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Self-Care of School Psychology Graduate Students

Postill, Brittany

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Self-Care of School Psychology Graduate Students

by

Brittany Postill

A THESIS
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Abstract

A limited body of research has explored the self-care practices of school psychology trainees (graduate students). Therefore, the current study undertook a comprehensive approach towards examining the relationship between professional self-care practices and perceived stress, academic performance, affect, and psychological well-being amongst school psychology graduate students across Canada. Specifically, this study assessed the predictive nature of professional self-care practices on the outcome variables (academic performance, psychological well-being, and affect) and investigated if self-care influenced the relationship between perceived stress and psychological well-being. Participants included 102 Canadian school psychology graduate students (female: 94, male: 8, M age: 26.9). Results indicated that professional support and life balance self-care practices predicted increased psychological well-being and that life balance predicted positive affect. Additionally, the results indicated that professional self-care practices strengthened the inverse relationship between perceived stress and psychological well-being, suggesting that self-care practices can buffer the negative effects of perceived stress on well-being. These results highlight the important role that professional self-care plays for school psychology trainees and may guide researchers and practitioners on ways to improve self-care intervention practices within professional and training settings.

Keywords: Self-care, psychological wellbeing, affect, academic performance, perceived stress
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<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
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<td>DSM-5</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</td>
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<td>MANOVA</td>
<td>Multiple Analysis of Variance</td>
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Chapter One: Introduction

There are three primary disciplines of applied psychology: clinical, counseling, and school psychology. Although the disciplines of school, clinical, and counseling psychology are separate disciplines; they are similar in some ways, particularly with their collective focus on assessing, diagnosing, treating and preventing psychological disorders in children, adolescence, and adults (Canadian Psychological Association [CPA], 2020; National Association for School Psychologists [NASP], 2019). Moreover, these disciplines of psychology use similar approaches to assist in both the promotion of mental health and the prevention of mental illness in their clients (NASP, 2019).

Mental health refers to an individual’s state of well-being (World Health Organization [WHO], 2004) which includes his/her emotional well-being (self-esteem, confidence, and positive self-regard), psychological well-being (one’s ability to cope with stressors in life), and social well-being (having fulfilling relationship; American Psychiatric Association [APA], 2018). Galderisi et al. considers mental health as “a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society” (2017, p. 408). Mental health affects how individuals of all ages process information, interpret their feelings, behave in accordance with expected norms of behaviour, and effectively cope with life’s demands. Poor mental health can not only lead to diminished well-being, but also can affect one’s academic and social-emotional performance if ineffective coping strategies are in place. Moreover, poor mental health can consequently result in mental illness, which refers to the degree in which an individual does not have psychological well-being (Galderisi et al., 2017). Mental illness also affects how individuals may process information, interpret their feelings, behave and cope with stressors, which can manifest as antisocial behaviour (National Institute of
Mental Health [NIMH], 2021).

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013), the universally accepted handbook to guide the diagnosis of mental disorders, a mental disorder is defined as a “syndrome characterized by clinically significant disturbances in the psychological, biological, or developmental processes underlying mental functioning” (APA, 2013, p. 20). The DSM-5 (APA, 2013) consists of 157 specific diagnoses, ranging in severity from mild to severe, and is categorized into neurodevelopmental disorders (e.g., intellectual disability, attention-deficit hyperactivity disorder and autism spectrum disorder), psychotic disorders (e.g. schizophrenia), bipolar and other related disorders (e.g. cyclothymic disorder), depressive disorders (e.g. disruptive mood dysregulation disorder), anxiety disorders (e.g. specific phobia, panic disorder), obsessive-compulsive and related disorders (e.g. obsessive-compulsive disorder, body dysmorphic disorder), trauma and stressor-related disorders (e.g. post-traumatic stress disorder), dissociative disorders (depersonalization disorder), somatic symptom and related disorders (e.g. illness anxiety disorder), feeding and eating disorders (e.g., bulimia nervosa), elimination disorders (e.g., encopresis), sleep-wake disorders (e.g., insomnia), sexual dysfunction (e.g., medication-induced sexual dysfunction), gender dysphoria, disruptive, impulse-control and conduct disorders (e.g., oppositional defiant disorder), substance-related and addictive disorders (e.g., opioid use disorder), neurocognitive disorders (e.g., delirium), personality disorders (e.g., borderline personality disorder), paraphilic disorders (e.g., voyeuristic disorder), medication-induced movement disorders (e.g., tardive dyskinesia) and other conditions that may be a focus of clinical attention (APA, 2013; McCarron, 2013).
One specific population that experiences reported high rates of stress, and in turn, has high prevalence rates for mental disorders is those in the health care profession (Acker, 2012, Rossi et al., 2012). These individuals report higher levels of distress as a result of their work role (Acker, 2012), along with higher rates of fatigue and burnout (Garcia et al., 2014) as a result of perceived unmanageable stress. Those within the health care profession include psychologists who are especially susceptible to burnout, due to the high psychological demands associated with their role (Killian, 2008). In particular, school psychologists are faced with a vast range of challenges and expectations, which are thought by some to be beyond those experienced by clinical and counselling psychologists (Newman, 2013; Huebner, 1993), such as higher levels of emotional exhaustion (e.g., feeling overwhelmed by job demands), depersonalization (e.g., developing negative attitudes towards clients), decreased levels of personal accomplishment (e.g., feeling incompetent and ill-equipped to support clients), lack of experience and increased interpersonal relationships (Badali & Habra, 2003; Daly & Gardner, 2020).

In 1984, Lazarus & Folkman introduced the Transactional Theory of Stress, which emphasizes the dynamic transactional relationship between the environment and an individual, showing that stress is a product of both the person and his/her complex environment. Lazarus and Folkman’s (1984) theory states that how one appraises a stressor (i.e., as controllable, manageable) can dictate how well an individual is able to effectively cope. Therefore, in order to address or manage the detrimental effects of having diminished mental health, which has been widely documented in the literature (Segerstrom & Miller, 2004; Melchior et al., 2007), individuals must engage in behaviours that maintain and promote psychological well-being. A multitude of evidence-based treatments have emerged in the literature that address the treatment and prevention of various mental health issues/disorders, such as cognitive behavioural therapy
Beck, 1964; Cohen et al., 2011), psychotherapy, solution focused therapy (Corcoran & Pillai, 2009), and family therapy (Pinsof & Wynne, 2000; Alexander et al., 1994). In addition to evidence-based therapies, individuals can engage in daily activities that promote a positive state of well-being and aid in effectively handling stressors and prevent mental health issues/non-well-being which is a practice known as self-care.

Recent literature (Maslach & Leiter, 2017; Stanislawski, 2019; Chowdhury, 2021) asserts Lazarus’ theory in the mental health field, indicating that perceived stress, leading to burnout, is a direct result of the dynamic interaction between the demands and resources of one’s environment and the individual worker. Additionally, Lazarus’ theory has been utilized in recent years as a guide in positive psychology to assist in understanding coping techniques as a means to reduce workplace stress (Chowdhury, 2021; Stanislawski, 2019).

1.1 Statement of the Problem

As noted earlier, school psychologists experience high demands which can consequently result in high levels of stress, diminished well-being, and reduced performance (Newman, 2013; Huebner, 1993), However, self-care practices have been found to alleviate or minimize stress, and yet a limited amount of research exploring the self-care practices and associated outcomes relative to school psychology graduate students has been conducted (McKinzie et al., 2006; Montgomery, 2009; Spragg, 2011). From the author’s review of the literature and perspective, no research has focused solely on Canadian school psychology graduate students with respect to their personal/professional self-care practices and their association to emotional and academic outcomes (i.e. psychological well-being, perceived stress, academic achievement, and affect). Hence, this study is a timely, unique, and important investigation of professional self-care practices of school psychology graduate students across Canada.
1.1.1 Purpose of the Research and Research Questions

The purpose of the current study is to investigate the professional self-care practices of school psychology graduate students and its relationship with self-reported affect, psychological well-being, perceived stress, and academic performance. This study sought to answer the following research questions: 1) What professional self-care practices do school psychology graduate students utilize the most?; 2) Are there gender, and/or current year in program differences with respect to reports of professional self-care practices?; 3) Does engagement in professional self-care practices predict increased well-being, affect and academic performance amongst Canadian school psychology graduate students?; 4) Does engagement in professional self-care moderate the relationship between perceived stress and psychological well-being? and 5) How reliable is the Self-Care Assessment for Psychologists Scale in measuring self-care practices amongst school psychology graduate students?

One-hundred and two Canadian school psychology graduate students participated in this research study aimed at examining the inter-relationships of professional self-care practices, psychological well-being, affect, perceived stress and academic performance. Process and procedures included obtaining consent, and providing questionnaires relative to demographic information, professional self-care (Self-Care Assessment for Psychologist (SCAP); Dorociak et al., 2017),), perceived stress (The Perceived Stress Scale (PSS-10); Cohen et al., 1983), psychological well-being (The Flourishing Scale; Diener et al., 2010), affect (the Positive and Negative Affect Schedule (PANAS); Watson et al., 1988) and academic performance (The Perceived Progress in Graduate Training Scale; Zahniser et al., 2017) which were completed through Qualtrics (Qualtrics, Provo, UT). Data analysis using Statistical Package for Social Sciences (SPSS) was used to answer the respective research questions.
1.2 Overview of the Thesis

Chapter one presents an overview of the study that includes the statement of the problem, purpose of the study, and the research questions. Chapter two presents a review of the relevant background literature including a detailed overview of mental health and self-care practices amongst psychologists and those in training. In addition, the influence of professional self-care on psychological well-being, affect, perceived stress, and perceived progress in graduate training, along with how these variables have previously been measured will be presented. Chapter two will conclude by presenting the research questions and hypotheses. Chapter three presents the methods used in the current study, including research design, selection of participants, measures and procedures used to conduct the study, and the descriptive and inferential analyses used to answer the research questions. Chapter four reports the results of this study. Chapter five provides a discussion of the results and the implications of this research, as well as suggestions for future studies.
Chapter Two: Literature Review

This chapter begins with an overview of the mental health and self-care practices of mental health professionals and then overviews these practices with respect to psychologists and those in training (psychology graduate students). Within this chapter, self-care is defined, and the benefits associated with self-care practices along with a description of how they are measured will be presented. Following this information, the primary variables of interest (psychological well-being, perceived stress, affect, and academic performance) will be overviewed and their relationship to previous research with respect to self-care will be empirically reviewed. In conclusion, the chapter will discuss the gaps within the research literature, the purpose of the current study, and major questions and hypotheses with respect to the current study.

2.1 An Overview of Self-Care

One’s engagement in behaviours that maintain and promote physical, emotional, psychological, and social well-being is a psychological construct referred to as self-care (Myers et al., 2012). Another widely accepted definition of self-care in the literature states that self-care is the “process of purposeful engagement in practices that promote holistic health and well-being of oneself” (Bressi & Vaden, 2017), referring to activities that attend to one’s needs or ways to effectively manage stress. Self-care practices have been shown to promote healthy functioning, alleviate stress (Colman et al., 2016), and consequently enhance one’s well-being (Dorociak et al., 2017). Well-being can be defined as the condition or wellness of an individual or group (Zahniser et al., 2017).

In order to best understand the construct of self-care, it is important to describe and differentiate the categories of self-care practice explored previously in the literature: cognitive,
physical, emotional, intellectual, social, relational, and spiritual (Williams-Nickelson, 2006). Cognitive self-care can be defined as the ability to reappraise situations and set realistic expectations of oneself and her/his workload capacity (Myers et al., 2012). Physical self-care, the most widely researched practice (Williams-Nickelson, 2006) can be defined as one’s involvement in activities that help promote physical health. These include but are not limited to; exercise (Physical and Health Education (PHE) Canada, 2018; Brown 1991; Fleshner, 2005), massage, adequate sleep hygiene (Beccuti & Pannain, 2011), and the maintenance of a healthy diet. Emotional self-care is defined as one’s ability to self-reflect and monitor his/her emotional state, this can often include seeking personal therapy, and utilizing self-talk strategies (Gross, 2007). Social self-care can be defined as one’s ability to appropriately seek social support that can assist in times of need. These support systems can include friends, families, colleagues and supervisors (Ayala & Almond, 2018) and this frequent interaction can be referred to as relational self-care (Williams-Nikelson, 2006). Spiritual self-care can be defined as one’s involvement in activities that promote a realization of one’s spiritual being, which can be attained through rituals such as; mindfulness (Bishop et al., 2004), mediation and organized religion (Williams-Nickelson, 2006). According to Williams-Nickelson (2006), intellectual self-care refers to exploring ideas and learning in a creative way.

A study recently conducted by Ayala & Almond (2018) identified a potential category of self-care that they have classified as outdoor recreation which includes activities such as hiking and camping. Further, professional self-care practices have also been examined in the literature (Dorociak et al., 2011) and can be divided into five categories: professional support, professional development, life balance, cognitive awareness, and daily balance. Professional support refers to the tendency for professionals to foster relationships at work, whereas professional development
focuses on behaviours that increase one’s professional competencies. The practice of life balance emphasizes one’s ability to set boundaries between his/her personal and professional identities. The ability to employ cognitive strategies for keeping perspective and coping with heavy work demands is referred to as cognitive awareness. Finally, the professional self-care practice of daily balance refers to incorporating strategies throughout the workday to manage stressors while replenishing resources (e.g., “I take breaks throughout the day”) (Dorociak et al., 2017).

Exhausting one’s energy, strength, and resources by making excessive demands on oneself can consequently lead to burnout and in response, negatively affect one’s overall well-being (Bressi & Vaden, 2017). In response, Zahniser et al. (2017) state that self-care can counterbalance burnout and play a valuable role in helping individuals cope effectively with stressors that may arise, while simultaneously promoting healthy habits that will assist individuals in facing future stressors.

The current literature suggests that mental health professionals are exposed to stressful events (Dorociak et al., 2017), such as workplace demands and the exposure to client trauma (Zahniser et al., 2017). In order to ensure proper delivery of services to clients, these professionals must develop strategies to effectively handle these stressors. Hence, understanding the nature and scope of the self-care practices of mental health professionals, and of those training to be mental health professionals is warranted particularly for mental health professionals in service or in training. Further empirical study of self-care may guide researchers and practitioners toward ways to improve self-care intervention practices within professional settings.
2.1.1 Mental Health Professionals’ Self-Care

The practice of psychology is primarily about caring for others for whom psychologists provide psychological services, and this necessitates a balance of caring for oneself. However, psychologists often neglect their own self-care (Dattilio, 2015). A lack of self-care or inability to adequately manage personal mental health issues (e.g., distress) can lead to the inability of psychology-based service providers to maximize their care and service to others (Dorociak et al., 2017).

Of particular interest is the self-care strategies for professionals exposed to adverse events and how they promote healthy functioning, despite stressful events. Mental health professionals are exposed to an array of stressors (Dorociak et al., 2017; Berjot et al., 2013), such as high caseloads, crisis intervention work, (Bolnik & Brock, 2005) conflicting personal and professional demands, and vicarious trauma (Maranzan et al., 2018). In order to ensure professional competence and delivery of services, mental health professionals must develop strategies to counterbalance these stressors.

