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## Self-Care with Self-Compassion (SC2): A Program to Foster Well-Being in Graduate Speech-Language Pathology Students

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## Self-Care with Self-Compassion (SC<sup>2</sup>): A Program to Foster Well-Being in Graduate Speech-Language Pathology Students

### Abstract

This article describes elements of Self-Care with Self-Compassion (SC<sup>2</sup>), a novel program designed to foster well-being in graduate speech-language-pathology (SLP) students. Graduate SLP students experience elevated levels of perceived stress, which can ultimately impact their professional competence. University programs, faculty, and staff are uniquely positioned to help students learn to cope with stress. Self-care and self-compassion may buffer some of the effects of stress, and at the same time foster qualities in students that facilitate learning and promote healthy clinical practice. Twenty-five incoming SLP graduate students participated in SC<sup>2</sup>, a required, two-part workshop. Levels of perceived stress and self-compassion were collected, along with program evaluations and perceptions of/engagement with self-care pre- and post-program. Results confirm that graduate SLP students experience elevated levels of stress, along with moderate levels of self-compassion. Students value self-care, and most want to maintain or increase their engagement in self-care practices. However, students face several barriers in implementing and maintaining self-care plans. Students provided positive reviews of the program. Program limitations and possible future modifications of the program are discussed.

### Keywords

self-care, self-compassion, student stress, graduate students, student well-being

### Cover Page Footnote

The authors would like to extend gratitude towards the students who wholeheartedly participated in this program. Also, the authors thank the department chair, graduate program director, and director of clinical education for their support. The authors appreciate the anonymous reviewers for their thoughtful and important contributions to this manuscript.

Graduate speech-language pathology (SLP) students experience challenges that jeopardize their mental health and well-being. A high percentage of SLP graduate students report experiencing moderate-to-high levels of stress (Beck et al., 2020; Lieberman et al., 2018). Rapillard and colleagues (2019) highlighted the fact that students find graduate school an overwhelming experience, which indicates the need for increased support.

As personal wellness can affect professional competence (Montero-Marin et al., 2016), it is imperative that Communication Sciences and Disorders (CSD) programs address student stress in their training. University programs and faculty/staff members are uniquely positioned to help students learn to cope with stress. Several studies have documented student desire for assistance with stress management, including a focus on self-care (Diebold et al., 2018; Lieberman et al., 2018). Despite this, many students view stress-management activities as lofty and unattainable (Diebold et al., 2018; Stark et al., 2005).

One potential way of helping students develop coping strategies is to dedicate time for incorporating self-care-oriented content and practice into curricula. The purpose of this study was to describe the first iteration of a novel program designed to support well-being by fostering self-care and self-compassion in SLP graduate students: Self-Care with Self-Compassion (SC<sup>2</sup>). The SC<sup>2</sup> program was inspired by a presentation at the 2021 Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) conference that both authors attended: “Role of personal wellness in preventing student and faculty burn-out” (Dietz et al., 2021).

Integrating a focus on self-care into CSD programs may be beneficial for several reasons. Engaging in self-care has been linked to lower levels of psychological stress in students (Moses et al., 2016), and thus can be a protective factor against physical and mental health concerns associated with stress. In one study, practicing daily self-care was the only variable that showed a significant negative relationship with academic stress in undergraduate and graduate social work students (O’Neill et al., 2019). Engagement in self-care is a trainable skill, and there is evidence that students can improve self-care when provided with knowledge, skills, time, and motivation (Stark et al., 2005). Incorporating self-care into CSD training programs may also help students flourish in their future careers. Self-care can be considered a core clinical competency (Dietz et al., 2021), and some view it as an ethical imperative (Campoli & Cummings, 2019). If left unmanaged, chronic stress can be one of the risk factors that lead to burnout (Newell & MacNeil, 2010), which in turn predicts poor job performance (Maslach et al., 2001). Self-care is often considered a preventative measure against burn-out in healthcare workers (Kravits et al., 2010). Despite these potential benefits, there have been no studies (known to these authors) examining self-care engagement in graduate SLP students.

