating, once they were involved, they were more open and relaxed.

In these trainings, you were made to participate. By the end of it, we were more relaxed. No one that started out skeptical was rolling their eyes at the end. It brought

us together.... Even if they didn't want to, I think they did benefit from it because of the opportunity for bonding with other co-workers. (Rebecca Experienced Meaning Unit)

Even for some people who didn't care to be engaged, once you get them to participate it kind of forces them to bring down their wall and opens up that person. (Tyler Experienced Meaning Unit)

GMU 4: Self-care trainings in the workplace are not commonly available, and participation levels were varied, as some people were initially uncomfortable or skeptical about the arts-based experiences.

GMU 4 is comprised of three significant themes and one individual theme listed below:

- People participated in various ways. For those who were skeptical about the classes, if they participated they tended to benefit from the classes. (Significant Theme 10)
- Some participants were initially uncomfortable and didn't understand the purpose of some of the arts-based experiences. (Significant Theme 12)
- These classes were different than other orientation trainings because they gave opportunities for becoming present and grounded. (Significant Theme 14)
- Self-care classes may not be commonly available to direct care staff at other healthcare facilities. (Individual Theme 2)

Significant Theme 10. Participation in the groups was seen as variable and an important component for bringing the group together. In Rebecca's opinion, these classes may have been met with skepticism at first, but they were the one's she wanted to last longer.

“In these trainings, you were made to participate. By the end of it, we were more relaxed. No one that started out skeptical was rolling their eyes at the end. It brought us together.” “People might not want to do it at first, but out of all our classes those were the ones we wanted to linger.” (Rebecca)

“Some people may have thought of it as something silly. But once you actually participate in something you realize, it does benefit you. You may think it's not that great then, but once you participate in it and you really actually open yourself up to the group there's something relieving about that.” (Tyler)

Significant Theme 12. Rebecca described feelings of discomfort shown by laughter from the group as participants were asked to sing. She also discussed feeling frustrated at the process-oriented nature of a clay-based experience, which she wanted to turn out in a certain way. For Nesa, she wasn't sure how some of the experiences would help her.

“She taught me some stuff I did not know would help. But in that point and moment, I was like, ‘Wow, I never knew this.’... [Making affirmation cards] helped me to understand that everything will be okay in the end. If you just trust in yourself and believe in yourself, it'll be okay.” (Nesa)

Significant Theme 14. Tyler shared that the arts-based self-care classes were unlike other classes in the training unit because they were not “by the book,” and they allowed time for him to become more relaxed and grounded. Rebecca commented on wanting those classes to linger because the group was communicating and enjoying the experience. Rebecca and Nesa both commented that they had saved one of the visual art pieces they had made.

When I talk to people, we remember those classes out of everything we did in orientation. I still have one of the drawings and artsy things on my bulletin board. (Rebecca Experienced Meaning Unit)

Individual Theme 2. In response to Jennifer sharing that she had over 30 years of experience in different healthcare facilities, the interviewer asked whether or not she had been provided the opportunity to take self-care classes previously. She replied that this was the first healthcare facility that offered that option and that she liked that they did.

GMU 5: There was common interest in past and future self-care classes with recommendations to have greater participation from everyone and coordinate staff's time for attendance in the classes.

The final global meaning unit drew from common themes one and two and individual theme one, listed here:

- There were few recommendations for changes of the classes. One was to have greater participation from everyone in the group. (Common Theme 3)
- All informants shared interest in six-week self-care groups for themselves and other staff at the facility for building community and self-awareness. (Common Theme 4)
- Coordinating staff's time and attendance could be a barrier to having everyone attend a 6-week self-care class. (Individual Theme 1)

Common Theme 3. All informants commented that the classes were enjoyable. For Rebecca, she found that the classes connected and brought the group together. Tyler's suggestion for one change for the classes was to encourage more participation. His training unit group had 30 staff, which was one of the largest training groups that participated in this series of self-care classes.