Evidence shows that self-care practices can contribute to an optimal level of professional functioning (i.e., ability to manage high work demands and provide adequate services) (Zahniser, 2017). Moreover, there is consensus in the literature (Zahniser et al., 2017; Myers et al., 2012; Bressi & Vaden, 2017) for the need to address mental health professionals’ own self-care in order to provide satisfactory services to their clients and further provide ways to help promote psychological well-being.

Current self-care practices reported by mental health professionals across the professional lifespan in the literature include cultivating professional relationships with colleagues, maintaining a support system (Dorociak et al., 2017), spending time with friends and family
(Figley, 2002), exercising, being aware of feelings and needs, and avoiding overcommitment to work responsibilities (Dorociak et al., 2017; Wise et al., 2012). Research suggests that limited self-care, reported by many professionals (e.g., lack of sleep, exercise, nutrition; Myers et al., 2012) can negatively impact one’s professional functioning and result in increased reports of serious accidents or injuries, interpersonal conflict in the workplace, and increase in preventable medical errors (Baldwin & Daugherty, 2004).

Since the current research indicates that self-care has a significant impact across mental health professional’s work performance, it is reasonable to assume that limited self-care and associated stress can have a significant impact on those who are practicing or training to become mental health professionals (e.g., psychologists), as well as those in other academic pursuits within post-secondary environments.

2.1.2 Psychologists’ Self-Care

In recent years, research examining the self-care practices of practicing psychologists has received increased attention (Barnett et al., 2007; Barnett & Cooper, 2009). Research suggests that psychologists may be particularly vulnerable to the types of stress and burnout that self-care practices can help to minimize (D’Souza et al., 2011; El-Ghoroury et al., 2012; Volpe et al., 2014). Psychologists are often able to promote the use of self-care practices in their work with clients, yet unable to effectively implement such practices in their own lives (Wise et al., 2012; Bettney, 2017). In contrast, an exploratory study completed by Mahoney (1997) revealed that self-care activities such as reading, exercising, and obtaining colleague feedback and support were frequently practiced by psychologists. Additionally, a study by Coster and Schwebel (1997) evidenced that psychologists engaged in activities such as personal psychotherapy, vacation, and self-reflection for self-care practice. Bolnik & Brock (2005) examined self-care strategies in 400
school psychologists and found that negative symptoms such as general fatigue and exhaustion were prevalent, however the use of self-care strategies was important to combat these negative feelings, with a reported 94% of the sample utilizing self-care practices in response to crisis intervention work.

Research has found inconsistent findings (Dorociak et al., 2017) around self-care practices across the professional lifespan, with one study consisting of 333 participants concluding that early career psychologists reported less engagement in self-care behaviours focusing on professional development (cultivating professional relationships), cognitive strategies (monitoring workplace stress and emotions), and daily balance (managing demands in the workplace) than those late-career psychologists (those with over 20 years of experience) (Dettle, 2014; Lindstrom et al., 2011). In contrast, a similar study (Dorociak et al., 2017) was conducted with 277 participants, and found that early career psychologists reported significantly greater levels of engagement in daily balance behaviours than the psychologists with more experience. Despite self-care being an essential professional activity for psychologists to promote ethical practice, it is often faced with resistance. The two most commonly reported reasons that limit psychologists’ ability to engage in self-practices are with respect to their professional situation (competing job roles – e.g., academic, research, supervision, consultation) and systemic barriers (budget cuts, job insecurity; Bettney, 2017).

Current psychology based literature indicates that self-care practices are becoming more prevalent as an area of interest and a competency with respect to clinical training (Rodolfa et al., 2005), which in turn can help ensure a foundation for graduate students in psychology to become ethical and competent practitioners.
2.1.3 Psychologists’ Self Care During COVID-19

The COVID-19 pandemic (2020 to present) has transformed the lives of many individuals across the globe, with ever-increasing demands and stressors, including financial strain due to unemployment or job loss, anxiety around one’s health and caring for family members in need. Specifically, these unprecedented times have had a negative impact on psychologists’ mental health, as they are learning to handle a surge of cases, attempting to transition to telepsychology, while also managing their home and financial lives. Norcross & Phillips (2020) have identified a need to promote self-care practices for psychologists during these extraordinary times in order for them to continue to treat and support their clients in the most effective way. Self-care strategies such as limiting media coverage of COVID-19, remaining on a schedule, engaging in cognitive restructuring and mindfulness, practicing gratitude and self-empathy, spending time outdoors, having a strong support system, and refocussing one’s mission during these times have been suggested in order to promote optimal functioning of psychologists (Norcross & Phillips, 2020). Limited research on self-care practices of psychology graduate students during the COVID-19 global pandemic have been reported, and hence there is a timely need investigate the self-care practices of psychology graduate students. The implications of research conducted during COVID-19 will be to better understand the self-care practices of these graduate students and prepare these students for psychological practice within our current pandemic situation as well as in later years with better self-care.

2.1.4 Self-Care as an Ethical Responsibility

As outlined earlier, the role of self-care practice is invaluable for those in the psychology profession in order to sustain an optimal level of psychological well-being and in turn provide adequate care. In recent years, this construct of self-care has been reinforced by many
professional psychological associations as an ethical responsibility that must be taken seriously in order to best support one’s clients. Sections II.12 and II.13 of the Canadian Code of Ethics state that mental health professionals regulated by the Canadian Psychological Association are obligated to “engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others” and “seek appropriate help and/or discontinue scientific, teaching, supervision, or practice activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others” (Canadian Psychological Association, 2017, p. 20).

2.1.5 Graduate Students’ Self-Care

Post-secondary education presents many new opportunities for personal and professional growth; however, it also brings forward immense challenges, such as academic, financial and personal crisis, particularly for students at both the masters and doctoral level (El-Ghoroury et al., 2012). Due to the compounding stressors such as academic responsibilities, finances, anxiety, and poor work/life balance associated with this academic and professional level of education; the topic of mental health is extremely important. Graduate students are required to manage their personal lives, conduct research and submit academic coursework in an appropriate and timely manner, all whilst simultaneously obtaining workplace specific training (Mousavi et al., 2018). Along with the academic expectations of graduate school, students at this stage in life are often faced with financial constraints and hardships—for example, re-location of residency, limited free time (Levey, 2001; Nelson et al., 2001), unemployment, relationship difficulties, and family demands (Ayala & Almond, 2018) that can lead to a decline in mental health and difficulties with professional competence (Ayala and Almond, 2018).
Levels of stress, anxiety, and depression are on a rise in the graduate student population, which leave students more vulnerable to develop a variety of mental health disorders (Peluso, 2011). The World Health Organization’s (2018) international study on the status of 13,984 college students’ mental health found that 35% of students screened positive for a DSM-IV mental disorder, including “major depression, mania/hypomania, generalized anxiety disorder, panic disorder, alcohol use disorder and substance use disorder” (Auerbach et al., 2018, p. 624). Another study by Garcia-Williams et al. (2014) examined 301 graduate students’ responses to questionnaires regarding their mental health, and 7.3% of the sample reported current thoughts of suicide, while 9.9% had attempted suicide in their lifetime. Garcia-Williams et al. (2014) also found that graduate students had scores indicating mild depression, accompanied by negative emotions, such as anger, hopelessness, desperation, and loneliness. Similarly, Peluso’s (2011) study examined 292 psychology graduate students and found that over one third of their reported clinically significant levels of depressive symptoms. Given the significant amount of stress graduate students experience, it is essential that coping techniques, or rather self-care practices, are utilized in order to address the detrimental outcomes presented earlier.

The COVID-19 pandemic has evidently exacerbated graduate students’ diminished mental health, due to low perceived social support, massive media exposure and fear of infection (Norcross & Phillips, 2020) with reports of severe distress, depression, and high levels of anxiety (Wathelet et al., 2020).

As previously reviewed, the literature has indicated the importance of self-care for mental health professionals, all indicating that a lack of personal coping strategies put professionals at risk for burnout (Bressi & Vaden, 2017); however, relatively limited literature addresses this concern with respect to psychologist trainees. Graduate programs play the most influential role in
students’ overall professional development (Zahniser et al., 2017); therefore, it is important to consider what may influence the promotion of effective coping strategies that students can utilize to optimally face the demands of the graduate school environment and their training to be psychologists.

It is important to note that the majority of research exploring graduate students’ self-care practices and stress within the mental health field has focused on graduate students in the nursing field (Winwood et al., 2006) and medical field (Huen et al., 2007; Sheetsa et al., 1993). In contrast, a comparatively limited amount of literature has addressed the nature and scope of self-care of psychology graduate students even though there appears to be a relationship between self-care practices and positive psychological outcomes (i.e., increased well-being, greater affect and decreased stress; McKinzie et al., 2006).

A meta-analytical review conducted by Colman et al. (2016) found that psychology graduate students, including those in clinical, counselling, and school psychology programs, who practiced self-care experienced more benefits than their counterparts who did not. Various self-care practices in this meta-analytic review include: mindfulness activities (Cohen & Miller, 2009; Moore, 2008; Rimes & Woodgrove, 2011; Shapiro et al., 2007; Spragg, 2011), seeking social support (Furlonger & Genecic, 2014; Miller, 2006; Nelson et al., 2001) and engagement in a healthy lifestyle (Goncher et al., 2013; Wolf et al., 2014).

After a review of empirical studies relative to the self-care practices of psychology graduate students, (17 of which included clinical psychology graduate students, 7 that included counselling psychology graduate students and 3 that included school psychology graduate students), Colman et al. (2016) concluded that psychology graduate students who practiced self-care experienced more benefits than those who did not practice self-care. The benefits reported
by psychology graduate students who engaged in more self-care practices included gains in self-compassion, psychological well-being, affect, life satisfaction, and decreased psychological distress (Colman et al., 2016). It was reported in this meta-analytic review that the type of self-care practice was not found to be a significant moderator, but simply the practice of self-care was found to be statistically significant. This finding suggests that there is not one self-care practice that fits the needs of all psychology graduate students (Bressi & Vaden, 2016; Derthick et al., 2015), and that students must seek an activity that they can engage in that will optimize their benefits.

For example, in one study, cognitive self-care strategies utilized by graduate students were shown to result in positive reinterpretation which was the most commonly used reappraisal technique (Myers et al., 2012). When examining physical self-care strategies utilized by graduate students, sleep quality and exercise were the most prevalent in helping student manage stress (Lund et al., 2010; Winwood et al., 2006; Huen et al., 2007). Sleep deprivation and fatigue have been found to be common in counselling and clinical psychology graduate student populations and has been linked to poor academic performance (Myers et al., 2012). In addition, exercise has been linked to emotional well-being (Myers et al., 2012) and academic success (Sheetsa et al., 1993) in this population.

Social self-care practices have been explored more in the recent years (Dorociak et al., 2017; Bressi & Vaden, 2017; Zahniser et al., 2017), and the findings indicate that graduate program support and family support can significantly impact graduate students’ overall wellbeing in times of stress (Myers et al., 2012, Mallinckrodt & Leong, 1992; Kaufman, 2006). For example, counselling psychology graduate students who receive social support from sources such as advisors, colleagues, and family report less global stress (Clark et al., 2009). Similarly,
clinical psychology graduate students with strong social support networks report positive affect and increased wellbeing (Zahniser et al., 2017).

Most of the studies on psychology graduate students’ self-care are conducted in the United States and utilize sample participants who are at both the masters (Ayala et al., 2017) and doctoral level (Myers et al., 2012; Zahniser et al., 2017, Goncher et al., 2013) and consist primarily of Caucasian females. Moreover, most studies investigate the self-care of graduate students in clinical psychology (Myers et al., 2012; Zahniser et al., 2017; Goncher et al., 2013, Burkhart, 2014; Cohen & Miller, 2009; Miller, 2006; Moore, 2008; Rimes and Wingrove, 2011; Shotwell, 2011; Strafford-Brown & Pakenham, 2012; Wulf, 2007) and counselling psychology (Furlonger & Gencic, 2014; Shapiro et al., 2007; Smith et al., 2007; Wolf et al., 2014) with very few studies that include school psychology graduate students (Daly & Gardner, 2020; Montgomery, 2009; Spragg, 2011).

In 2017, Zahniser, Rupert & Dorociak took a comprehensive approach towards studying self-care among a sample of 358 students, recruited from APA-accredited clinical psychology programs. The Professional Self-Care Scale for Psychologists (Dorociak et al., 2017), Perceived Stress Scale (Roberti et al., 2006), Positive and Negative Affect Schedule (Watson et al., 1988) and The Flourishing Scale (Diener et al., 2010) were the measures used. They were able to conclude that self-care is associated with greater personal wellbeing and better progress through graduate training. Additionally, it was found that self-care also served as a buffer against the harmful effects of stress that are inherent through graduate training in psychology. Two important aspects of self-care identified in this study for psychology graduate students were; 1) building professional support systems and 2) maintaining awareness of one’s needs and reactions to stressors (Zahniser et al., 2017). Due to Zahniser et al.’s (2017) limited sample, one must be
cautious in attributing their findings to all graduate training programs in psychology. However, it has been hypothesized that similar self-care practices and psychological outcomes would be present in those in counselling and school psychology (Zahniser et al., 2017).

Based on the review of the literature above, there appears to be a significant gap in the empirical literature with respect to two specific areas: 1) investigations of self-care of graduate students within Canada, and 2) investigations of the self-care of school psychology graduate students, which is the major goal of this proposed study.

2.1.6 School Psychology Graduate Students’ Self-Care

It is particularly important to address school psychologists’ self-care as research has indicated that school psychologists, in comparison to clinical and counselling psychologists, are more susceptible to burnout, due to higher levels of emotional exhaustion (i.e. feeling overwhelmed by job demands), depersonalization (i.e. developing negative attitudes towards clients), decreased levels of personal accomplishment (i.e. feeling incompetent and ill-equipped to support clients), lack of experience, and increased interpersonal relationships (Badali & Habra, 2003; Daly & Gardner, 2020) (Newman, 2013; Huebner, 1993). This finding could be attributed to the vast array of challenges and expectations school psychologists are faced with on a daily basis (Fagan & Wise, 2018). The National Association of School Psychologists (NASP) has identified two unique challenges school psychologists are currently facing, 1) the current shortage of school psychologists, and 2) the expanding role of a school psychologist (NASP, 2019). The current shortage of school psychologists increases the workload demands on these professionals and has been shown to negatively impact their performance (Fagan & Wise, 2018). In addition, the roles of school psychologists have expanded over the past decade to include such responsibilities as intervention and consultation in addition to their primary role which has
historically been psycho-educational assessment, and in response, feelings of incompetence may arise if these individuals are not prepared for changing demands of the role (NASP, 2019). Hence, it is important for school psychologists to address these stressful challenges in order to prevent burnout. Recent literature by Daly & Gardner (2020) explored the benefits of teaching self-care to school psychology graduates with a small sample (N=22) and found that students’ reflections of self-care activities assisted in meeting the demands associated with their graduate training. However, the authors recommend further examination of this finding with a larger sample size.