The authors built on the model of self-care described by Dietz and colleagues (2021) to include an additional and novel component: self-compassion. Self-compassion is increasingly recognized as a positive quality to facilitate well-being (Zhang et al., 2016). Self-compassion has been associated with several constructs that are important to learning, including intrinsic motivation (Kotera et al., 2021) and reduced self-presentation concerns (Long & Neff, 2018). Self-compassion and self-care are closely related constructs. For example, individuals who exhibit more self-compassion are more likely to engage in self-care practices (Ferrari et al., 2017). Additionally, one of the barriers to self-care is that most self-care practices cannot be implemented in the moment of stress. Self-

compassion has been noted as a component of self-care that can address this barrier (Neff et al., 2020; Nelson et al., 2018). Similar to self-care, incorporating a self-compassion focus in CSD training programs may benefit future clinical practice, as self-compassion also explains less burnout among healthcare professionals (Hashem & Zeinoun, 2020).

### **Defining Self-Care**

Self-care practices are self-initiated activities that maintain and promote health (Myers et al., 2012). They are often categorized into multiple domains to address areas of potential stress (Butler et al., 2019). In the present study, the authors utilized a five-domain classification system, similar to the one suggested by Butler and colleagues (2019). *Physical self-care* involves tending to the needs of the physical body; specific activities include getting enough sleep, exercising, and eating healthy foods. *Emotional self-care* entails safeguarding against negative emotional experiences and/or promoting positive emotional experiences; specific activities include participating in hobbies, journaling or reading for pleasure, allowing for feelings expression, and/or engaging in personal therapy. *Relational self-care* involves trying to maintain or enhance interpersonal relationships; specific activities including spending time with friends, loved ones, family members, and/or pets. *Spiritual/religious self-care* entails creating space to reflect on inner needs and our role/place within the universe; specific activities include praying, attending services, spending time in nature, and meditating. Lastly, *professional self-care* entails managing and preventing workplace stress to reduce effects of burnout and/or increase performance or satisfaction; specific activities include establishing work/life boundaries, maintaining realistic expectations, scheduling breaks in the day, and engaging with co-workers.

### **Defining Self-Compassion**

Neff defines self-compassion as “...being open to and aware of one’s own suffering, offering kindness and understanding towards oneself, desiring the self’s well-being, taking a nonjudgmental attitude towards one’s inadequacies and failures, and framing one’s own experience in light of the common human experience.” (Neff et al., 2005, p. 264). Self-compassion has three elements. *Self-kindness* involves treating oneself with warmth and care, rather than harshly judging oneself for flaws or mistakes. *Common humanity* involves an-acknowledgement that stress/suffering is a part of the shared human experience, rather than feeling isolated by one’s challenges. *Mindfulness* entails a clear and balanced awareness of the present moment experience, without exaggeration of the negative aspects of the experience.

The construct of self-compassion has received some attention in the CSD literature, particularly as it relates to mindfulness practices. Beck and colleagues (2017) found that levels of self-compassion increased in CSD undergraduate and graduate students after participation in a semester-long mindfulness practice. They also noted that completing a counseling journal in addition to a short mindfulness practice increased self-compassion in CSD graduate students enrolled in a counseling course. However, self-compassion as a component of a self-care program has not been studied within this population, and general levels of self-compassion in graduate SLP students are largely unknown.

## Purpose Statement

SLP graduate students experience high levels of stress, and CSD faculty and staff are in a unique position to support students as they learn to cope with stress throughout their graduate programs. Self-care and self-compassion may buffer some of the effects of stress, and at the same time foster qualities in students that facilitate learning and promote healthy clinical practice. However, there have been no studies of self-care programs designed for SLP students, and limited studies examining self-compassion. The purpose of this study was to describe the first iteration of SC<sup>2</sup>, to report results related to students' perceptions of/engagement with self-care, and to examine program evaluations to determine future changes/directions. The authors also examined levels of perceived stress and self-compassion in order to demonstrate the need for programs addressing student stress levels, along with providing discipline-specific values to the literature. This study addressed the following research questions:

1. What are the levels of perceived stress and self-compassion in incoming SLP graduate students?
2. How do SLP graduate students engage in self-care?
  - What is the perceived importance of self-care?
  - What do students report as the most effective self-care practices?
  - What do students report as top barriers related to engaging in self-care?
  - What are students' goals related to self-care in the future?
3. What are SLP graduate students' perceptions of the pilot program, SC<sup>2</sup>?

