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PSYCHOEDUCATION PROGRAM FOR TRAUMA COUNSELORS: STRENGTH-BASED SELF-CARE MODEL

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ABSTRACT

PSYCHOEDUCATION PROGRAM FOR TRAUMA COUNSELORS: STRENGTH-BASED SELF-CARE MODEL

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In literature, the difficulties experienced by psychological counselors are mentioned along with field studies. Psychological counselors who are impaired due to compassion fatigue, burnout, and secondary trauma are seen to need preventive training. Especially trauma psychological counselors have a high likelihood of experiencing secondary trauma. Self-care strategies play a preventive role for psychological counselors. While self-care psychoeducation programs are designed for psychological counselors worldwide, there is currently no structured self-care psychoeducation program in Turkey. In this qualitative study, a needs analysis was conducted to identify the needs of psychological counselors working in the trauma field. According to the needs analysis, 9 out of 11 trauma psychological counselors in Turkey expressed that they exhibit secondary trauma symptoms in their lives. Additionally, it was revealed that they are not familiar with the multidimensional concept of self-care. Based on the findings, a 7-week strength-based self-care psychoeducation program was designed and implemented with active learning skills

for trauma psychological counselors. The psychoeducation content, shaped according to the strength-based approach, was designed in parallel with the literature. Data for the study were collected through pre-post tests and journals. All psychological counselors who participated in the Strength-Based Self-Care Psychoeducation program were found to have increased their knowledge, skills, and awareness related to self-care strategies. In conclusion, the outcomes of the developed strength-based self-care model were discussed in relation to the findings of the psychoeducation program. Recommendations were made for psychological counselor training programs, educators, psychological counselors, psychological counselor candidates, and researchers.

Keywords: *Trauma Psychological Counselor, Counselor Impairment, Secondary Trauma, Self-Care Strategies, Strength-Based Approach, Psychoeducation Program*

ÖZ

TRAVMA PSİKOLOJİK DANIŞMANLARINA YÖNELİK PSİKOEĞİTİM PROGRAMI: GÜÇ TEMELLİ ÖZ-BAKIM BAKIM MODELİ

ASLIHAN CİNGİRİT
Yüksek Lisans, Rehberlik ve Psikolojik Danışmanlık
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Alanda çalışan psikolojik danışmanların mesleki ve bireysel yaşantılarında yaşamış oldukları zorluklar alan yazın çalışmalarıyla birlikte belirtilmektedir. Eş-duyum yorgunluğu, tükenmişlik ve ikincil travma ile işlevselliğini kaybeden psikolojik danışmanların önleyici eğitimlere ihtiyaç duyduğu görülmektedir. Özellikle, travma psikolojik danışmanlarının ikincil travma yaşama olasılığı oldukça yüksektir. Alan yazında da vurgulandığı üzere öz-bakım stratejileri psikolojik danışmanlar için önleyici bir rol üstlenmektedir. Aynı zamanda etik bir sorumluluk olan öz bakım, psikolojik danışmanların yaşam dengelerini sağlamaları için oldukça önemlidir. Dünyada psikolojik danışmanlar ya da farklı meslek grupları için öz-bakım psikoeğitim programları tasarlanırken; Türkiye de henüz travma psikolojik danışmanları için öz-bakım psikoeğitim programı yapılandırılmamıştır. Bununla birlikte, bu nitel çalışmada öncelikte travma alanında çalışan psikolojik danışmanların

ihtiyaçlarını belirlemek için ihtiyaç analizi yapılmıştır. İhtiyaç analizi sonuçlarına göre, Türkiye'de alanda çalışan 11 travma psikolojik danışmanının 9'u yaşamlarında ikincil travma semptomları gösterdiğini ifade etmiştir. Ayrıca bilişsel, duygusal, fiziksel, manevi, ilişkisel ve profesyonel öz bakım stratejilerinden oluşan çok boyutlu öz-bakım kavramını bilmedikleri ortaya çıkmıştır. Elde edilen sonuçlarla, travma psikolojik danışmanları için 7 haftalık güç-temelli öz bakım psikoeğitim programı tasarlanmış ve uygulanmıştır. Katılımcıların aktif katılımlarını sağlayacak yaşantısal bir program olarak geliştirilmiştir. Alan yazına paralel olarak tasarlanan psikoeğitim içeriği güç temelli yaklaşıma göre şekillendirilmiştir. Pre-Post test ve günlükler aracılığı ile çalışmanın verileri toplanmıştır. Güç Temelli Öz-Bakım Psikoeğitim programına katılan psikolojik danışmanların tamamı, öz bakım stratejileri kapsamında bilgi, beceri ve farkındalıklarını arttırdığı görülmüştür. Sonuç olarak, oluşturulan güç temelli öz bakım modeli çıktıları ile psikoeğitim programının bulguları tartışılmıştır. Bulgulardan hareketle psikolojik danışman eğitimi programlarına ve eğitimcilerine, psikolojik danışmanlara, psikolojik danışman adaylarına ve araştırmacılara yönelik önerilerde bulunulmuştur.