Coleman (2016) along with other scholars (Ayala et al., 2017; Myers et al., 2012; Goncher et al., 2013), has supported the need to broaden the sample of graduate student participants in studies of self-care (i.e. school psychology graduate students), along with greater diversity within these samples (i.e. culture and gender) in order to create a more representative sample of psychology graduate studies within the field of self-care. This could better differentiate the degree of stress and the types of approaches of self-care graduate students in psychology utilize or do not utilize to support and maintain their well-being.

As indicated above, school psychologists experience high demands which consequently result in high levels of stress. Although, self-care practices have been found to alleviate or minimize stress, there has been a very limited amount of research exploring the self-care practices and associated outcomes with respect to school psychology graduate students (McKinzie et al., 2006; Montgomery, 2009; Spragg, 2011). From the author’s review of the literature and perspective, no current peer-reviewed study has focused on school psychology graduate students with respect to their self-care practices and associated outcomes (i.e. psychological well-being, academic achievement, affect). Hence this study is a unique, timely,
and important investigation of self-care practices and resulting outcomes within school psychology graduate students across Canada.

2.2 Measurements of Self-Care

After reviewing empirical studies of self-care from the past 10 years with psychologists in service and in training, there has been little consistency in the use of research surveys and questionnaires with respect to the investigation of their self-care. A number of different instruments have been used to evaluate and explore self-care practices. Many scales have been created, adapted, and adjusted in order to meet the current needs of different disciplines and their current level of training. Questionnaires such as; 1) the Professional Self-Care for Psychologists (Dorociak et al., 2017; Zahniser et al., 2017), the 2) Perceived Self-Care Emphasis Questionnaire (Goncher et al., 2013), 3) Self-Care Utilization Questionnaire (Goncher et al., 2013) and 4) 52-item Health Promoting Lifestyle Profile II (Walker et al., 1987) have been used to examine self-care and/or reported self-care practices that individuals utilize. The first measure is tailored to be used in the profession of psychology, whereas the others are more appropriate for a range of professions. The second measure focuses on the perceived notion of self-care, rather than the utilization of the strategies. The third measure provides a comprehensive overview of self-care practices which will allow participants to appropriately decide and report which practices they utilize in their lives. The final measure of self-care practices instruments focuses on life enhancing activities one engages in, however this measure is outdated.

Additional self-care practice measures used in the current self-care literature include the Sleep Hygiene Index (Mastin et al., 2006), Godin Leisure Time Exercise Questionnaire (Godin & Shephard, 1985; Myers et al., 2012), Multidimensional Scale of Perceived Social Support (Zimet et al., 1988; Myers et al., 2012), Philadelphia Mindfulness Scale (Cardaciotto et al., 2008;
Myers et al., 2012). Each of the measures referred to above specify one practice of self-care (i.e., sleep, exercise, social support, mindfulness) and do not allow for a comprehensive overview of self-care practices to occur.

The most appropriate self-care measure for the present study is considered to be The Self-Care Assessment for Psychologist (SCAP; Dorociak et al., 2017); previously known as The Professional Self-Care Scale for Psychologists (PSCS; Dorociak et al., 2015). The measure initially was developed in the primary author’s undergraduate level senior thesis project, and subsequently has been updated, therefore; the name of the scale previously known as the Professional Self-Care Scale (PSCS) has now been changed to the Self-Care Assessment for Psychologists (SCAP). To reflect the new scale name, the term SCAP will be used for this paper.

Specific to the present study, the instructions of this measure were adjusted to tailor the instrument to apply to graduate students in the field in order to take into account the fact that these students may have yet to experience working one-on-one with clients (i.e., “please note that for item #19, if you do not yet see clients as part of your graduate training, you may simply leave this item unanswered”).

This measure will provide a comprehensive overview of chosen self-care practices with a focus being on the expectations of a professional in the field of psychology. The PSCS is a 21-item self-report questionnaire designed to measure proactive, preventive self-care practices. These items are further divided into five subscales: professional support (5 items, e.g., “I cultivate professional relationships with my colleagues”), professional development (5 items, e.g., “I find ways to stay current in professional knowledge), life balance (4 items, e.g., “I seek out activities or people that are comforting to me”), cognitive awareness (4 items, e.g., “I monitor my feelings and reactions to clients”), and daily balance (3 items, e.g., “I take breaks throughout
the workday”. In the current study, participants will be asked to indicate how often they engage in various self-care behaviours on a scale from 1 (never) to 7 (always). These factor subscales have been found to have good internal consistency and related to well-being outcomes for professional psychologists (Dorociak et al., 2017).

2.2.1 Assessment of Outcome Variables Related to Self-Care in Research

A review of the current self-care literature indicates that mental health professionals and trainees who engage in self-care activities experience an increase in a wide array of psychological outcomes, including but not limited to, wellbeing, affect (Zahniser et al., 2017), improvements in perceived stress (Myers et al., 2012), sense of belonging (Munir & Jackson, 1997), emotion regulation (Gross & John, 2003), quality of life (Goncher et al., 2013), self-compassion (Colman et al., 2016), academic success (Nelson et al., 2001), and decreased distress (Burkhart, 2014). In order to assess outcome variables associated with the effectiveness of self-care practices, instruments such as, The Flourishing Scale (Diener et al., 2010), Positive and Negative Affect Schedule (PANAS; Watson et al., 1988), Emotion Regulation Questionnaire (Gross & John, 2003), Perceived Stress Scale (Cohen et al., 1983; Roberti et al., 2006), and Quality of Life Index (Ferrans & Power, 1985) have been used in previous research.

A consistent finding among psychology graduate students with effective self-care strategies has been that they reported increased well-being and positive affect (Zahniser et al., 2017), which subsequently lead to positive effects on education, work, and daily functioning (Goncher et al., 2010). Perceived stress, the degree to which an individual interprets life’s demands as uncontrollable and/or unmanageable, can impact one’s quality of life and has been associated with diminished well-being, academic performance, and affect. Perceived stress has been evidently correlated with other stress measures, “self-reported health and health service
measures, smoking status and help seeking behaviours” (Cohen & Williamson, 1987, pp. 23-24). The most widely utilized instrument for examining the perception of stress is the Perceived Stress Scale (PSS; Cohen et al., 1983).

Limitations in the current self-care literature draw attention to the inability to generalize findings due to the primary sample composition of previous research using clinical and counselling psychology graduate students (Zahniser et al., 2017, Colman et al., 2016). Given the lack of diversity in training being included in research (i.e., not including school psychology graduate students), the previous findings surrounding the benefits of engagement in self-care practices for psychology graduate students’ psychological well-being, academic performance, affect, and perceived stress (Dorociak et al., 2017) raise valid concerns around generalizability (Zahnier et al., 2017). In order to address these limitations reported by Zahniser et al. (2017) and Dorociak et al., (2017), the psychological outcomes that will be explored with school psychology graduate students within the current study will be psychological well-being, academic performance, affect, and perceived stress. The measures used to examine these constructs in the present study are: The Flourishing Scale (Diener et al., 2010); Perceived Progress in Graduate Training Scale (Zahniser et al., 2017); The Positive and Negative Affect Schedule Watson et al., 1988), and the 10-item Perceived Stress Scale (Cohen et al., 1983).

2.3 Statement of the Problem and Purpose of the Study

Although research has provided an understanding of the self-care practices utilized by psychology graduate students and the relationship to increased well-being, academic performance, and perceived stress, no current research literature with respect to the self-care practices of school psychology graduate students in Canada has been conducted. The purpose of the proposed study is to address this gap.
The present research is designed to take a more focused look at self-care among Canadian school psychology graduate students. In this regard, one purpose of the study is to assess the relationships of the five professional practices of self-care (professional support, professional development, daily balance, cognitive awareness, and life balance) with psychological well-being, academic performance, affect, and perceived stress. Another purpose is to determine if self-care practices predict greater well-being, lower perceived stress, greater academic performance, and positive affect. The last purpose of this study is to determine if self-care practices act as a protective factor between perceived stress and diminished well-being, affect and academic performance.

2.3.1 Question and hypothesis one

1. What professional self-care practices do school psychology graduate students utilize the most?

   It is hypothesized that school psychology graduate students will utilize similar self-care practices as those in clinical psychology graduate programs, in accordance with Zahniser et al.’s (2017) findings. Therefore, the top two utilized self-care practices hypothesized will be professional support and cognitive awareness. Additionally, it is hypothesized that practices that encourage a life balance (i.e., taking breaks) will be prevalent in this population, as it has been widely researched to promote healthy functioning (Myers et al., 2012).

2.3.2 Question and hypothesis two

2. Do gender or year in program differences exist for students’ self-reported professional self-care practices?

   Research in the field of psychology and other mental health professions have shown that women report higher levels of anxiety and depression than men (Rummell, 2015), along with
higher reports of exhaustion (Kulesa, 2014). These gender disparities leave women in the helping profession to be more widely researched in the literature and to have interventions be focused on them, hence it is hypothesized that female school psychology graduate students will utilize self-care practices in a greater way than their male counterparts, due to the focus on enhancing women’s mental health in academia and the workforce.

Studies exploring self-care practices across the professional lifespan have found that over time, professionals develop more effective ways of managing their stressors and therefore those in their later career engage in more self-care practices (Dorociak et al., 2017). Therefore, it is hypothesized that school psychology students in later years of their program will engage in higher self-care practices than those in earlier years.

2.3.3 Question and hypothesis three

3. **Does engagement in self-care practices predict increased well-being, perceived stress, affect and greater academic performance amongst Canadian school psychology graduate students?**

Several studies have demonstrated that self-care has predicted self-reported lower levels of stress (Myers et al., 2012). Similarly, Colman et al., (2016) found that self-care practices increased self-reported quality of life, increased self-compassion and decreased psychological distress. It is therefore hypothesized that those who practice self-care more have increased well-being, decreased perceived stress, and greater affect and academic performance than those who do not.

2.3.4 Question and hypothesis four

4. **Does self-care have a protective effect against the harmful effects of stress?**

Zahniser et al. (2017) found that various moderation model results showed significant interactions between perceived stress and almost all of the self-care factors, suggesting that self-
care played a protective or “buffering” effect on well-being. It is therefore hypothesized that those school psychology graduate student participants who report higher levels of each aspect of self-care will also report diminished perceived stress, increased academic performance, affect, and overall well-being.

2.3.5 Question and hypothesis five

5. How reliable is The Self-Care Assessment for Psychologists Scale (SCAP) in measuring self-care practices amongst school psychology graduate students?

Dorociak et al. (2017) previously demonstrated the internal consistency, factor structure, and validity of the SCAP, previously revised from its original name, the Professional Self-Care Scale (PSCS). The SCAP demonstrated acceptable internal consistency for the five factors, with coefficient alpha values between $\alpha = .65$ and $\alpha = .83$ (Dorociak et al., 2017). However, since these findings suggest modest coefficients, reliability of SCAP will be further explored using a sample of school psychology graduate students.
Chapter Three: Methods

3.1 Introduction

This chapter presents the methods used in the study to address the four research questions as noted in chapter two. This chapter first discusses the participants and their recruitment, followed by descriptions of the measures used in the study. Next, the procedures for collecting data and the research design of the study are presented. To conclude, the chapter ends with a presentation of the preliminary and primary data analyses used to answer the study’s research questions.

3.2 Participants

One hundred and two school psychology graduate students across Canada (8 males, 94 females) participated in the study. Participants were attendees of University of Calgary (in the school and applied child psychology program), University of British Columbia (in the school and applied child psychology program), University of Toronto (in the school clinical child psychology program), University of Saskatchewan (in the educational psychology program), University of Manitoba (in the school psychology program), University of Alberta (in the school and clinical child psychology program), McGill University (in the school/applied child psychology program), and Western University (in the field of school and applied child psychology program). The graduate students ranged in age from 22 to 39 years ($M=26.9$, $SD=3.494$).

3.3 Measures

This section presents the measures utilized in the current study, along with descriptions of the measures used in the study including their psychometric properties and the relevant data each
scale aimed to collect. Example questions from each of the scales used are presented Table 1. Additionally, the full scales utilized will appear in the appendices section (see Appendices A-N).

### 3.3.1. Demographic Questionnaire

A demographic questionnaire was designed in order to obtain relevant demographic information of the participating graduate students. The form requested the participants to provide information regarding their attending university, year in school psychology training program, current student status, gender, age, race, and ethnicity (see Appendix I).

### 3.3.2 The Self-Care Assessment for Psychologists Scale

Self-care practices were assessed using the Self-Care Assessment for Psychologists Scale (SCAP; Dorociak et al., 2017), with instructions adjusted to tailor the instrument to apply to graduate students in the field (i.e., allowing them to leave questions unanswered if they do not apply to them (e.g., “If you do not yet see clients as a part of your graduate training, you may simply leave this item unanswered”). The SCAP is a 21-item assessment designed to measure self-reported proactive, preventive self-care practices for practicing psychologists (see Appendix J).

These items are further divided into five subscales, each comprised of three to five items. The Professional Support (PS) subscale measures the tendency to foster professional relationships, e.g., “I cultivate professional relationships with my colleagues”. The Professional Development (PD) subscale measures the tendency to engage in behaviours that increase one’s professional competencies e.g., “I find ways to stay current in professional knowledge”. The Life Balance (LB) subscale measures the tendency to set boundaries between one’s personal and professional identity e.g., “I find ways to foster a sense of social connection and belonging in my life”. The Cognitive Awareness (CA) subscale measures the tendency to employ cognitive
strategies for keeping perspective and coping with work demands “I monitor my feelings and reactions to clients”. The final SCAP subscale, the Daily Balance (DB) subscale measures the tendency to encompass strategies that can be incorporated throughout the workday to manage stressors while replenishing resources e.g., “I avoid over-commitment to work responsibilities”. Each item is scored on a 7-point Likert scale, ranging from “Never” to “Always” (Dorociak et al., 2017).

This questionnaire was chosen for the current study because it is the only psychometrically sound self-care measure with a primary focus on the field of psychology. Additionally, researchers (Zahniser et al., 2017; Dorociak et al., 2017) suggest the need to replicate the factor structure and explore the reliability and generalizability of this measure amongst a more diverse participant pool, which this study is aims to do. One important limitation to note with this measure is that is does not include physical self-care practices, and therefore conclusions based on those unknown factors cannot be made.

Dorociak et al. (2017) analyzed the internal consistency, factor structure, and validity of the SCAP, previously revised from its original name, the Professional Self-Care Scale (PSCS). The SCAP demonstrated acceptable internal consistency for the five factors, with coefficient alpha values between $\alpha = .65$ and $\alpha = .83$ (Dorociak et al., 2017). Despite the modest coefficients, this scale is still in its infancy and further reliability properties can be found after the completion of the present study. Confirmatory analysis indicated that the five-factor model was a good fit (Dorociak et al., 2017). Preliminary evidence for the validity of the scale was established through examination of the correlation coefficients between the SCAP and other theoretically related constructs (The Perceived Stress Scale; Cohen et al., 1983), The Satisfaction With Life Scale
(Diener et al., 1985), and the Maslach Burnout Inventory-Human Service Survey (Maslach & Jackson, 1996).