## Methods

**Research Design and Data Collection.** The research design used was survey research with mixed-methods analyses. Institutional review board approval was obtained. Students were required to attend program sessions, but were not required to complete surveys. Students opting to complete surveys all gave informed consent. Surveys were administered via paper-and-pencil (baseline survey) and electronically using Google Forms (final survey). The baseline survey was administered during session 2, and the final survey was administered to students during a final exam period of a course in which they were all enrolled. In order to maintain anonymity, participants did not write their names on initial surveys, and the Google Form final survey did not collect participant emails. Rather, the baseline survey began with a prompt for participants to create self-determined identifiers, which they used for both surveys.

**Participants.** A convenience sample of 25 incoming graduate students completed the initial survey. Seventeen students met post-hoc inclusion criteria for this study, which included attending all program sessions and completing the final survey at the end of the semester. The age range of this sample was 21-30, with 14 females and 3 males.

**Elements of the SC<sup>2</sup> Program.** The program took place over three hours, split between two in-person sessions. The first session lasted one-hour and took place during graduate school orientation. The second session lasted two-hours and was a component of a required professional development series. The following sections describe key aspects of the SC<sup>2</sup> program.

***Establishing Self-Care as a Program Value.*** It is important that self-care is seen as a program value, especially if it is to be framed as a core clinical competency and ethical imperative (Campoli & Cummings, 2019). The design of SC<sup>2</sup> communicated this in several ways. The program was placed at the beginning of the semester, during graduate school orientation and later as a component of a required professional development series. It was also required, communicating the idea that self-care is preventative and applies to all students, regardless of current stress level (Campoli & Cummings, 2019). Modeling of self-care is also important (Barnett & Cooper, 2009). The facilitators of the program included a member of the academic faculty and a member of the clinical faculty, both of whom model self-care in their interactions with students. For example, the first author consistently checks in with students about their current stress levels prior to class, and invites students to take a few minutes to acknowledge their stress/anxiety prior to engaging in class content. The second author prompts her students to integrate steps of the Self-Compassion Break (discussed below) when de-briefing about a challenging clinical session and includes probes about self-care and managing stress in the students' Reflection Journals.

To demonstrate self-care as a program-wide value (and not just an isolated workshop), the facilitators invited other members of the faculty to participate in SC<sup>2</sup> sessions, and encouraged them to model self-care in their interactions with students. For example, in the first SC<sup>2</sup> session, the graduate program director and the director of clinical education shared personal stories of stress and engagement with self-care. Throughout the semester, another faculty member in the department invites her students to share their current emotional state using emojis.

***Key Instructional Content.*** As described in later sections, the facilitators aimed to produce learning, rather than provide instruction. However, some key content was covered, including: definitions of self-care and the five associated domains; definition of self-compassion and the three elements; and, some key pieces of evidence that suggest that self-care and self-compassion are helpful to students and clinicians. Additionally, students were taught a specific practice to foster self-compassion: the Self-Compassion Break (Neff, 2015).

The Self-Compassion Break is a practice that is meant to be used during a moment of stress. It consists of three steps that correspond to the three elements of self-compassion. The first step invokes mindfulness in the recognition of a stressful moment. Students were encouraged to think of a (not too) stressful moment, and get in touch with how they responded (in their physical body and in their mind) to that moment. Then students were asked to label the moment using whatever language resonated with them. For example, "This is a moment of stress." The second step invokes common humanity, encouraging students to recognize that stress is a part of life. In the context of SC<sup>2</sup>, facilitators encouraged students to connect with one another, as many of their stressful moments and reactions were shared. Students were encouraged to use a phrase to connect with this concept: for example, "It is normal to feel this way." The last step invokes self-kindness by asking students to respond to their stress with kindness and compassion rather than judgment. In the context of SC<sup>2</sup>, the facilitators asked students to recall how their classmates responded to them when they shared their feelings and to recall how others responded when they shared struggles. We often respond with kindness and compassion to others; this step of the Self-Compassion Break invites us to use those kind words towards ourselves. Students were again encouraged to identify a kind phrase they could use towards their own suffering; for example, "May I be patient with

myself.” During the SC<sup>2</sup> sessions, the facilitators connected the steps and phrases used in this practice to specific examples that the students had shared.