Common Theme 4. All informants shared that they would participate in a 6-week self-care group at work. Each participant shared a different take on the benefits of the group from preventing burnout, to creating community, to increasing self-awareness.

“I think the employees would really benefit from it. I think it would prevent burnout and stress.” (Jennifer)

It can help with creating a sense of community. (Rebecca Experienced Meaning Unit)

It would be good for morale if people participate. If people would be open to the group and try it, then I think it would be good. (Tyler Experienced Meaning Unit)

I would participate in a 6-week group at work. I think it would be a great opportunity for everyone. Those that participate would be amazed at what they may learn about themselves. (Nesa Experienced Meaning Unit)

Individual Theme 1. Rebecca viewed the greatest barrier to offering 6-week self-care groups as scheduling staff attendance. From her perspective, it would take effort to

make it available for everyone to attend. Making it “a *little bit* mandatory” would help with people being able to attend such a class.

Final Distilled Essence

From the perspective of these four direct care staff, direct care work with adults with I/DD can be stressful and physically demanding, while also providing a sense of purpose, increased awareness about one’s own personal care and health, and opportunities for career growth. Self-care is allowing yourself time alone, taking breaks, and shifting your perspective to help with the mental and emotional stability needed for direct care work. The arts-based self-care classes provided a relaxing environment, fostered connections, and allowed for everyone to participate providing some with lasting effects like renewed interest in the arts and actively using relaxation exercises. Self-care trainings in the workplace are not commonly available, and participation levels were varied as some people were initially uncomfortable or skeptical about the arts-based experiences. There was common interest in past and future self-care classes with recommendations to have greater participation from everyone and coordinate staff’s time for attendance in the classes.

Chapter 6

Discussion

The purpose of this study was to understand the lived experiences of direct care staff working in an intermediate care facility for adults with intellectual disabilities who participated in a series of arts-based self-care training sessions. The results of this study show that direct care work with adults with I/DD can be stressful and physically demanding, while also providing a sense of purpose. The informants viewed self-care as allowing yourself time alone and shifting your perspective to help with the mental and emotional stability needed for direct care work. They were interested in past and future arts-based self-care classes as they provided a relaxing environment, fostered connections, and allowed for everyone to participate. In this chapter, I summarize the results and answer the research questions. This section includes recommendations for the field of music therapy and I/DD facilities. Finally, I discuss limitations of the research study and offer conclusions.

Summary of the Results

The four research questions for this study were

1. What is direct care staff workers' perceived impact of working at an intermediate care facility?
2. How do direct care staff workers understand self-care?
3. What was the direct care staff member's individual experience of participating in a series of self-care training classes as part of new hire orientation?

4. What recommendations would the direct care staff members have for future opportunities or resources?

Each will be considered separately in the discussion that follows.

What is direct care staff workers' perceived impact of working at an intermediate care facility? The first research question is answered by GMU 1: Direct care work can be stressful and physically demanding, while also providing a sense of purpose, increased awareness about one's own personal care and health, and opportunities for career growth. Common Theme 1 was working with people with I/DD is rewarding and provides a sense of purpose. All informants shared that their work had personal fulfillment and meaning for them in some way. Finding fulfillment from one's work can be a signifier of job satisfaction. As Hatton et. al (2001) found, being dissatisfied with one's job can be a common reason for the high turnover in direct care staff working with adults with I/DD.

Direct care work can be stressful and physically demanding. All informants spoke to the stressful nature of working with adults with I/DD as it relates to emotional or physical stress. For these staff, stress comes from different places. There can be emotional stress of working with people with communication barriers and not always being able to understand what they need. There can be physical stress from the nature of working in a home where the residents use wheelchairs and need more physical assistance in activities of daily living. The behavioral needs of this population, the level of structure, and environment can also impact the level of stress. From one informant's experience, he had more stress in his job when providing in-home care for adults with I/DD, because there was less structure than there is at the intermediate care facility. For some people, the level of pay is insufficient and may require working more than one job. One informant shared that combined with her other job,

also in direct care work for adults with I/DD, she works an average of 100 hours each week with 3 to 4 hours of sleep each night. This is a significant amount of time spent in a caregiving role and getting 3 to 4 hours of sleep alone could increase one's stress level. There is a recognized need to create boundaries and keep things balanced within their lives. The self-care classes could be helpful ways to promote building that barrier between work and home life.