3.3.3 The Flourishing Scale

Psychological well-being was assessed using the Flourishing Scale (FS; Diener et al., 2010). The FS is an 8-item scale that measures self-perceived success in various social-psychological domains i.e., self-esteem “I am a good person and live a good life”, purpose “I lead a purposeful and meaningful life”, and relationships “My social relationships are supportive and rewarding” (Diener et al., 2009). Each item is scored on a 7-point Likert scale, ranging from “Strongly Disagree” to “Strongly Agree” (see Appendix K). Subsequently, a total score is calculated to represent the psychological resources and strengths one has.

Diener et al. (2009) demonstrate the FS has good internal consistency, with a coefficient alpha value of $\alpha = .87$. Moreover, convergent validity findings show that the FS is also associated with other measures of well-being such as, Satisfaction with life Scales (Silva & Caoetano, 2013), the Ryff Scales of Psychological Well-Being (Ryff, 1989) and the Basic Need Satisfaction in General scale (Deci & Ryan, 2000; La Guardia et al., 2000) with correlations ranging from $r = .42$ to $r = .73$.

3.3.4 The Perceived Stress Scale

Perceived stress was assessed using the 10-item version of the Perceived Stress Scale (PSS-10; Cohen et al., 1983). The PSS-10 is a 10-item scale designed to measure the degree in which stressful situations are perceived unpredictable; for example: “In the last month, how often have you been upset because of something that happened unexpectedly”, uncontrollable, for example: “In the last month, how often have you felt that you were unable to control the important things in your life” and overloaded, for example: “In the last month, how often have
you felt difficulties were piling up so high that you could not overcome them?”. Each item is scored on a 4-point Likert scale, ranging from “Never” to “Very Often”. Subsequently, a total score is calculated to represent the degree into which situations in one’s life as appraisal as stressful (see Appendix L).

A meta-analysis conducted by Eun-Hyun (2012) examined the validity and reliability of the PSS-10 (Roberti et al., 2006) and found that 11 out of 12 studies (Cohen & Williamson, 1987; Remor, 2006; Roberti et al., 2006; Mitchell et al., 2008; Orucu & Demir, 2009; Reis et al., 2010; Chaaya et al., 2010; Leung et al., 2010; Wongpakaran & Wonpakaran, 2010; Wang et al., 2011; Lesage et al., 2012) reported a Cronbach alpha score >.70, along with other accepted reported psychometric properties (i.e. test-retest reliability (>0.70), factorial validity (>0.70), and criterion validity (<0.70). Cohen et al. (1988) shows correlations between PSS and various other outcome measures; including health behaviour measures, smoking status and help seeking behaviours.

3.3.5 The Perceived Progress in Graduate Training Scale

Academic performance was assessed using the Perceived Progress in Training Scale (PPTS; Zahniser et al., 2017), designed to evaluate students’ academic progress based on performance feedback in four aspects of their graduate training, including research, clinical work, coursework and achieving program milestones (see Appendix M). Each item is scored on a 7-point Likert scale, ranging from “Very Poor” to “Very Good” (Zahniser et al., 2017).
3.3.6 The Positive and Negative Affect Schedule

Graduate students’ affect was assessed using the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988). The 20-item assessment was designed to measure pleasurable and unpleasurable emotional feelings at a given time. These items are further divided into two subscales, each comprising of ten items. The Negative Affect (NA) subscale represents subjective distress and unpleasurable engagement, e.g., “indicate the extent you have felt this way over the past week; distressed, upset, guilty, scared”. The Positive Affect (PA) subscale represents pleasurable engagement, e.g., “indicated the extent you have felt this way over the past week; interested, excited, strong”. Each item is scored on a 5-point Likert scale, ranging from “Very slightly or not at all” to “Extremely” (see Appendix N).

The PANAS has been reported to have good reliability, with Cronbach’s alpha of .89 for PA and .85 for NA (Crawford & Henry, 2004; Watson et al., 1988). Additionally, convergent validity findings show that PA is associated with measures of social activity and daily mood measures, while NA was correlated with measures of stress, depression, and aversive events (Watson et al., 1988).

Table 1. Example Questions from Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Example of Items</th>
</tr>
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<tbody>
<tr>
<td>The Self-Care Assessment for Psychologists Scale</td>
<td>Student Self Report:</td>
</tr>
<tr>
<td></td>
<td>“I make a proactive effort to manage the challenges of my professional work”</td>
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<td></td>
<td>“I share work-related stressors with trusted colleagues”</td>
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<td>The Flourishing Scale</td>
<td>Student Self Report:</td>
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<td>---------------------------------------</td>
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<tr>
<td>“I avoid over-commitment to work</td>
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<td>responsibilities”</td>
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<td>“I lead a purposeful and meaningful</td>
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<td>life”</td>
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<td>“I am competent and capable in the</td>
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<td>activities that are important to me”</td>
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<tr>
<td>“My social relationships are</td>
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<td>supportive and rewarding”</td>
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<tr>
<td>The Perceived Stress Scale</td>
<td>Student Self Report:</td>
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<tr>
<td>“In the last month, how often have</td>
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<td>you been able to control irritations</td>
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<tr>
<td>in your life?”</td>
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<tr>
<td>“In the last month, how often have</td>
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<td>you felt that you were on top of things?”</td>
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<tr>
<td>The Perceived Progress in Graduate</td>
<td>Student Self Report:</td>
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<tr>
<td>Training Scale</td>
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<tr>
<td>“Based on feedback received thus far</td>
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<td>in your graduate training, please</td>
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<tr>
<td>rate your overall performance in</td>
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<tr>
<td>research, clinical work (e.g.,</td>
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<tr>
<td>practicum/externship, on-site training), coursework and meeting program milestones?”</td>
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<tr>
<td>The Positive and Negative Affect</td>
<td>Student Self Report:</td>
</tr>
<tr>
<td>Schedule</td>
<td></td>
</tr>
</tbody>
</table>
“Indicate the extent you have felt this way over the past week (e.g., interested, ashamed, determined, etc.).”

3.4 Procedure

3.4.1 Data Collection

Subsequent to approval by the Conjoint Faculties Research Ethics Board at the University of Calgary (see Appendix G and H), recruitment emails were sent to the Directors of Clinical Training (DCTs) of all English-speaking school psychology graduate programs in Canada (University of Calgary, University of British Columbia, University of Toronto, University of Saskatchewan, University of Manitoba, University of Alberta, McGill University, Western University, and Mount St. Vincent). DCTs were asked to forward the recruitment email, containing information about the present study and a link connecting to the online ‘Self-Care Practices of School Psychology Graduate Students’ survey, to all students in their program (see Appendices B and C). A follow-up email was also sent to all DCTs, requesting that they forward a reminder email to their students (see Appendices A and D). The online survey included measures of 1) self-care behaviours, 2) students’ perceptions of their progress in graduate training, 3) perceived stress, 4) affect and 5) overall psychological well-being. Informed consent was obtained on Qualtrics prior to completing the survey (see Appendices E and F).

In order to guarantee anonymity, a research assistant was appointed to remove the attending university from the participants responses to ensure no information reported in the questionnaire would allow the participants themselves or their graduate training programs to be
identified. Due to the nature of recruitment, the number of potential participants to receive the recruitment email is unknown, and therefore the response rate was not able to be calculated.

### 3.4.2 Inclusion Criteria

Participants were required to meet several specific criteria to be eligible for the study. Specifically, inclusionary criteria for these participants were:

1. Participants must be currently enrolled in a school psychology graduate program at a Canadian university.
2. All participants must be able to fluently speak, write, and read English.

### 3.4.2 Data Scoring

The data collected from participants (i.e., demographic information, SCAP, TFS, PPGT, PSS-10, PANAS) on the Qualtrics webpage was exported to IBM-SPSS-Statistics version 26 by the primary investigator. Once inputted into SPSS, all negatively phrased questions on the PSS-10 were reverse coded in order to further calculate a total score. No reverse coding was necessary for TFS, SCAP or PANAS. A total score was calculated for TFS and PPGT. Factor scores were calculated for both SCAP and PANAS.

### 3.5 Data Analysis

#### 3.5.1 Preliminary Analyses

The sample characteristics and the normality of the distribution of each variable (self-care, well-being, perceived stress, academic performance, and affect) were assessed through descriptive analyses (e.g., central tendency measures (i.e., mean, mode, median, standard deviation, skewness and kurtosis). The results of these initial analyses ensure that appropriate parametric tests (i.e., multiple regression, correlation coefficient) could be conducted in order to evaluate the effect of the independent variables (i.e., age, self-care practices, gender, year in
program, student status, ethnicity and race) on the dependent variables (well-being, perceived stress, academic performance and affect). Additionally, reliability analysis for the SCAP was calculated as an estimate of its internal consistency for this study’s sample and will be further discussed in the next section.

### 3.5.2 Primary Analyses

Once the data was prepared, assumptions were met, and measures were deemed acceptable, the second stage of the analysis was conducted to answer the research questions.

Pearson correlations were computed to examine whether there were significant correlations between the independent variables (i.e., five dimensions of self-care) and the dependent variables (i.e., perceived stress, affect, psychological well-being and academic performance) in order to determine the relationships between. Next, to examine group differences, a series of two by three factorial analysis of variance (ANOVA) with post hoc tests and discriminate analyses was used to examine group differences (i.e. between gender: male and female, year in program: 1-6+ and student status) on the variables of professional self-care.

Multiple regression analyses were then conducted to determine the degree of prediction between the dimensions of self-care (i.e., professional support, professional development, life balance, cognitive awareness and daily balance) and well-being, academic performance, and affect. Following these analyses, a moderation analysis was conducted to determine if there is a buffering effect of self-care between the relationship of perceived stress, and psychological well-being.
Chapter Four: Results

This chapter presents the results from the current study. First, this chapter will present the preliminary results, which include the sample characteristics, data inspection, and descriptive analysis. Following, the preliminary results obtained from the primarily analysis will be presented with respect to the associated research questions.

4.1 Preliminary Analyses

4.1.1 Sample Characteristics

One-hundred and two Canadian school psychology graduate students participated in this study. As indicated in the table below (see Table 2), approximately 86% of students were between the ages of 22-30 and approximately 14% were between the ages of 31-39; approximately 70% were Canadian and 83% white; the majority of students (approximately 90%) were full time students and about 69% were in years 1 to 3 within their program with the rest (approximately 31%) in years 4 to 6+. The following table provides the detailed demographic information of all 102 participants (Table 2)

Table 2. Demographic Information

<table>
<thead>
<tr>
<th>Demographic Factor</th>
<th>n</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22-24: 24</td>
<td>24</td>
<td>23.5</td>
</tr>
<tr>
<td>25-27: 40</td>
<td>40</td>
<td>39.2</td>
</tr>
<tr>
<td>28-30: 24</td>
<td>24</td>
<td>23.5</td>
</tr>
<tr>
<td>31-33: 10</td>
<td>10</td>
<td>9.8</td>
</tr>
<tr>
<td>34-36: 1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>37-39: 3</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male: 8</td>
<td>8</td>
<td>7.8</td>
</tr>
<tr>
<td>Female: 94</td>
<td>94</td>
<td>92.2</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canadian: 72</td>
<td>72</td>
<td>70.6</td>
</tr>
<tr>
<td>English/Welsh/Scottish/Irish/British: 6</td>
<td>6</td>
<td>5.9</td>
</tr>
<tr>
<td>Hispanic: 1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Indian: 0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chinese: 3</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Race</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>African</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>13.7</td>
</tr>
<tr>
<td>Not Reported</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>White</td>
<td>85</td>
<td>83.3</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Indigenous</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>7</td>
<td>6.9</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>3.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year in Current Graduate Training Program</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21</td>
<td>20.6</td>
</tr>
<tr>
<td>2</td>
<td>21</td>
<td>20.6</td>
</tr>
<tr>
<td>3</td>
<td>28</td>
<td>27.4</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>9.8</td>
</tr>
<tr>
<td>5</td>
<td>13</td>
<td>12.7</td>
</tr>
<tr>
<td>6+</td>
<td>8</td>
<td>7.8</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1</td>
<td>1.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Student Status</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>92</td>
<td>90.2</td>
</tr>
<tr>
<td>Part-Time</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Predoctoral Internship</td>
<td>9</td>
<td>8.8</td>
</tr>
</tbody>
</table>

### 4.1.2 Data Inspection and Descriptive Analysis

The Statistical Package for Social Sciences (SPSS) version 26 was used for the statistical analyses conducted in the current study. To begin, participants who did not fit the inclusion criteria, did not complete the demographic questionnaire, or declined consent were excluded from this sample. Further, participants with more than one variable data missing were removed from the data set via listwise deletion. At this stage, one participant was removed from analysis for missing responses regarding professional self-care practices (i.e., no response for all 21 questions), and three were removed for missing responses for affect, well-being and perceived stress (i.e., no response for all 39 questions). After listwise deletion, the final participant numbers were 102 school psychology graduate students (7.8% male, 92.2% female).
Descriptive statistics were conducted for the Self-Care Assessment for Psychologists, including the mean, standard deviation, and maximum and minimum values (see Table 3). Self-reported self-care scores ranged from 35 to 137 (M=101.24 SD=18.59). This measure is further divided into five factors of professional self-care, with higher scores representing higher levels of the self-care engagement. The mean Professional Support self-care score for this sample was \( M = 24.2 \) (\( SD = 5.81 \)). The mean Professional Development self-care score was \( M = 22.73 \) (\( SD = 5.62 \)). The mean Life Balance self-care score was \( M = 21.62 \) (\( SD = 4 \)). The mean Cognitive Awareness self-care score was \( M = 19.91 \) (\( SD = 4.19 \)). The mean Daily Balance self-care score was \( M = 12.66 \) (\( SD = 4.03 \)). An examination of the histograms, box plots, and \( z \) scores revealed no extreme outliers (\( z \) scores +/- 3.25; Tabachnick & Fidell, 2012). The skewness and kurtosis value determining the symmetry and peakedness of the distribution was found to be acceptable ( +/- 2; George & Mallery, 2010).

Mean, standard deviation, and maximum and minimum values for the Flourishing Scale were calculated (see Table 3). The FS reflects self-perceived success in important areas of well-being, including relationships, self-esteem, purpose and optimism, therefore higher total scores reflect higher levels of overall flourishing. Self-reported \( t \)-scores were computed for participant and they ranged from 29 to 56. The mean flourishing score for this sample was \( M = 47.22 \) (\( SD = 5.69 \)). An examination of the histograms, box plots, and \( z \) scores revealed no extreme outliers (\( z \) scores +/- 3.25; Tabachnick & Fidell, 2012). The skewness and kurtosis value determining the symmetry and peakedness of the distribution was found to be acceptable ( +/- 2; George & Mallery, 2010).

Frequency of perceived stress was computed by calculating participants’ raw scores, with higher scores indicative of how overloaded unpredictable and uncontrollable participants
currently find their lives by way of the Perceived Stress Scale (PSS-10). Participants reported scores ranged from 10 to 39 across the data (M=22.41 SD= 5.69). Once again, an examination of histograms, box plots, and z scores, resulted in no extreme outliers (z scores +/- 3.25; Tabachnick & Fidell, 2012). Further analysis of the skewness and kurtosis values, histograms, and probability plots showed adequate data distribution (+/-1; Tabachnick & Fidell, 2012).