**Focus on Self-Reflection.** Reflective practice is considered an essential characteristic of competent clinical practice (Caty et al., 2016), and it fosters deep learning and critical thinking (Mann et al., 2009). Therefore, students were given several opportunities for self-reflection throughout the SC<sup>2</sup> program. In the first session, they reflected on important values, and completed a self-care assessment and self-care plan (Dietz et al., 2021). In the second session, students were given an opportunity to reflect on their progress privately prior to group work (described below). Additionally, self-reflection is a component of the Self-Compassion Break practice. Self-reflection creates an environment in which students integrate the content they are learning into their own lives and lived experiences. While enhancing learning, this inherently makes the instruction related to self-care individualized, which is important for long-term retention and engagement (Campoli & Cummings, 2019).

**Active Experiential Learning and Community Building.** Throughout the program, the facilitators attempted to encourage the creation of a community of learners that would take these important concepts outside of these sessions and into their academic and clinical lives. Social support is an important component of self-care (Moses et al., 2016), and the common humanity element of self-compassion emphasizes connection over isolation (Neff et al., 2005). When not engaging in self-reflection, students engaged in active learning that encouraged community building through collaboration. In the first session, students collaborated on a spreadsheet of self-care ideas and engaged in think-pair-share activities related to their self-care goals. In the second session, students worked in small groups during a Self-Care Circle (Greater Good in Education, 2021) where they reflected on prompts related to their engagement with self-care and barriers they faced. The major themes of those small-group discussion then served as the basis for larger group work about barriers to engaging in self-care.

**Instrumentation.** The baseline survey consisted of the 10-item *Perceived Stress Scale* (PSS; Cohen et al., 1983) and the *Self-Compassion Scale* (SCS; Neff, 2003a). The PSS is a measure of the degree to which situations in one’s life are stressful. The PSS has been established as a valid and reliable measure of perceived stress (Cohen & Janicki-Deverts, 2012), and has been used to assess perceived stress levels of CSD undergraduate and graduate students (Beck et al., 2020; Beck & Verticchio, 2014a, 2014b). The SCS is a 26-item self-report scale that measures the six elements of self-compassion: self-kindness, self-judgment, common-humanity, isolation, mindfulness, and over-identification (Neff, 2003a). The SCS has demonstrated good psychological validity (Neff, 2003a) as well as internal and test-retest reliability (Neff, 2003b). In addition, the SCS has been used to measure levels of self-compassion in CSD students (Beck & Verticchio, 2018).

The final survey consisted of electronic versions of the PSS and SCS; questions were transcribed into a Google Form. The final survey also contained multiple-choice questions that collected information regarding students’ self-evaluations of their engagement with self-care throughout the semester, as well as questions regarding program evaluation. See Table 2 for all survey questions. In addition, open-ended questions probed participants’ top three barriers to implementing self-care, top three most effective self-care practices, goals for self-care for the next semester, and suggestions for program improvement.

**Data Analysis.** This study was descriptive; therefore, statements about cause and effect could not be made. Results from the PSS were scored following Cohen and Williamson's (1988) directions. Responses are given on a 5-point scale from 0 = "never" to 4 = "very often." Scores to positively-worded items are reversed, then scores are summed across all responses. Higher scores indicate higher levels of perceived stress. Means and standard deviations are reported in order to compare results from this study to the extant literature. Medians are also reported, as they are considered a more appropriate measure of central tendency for ordinal data. The SCS was scored following Neff's (2003a) instructions. Responses are given on a 5-point scale from 1 = "almost never" to 5 = "almost always." Negative subscales (self-judgment, isolation, and over-identification) are reverse-coded. Individual subscales can be obtained; mean scores for each subscale can also be summed to create an overall self-compassion score. Higher scores indicate higher levels of self-compassion. As with the PSS, means, standard deviations, and median values are reported. Results of multiple-choice questions from the final survey are explored using median values.

Responses to open-ended questions (effective self-care practices, barriers to implementing self-care practice, and goals for self-care) were explored using qualitative theme analysis as described by Braun and Clarke (2006). In general, data analysis consisted of the following steps. The first author familiarized herself with the data set by reading the raw data multiple times within the Google Form. The first author then compiled responses into an electronic spreadsheet for analysis, which she shared with the second author. Both authors independently read responses to generate initial theme labels. Authors agreed prior to starting independent review that responses for effective self-care practices and goals related to self-care would be color-coded based on domains of self-care; 100% congruency was achieved for both questions.