Working at an intermediate care facility may give more awareness about overall health and provide opportunities for career growth. For three of the four informants, there was a shared experience of having positive life changes from working at an intermediate care facility. Two of these talked about the physical and/or emotional health improvements since coming to work in healthcare. One shared that he had lost 30 pounds and come off of blood pressure medications since he began working at the facility. Two both felt that there are opportunities for career growth at the facility and commented on the important nature of being open to taking on new opportunities. Feeling stagnant and as though there is no room for upward mobility could be a reason to leave a place of work. Having more options for growth available may promote longevity in the workplace.

How do direct care staff workers understand self-care? The definition of self-care as given by the informants is expressed in GMU 2: Self-care is allowing yourself time alone, taking breaks, and shifting your perspective to help with the mental and emotional stability needed for direct care work. All informants described self-care as relating to time alone doing things that are personally meaningful (Common Theme 2). Two informants indicated that they learned the importance of taking time for themselves when they were not practicing effective self-care. Burnout may be more common because of human compassion and taking

care of others before taking care of one's self. These perspectives relate to the risk of compassion fatigue and/or burnout for direct care staff. They also indicate the importance of self-awareness as being a necessary component of self-care.

When asked to define *self-care*, two informants had automatic responses regarding personal care and grooming. One initially described the independence levels for grooming and hygiene tasks of the residents with whom she worked. The other initially described feeling more grateful for what she can do for herself in terms of grooming and personal care. In a separate training I gave where self-care was discussed with staff members who had worked at the facility for years, a pre- and post-test survey was given which asked about self-care practices at work. One staff member raised her hand and shared that she did not know how to answer the question, as she does not brush her teeth at work. These responses may indicate that the term *self-care* may not be readily accessible for direct care staff, especially those who have worked in healthcare and heard the term used in a different context. This could also have implications for how facilitators and trainers approach the topic of self-care for direct care staff. When I began talking about self-care with long-term staff in trainings, I made assumptions about my audience having an understanding of what self-care was and mainly needing more resources on how to maintain a self-care practice. From the experience of leading these classes and the responses of these informants, I would recommend that similar trainings begin with basic definitions of self-care and why it matters. Having short, practical exercises to practice with the trainees and resources to use following the classes could be ways to encourage forming new healthy self-care habits.

What was the direct care staff member's individual experience of participating in a series of self-care training classes as part of new hire orientation? The experiences

of the informants and how they viewed the participation of others in the trainings was summarized in two GMUs:

- GMU 3: The arts-based self-care classes provided a relaxing environment, fostered connections, and allowed for everyone to participate providing some with lasting effects like renewed interest in the arts and actively using relaxation exercises.
- GMU 4: Self-care trainings in the workplace are not commonly available, and participation levels were varied, as some people were initially uncomfortable or skeptical about the arts-based experiences.

Three informants indicated that they found the trainings to be relaxing and calming, and three found that the classes brought the group together. Making music or creating art within a group can help with building a sense of community among staff members and is supported by existing literature (Hilliard, 2006; Ifrach & Miller, 2016; Newman et al., 2015).

Additionally, feeling a sense of community can promote resiliency and prevent burnout and compassion fatigue (Germer & Neff, 2013; van Dernoot Lipsky & Burk, 2009). While the informants of this study reported positive experiences participating in the arts-based self-care groups, they are not necessarily representative of everyone who takes these classes.