Academic performance scores were gathered for each participant by calculating the total scores on the Perceived Progress in Training scale (see Table 3). Total scores ranged from 14 to 28 with higher scores representing greater perceived academic performance in participants’ current graduate training (i.e., research, coursework; (M=23.48 SD=2.78). No extreme outliers were identified (z scores +/- 3.25; Tabachnick & Fidell, 2012) and the data distribution appeared to be normal upon examination of the box plots and histograms. Similarly, the probability plots also revealed normal data distribution, with adequate skewness and kurtosis values (+/-1; Tabachnick & Fidell, 2012).

Descriptive statistics were conducted for examining participants’ affect, including the mean, standard deviation, and maximum and minimum values (see Table 3). Self-reported affect scores ranged from 36 to 76 (M=54.91 SD=8.5). This measure is further divided into two factors of affect, with higher scores representing stronger levels of that feeling. The mean Positive Affect score for this sample was M = 31.25 (SD = 6.64). The mean Negative Affect score was M = 23.72 (SD = 7.54) An examination of the histograms, box plots, and z scores revealed no extreme outliers (z scores +/- 3.25; Tabachnick & Fidell, 2012). The skewness and kurtosis value determining the symmetry and peakedness of the distribution was found to be adequate (+/-1; Tabachnick & Fidell, 2012)
Table 3. Descriptive Information of the Study's Variables

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>Minimum</th>
<th>Maximum</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCAP</td>
<td>85</td>
<td>35</td>
<td>137</td>
<td>101.24</td>
<td>18.59</td>
<td>-0.51</td>
<td>1.32</td>
</tr>
<tr>
<td>1. Professional Support</td>
<td>95</td>
<td>9</td>
<td>35</td>
<td>24.2</td>
<td>5.81</td>
<td>-0.22</td>
<td>-0.55</td>
</tr>
<tr>
<td>2. Professional Development</td>
<td>97</td>
<td>6</td>
<td>34</td>
<td>22.73</td>
<td>5.62</td>
<td>-0.35</td>
<td>0.13</td>
</tr>
<tr>
<td>3. Life Balance</td>
<td>100</td>
<td>9</td>
<td>28</td>
<td>21.62</td>
<td>4</td>
<td>-0.55</td>
<td>0.46</td>
</tr>
<tr>
<td>4. Cognitive Awareness</td>
<td>88</td>
<td>6</td>
<td>28</td>
<td>19.91</td>
<td>4.19</td>
<td>-0.63</td>
<td>0.59</td>
</tr>
<tr>
<td>5. Daily Balance</td>
<td>101</td>
<td>3</td>
<td>21</td>
<td>12.66</td>
<td>4.03</td>
<td>-0.24</td>
<td>-0.33</td>
</tr>
<tr>
<td>TFS</td>
<td>101</td>
<td>29</td>
<td>56</td>
<td>47.22</td>
<td>4.92</td>
<td>-0.82</td>
<td>1.28</td>
</tr>
<tr>
<td>PSS-10</td>
<td>101</td>
<td>10</td>
<td>39</td>
<td>22.41</td>
<td>5.69</td>
<td>0.36</td>
<td>-0.11</td>
</tr>
<tr>
<td>PPGT</td>
<td>75</td>
<td>14</td>
<td>28</td>
<td>23.48</td>
<td>2.78</td>
<td>-0.88</td>
<td>0.99</td>
</tr>
<tr>
<td>PANAS</td>
<td>100</td>
<td>36</td>
<td>76</td>
<td>54.91</td>
<td>8.5</td>
<td>0.17</td>
<td>-0.22</td>
</tr>
<tr>
<td>1. Positive Affect</td>
<td>102</td>
<td>17</td>
<td>48</td>
<td>31.25</td>
<td>6.64</td>
<td>0.05</td>
<td>-0.41</td>
</tr>
<tr>
<td>2. Negative Affect</td>
<td>100</td>
<td>10</td>
<td>48</td>
<td>23.72</td>
<td>7.54</td>
<td>0.69</td>
<td>0.54</td>
</tr>
</tbody>
</table>

4.2 Statistical Analyses

A series of correlation coefficients were used to determine relationships between the independent and dependent variables. Positive correlations were found among the professional self-care variables, well-being, academic performance, and positive affect. Negative correlations were found among self-care practices, negative affect and perceived stress. According to Cohen’s (1988) guidelines, the results demonstrated a moderate to large positive correlation between the five professional self-care variables and flourishing ($r = .39$ to $.64$). Additionally, there was a moderate positive correlation between the five professional self-care variables and academic performance ($r .25$ to $0.38$) along with positive affect ($r .23$ to $.5$). Finally, professional self-care practices had a small negative correlation with negative affect ($r -.04$ to $.22$) and perceived stress ($r -.003$ to $.24$), as expected. Correlations are reported in Table 4.
Table 4. Correlation matrix showing Pearson's R for self-care, well-being, perceived stress, academic performance, and affect

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PS SC</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. PD SC</td>
<td>.759**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. LB SC</td>
<td>.576**</td>
<td>.488**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. CA SC</td>
<td>.611**</td>
<td>.59**</td>
<td>.583**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. DB SC</td>
<td>.315**</td>
<td>.151</td>
<td>.473**</td>
<td>.522**</td>
<td>1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. WB</td>
<td>.536**</td>
<td>.394**</td>
<td>.636**</td>
<td>.523**</td>
<td>.488**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>7. PS</td>
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<td>-.177</td>
<td>-.235*</td>
<td>-.342**</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. AP</td>
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<td>.283*</td>
<td>.247*</td>
<td>.384**</td>
<td>.294*</td>
<td>.341**</td>
<td>-.229*</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. PA</td>
<td>.337**</td>
<td>.366**</td>
<td>.499**</td>
<td>.32**</td>
<td>.226*</td>
<td>.505**</td>
<td>-.382**</td>
<td>.222</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>10. NA</td>
<td>-.093</td>
<td>.043</td>
<td>-.224*</td>
<td>-.187</td>
<td>-.128</td>
<td>-.383**</td>
<td>.592**</td>
<td>-.203</td>
<td>-.289**</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. ** Correlation is significant at 0.01 level (two-tailed), * correlation is significant at 0.05 level (two-tailed). PS SC = Professional Support Self-Care, PD SC = Professional Development Self-Care, LB SC = Life Balance Self Care, CA SC = Cognitive Awareness Self-Care, DB SC = Daily Balance Self Care, WB = Well-Being, PS = Perceived Stress, PA = Positive Affect, NA = Negative Affect

4.3 Primary Analyses for Research Questions

1. What professional self-care practices do school psychology graduate students utilize the most?

In order to determine which professional self-care practices were utilized or endorsed the most, the self-care practice Likert responses were first recoded into four groups: never used (response 1), low use (responses 2 and 3), medium use (responses 4 and 5) and high use (responses 6 and 7). The self-care practices utilized the most by school psychology graduate
students were 1) spending time with family and friends (59.4%), 2) monitoring one’s own feelings and reactions to clients (56.2%), 3) being aware of feelings and needs (51.5%), 4) spending time with people whose company they enjoy (48.5%) and 5) cultivating professional relationships with colleagues (45.5%). In contrast, the professional self-care practices that were never utilized by school psychology graduate students most frequently were 1) avoiding over-commitment to work responsibilities (12.9%), 2) connecting with organizations in the professional community that are important to them (10%), and 3) taking part in work-related social and community events (8%). Percentages endorsed at each level (never, low, medium and high) are presented in table 5.

Table 5. Percentages of self-care practice questions endorsed

<table>
<thead>
<tr>
<th>Question</th>
<th>% Never Used</th>
<th>% Low Use</th>
<th>% Medium Use</th>
<th>% High Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>I spend company with people whose company I enjoy</td>
<td>0</td>
<td>5.9</td>
<td>45.5</td>
<td>48.5</td>
</tr>
<tr>
<td>I maintain a professional support system</td>
<td>0</td>
<td>14.9</td>
<td>45.5</td>
<td>37.6</td>
</tr>
<tr>
<td>I take part in work-related social and community events</td>
<td>8</td>
<td>32</td>
<td>39</td>
<td>21</td>
</tr>
<tr>
<td>I take breaks throughout the workday</td>
<td>4</td>
<td>23.8</td>
<td>41.6</td>
<td>30.7</td>
</tr>
<tr>
<td>I participate in activities that promote my professional development</td>
<td>2</td>
<td>10.9</td>
<td>52.5</td>
<td>34.7</td>
</tr>
<tr>
<td>I cultivate professional relationships with my colleagues.</td>
<td>1</td>
<td>16.2</td>
<td>37.4</td>
<td>45.5</td>
</tr>
<tr>
<td>I find ways to foster a sense of social connection and belonging in my life.</td>
<td>0</td>
<td>10.9</td>
<td>51.5</td>
<td>37.6</td>
</tr>
<tr>
<td>I am mindful of triggers that increase professional stress</td>
<td>1</td>
<td>22</td>
<td>48</td>
<td>29</td>
</tr>
<tr>
<td>I seek out activities or people that are comforting to me</td>
<td>0</td>
<td>5</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td>I connect with organizations in my professional community that are important to me</td>
<td>10</td>
<td>32</td>
<td>41</td>
<td>17</td>
</tr>
<tr>
<td>I make a proactive effort to manage the challenges of my professional work.</td>
<td>2</td>
<td>18.8</td>
<td>47.5</td>
<td>31.7</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>Standard Deviation</td>
<td>Standard Error</td>
<td>Confidence Interval Width</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>------</td>
<td>--------------------</td>
<td>----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>I avoid workplace isolation</td>
<td>6.9</td>
<td>36</td>
<td>34</td>
<td>23</td>
</tr>
<tr>
<td>I spend time with family or friends</td>
<td>0</td>
<td>4</td>
<td>36.6</td>
<td>59.4</td>
</tr>
<tr>
<td>I find ways to stay current in professional knowledge</td>
<td>0</td>
<td>12</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
<td>I share positive work experiences with colleagues</td>
<td>0</td>
<td>17.3</td>
<td>42.9</td>
<td>39.8</td>
</tr>
<tr>
<td>I try to be aware of my feelings and needs.</td>
<td>0</td>
<td>5.9</td>
<td>42.6</td>
<td>51.5</td>
</tr>
<tr>
<td>I take some time for relaxation each day.</td>
<td>5.9</td>
<td>17.8</td>
<td>39.6</td>
<td>36.6</td>
</tr>
<tr>
<td>I avoid over-commitment to work responsibilities</td>
<td>12.9</td>
<td>42.6</td>
<td>30.7</td>
<td>13.9</td>
</tr>
<tr>
<td>I monitor my feelings and reactions to clients</td>
<td>1.1</td>
<td>13.5</td>
<td>29.2</td>
<td>56.2</td>
</tr>
<tr>
<td>I share work-related stressors with trusted colleagues</td>
<td>0</td>
<td>14.4</td>
<td>43.3</td>
<td>42.3</td>
</tr>
<tr>
<td>I maximize time in professional activities I enjoy</td>
<td>2.1</td>
<td>16.5</td>
<td>49.5</td>
<td>32</td>
</tr>
</tbody>
</table>

2. Do gender, and/or year in program differences exist for students’ self-reported professional self-care practices?

In order to determine effects of gender and year in program on self-reported professional self-care practices, in any of the five professional self-care subscales (professional support, professional development, life balance, cognitive awareness and daily balance), a three by two factorial analysis of variance (ANOVA) was conducted. Contrary to the hypothesis, gender, year in program and student status did not significantly impact participants engagement in professional self-care practices (refer to tables 6 and 7 for means and standard deviations).
Table 6. *Professional Support, Professional Development and Life Balance Self-Care Practice descriptive statistics by gender, and year in program*

<table>
<thead>
<tr>
<th></th>
<th>Professional Support $M$</th>
<th>Professional Development $M$</th>
<th>Life Balance $M$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$SD$</td>
<td>$SD$</td>
<td>$SD$</td>
</tr>
<tr>
<td><strong>Total Sample</strong></td>
<td>24.20</td>
<td>22.73</td>
<td>21.62</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23</td>
<td>21.63</td>
<td>21.43</td>
</tr>
<tr>
<td>Female</td>
<td>24.3</td>
<td>22.75</td>
<td>21.63</td>
</tr>
<tr>
<td><strong>Year in Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>21.83</td>
<td>22.16</td>
<td>22.05</td>
</tr>
<tr>
<td>2</td>
<td>23.74</td>
<td>20.05</td>
<td>20.19</td>
</tr>
<tr>
<td>3</td>
<td>26.08</td>
<td>24.5</td>
<td>22.56</td>
</tr>
<tr>
<td>4</td>
<td>24.4</td>
<td>24</td>
<td>22.9</td>
</tr>
<tr>
<td>5</td>
<td>24</td>
<td>22.08</td>
<td>20.5</td>
</tr>
<tr>
<td>6+</td>
<td>24.25</td>
<td>24.38</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Table 7. *Cognitive Awareness and Daily Balance Self-Care Practice descriptive statistics by gender, and year in program*

<table>
<thead>
<tr>
<th></th>
<th>Cognitive Awareness $M$</th>
<th>Daily Balance $M$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$SD$</td>
<td>$SD$</td>
</tr>
<tr>
<td><strong>Total Sample</strong></td>
<td>19.91</td>
<td>12.66</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>12.63</td>
</tr>
<tr>
<td>Female</td>
<td>19.9</td>
<td>12.67</td>
</tr>
<tr>
<td><strong>Year in Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>18.85</td>
<td>12.90</td>
</tr>
<tr>
<td>2</td>
<td>18.06</td>
<td>12.43</td>
</tr>
<tr>
<td>3</td>
<td>21.58</td>
<td>13.44</td>
</tr>
<tr>
<td>4</td>
<td>21.10</td>
<td>12.40</td>
</tr>
<tr>
<td>5</td>
<td>19.33</td>
<td>11.15</td>
</tr>
<tr>
<td>6+</td>
<td>20.88</td>
<td>13.13</td>
</tr>
</tbody>
</table>
3. *Does engagement in self-care practices predict increased well-being, positive affect, and greater academic performance amongst Canadian school psychology graduate students?*

A series of multiple regression analyses were used to test if professional self-care practices predict psychological well-being, affect, and academic performance scores. This analysis allowed the researcher to determine whether well-being, affect, and academic performance was related to and predicted by professional self-care practices such as professional support, professional development, life balance, cognitive awareness and daily balance.

The first analysis indicated that the model explained 53% (adjusted $R^2$ of 50.0%) of the variance and that the model significantly predicted psychological well-being scores, $F (5, 78) = 17.59, p=<.00$. Life balance practices were the strongest predictor and contributed to the model ($\beta = .4, p < 0.00$). Similarly, professional support practices predicted and contributed to the model ($\beta = .29, p = 0.03$). The remaining predictors did not significantly contribute to the model with cognitive awareness practices contributing the least ($\beta = .88 p = .45$), followed by professional development ($\beta = -.10 p = .44$), and daily balance practices ($\beta = .19, p = .06$).