For the question related to top barriers to implementing self-care, both authors color-coded responses according to semantic similarity, leading to the emergence of preliminary themes. To reduce redundancy, broader themes were then identified by visually gathering similar items, and calculating frequencies and percentages of specific items/categories mentioned. Both authors then met to discuss theme labels, which were considered to be in agreement if semantic meaning was retained. Upon reviewing coded data and identified themes, theme names were generated. A total of 10 themes were identified; 8 were considered salient (mentioned by at least 15% of respondents). Original congruency for top barriers was 80% (8/10 themes); labels were resolved, resulting in 100% congruency. For example, the one author originally coded the following responses under one theme: "tiredness," "lack of motivation," "energy." Upon review and discussion, both authors decided that two themes were warranted, coding "tiredness" and "energy" under the theme of Fatigue, and "lack of motivation" under the theme of Motivation. It is important to note that the prompt asked participants to "list" (rather than to describe) barriers. Therefore, students' responses often consisted of single words or short phrases, with a great deal of overlap in the words/phrases used across students. As such, broad themes were typically identified during the initial search process, with very little need to identify or collapse items into sub-themes. Throughout the analysis phase, data fidelity was ensured via regular checking of the analyzed data against the master sheet.



## Results

**Levels of Perceived Stress and Self-Compassion.** PSS and SCS scores are provided for all students who completed the initial survey ( $N = 25$ ), as well as for those who completed both the initial and final surveys ( $N = 17$ ). See Table 1 for descriptive statistics.

**Table 1**

*Descriptive Statistics: PSS and SCS scores for incoming CSD graduate students*

Variable	Initial Cohort				Comparison Cohort						
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>	Baseline				Final		
					<i>N</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
PSS – Total	25	19.68	5.83	20.00	17	19.94	5.20	20.00	19.00	3.89	19.00
SCS – Total	25	3.18	0.61	2.94	17	3.07	0.61	2.85	3.11	0.50	2.92
SCS – SK	25	3.06	0.69	3.30	17	3.02	0.63	3.20	3.29	0.67	3.20
SCS – SJ*	25	2.95	0.94	2.60	17	2.80	1.03	2.80	2.55	0.77	2.60
SCS – CH	25	3.52	0.92	3.50	17	3.35	0.80	3.25	3.35	0.63	3.50
SCS – I*	25	3.10	0.95	3.13	17	2.96	0.94	3.25	3.06	0.72	3.00
SCS – M	25	3.52	0.64	3.50	17	3.49	0.65	3.67	3.50	0.48	3.50
SCS – OI*	25	2.92	1.08	2.88	17	2.72	1.11	2.5	2.75	0.80	2.75

*Note.* \* = subscale scores reverse-coded, higher scores (max = 5) indicate more self-compassion.

PSS = Perceived Stress Scale; SCS = Self-Compassion Scale; SK = self-kindness subscale; SJ = self-judgment subscale; CH = common humanity subscale; I = isolation subscale; M = mindfulness subscale; OI = overidentification subscale.

**Self-Evaluation of Engagement with Self-Care / Self-Compassion.** Responses to multiple-choice questions probing self-evaluation of self-care engagement and program evaluation were described in two ways. Analyses are based on the 18 participants who completed the final survey (one of these students did not complete the initial survey). See Table 2 for descriptive statistics organized by multiple-choice question. Medians were calculated by assigning responses a numerical code from 1 to 5, with 5 indicating the greatest levels of agreement / highest levels of engagement. The frequency of selection of each response for each question is also provided, with labels assigned the value of ‘5’ listed first.

**Most Effective Self-Care Practices.** Students were asked: “What were the three most effective self-care practices you engaged in this semester? Please list them in descending order, from most to least effective.” This question was required; analyses are based on the 18 students who responded to the final survey. See Table 3 for the percentage and frequency of practices organized by self-care domain.

**Top Barriers to Implementing Self-Care Practices.** Students were asked: “What were the top three barriers to keeping up with your self-care plan? Please list them in descending order, from

most to least impactful.” This question was required; analyses are based on the 18 students who responded to the final survey. See Table 4 for barrier, percent rankings, and frequency of rankings.