Lasting effects of the groups. Three informants shared about the lasting effects of participating in the arts-based self-care groups. Two of these had specific examples of using some of the exercises shown in the classes during their work times or breaks showing that they were applying what they learned in the classes. For one, these classes seemed to increase her personal self-awareness, which allowed for sustainability in her work and some new perspectives on the impact of healthcare work. This may indicate that self-awareness for one's needs and responses to stress may be pre-requisites to self-care practice. They also

indicate the importance of self-awareness as being a pre-requisite of an effective self-care practice, which is also supported by the model proposed by Sansbury et al. (2015).

Participating in arts-based trainings helped two informants to experience the arts in their lives again. This is consistent with the findings of Huet and Holtrum (2016), Huet (2017), and Kometiani (2017), all of whom found that participation in an art therapy group in the workplace also translated into increased visual art making in one or more participants' home lives. One informant related to the visual arts creation and another connected with the writing and poetry creation, therefore, having a multi-modal, expressive arts approach may provide more options for diverse group interests (Murrant et al, 2000).

Arts-based experiences can produce skeptical or uncomfortable responses. One informant commented on how the classes were different from other classes in the staff orientation because they were not “by the book.” He also shared that some people’s initial perception was that the classes were “silly.” He commented that participation was varied in the groups, “just like in life.” Another informant referred to her initial reaction as joking with other staff in the training unit about the having the class on her schedule. Both informants shared that once everyone was participating, there were feelings of relief, relaxation, or enjoyment.

These findings are consistent with those of other researchers providing arts therapy-based workshops in healthcare facilities, who also found that participants shared fear and uncertainty when engaging in arts experiences (Huet, 2012; Murrant et al., 2000). During a music therapy workshop for staff, these fears were connected to negative experiences surrounding creative expressions when they were younger that led them to believe were not musical (Murrant et al., 2000). At times, an invitation to creative expression can be a source

of fear, which initially could generate uncomfortable reactions like laughter or rejecting participation as shared by informants.

Two informants shared that they did not always understand the purpose of the arts-based experiences as it was happening but found that they had more understanding following the experience. Because of the process-oriented nature of some of the arts-based experiences, there was limited verbal introduction to what was being done and why it was being done. This is another contrast to other orientation trainings that outline clear objectives at the beginning of the class.

What recommendations would the direct care staff members have for future

opportunities or resources? The final research question is informed by GMU 5: There was common interest in past and future self-care classes with recommendations to have greater participation from everyone and coordinate staff's time for attendance in the classes. One informant recommended that the training could have been improved by having more consistent participation from all group members. His training unit group was one of the largest with around 30 staff, while the training unit groups of other informants had between 4 and 15 staff. For arts-based experiences, a smaller group size may allow for more group participation overall.

All informants shared that they would be interested in a 6-week self-care group for staff and that other staff could benefit from participating as well. One informant felt that such a group would help prevent burnout, another thought that it would facilitate community, the third thought that the group would be beneficial for staff morale, and the fourth thought that people would benefit from increased self-awareness. One suggested that having the group be a required training and adjusting time and attendance might increase accessibility of

a 6-week self-care group for everyone. Time and attendance are barriers to attendance in such groups. I held three different 6-week groups at the facility for direct care staff and had several staff show interest. The ultimate result was that few staff members (one to three) were consistently able to attend the groups through the 6-week time period. Attendance was an issue due to coverage needs, lack of supervisor support, and the training being supplemental and optional. Other possible opinions that may have contributed to support for staff attendance could be that it was viewed as not essential to the direct care staff members' job requirements.