Regression coefficients and standard errors are presented in table 8.

**Table 8. Summary of standard multiple regression analysis for self-reported psychological well-being**

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>$SEB$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>27.51</td>
<td>27.33</td>
<td></td>
</tr>
<tr>
<td>Professional Support</td>
<td>0.25</td>
<td>0.11</td>
<td>0.29*</td>
</tr>
<tr>
<td>Professional Development</td>
<td>-0.09</td>
<td>0.12</td>
<td>-0.10</td>
</tr>
<tr>
<td>Life Balance</td>
<td>0.51</td>
<td>0.14</td>
<td>0.40**</td>
</tr>
<tr>
<td>Cognitive Awareness</td>
<td>0.10</td>
<td>0.14</td>
<td>0.09</td>
</tr>
<tr>
<td>Daily Balance</td>
<td>0.23</td>
<td>0.12</td>
<td>0.19</td>
</tr>
</tbody>
</table>
Note. * p <0.05 ** p < 0.01, B= unstandardized regression coefficient, $SEB$ = Standard error of coefficient, $\beta$= standardized coefficient

The second analysis indicated that the model explained 15% (adjusted $R^2$ of 9%) of the variance and that the model did not significantly predict academic performance scores, $F(5, 64) = 2.318 \ p= 0.053$. Professional development practices contributed the least ($\beta=0.04 \ p=0.83$), followed by life balance practices ($\beta= -0.09 \ p=0.58$), professional support practices ($\beta= 0.16, \ p=0.41$), daily balance practices ($\beta= 0.15 \ p=0.30$) and cognitive awareness ($\beta= -0.21 \ p=0.22$). Regression coefficients and standard errors are presented in Table 9.

Table 9. Summary of standard multiple regression analysis for self-reported academic performance

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>18.02</td>
<td>1.98</td>
<td></td>
</tr>
<tr>
<td>Professional Support</td>
<td>0.08</td>
<td>0.10</td>
<td>0.16</td>
</tr>
<tr>
<td>Professional Development</td>
<td>0.02</td>
<td>0.10</td>
<td>0.04</td>
</tr>
<tr>
<td>Life Balance</td>
<td>-0.07</td>
<td>0.12</td>
<td>-0.09</td>
</tr>
<tr>
<td>Cognitive Awareness</td>
<td>0.15</td>
<td>0.12</td>
<td>0.21</td>
</tr>
<tr>
<td>Daily Balance</td>
<td>0.11</td>
<td>0.11</td>
<td>0.15</td>
</tr>
</tbody>
</table>

The third multiple regression yielded that the model explained 23% (adjusted $R^2$ of 17.6%) of the variance and that the model significantly predicted positive affect scores, $F(5, 79) = 4.58, \ p=0.001$. Life balance practices were the strongest and only significant predictor that contributed to the model ($\beta=0.54, \ p<0.02$). The remaining predictors did not significantly contribute to the model with professional support practices contributing the least ($\beta= 0.0 \ p= 1.0$), followed by daily balance practices ($\beta=-0.02, \ p= 0.93$), cognitive awareness ($\beta= -0.3 \ p= .90$), and professional development ($\beta= 0.54 \ p=0.02$). Regression coefficients and standard errors are presented in Table 10.
Table 10. Summary of standard multiple regression analysis for self-reported affect

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SEB</th>
<th>(\beta)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>14.36</td>
<td>3.73</td>
<td>0.00</td>
</tr>
<tr>
<td>Professional Support</td>
<td>0.00</td>
<td>0.18</td>
<td>0.00</td>
</tr>
<tr>
<td>Professional Development</td>
<td>0.26</td>
<td>0.19</td>
<td>0.23</td>
</tr>
<tr>
<td>Life Balance</td>
<td>0.54</td>
<td>0.23</td>
<td>0.33</td>
</tr>
<tr>
<td>Cognitive Awareness</td>
<td>-0.03</td>
<td>0.22</td>
<td>-0.02</td>
</tr>
<tr>
<td>Daily Balance</td>
<td>-0.02</td>
<td>0.20</td>
<td>-0.01</td>
</tr>
</tbody>
</table>

4. **Does professional self-care practice moderate the relationship between perceived stress and psychological well-being?**

A moderation regression model was used to examine whether the relationship between perceived stress and psychological well-being was strengthened or weakened by an individual’s engagement in professional self-care practices. Perceived stress and professional self-care were entered in the first step of the regression analysis, and this relationship was determined to be significant, \(F (2, 80) = 46.57, p<0.01\). In the second step of the regression analysis, the overall model of the moderation was significant \(F (3, 79) = 34.86, p=0.01\), suggesting that self-care practices strengthen the inverse relationship between perceived stress and psychological well-being. The lower perceived stress scores interacting with higher self-care practice scores results in higher psychological well-being scores, indicating that self-care practices can buffer the negative effects of perceived stress. Further exploration of subscales within professional self-care was conducted through five moderation regression models in which the interactions of perceived stress and each professional self-care factor was evaluated for its ability to influence psychology graduate students’ levels of flourishing. Overall moderation model results indicated that there was only one significant interaction (professional support self-care practices; \(\beta = 0.946, p=0.023\), and the remaining four factors has non-significant interactions (professional development, \(\beta = 0.717, p=0.104\), life balance; \(\beta = 0.261, p=0.528\), cognitive awareness; \(\beta = -0.56, p = 0.165\), and
daily balance; $\beta=0.231$, p=0.604). See Table 11 for a summary of standard multiple regression analysis with perceived stress interactions.

Table 11. Summary of standard multiple regression analysis with perceived stress interactions

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>$SE_B$</th>
<th>$\beta$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Care Total</td>
<td>1.02</td>
<td>0.422</td>
<td>0.188</td>
<td>0.018</td>
</tr>
<tr>
<td>Professional Support</td>
<td>0.946</td>
<td>0.408</td>
<td>0.182</td>
<td>0.023</td>
</tr>
<tr>
<td>Professional Development</td>
<td>0.717</td>
<td>0.438</td>
<td>0.141</td>
<td>0.105</td>
</tr>
<tr>
<td>Life Balance</td>
<td>0.261</td>
<td>0.411</td>
<td>0.049</td>
<td>0.528</td>
</tr>
<tr>
<td>Cognitive Awareness</td>
<td>-0.56</td>
<td>0.401</td>
<td>-0.136</td>
<td>0.165</td>
</tr>
<tr>
<td>Daily Balance</td>
<td>0.231</td>
<td>0.445</td>
<td>0.049</td>
<td>0.604</td>
</tr>
</tbody>
</table>

5. How reliable is The Self-Care Assessment for Psychologists Scale in measuring self-care practices amongst school psychology graduate students?

To determine the internal reliability of the measures used, coefficient alpha was calculated for each scale used in the study. Table 12 illustrates the coefficient alphas for each measure.

Table 12. Coefficient alphas for each scale

<table>
<thead>
<tr>
<th>Measure</th>
<th>Scale</th>
<th>Coefficient Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCAP</td>
<td>Professional Support</td>
<td>0.85</td>
</tr>
<tr>
<td></td>
<td>Professional Development</td>
<td>0.80</td>
</tr>
<tr>
<td></td>
<td>Life Balance</td>
<td>0.84</td>
</tr>
<tr>
<td></td>
<td>Cognitive Awareness</td>
<td>0.76</td>
</tr>
<tr>
<td></td>
<td>Daily Balance</td>
<td>0.69</td>
</tr>
<tr>
<td>TFS</td>
<td></td>
<td>0.86</td>
</tr>
<tr>
<td>PSS-10</td>
<td></td>
<td>0.71</td>
</tr>
<tr>
<td>PANAS</td>
<td>Negative Affect</td>
<td>0.88</td>
</tr>
<tr>
<td></td>
<td>Positive Affect</td>
<td>0.88</td>
</tr>
</tbody>
</table>
Chapter Five: Discussion

The current study aimed to extend previous empirical findings on the inter-relationship of professional self-care practices, psychological well-being, affect, perceived stress and academic performance in graduate students, specifically those enrolled in school psychology graduate programs in Canada. This chapter will discuss the results obtained from the preliminary and primary analyses presented in the results chapter, and a summary of the significant findings. The theoretical, empirical, and practical implications of the study will also be presented. Additionally, the present study’s strengths and limitations will be discussed, and future directions will be noted.

5.1 Overview of Significant Results

The current investigation examined Canadian school psychology graduate students’ self-reported professional self-care practices, psychological well-being, academic performance, affect, and perceived stress in which no known study has previously done. The primary objectives of this study were to explore what professional self-care practices were utilized by this sample, along with the significance, direction, and prediction of self-care practices on the above-mentioned variables.

The current study yielded compelling findings regarding the professional self-care practices endorsed by school psychology graduate students; in accordance with previous research (Dorociak et al., 2017). In this regard, it was found that the most utilized professional self-care practices fell into the life balance and cognitive awareness domains (i.e., spending time with friends and family, monitoring one’s own feelings and reactions to clients, and being aware of one’s feelings and needs).
Consistent with the literature (Dorociak et al., 2017; Zahniser et al., 2017), the current study using Canadian school psychology graduate students found that engagement in self-care practices such as life balance and professional support significantly predict psychological well-being. Similarly, life balance self-care practices predicted positive affect in this sample. The implication from this finding is that one’s engagement in professional self-care practices can influence their mental well-being, in turn, potentially leading to greater success and delivery of services to clients. Although this association has been discovered by previous researchers in samples with practicing psychologists and those in clinical and counselling programs, this study was the first to investigate these relationships in those training to be school psychologists. As such, these findings allow for greater understanding of current school psychology graduate programs in order to focus on establishing a culture of importance around self-care practices.

An objective of interest to the researcher, supported by recommendations in previous literature (Zahniser et al., 2017), was to explore gender and year-in-program differences in professional self-care practices. No significant differences were found, due to a discrepancy in the ratio of females to males (94:8), therefore eliciting no implications.

Furthermore, another main objective of this study was to determine if self-care practices strengthened or weakened the relationship between perceived stress and psychological well-being. The most significant finding from this study was that Canadian school psychology graduate students’ self-reported professional self-care practices strengthened the inverse relationship between perceived stress and psychological well-being, which indicates that the greater utilization of professional self-care strategies mitigates the potentially detrimental effects of perceived stress on one’s mental well-being.
5.2 Discussion of Results Relative to Preliminary Analyses

5.2.1 Sample Size

Collectively, females represented the majority of the sample (92.16%), with 83.3% being of Caucasian descent, similar to previous research and those practicing in the field of school psychology (Myers et al., 2012; Zahniser et al., 2017, Goncher et al., 2013). Hence, the results obtained from the study largely represent those practitioners in the field of school psychology presently. Future research should be conducted in order to address the unequal distribution of males to females in the study of self-care practices, psychological well-being, perceived stress, affect and academic performance.

5.3 Discussion of Results Relative to Primary Analyses with respect to the Research Questions

What professional self-care practices do school psychology graduate students utilize the most?

The first aim of the current study was to examine what (if any) professional self-care practices were utilized by school psychology graduate students. Based on existing literature that explored self-care psychology graduate students (Zahniser et al., 2017; Myers et al, 2012, Cohen & Miller, 2009; Moore, 2008; Rimes & Woodgrove, 2011; Shapiro et al., 2007; Spragg, 2011; Furlonger & Genecic, 2014; Miller, 2006; Nelson et al., 2001), it was hypothesized that the top professional self-care practices reported by school psychology graduate students would be in the domains of professional support, cognitive awareness, and life balance. Results of the current study mostly confirmed this hypothesis. It is not of surprise that school psychology graduate students do engage in a wide array of professional self-care practices, since it is not only beneficial in the promotion of healthy functioning (Myers et al., 2012) but more importantly, an ethical responsibility (CPA, 2020) explicitly taught to those in the profession of psychology.
Life balance, specifically spending time with family and friends, was reported as being the most frequently endorsed self-care practice by this population. There are many explanations that could account for the significant endorsement of life balance as a self-care practice in this population at the time of data collection. Firstly, existing literature supports the notion that humans are chemically wired to be social beings and therefore heavily rely on other individuals to help maintain positive mental, emotional, and physical wellness (Umberson & Montez, 2010; APA, 2020). Social interaction and mental health have been found to have a cause-and-effect relationship (Umberson & Montez, 2010); hence, it is crucial for one to foster a supportive network in order to reduce the risk of mental illness (Myers et al., 2012; Dattilo, 2015).

Additionally, friends and family are those individuals who are most often confidants as a result of their comfortability and relatedness with the personal and professional lives of those around them (Lee et al., 2020). Secondly, recent literature shows that COVID-19 has fostered an environment of closeness within families and friend circles. The Alberta Children’s Hospital Research Institute (2021) has found that 50% of families have reported an improvement in their relationships over the duration of the COVID-19 pandemic. Similarly, a study conducted in Australia (Australian Institute of Family Studies, 2020, p. 4) found that families reported positive benefits due to the restrictions enforced during the pandemic, including “strengthening relationships, finding new hobbies, and developing positive characteristics such as appreciation, gratitude, and tolerance”. The implication from this present study confirms this notion and warrants further examination specific to this global pandemic.

Thirdly, specific to those in the psychology profession, the maintenance of healthy interpersonal relationships is one practice that is actively promoted in the practice when interacting with clients, due to the known empirical support of its benefits (i.e., stress relief,
improved mental and physical health, promotion of prosocial behaviours, and decreased antisocial behaviours; Colman et al., 2016).

Further, along with life balance self-care practices, the practice of professional support was reported as utilized by some school psychologist trainees, however, it was not endorsed as much as hypothesized. The timing of data collection could be a factor in these findings, due to the current situation of COVID-19. School closures and the implementation of online learning was in place during data collection and may have influenced school psychology graduate students’ ability to interact with their colleagues and in turn, seek support from them.

The promotion of cognitive awareness has been increasing in psychology graduate programs, as the stressors continually increase (i.e., additional coursework) and time to engage in supportive activities (i.e., yoga) decreases (Myers et al., 2012); therefore, in addition to life balance, consistent with existing literature, cognitive awareness was frequently endorsed by school psychology graduate students (e.g., “monitoring one’s own feelings and reactions to clients” and “being aware of feelings and needs”). The majority of school psychology graduate programs in Canada expect their students to complete a course on counselling techniques (CPA, 2020) in which their coursework teaches them cognitive awareness and monitoring skills to implement in their own lives, along with promoting it within those in which they intend to work with.

In general, the results obtained from the current study are consistent with previous research that has been completed using those in other psychology training programs (Zahniser et al., 2017; Myers et al., 2011, Colman et al., 2014).
Do gender, and/or year in program differences exist for students’ self-reported professional self-care practices?