**Table 2**

*Medians and frequency data from self- and program-evaluation survey (N = 18)*

Question	Mdn	Frequency (N)					
		SA	A	N	D	SD	NA
“Self-care is important to me.”	4	8	10	0	0	0	0
“Prior to the SC2 program, I had an established practice of self-care / self-compassion.”	4	1	11	4	1	1	0
“Since attending the SC2 program, I have been more intentional about planning and implementing self-care / self-compassion.”	4	2	13	0	3	0	0
“The self-care / self-compassion practices have helped me manage my stress in clinical situations.”	4	1	10	5	0	0	0
“The self-care / self-compassion practices have helped me manage my stress in academic situations.”	4	1	10	6	1	0	0
		Always	Very Often	Sometimes	Rarely	Never	NA
“I have been using self-care / self-compassion practices to help me manage stress in clinical situations.”	3	1	5	11	1	0	0
“I have been using self-care / self-compassion practices to help me manage stress in academic situations.”	4	1	10	8	0	0	0
		Daily	Few times / week	Few times / month	< once /month		
“I engage in some form of self-care.”	3	4	11	3	0		
		Always	Usually	HT	Seldom	Never	
“I kept up with my self-care plan throughout the semester.”	3	1	5	7	5	0	

**Table 2, continued**

Question	Mdn	Frequency (N)				
		Very Useful	Some-what Useful	Neither useful nor useless	Some-what useless	Very useless
“I think the SC2 program was:”	4	7	7	3	1	0

Note. SA = Strongly Agree; A = Agree; N = Neutral; D = Disagree; SD = Strongly Disagree; HT = About half the time

**Table 3**

*Rankings of Effective Practices by Self-Care Domain*

Self-Care Domain	Percent noted	Number of times mentioned by ranking		
		Practice 1	Practice 2	Practice 3
Physical	78% (14/18)	8	5	4
Emotional	50% (9/18)	3	5	4
Relational	50% (9/18)	2	4	5
Spiritual/religious	50% (9/18)	4	1	4
Professional	28% (5/18)	1	3	1

Note. Percent noted is based on the number of students who noted the theme. Some students noted the same theme for multiple ranking. Total exemplars were tallied, and number of times mentioned by ranking is based on this total.

**Table 4**

*Rankings of Barriers mentioned by at least 15% of students*

Theme Name	Percent noted	Number of times mentioned by ranking		
		Barrier 1	Barrier 2	Barrier 3
Time	83% (15/18)	13	3	0
Finances	33% (6/18)	1	3	2
Stress	33% (6/18)	2	3	1
Motivation	28% (5/18)	1	4	1
Grad School (academics, clinic)	22% (4/18)	1	1	2
Feelings of guilt	22% (4/18)	3	1	0
Forgetfulness	17% (3/18)	0	1	2
Fatigue	17% (3/18)	0	1	3

Note. Percent noted is based on the number of students who noted the theme. Some barriers received more than one code. Total codes were tallied, and number of times mentioned by ranking is based on this total.

**Goals for Self-Care for Next Semester.** Students were asked “What are your goals related to self-care/self-compassion for next semester?” This question was required, but students were not prompted to list a certain number of goals. Two additional themes (beyond the domains of self-care) were identified. See Table 5 for a summary of goals.

**Table 5**

*Themes related to Self-Care / Self-Compassion Goals*

Theme	Percent noted
<b>Goals related to level of self-care</b>	
Wanting to increase / do more self-care	50% (9/18)
Wanting to maintain current level of self-care	33% (6/18)
<b>Goals related to specific domains of self-care</b>	
Physical	44% (8/18)
Emotional	28% (5/18)
Professional	22% (4/18)
Relational	17% (3/18)
Spiritual	11% (2/18)

**Program Improvements.** Students were asked “How could this program be improved?” This question was not required; analyses are based on 5 responses. Due to the small number of responses, authors did not code themes independently, but met to assign and achieved 100% congruency. The following themes emerged: providing more ideas related to self-care/self-compassion practices ( $N = 2$ ); and more sessions with a focus on group activities/social connection ( $N = 3$ ); and, requests for teaching specific practices ( $N = 1$ ). One student noted that the program increased their stress, as the added focus on self-care made this student feel like they should be more stressed.

## Discussion

The purpose of this pilot study was to describe the first iteration of the SC<sup>2</sup> program, which was designed to foster self-care and self-compassion in graduate SLP students. Data were collected in order to examine levels of perceived stress and self-compassion, explore students’ perceptions of and engagement with self-care, and to consider program evaluations. All incoming SLP graduate students were required to participate in SC<sup>2</sup> sessions. Students were not required to participate in data collection. Seventeen students completed both baseline and final surveys; one student completed just the final survey. Results are discussed below as they relate to each research question.