Recommendations and Implications

Two informants shared the experience of realizing the importance of self-care through focusing on other people more than themselves, and two shared that they had experienced burnout in their job prior to coming to the intermediate care facility. In the *Burnout and How We Can Achieve Wholeness* self-care trainings, I asked group participants who had experienced burnout in a previous job, and nearly all participants raised their hands. This indicates that many staff members bring personal experiences of previous stress and burnout and may find community from sharing their stories and hearing stories from others. I recommend allowing time in trainings for staff to share what caused these experiences. For staff members who have experienced a lack of self-care and feelings of depletion, having training regarding how to promote continual self-awareness could help to support the development of healthy emotional and coping skills necessary to cultivate resiliency. Gardner et al. (2005) recommended that because of the commonality of stress in healthcare work settings, trainings should have a treatment focus rather than a prevention focus. As all informants and many participants in the training groups shared that they had experienced

stress and or burnout from direct care work, I recommend a similar approach to trainings. Preventative measures can help prevent experiencing burnout again in the future and may be a helpful approach for new staff coming to the facility whether they have previously experienced burnout or not.

Based on the findings of her pilot study of offering art therapy groups in a pediatric hospital, Kometiani (2017) suggested that the staff members who chose to participate in the group were potentially more aware and able to deal with stress in their lives. Having trainings and groups that allow staff members to sign up independently may not recruit staff needing increased awareness and resources surrounding work stress. When supervisors sign up staff without communicating with their staff members, there also could be interpersonal issues created. For a separate self-care group that I conducted in which a supervisor signed up a staff whom she viewed as being over-stressed, this staff member thought that she had been signed up for a remedial class on how to provide “self-care” (personal care) for her residents. When she arrived at the group she was frustrated about having to attend the group until she realized what the group was. The ideal situation would be for both the staff and supervisor to support participation in such a group. As one informant suggested, having a group be “a little bit mandatory” could help with the attendance factor.

From the study design of a single-session workshop for direct care staff for adults with I/DD, Ingham et al. (2013) found that stress was lowered, though burnout levels were not affected. They suggested that a single intervention might not be effective for this population. I would recommend providing four to six classes especially when using an arts-based format. As was shared by some of the informants, a sense of community was created from these classes. Creating community and easing some of the initial fears or anxieties

around creativity require more than one session to accomplish. Participants would also be less likely to have lasting impacts of using relaxation exercises or arts-based experiences after only one session. As Singh et al. (2016) found in their 7-day intensive training on Mindfulness-Based Positive Behavior Support, direct care staff members who regularly practiced meditation and mindfulness had significant financial and safety impacts on the facility. There were statistically significant decreases in physical restraint, staff and peer injury, and staff turnover related to stress and/or injury. The personal changes in the staff had direct positive impacts on the clients in their care and their work environment.

One informant shared that she had not had the opportunity to participate in self-care training in previous work environments. Existing literature on self-care and stress management trainings in healthcare settings focuses more on professional staff (nurses, social workers, etc.) than direct care staff (Gardner et al., 2005; Huet & Holtrum, 2016; Kemper et al., 2015; Kometiani, 2017; Noone & Hastings, 2009; Salzano et al., 2013; Tarantino, et al. 2013; van Westrhenen & Fritz, 2013). This informant's comment could mean that the opportunities were unavailable for all staff at previous facilities or that she, personally, had not had the opportunity to participate in self-care trainings if they were available only for other professional staff. There are significantly more direct care staff members than professional or administrative staff members at intermediate care facilities, and treatment or burnout prevention options for direct care staff are not represented in the literature. Work stress, burnout, feeling undervalued by administration, and decreased social support have all been found to be common experiences for direct care staff in healthcare facilities for people with I/DD or dementia (Barbosa et al., 2014; Firman et al., 2013; Gray-Stanley & Muramatsu, 2011; Hensel et al., 2014). Therefore, facilities need to provide training and

resources to create wellness and stress management opportunities that are accessible and available for all staff members.

Music therapy, art therapy, and combined creative arts therapies have been used in workplaces to help reduce stress, bring self-awareness, create a sense of community, and allow for emotional expression (Brooks et al., 2010; Huet, 2012, 2017; Murrant et al., 2000; van Westrhenen & Fritz, 2013). These studies again largely focus on professional staff. From the findings of this study, the arts can foster connections, create a relaxing atmosphere, provide feelings of relief and calmness, provide unforeseen results, and provide a way for everyone to participate. Arts-based self-care experiences can provide more varied responses and establish connections between the mind, body, and spirit (Murrant et al., 2000). For music therapists and other arts therapists working within healthcare facilities, providing such experiences could lead to a greater understanding of the benefits of the arts in therapy. This could increase awareness and support for client services using creative arts therapies within the facility as well.