This study examined differences in age and year in program with respect to school psychology students’ engagement in professional self-care practices. It was hypothesized that female school psychology graduate students will utilize self-care practices in a greater capacity than their male counterparts since previous research (Rummell, 2015; Kulesa, 2014) suggests that females in graduate school experience greater distress and, in response, experience diminished psychological well-being. The present study was unable to support this hypothesis, since gender had no significant impact on school psychology graduate students’ engagement in professional self-care practices. The present study had an issue of gender sample discrepancy, where there were 94 females and 8 males; therefore, no implications can be drawn from this finding. Given a greater sample size, differences in self-care engagement could potentially be present. Therefore, it is suggested that future studies should address this research question, along with the potential for a difference in presentation of self-care practices for both males and females using a greater sample size.

Present literature has elicited mixed findings when it comes to the concept of self-care practices being developed and fostered throughout one’s professional lifespan (i.e., creating trusting relationships with colleagues, increasing one’s cognitive awareness; Dorociak et al., 2017; Dettle, 2014; Lindstrom et al., 2011). Specific to graduate studies, it is known that the demands in each year progressively are greater (more coursework, research, and teaching expectations); however, graduate students can begin to develop resources to better support themselves (Bettney, 2017). Accordingly, it was hypothesized that school psychology students in later years of their program will engage in higher self-care practices than those in earlier years.
The present findings are consistent with the mixed results in the present literature, showing that no significant difference was found in school psychology graduate students’ engagement in professional self-care practices based on their year in program. These findings could be attributed to the small sample size and therefore, further research is recommended to explore school psychology graduate students’ academic professional lifespan.

*Does engagement in self-care practices predict increased well-being, positive affect and greater academic performance amongst Canadian school psychology graduate students?*

The third research question examined whether professional self-care practices were predictors of flourishing, positive affect, and greater academic performance in school psychology graduate students. The conceptualization of professional self-care utilized in the current study included five subfactors: professional support, professional development, life balance, cognitive awareness and daily balance. It was hypothesized that those who practice professional self-care in all five domains have increased well-being, greater affect and academic performance than those who do not. The results of the current study were unable to confirm the hypothesis that all five domains of professional self-care predicted positive outcomes.

In congruence with existing literature (Zahniser et al., 2017), it was found that life balance (i.e., “I find ways to foster a sense of social connection and belonging in my life” and “I seek out activities or people that are comforting to me”) and professional support (i.e., I share work-related stressors with trusted colleagues” and “I avoid workplace isolation”) practices are especially important in one’s overall flourishing. The findings may be influenced by several factors, including the abovementioned importance of interpersonal connection on one’s well-being, as well as the role of extracurricular activities (i.e., exercising, hiking) in the promotion of
mental health (Myers et al., 2012), avoiding solidarity (Umberson & Montez, 2010), and the increase in accumulation of resources (e.g., workload management and coping strategies; Ayala & Almond, 2018).

Positive affect was not found to be predicted by all five domains of professional self-care. However, the present study found that life balance self-care practices were the sole predictor of positive affect in school psychology graduate students.

Expanding on Zahniser et al.’s (2017) research study with clinical psychology graduate students, it was hypothesized that school psychology graduate students who utilize a greater amount of self-care practices subsequently will perform better academically. Contrary to the hypothesis, professional self-care practices did not significantly predict participant’s self-reported academic performance in the four areas: research, clinical work (e.g., practicum/externship, on-site training), coursework, and meeting program milestones (e.g., Master’s thesis, qualifications examinations). The results are inconsistent with present literature likely due to measurement limitations. The Perceived Progress in Graduate Training was used and had limitations in conceptualizing the construct of academic performance due to the structure of the measure; participants were required to move a sliding Likert scale from 1 (very poor) to 7 (very good) in which there was little variation in responses, as well as poor reliability amongst the items, therefore no inferences were found. A small and homogenous sample size could also account for the insignificant finding regarding the relationship between professional self-care practices and self-reported academic performance. Future studies are encouraged to examine academic performance given participants reported grade point average (GPA) rather than the use of a Likert scale. In contrast, each response could be analyzed with the addition of a qualitative component in order to better inform the research.
Does professional self-care practice moderate the relationship between perceived stress and psychological well-being?

Existing literature posits that school psychologists exhibit a greater number of stressors than their counterparts in counselling and clinical psychology. (Newman, 2013; Huebner, 1993). However, to date, no known study has examined the relationship between perceived stress and psychological well-being in school psychology graduate students. The fourth research question of the present study sought to examine whether professional self-care has a moderation effect on the relationship between perceived stress and psychological well-being. The findings suggest that self-care practices strengthen the inverse relationship between perceived stress and psychological well-being, indicating that those with lower perceived stress scores interacting with higher self-care practice scores, results in higher psychological well-being scores. The implication of this finding is that engagement in professional self-care practices can buffer the negative effects (i.e., burnout, exhaustion) of perceived stress, as evidenced previously using different samples (Zahniser et al., 2017). Further exploration of subscales within professional self-care was conducted through five moderation regression models in which the interactions of perceived stress and each professional self-care factor was evaluated for its ability to influence school psychology graduate students’ levels of flourishing. Professional support was found to have the greatest influence on buffering the effects of stress. An explanation for this compelling finding could be attributed to the shared experiences amongst school psychology graduate students, and their willingness to guide one another through the perceived stressful experience, by providing resources (i.e., their time and trusted attention) to promote optimal functioning (Lambert et al., 2012).
How reliable is The Self-Care Assessment for Psychologists Scale in measuring self-care practices amongst school psychology graduate students?

The final research question explored the reliability of The Self-Care Assessment for Psychologists Scale using school psychology graduate students, as suggested by previous researchers (Dorociak et al., 2017). Existing literature shows that the SCAP demonstrated acceptable internal consistency, with coefficient alpha values ranging from $\alpha = .65$ to $\alpha = .83$ (Dorociak et al., 2017). Given that this measure required adaptations and adjustments in order to meet the current needs of school psychology graduate students and their current level of training (i.e., giving them an option to not answer a question regarding clinical training), it was critical to investigate the reliability using of a population of school psychology graduate students.

Reliability analyses with respect to the SCAP showed excellent internal consistency overall ($\alpha = .92$), and good reliability relative to the subscales/factors: professional support ($\alpha = .85$), professional development ($\alpha = .80$), life balance ($\alpha = .84$), and daily balance ($\alpha = .69$). These results indicate that the current study consistently measured students’ professional self-care practices and that the results from the SCAP in this study can be compared to other research findings that have come from the use of the SCAP (Dorociak et al., 2017). Further, the research provides additional support that the SCAP can be used for school psychology graduate students in future samples.

5.4 Summary of Findings

The current study investigated the relationship among and between professional self-care practice utilization, psychological well-being, perceived stress, affect and academic performance in a Canadian sample of school psychology graduate students. There were five objectives of the
current study, all of which were aimed at filling empirical gaps in previous literature in order to provide researchers and practitioners with additional information to better inform practices in the future. Overall, the results of the current study mostly aligned with the study’s proposed hypotheses and past and current literature. In general, the findings determined that: 1) spending time with family and friends, monitoring one’s own feelings and reactions to clients, and being aware of feelings and needs were the most commonly endorsed professional self-care practices for school psychology graduate students; 2) gender and year in program had no significant impact on school psychology graduate students’ engagement in professional self-care practices; 3) school psychology graduate students’ engagement in professional self-care practices predict greater psychological well-being and positive affect, however; did not predict academic performance; 4) professional self-care practices strengthen the inverse relationship between perceived stress and psychological well-being, indicating that self-care acts as a buffer between stress and negative outcomes; and 5) The Self-Care Assessment for Psychologists Scale is a reliable measure for measuring professional self-care amongst school psychology graduate students. These results highlight the importance of professional self-care practice engagement among school psychology graduate students, and further supports previous literature that indicates their susceptibility to burnout if these practices are not cultivated.

5.5 Theoretical, Empirical, and Practical Implications of the Study

The results from the current study elicit several implications for both research and theory. Given that no known empirical study has explored school psychology graduate students’ professional self-care practices, psychological well-being, affect, and academic performance in isolation, this novel study fills the existing gap in the literature. The implication of this research ensures generalizability for existing literature specific to the construct of self-care and its
benefits for those in training to be applied psychologists. The present study’s robust findings using school psychology graduate students add to the literature which can further aid in the promotion of adherence to self-care practices via graduate courses, guidelines, and manuals (Bettney, 2017) in this population in the future. Additionally, exploring school psychology graduate students’ professional self-care and the abovementioned variables using measures in their infancy, such as The Self-Care Assessment for Psychologists (Dorociak et al., 2017) and The Perceived Progress in Graduate Training (Zahniser et al., 2017), has made advancements in providing support for these proven to be reliable measures.

This comprehensive study has also drawn awareness to the current flourishing states of school psychology graduate students, and how they interpret existing stressors they are challenged with in graduate studies. The implications from these findings can provide empirical support for future research looking at this population.

Lazarus’ Transactional Theory of Stress and Coping states that how one appraises and effectively manages stress (as controllable and manageable) is dependent on the relationship between oneself and his/her environment (Lazarus, 1966; Lazarus & Folkman, 1984; Maslach & Leiter, 2017; Stanislawski, 2019; Chowdhury, 2021). Subsequently, this appraisal determines how an individual copes with or responds to existing stressors (Tessler & Mechanic, 1978).

In the present study, stress management was completed through the use of professional self-care practices (professional support, professional development, life balance, cognitive awareness, and daily balance). Therefore, the empirical/theoretical implications of this study confirm Lazarus’ (1984) Transactional Theory of Stress and Coping as explaining stress as more of a dynamic process, in which perceived stress can influence psychological well-being and in turn impact one’s environment.
The practical implications of this study are specific to the development of training programs, the promotion of healthier graduate school cultures, and increasing productivity in those training to become school psychologists. This present study recognizes the need for school psychology graduate programs to focus greater attention on the implementation of professional self-care practices as a preventive measure for their students in order to fully attend to the needs of students and uphold ethical obligations required by professional associations. Existing literature discusses the susceptibility to burnout experienced by school psychology graduate students (Bressi & Vaden, 2017). However, this present study provides evidence that engagement in professional self-care practices has the ability to combat or minimize the detrimental effects of perceived stress experienced by school psychology graduate students. Further, an implication of this study that warrants further investigation is that whether a healthier, more balanced graduate school culture can influence school psychology students’ psychological well-being and affect.

Increased productivity has previously been found in the psychology literature to be a result of effective coping strategies; therefore, inferences can be drawn from the present study regarding the potential for increased productivity based on engagement in professional self-care practices.

5.6 Limitations and Future Directions

Despite several strengths and positive findings from the present study noted above, there are several limitations that must be highlighted in order to promote future research of self-care practices in school psychology graduate students. These limitations relate to the sample of participants, measurement of variables, the data collection process, and the climate in which this study was completed.
As noted above, this study was potentially limited due to the unequal sample of males and females, and the results should be interpreted with caution due to this gender imbalance. Despite this limitation, the demographics were similar to the general school psychology population and are representative of those in the field (predominantly female and white). Future research should utilize a larger sample of participants in order to be able to analyze the statistical gender differences, keeping in mind that the representation of female participants will be much greater than their counterpart.

Firstly, it is important to recognize that the findings of this study were collected via self-report measures and should be interpreted with caution, as previous research indicates that self-report responses may be influenced by social desirability effects (Podaskoff et al., 2003). Despite this being a limitation, self-report responses were necessary to obtain the results required for this study.

Secondly, no response rate could be calculated for this study, due to the nature of data collection through the Directors of Clinical Training at each institution that was required in order to adhere to the ethics guidelines and ensure confidentiality. There was no way to determine how the DCTs distributed the survey to their students and consequently, no response rate was able to be calculated. Additionally, the distribution of the study could have been influenced by those DCTs who value or have invested interest in the construct of self-care.

Thirdly, it is important to understand that the COVID-19 global pandemic was in occurrence during the time of data collection for this study. This pandemic notably has increased stressors for all, especially graduate students, and in turn could have had an influence on individual’s engagement in self-care practices (or lack thereof). Therefore, despite the findings eliciting similar results to other studies, it is crucial to understand the global climate during this
Future research should examine these constructs, in the same population after the pandemic to determine if it did have a significant impact on school psychology graduate students’ engagement in self-care practices during the pandemic.

Other limitations pertain to the measures utilized in the study. Firstly, school psychology graduate students’ self-care practices were explored via the Self-Care Assessment for Psychologist’s Scale tailored to graduate students. This measure had many strengths and proved to be reliable; however, this scale is still in its infancy and further research is warranted to validate its reliability with more diverse samples. Additionally, this self-care assessment created by Dorociak et al. (2017), did not include physical self-care measures that are widely accepted self-care practices in the literature (i.e., exercise). This abovementioned limitation raises concerns regarding generalizability of self-care practices and in turn, only findings based on professional self-care practices were able to be presented in the current study. Finally, the present study did not collect qualitative data regarding professional self-care practices or its benefits for school psychology graduate students. The researcher suggests that future research be conducted to examine these constructs in a mixed method design in order to obtain a more in-depth and personal analysis of self-care and the related outcomes in school psychology graduate students.

5.7 Conclusion

Results of the current study illuminate the essential role of professional self-care engagement among school psychology graduate students. Understanding the influence of professional self-care in school psychology graduate settings has the ability to promote flourishing, improved academic performance, and overall positive affect in trainees and foster a healthier culture of self-care in graduate studies. These results further support previous literature that indicates psychology graduate students’ susceptibility to burnout if these practices are not
cultivated. Despite the abovementioned study limitations, the results of the current study extend the theoretical and empirical literature and elicit practical implications that are necessary in shaping current school psychology graduate students into ethical and competent practitioners.
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Appendices

Appendix A: Letter of Initial Contact

Dear Dr. (Director of Clinical Training)

My name is Brittany Postill, and I am a master’s student in the School and Applied Child Psychology program at the University of Calgary. Under the guidance of Dr. Jac. W. Andrews, I am recruiting participants for my current research study. This study will examine the role of self-care behaviors among school psychology graduate students. Through this study, we hope to gain a deeper understanding of the impact self-care plays during the graduate training experience. As mental health practitioners, self-care plays a large role in our professional and non-professional lives.

I would like to ask for your help in forwarding the participation request below to school psychology graduate students in your program.

This research has been approved by The University of Calgary Conjoint Faculties Research Ethics Board (REB20-0819). If you have any further questions, please feel free to contact me at brittany.postill1@ucalgary.ca or Dr. Jac. W. Andrews at jandrews@ucalgary.ca. I greatly appreciate your time and consideration of this request.

Sincerely,
Brittany Postill, BA
Appendix B: Letter of Contact Reminder/Follow-Up

Dear Dr. ___ (Director of Clinical Training)

Just following up with you regarding my study examining the role of self-care behaviors among school psychology graduate students. Through this study, we are hoping to gain a deeper understanding of the impact self-care plays during the graduate training experience.

I would like to ask for your help in sending a reminder email to your school psychology graduate students.

This research has been approved by The University of Calgary Conjoint Faculties Research Ethics Board (REB20-0819). If you have any further questions, please feel free to contact me at brittany.postill1@ucalgary.ca or Dr. Jac. W. Andrews at jandrews@ucalgary.ca. I greatly appreciate your time and consideration of this request.