**Levels of Perceived Stress and Self-Compassion.** As this study was descriptive, it was not our intent to analyze cause and effect relationships between these scores and participation in the SC<sup>2</sup>

program. Rather, we present these scores in order to demonstrate the need for programs addressing student stress levels, along with providing discipline-specific values to the literature. Results indicate that graduate SLP students experience levels of stress ( $M = 19.68$ ,  $SD = 5.83$ ) that are somewhat elevated. As a comparison, Cohen and Janicki-Deverts (2012) studied the distribution of psychological stress in a large national sample of women ( $M = 16.14$ ,  $SD = 7.56$ ) and individuals under 25 years of age ( $M = 16.78$ ,  $SD = 6.86$ ). Beck and colleagues (2020) also reported somewhat elevated levels of stress in CSD graduate students, with students in that sample having mean PSS scores of 20.65 ( $SD = 7.05$ ) in a group of graduate CSD students. These results confirm the continued need for programs to address student stress levels in graduate school training.

There are no published norms related to levels of self-compassion as measures by the SCS. In the current study, levels of self-compassion in graduate SLP students hovered around the value '3', which is the midpoint of the 1 (almost never) to 5 (almost always) scale. These values are similar to those reported by Beck and Verticchio (2018), indicating moderate level of self-compassion with room for improvement.

### **Self-Evaluation of Engagement with Self-Care/Self-Compassion**

**Importance of Self-Care.** Results indicate that students value self-care and want to engage in self-care practices. All students agreed or strongly agreed that self-care was important to them. In line with Beck and colleagues (2020), most students (12/18) agreed or strongly agreed that they already had some form of an established practice of self-care/self-compassion prior to participation in SC<sup>2</sup>. Despite this initially high level of engagement with self-care, almost all students (15/18) indicated that they had been more intentional about planning and implementing self-care/self-compassion after participating in SC<sup>2</sup>, with most engaging in self-care on a daily basis or a few times per week.

**Most Effective Self-Care Practices.** Students engaged in a wide variety of practices across the domains of self-care. While activities related to physical self-care were mentioned most frequently (78%), there was otherwise a fairly even spread of effective practices across all domains. Additionally, all students cited effective practices in more than one domain. Students indicated that the practices helped them manage stress in both clinical and academic contexts. For example, 63.4% of students always, very often, or sometimes used self-care to help them manage stress in clinical situations, with the majority (61.2%) agreeing or strongly agreeing that the practices helped them manage clinical stress. Students seemed more likely to implement self-care in academic situations; 100% used them at least sometimes, with the majority (61.2%) agreeing or strongly agreeing that the practices were effective.

**Barriers to Implementing Self-Care.** Despite the perceived importance of and engagement with self-care, only about a third of students were always or usually able to keep up with their self-care plan throughout the semester. Another third indicated they kept up with it about half the time, and a third indicated they were seldom able to keep up with it. Time was reported to be the biggest barrier to sustaining self-care plans (83%). This aligns with the literature related to implementing self-care practices (Stark et al., 2005). The SC<sup>2</sup> program attempted to offset this barrier by providing some time to engage with these issues, but more work is needed in this area.

Perhaps paradoxically, another salient barrier to practicing self-care was stress (33%). This finding indicates that the presence of stress may trigger a cycle of behavior that impedes self-care. Similar findings have been evidenced in the relationship between stress and procrastination (Saunders et al., 2007), which highlights the importance of taking student stress levels seriously. Additionally, some students ( $n = 4$ ) cited guilt over engaging in self-care as a significant barrier, which highlights the need for programs to communicate the importance of self-care.

**Goals for Self-Care.** Related to student goals, most (50%) indicated that they wanted to increase their levels of self-care over the next semester, with an additional 33% wanting to maintain current levels. Students cited goals across all domains of self-care.

**Student Perceptions of the SC<sup>2</sup> program.** Overall, students appreciated the program. Eighty-two percent indicated that the program was very or somewhat useful.