Limitations

Limitations of the study were the length of time from participation in the classes to interviews, the small sample size, and difficulties with initial recruitment for interviews. Due to using an interviewer outside of the university system, there were additional ethical requirements of the institutional review board that created a time delay between the completion of the classes and when the interviews could be conducted. Length of time from the training unit classes to the interview varied across informants. The shortest length of time was 3 months and the longest amount of time was 6 months. Having increased time could decrease the informant's ability to recall information about the intervention.

As this study used a qualitative phenomenological approach, only four perspectives were shared. The themes and global meaning units generated from this study were limited to the small participant sample and thus cannot be transferred across direct care staff working with adults with I/DD. Completing ongoing interviews until the data reaches saturation and/or using a mixed methods approach incorporating a larger sample size would be recommended for future related studies.

Another limitation of this study arose from some difficulty with recruitment for interviews. As I attempted to generate a diverse sample of informants, many staff members who had completed the class more recently were unavailable due to no longer working at the facility. The high turnover rate even in the first months of employment became an issue for me in finding participants who met the study criteria. People leave work at the facility for various reasons that are not necessarily related to work stress.

Summary and Conclusions

The purpose of this study was to understand the lived experiences of direct care staff working in an intermediate care facility for adults with intellectual disabilities who participated in a series of arts-based self-care training sessions. Four direct care staff members shared their experiences of the impact of their work, how they view self-care, participation within the arts-based trainings, and recommendations for future self-care offerings. Results showed that direct care work can be a stressful occupation, while also being rewarding and enjoyable. Self-care was understood as allowing time to oneself to participate in personally meaningful endeavors. The experiences in the arts-based self-care classes were positive, created community within the training unit groups, and had long lasting results as informants used relaxation and arts-based experiences following the

trainings. More research and training opportunities need to be made available for direct care staff working with adults with I/DD to help create a workplace culture of wellness and compassion.

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Appendix

Interview Questions

1. Tell me about your time working at this facility.

Follow up question:

- a. How long have you worked here?
2. Tell me about your previous work experience in healthcare.
3. What are the impacts of working in healthcare?

Follow up questions:

- a. What are the impacts of this job on your life, on your body, on your family, on your relationships, self-worth?
4. Define what self-care means for you.
5. During your orientation, you took several classes focusing on self-care: The Whole Self, Who I Am, and Burnout and How We Can Achieve Wholeness

Follow up questions:

- a. What was your experience participating in these groups?
- b. What would you change?
- c. What worked well?
6. Describe how you participated in these classes.

Follow up question:

- a. What was your perception of the way that other people participated?

7. Now that orientation is over, how do you take care of yourself on a regular basis?
8. If you had the opportunity to participate in a 6-week self-care group at work, would you?

Follow up question:

- a. What would your opinion be of this facility offering something like this to all employees?
9. Is there anything else you would like to share about your experience?

Vita

Carlyn Waller-Wicks was born in Champaign-Urbana, Illinois, and grew up in Illinois, Iowa, and Indiana. She graduated from Appalachian State University with a Bachelor of Music in Music Therapy in 2013. She worked as a music therapist with children, adolescents, and adults with intellectual and developmental disabilities and autism. She returned to Appalachian State University to pursue her Master of Music Therapy degree, which was awarded in May 2018. While working towards her master's degree, Carlyn took a position as a staff development specialist at an intermediate care facility where she provided music therapy and arts-based self-care trainings for staff. She currently works as a music therapist at the same intermediate care facility with adults with I/DD and continues to provide arts-based self-care training for new staff members hired to the facility. She lives in Hickory, North Carolina, with her husband.