Thank you so much, Sincerely,
Brittany Postill, BA
Appendix C: Initial Participant Recruitment

Dear Graduate Student,

My name is Brittany Postill and I am a master’s student in the School and Applied Child Psychology program at the University of Calgary. I am currently conducting a study for my master’s thesis focused on the role self-care plays in the experience of graduate students in school psychology training programs. Given the limited amount of research in this area, your participation will have a significant role in helping our field and training programs better understand and subsequently augment self-care practices.

Participation includes a survey that takes approximately 20 minutes to complete. The survey includes demographic questions along with questions about your daily activities, experiences, and well-being. To participate in the study, you must be currently enrolled in a school psychology training program in Canada. For your convenience, a solid bar will appear at the top of your survey to track your progress towards completion. If you would like to participate in this study, please click on the link below and you will be directed to the survey:

https://survey.ucalgary.ca/jfe/form/SV_ePRpasIxsukRh5j

All responses are treated as anonymous, and in no case will responses from individual participants be identified. In order to ensure this, a volunteer research assistant has been added to this project who’s primary role is to remove the attending university from the data set, so that the principal researchers do not have access to the raw data and participants can remain anonymous. Additionally, care will be taken to ensure that the identity of participants cannot be inferred from any of the details provided in the final report.

Due to the anonymous nature of this study, it will not be known to anyone at your institution if you choose to participate or not in this study, and your participation or non-participation will have no effect on your standing in the program.

This research has been approved by The University of Calgary Conjoint Faculties Research Ethics Board (REB20-0819). If you have any further questions, please feel free to contact me at Brittany.postill1@ucalgary.ca or Dr. Jac. W. Andrews at jandrews@ucalgary.ca. I greatly appreciate your time and consideration of this request.

Thank you very much for your time and consideration!

Sincerely, Brittany Postill, BA
Appendix D: Participant Recruitment Reminder/Follow-Up

Dear Graduate Student,

This is a follow-up email to remind you of a study focused on the role self-care plays in the experience of graduate students in school psychology training programs. Your participation will have a significant role in helping our field and training programs better understand and subsequently augment self-care practices.

Participation includes a survey that takes approximately 20 minutes to complete. The survey includes demographic questions along with questions about your daily activities, experiences, and well-being. To participate in the study, you must be currently enrolled in a school psychology training program. For your convenience, a solid bar will appear at the top of your survey to track your progress towards completion. If you would like to participate in this study, please click on the link below and you will be directed to the survey:

https://survey.ucalgary.ca/jfe/form/SV_ePRpasIxsukRh5j

All responses are treated as anonymous, and in no case will responses from individual participants be identified. In order to ensure this, a volunteer research assistant has been added to this project whose primary role is to remove the attending university from the data set, so that the principal researchers do not have access to the raw data and participants can remain anonymous. Additionally, care will be taken to ensure that the identity of participants cannot be inferred from any of the details provided in the final report.

Due to the anonymous nature of this study, it will not be known to anyone at your institution if you choose to participate or not in this study, and your participation or non-participation will have no effect on your standing in the program.

This research has been approved by The University of Calgary Conjoint Faculties Research Ethics Board (REB20-0819). If you have any further questions, please feel free to contact me at brittany.postill1@ucalgary.ca or Dr. Jac. W. Andrews at jandrews@ucalgary.ca. I greatly appreciate your time and consideration of this request.

Thank you very much for your time and consideration!

Sincerely,

Brittany Postill, BA
Appendix E: Informed Consent

Name of Researchers, Faculty, Department, Telephone & Email:
Dr. Jac. W. Andrews, Principal Investigator, Professor and Chair of Educational Studies in School and Applied Child Psychology, Werklund School of Education, University of Calgary jandrews@ucalgary.ca, 403-220-7503.

Brittany Postill, Co-Investigator, MSc Student, Faculty of Graduate Studies, Werklund School of Education, University of Calgary, brittany.postill1@ucalgary.ca, 819-319-0070

Title of Project:
An Exploratory Study of Self-Care of School Psychology Graduate Students: The Effect of Self-Care Practices on Academic Achievement, Well-being, Affect and Stress.

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study (REB20-0819). Participation is completely voluntary, and data is anonymized.

Purpose of the Study:
The purpose of this study is to examine self-care practices among Canadian school psychology graduate students and its influence on various outcomes (i.e. psychological wellbeing, academic performance, affect and perceived stress).

What Will I Be Asked To Do?
As a participant in this study, you will be asked to complete a collection of self-report questionnaires. You will be asked to complete a short background information questionnaire, and report on your perceived graduate training progress, self-care practices, current well-being, affect and perceived stress. The study will take approximately 20 minutes to complete.

Participation is completely voluntary, and as the participant you may refuse to participate altogether, may refuse to participate in parts of the study, may decline to answer any and all questions, and may withdraw from the study at any time without penalty.

What Type of Personal Information Will Be Collected?
Should you agree to participate, you will be asked to provide your gender, age, and attending university.

Are there Risks or Benefits if I Participate?

There is no physical risk associated with participating in this study. However, when answering personal, sensitive questions about themselves, some individuals may experience discomfort. If you feel distress or discomfort at any time during the study, you may choose not to answer a question or withdraw from the study without explanation or penalty.

What Happens to the Information I Provide?

All responses are treated as anonymous, and in no case will responses from individual participants be identified. In order to ensure this, a volunteer research assistant has been added to this project who’s primary role is to remove the attending university from the data set, so that the principal researchers do not have access to the raw data and participants can remain anonymous.

The questionnaires are kept in a locked cabinet only accessible by the researchers. There are no names on the questionnaires. Only group information will be summarized for any presentation or publication of results. The anonymous data will be stored for five years on a computer disk, at which time, it will be permanently erased. Given that participation in the study is anonymous, participants cannot withdraw their data once they have completed the questionnaires.

Signatures

Your indication of acceptance of this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Please indicate if you...
Consent to participate in this research study Do not wish to participate in the research study

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Dr. Jac. W. Andrews
Werklund School of Education, Faculty of Graduate Studies
If you have any concerns about the way you’ve been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at 403.220.6289 or 403.220.8640; email cfreb@ucalgary.ca. A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.
Appendix F: Debrief Form

DEBRIEF

Thank you for taking the time to participate in this study. Your participation is very much appreciated.

WHAT ARE WE TRYING TO LEARN IN THIS RESEARCH?

The focus of this study is on the relation between Canadian school psychology graduate students’ self-care practices and perceived stress and various psychological outcomes (e.g. well-being, academic performance and affect).

WHY IS THIS IMPORTANT TO SCIENTISTS OR THE GENERAL PUBLIC?

This research will help researchers gain a better understanding of current self-care practices utilized by school psychology graduate students. Also, the role that individual’s self-care practices play in long-term outcomes may help with the development and enhancement of self-care focused graduate programs.

RESOURCES:

If you felt any distress or disturbances, please consider using these National resources below:

1. The Crisis Text Line

Text BRAVE to 741741

2. Crisis Services Canada

Toll Free (24/7): 1 (833) 456-4566 Text support (4pm-12am ET daily): 45645

3. The National Suicide Prevention Lifeline

1-800-273-TALK

Should you have any questions or concerns regarding the current research, please contact the principal investigators, Jac Andrews, or Brittany Postill by email: jandrews@ucalgary.ca or brittany.postill1@ucalgary.ca. If you have any ethical concerns about the study, please contact the University of Calgary Research Ethics Board.
This study has been cleared by University of Calgary Research Ethics Board (Clearance REB20-0819).

Thank you for your participation in our study!
Appendix G: Certification of Institutional Ethics Review

The Conjoint Faculties Research Ethics Board (CFREB), University of Calgary has reviewed and approved the below research. The CFREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS).

Ethics ID: REB20-0819
Principal Investigator: John (Jac) Andrews
Co-Investigator(s): Brittany Postill
Student Co-Investigator(s):

Study Title: An Exploratory Study of Self-Care of School Psychology Graduate Students: The Effect of Self-Care Practices on Academic Achievement, Well-being, Affect and Stress.

Sponsor:

Effective: 8-Jul-2020 Expires: 7-Jul-2021

Restrictions:

This Certification is subject to the following conditions:

1. Approval is granted only for the research and purposes described in the application.
2. Any modification to the approved research must be submitted to the CFREB for approval.
3. An annual application for renewal of ethics certification must be submitted and approved by the above expiry date.
4. A closure request must be sent to the CFREB when the research is complete or terminated.

Approval by the REB does not necessarily constitute authorization to initiate the conduct of this research. The Principal Investigator is responsible for ensuring required approvals from other
involved organizations (e.g., Alberta Health Services, community organizations, school boards) are obtained.

Approved By: Date:

Jenny Godley, PhD, Chair, CFREB 8-Jul-2020

Note: This correspondence includes an electronic signature (validation and approval via an online system).
Appendix H: Certification of Ethics Modification

CERTIFICATION OF INSTITUTIONAL ETHICS REVIEW

This is to certify that the Conjoint Faculties Research Ethics Board (CFREB) at the University of Calgary has reviewed and approved the requested modification to the below research. The CFREB is constituted and operates in accordance with the current version of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS).

Ethics ID: REB20-0819_MOD1
Principal Investigator: John (Jac) Andrews
Co-Investigator(s): Brittany Postill
Student Co-Investigator(s):

Study Title: An Exploratory Study of Self-Care of School Psychology Graduate Students: The Effect of Self-Care Practices on Academic Achievement, Well-being, Affect and Stress.

Sponsor:

**Effective:** 8-Jul-2020  **Expires:** 7-Jul-2021

It is permissible for you to continue the above-named research with the modifications described below, which are based on the information provided in your modification summary request.

- adding a volunteer RA
- update of the institutions that have provided approval to recruit out of

**Restrictions:**

**This Certification is subject to the following conditions:**

1. Approval is granted only for the research and purposes described in the application.
2. Any modification to the approved research must be submitted to the CFREB for approval.
3. An annual application for renewal of ethics certification must be submitted and approved by the above expiry date.
4. A closure request must be sent to the CFREB when the research is complete or terminated.

Approval by the REB does not necessarily constitute authorization to initiate the conduct of this research. The Principal Investigator is responsible for ensuring required approvals from other involved organizations (e.g., Alberta Health Services, community organizations, school boards) are obtained.

Approved By: Date:

Jenny Godley, PhD, Chair, CFREB 5-Aug-2020

Note: This correspondence includes an electronic signature (validation and approval via an online system).
Appendix I: Demographic Questionnaire

Are you a school psychology graduate student attending a Canadian University?

Yes

No

What university do you currently attend? _________________________

What year are you in your psychology training program?

1 2 3 4 5 6+

How would you describe your current student status? Full-time

Part-time

Predoctoral Internship

What gender do you identify with? Male

Female

Prefer not to disclose

You don’t have an option that describes me, I identify as __________

How old are you? ________

Please specify your race/What is your race? White

Hispanic or Latino

Black or African American

Indigenous

Asian / Pacific Islander

Other, please specify________________

Please specify your ethnicity/what is your ethnicity? Canadian

English / Welsh / Scottish / Irish / British Hispanic

Indian

Chinese

African

Middle Eastern
Pacific Islander
Other, please specify_______________
Appendix J: Self-Care Assessment for Psychologists (SCAP)

(Graduate Student Version)

Instructions: The items below contain statements about your personal and professional activities. In responding to these statements, please consider words like “professional,” “work,” and “workplace” to pertain to activities you engage in as part of your graduate training, including (but not limited to) research, clinical work (e.g., practicum, internship), and coursework. Additionally, please note that for item #19, if you do not yet see clients as part of your graduate training, you may simply leave this item unanswered.

Please use the following scale to indicate how often you engage in each activity.

How Often: (Never) 1 2 3 4 5 6 7 (Always)

I spend time with people whose company I enjoy.
I maintain a professional support system.
I take part in work-related social and community events.
I take breaks throughout the workday.
I participate in activities that promote my professional development.
I cultivate professional relationships with my colleagues.
I find ways to foster a sense of social connection and belonging in my life.
I am mindful of triggers that increase professional stress.
I seek out activities or people that are comforting to me.
I connect with organizations in my professional community that are important to me.
I make a proactive effort to manage the challenges of my professional work.
I avoid workplace isolation.
I spend time with family or friends.
I find ways to stay current in professional knowledge.
I share positive work experiences with colleagues.
I try to be aware of my feelings and needs.  
I take some time for relaxation each day.  
I avoid over-commitment to work responsibilities.  
I monitor my feelings and reactions to clients.  
I share work-related stressors with trusted colleagues.  
I maximize time in professional activities I enjoy.
## Appendix K: The Flourishing Scale

Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement.

1= Strongly disagree  
2= Disagree  
3= Slightly disagree  
4= Mixed or neither agree nor disagree  
5= Slightly agree  
6= Agree  
7= Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 2 3 4 5 6 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I lead a purposeful and meaningful life.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>My social relationships are supportive and rewarding.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>I am engaged and interested in my daily activities.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>I actively contribute to the happiness and well-being of others.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>I am competent and capable in the activities that are important to me.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>I am a good person and live a good life.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>I am optimistic about my future.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>People respect me.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
Appendix L: Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

0 = Never  
1 = Almost Never  
2 = Sometimes  
3 = Fairly Often  
4 = Very Often

In the last month, how often have you been upset because of something that happened unexpectedly?  0 1 2 3 4

In the last month, how often have you felt that you were unable to control the important things in your life?  0 1 2 3 4

In the last month, how often have you felt nervous and “stressed”?  0 1 2 3 4

In the last month, how often have you felt confident about your ability to handle your personal problems?  0 1 2 3 4

In the last month, how often have you felt that things were going your way?  0 1 2 3 4

In the last month, how often have you found that you could not cope with all the things that you had to do?  0 1 2 3 4

In the last month, how often have you been able to control irritations in your life?  0 1 2 3 4

In the last month, how often have you felt that you were on top of things?  0 1 2 3 4

In the last month, how often have you been angered because of things that were outside of your control?  0 1 2 3 4

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?  0 1 2 3 4
**Appendix M Perceived Progress in Graduate Training Scale**

Based on feedback received thus far in your graduate training, please rate your overall performance in each of the following areas (if you have not had involvement in a given area, please select “N/A”):

**Research**

(Very poor) 1 2 3 4 5 6 7 (Very good) N/A

_______________________________________________

**Clinical work (e.g., practicum/externship, on-site training)**

(Very poor) 1 2 3 4 5 6 7 (Very good) N/A

_______________________________________________

**Coursework**

(Very poor) 1 2 3 4 5 6 7 (Very good) N/A

_______________________________________________

**Meeting program milestones (e.g., Master’s thesis, qualification examinations)**

(Very poor) 1 2 3 4 5 6 7 (Very good) N/A

_______________________________________________
Appendix N: Positive and Negative Affect Schedule (PANAS-SF)

Indicate the extent you have felt this way over the past week.
1=Very slightly or not at all
2= A little
3= Moderately
4= Quite a bit
5= Extremely

Interested
Distressed
Excited
Upset
Strong
Guilty
Scared
Hostile
Enthusiastic
Proud
Irritable
Alert
Ashamed
Inspired
Nervous
Determined
Attentive
Jittery
Active
| Afraid | 1 | 2 | 3 | 4 | 5 |