**Student Suggestions for Program Improvement.** Students were asked to offer suggestions for program improvement. The question was not required, so only a few suggestions were received. Two students requested more examples and ideas about how to implement self-care and self-compassion practices. These suggestions are in line with research indicating that students want self-care resources (Diebold et al., 2018; Lieberman et al., 2018). Three students suggested offering more sessions; two of these suggested sessions with opportunities to engage with other students, perhaps through group activities offered throughout the semester. These suggestions are in line with the importance of social support as a component of self-care (Moses et al., 2016).

One student felt that she was managing stress adequately prior to SC<sup>2</sup>, and the increased focus on stress made her feel like she should be more stressed. This perspective is in line with the decreased positive effects of morale boosting activities when they are imposed by authority figures without participant consent, as noted in the corporate world (Mollick & Rothbard, 2014). The facilitators made participation in SC<sup>2</sup> mandatory in order to communicate the importance of this value to at a program level, and to offset time-related barriers to implementation. While we still believe participation should be mandatory, ideas for avoiding this stress-increasing dynamic in future iterations of the program are offered in the **Limitations** section.

### **Limitations and Future Directions**

There are a number of limitations related to the current study. Although students were required to participate in both sessions, not all completed the final survey. This attrition may skew our interpretation of program success. In future studies, it will be important to obtain feedback from all students who participate to get a clearer picture of the program strengths and weaknesses. Additionally, collection and analysis of additional sources of qualitative data, in the form of open-ended questions and/or interviews with students and faculty participants, would have greatly enhanced our ability to understand student perceptions and make program improvements. In future iterations of the program, these forms of data collection and analysis will be emphasized.

The component of self-compassion was explicitly added to this self-care program, yet no feedback about this specific aspect of the program was received. This was primarily due to the survey questions. For example, there were no multiple-choice questions that probed self-compassion

specifically. This oversight greatly inhibited our ability to gauge the impact of the inclusion of self-compassion to existing models of self-care education. In future iterations of the program, the survey will be altered to specifically probe engagement with self-compassion. Additionally, no students cited the specific practice of self-compassion as an effective self-care practice. This could be due to the placement of self-compassion in the program. It was intentionally placed at the end of the second session, as engagement in that practice requires personal insight and a certain level of comfort with student colleagues and the facilitator. However, given that students may not have been exposed to the concept previously, placing it in the beginning of the program may enhance its perceived importance and give students more opportunities to engage with and practice the construct.

In their suggestions for program improvement, students asked for more resources and instructions for specific practices. After the required two sessions, the facilitators informally connected with students via email a few times over the semester. However, there were no formal mechanisms of continued engagement. In future iterations of the program, it may be beneficial to create a newsletter or monthly email related to the program, where the facilitators can share resources, links, practices, and other information of interest. Other comments suggested providing opportunities for social connection. One possible way to do this would be to add more sessions of the program focused on social connection. Additionally, it may be beneficial to give students a virtual place to engage on these issues; ways of doing this might be making a Facebook group or creating a Discussion Forum within our learning management system. Lastly, an important perspective was raised by a student indicating that SC<sup>2</sup> may have actually increased her stress. This comment resonates with the first author, who similarly has managed stress well over the course of her career. While we feel mandatory participation is still needed in order to communicate the importance of self-care, the facilitators can do a better job in communicating the fact that self-care can be considered preventative and applies to all students, regardless of current stress level (Campoli & Cummings, 2019). This can be communicated via personal examples, and through intentional framing of self-care as preventative.

## **Conclusion**

SLP students experience elevated levels of stress that can impact their learning during their graduate training and ultimately their professional competence. There is evidence to suggest that self-care and self-compassion may buffer some of the effects of stress, and at the same time foster qualities in students that facilitate learning and promote healthy clinical practice. The SC<sup>2</sup> program was designed and implemented to address these challenges. Our measures and observation validate the elevated levels of stress experience by graduate SLP students, and indicate that they value self-care and want to overcome the barriers to self-care. As a result of program participation, students indicated increased intentionality around implementing self-care practices. Their evaluations of the program were positive. Future modifications to improve the program include eliciting more detailed program evaluations emphasizing descriptive qualitative data, emphasizing the self-compassion component of the program, connecting with students throughout the semester, framing self-care as preventative, and providing more resources related to self-care and self-compassion.

## Disclosures

The authors declare no financial or non-financial conflicts of interest existed at the time of submission.

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