Anahtar Kelimeler: *Travma Psikolojik Danışmanı, Danışman Bozukluğu, İkincil Travma, Öz Bakım Stratejileri, Güç Temelli Yaklaşım, Psikoeğitim Programı*

To my mother, who did everything necessary to raise me, has been by my side in every corner of my life, and is the biggest supporter of my achievements, despite all the challenges she experienced...

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LIST OF ABBREVIATIONS

AACD	American Association of Counseling and Development
ACA	American Counseling Association
AMI	Any Mental Illness
APA	American Psychological Association
APGA	American Personnel and Guidance Association
ASCA	American School Counselor Association
ASD	Acute Stress Disorder
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
GCF	Global Compassion Fatigue
NCS-R	National Comorbidity Survey Replication
NHS	National Health Service
NVGA	National Vocational Guidance Association
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
VA	Veterans Administration
VQA	Vocational Qualification Authority
VT	Vicarious Traumatization
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1.Background of the Study

Traumatic experiences such as economic and social crises, nature-oriented disasters, and terrorist incidents, may have negative impact on individuals' mental health and quality of life. A disaster can take the form of a natural event, like a tsunami, hurricane, or tornado, or traumatic events may be man-made, such as a terrorist attack or mass shooting. Regardless of its origin, a traumatic event is a sudden occurrence that disrupts the normal functioning of a community or society, often resulting in human casualties, damage to property, and economic losses (Pau et al., 2020). In crisis situations, clients often face a combination of chronic mental illness and acute interpersonal issues (James, 2008). For example, counselors may encounter trauma survivors dealing with addiction or divorcees struggling with chronic depression. Those working in agencies might encounter clients with primary psychiatric diagnoses alongside situational factors like homelessness and limited social support (Pau et al., 2020). As a result, professional psychological counselors will help their clients with crises, trauma, or any problems during their careers so the need for mental health continues throughout the years.

In 2021, approximately 57.8 million adults in the United States experienced AMI (Any Mental Illness). This accounted for 22.8% of all U.S. adults. Young adults (8-25 years) had the highest prevalence (33.7%), followed by adults aged 26-49 years (28.1%), and those aged 50 and older (15.0%) (SAMHSA, 2021). Concordantly, out of the 57.8 million adults who experienced AMI (Any Mental Illness) in 2021, 26.5 million (approximately 47.2%) received mental health professionals within the past year (SAMHSA, 2021). In the first comprehensive mental health profile study conducted in Turkey, the prevalence rate of mental disorders was 17.2%. According to the Turkey Mental Health Profile Survey, the frequency of mental disorders was 10.9%

in children aged 2-3 years, 10.7% in the 4-18 age group, and 15.4% in adults. Despite the high prevalence of mental disorders in our society, the frequency of seeking treatment is quite low. In adults, this frequency was 4.7%, and it is even lower in other age groups (Kılıç et al., 1998). After approximately 20 years, in Kılıç's (2020) study, it has been observed that comprehensive research on mental health profiles has not been conducted in Turkey during this time, and the studies have remained at the local level. The compilation of local-level studies was carried out by Binday and colleagues (2014). However, it is not possible to see comprehensive mental health rates for Turkey in this context. According to Kılıç (2020), there has been an increase in mental health cases over time, but due to insufficient research, exact numbers have not been reached.

Professional counseling is a collaborative process where a trained counselor assists individuals, groups, or families in enhancing self-awareness, understanding others, and effectively addressing problems and conflicts in their daily lives. The concept of psychological counseling encompasses both the inner world of the client and their relationships with others. The internal dimension related to an individual's inner world can span from concerns about self-perception to psychological disorders. This voluntary and confidential interaction fosters a professional relationship, allowing counselors and clients to work together toward resolution (Hackney & Cormier, 2008; Nugent, 1994).

The field of psychological counseling is divided into various specializations, including mental health counseling, school counseling, rehabilitation counseling, career counseling, marriage and family counseling, trauma counseling, and others (Hackney & Cormier, 2008). Trauma counseling characterized by its systematic approach, entails not only addressing the needs of clients, families, or the broader community but also assessing the counselors' preparedness and the appropriateness of their timely intervention. As professionals, counselors often experience a strong inclination to step in and provide support whenever a need arises (Duffey & Haberstroh, 2020). Wastell (2005) expressed that individuals working with all of these are referred to as trauma psychological counselors. Individual trauma arises from an event, a sequence of events, or specific circumstances that an individual perceives as physically or

emotionally damaging, life-threatening, and which leaves lasting adverse impacts on their functioning, mental state, physical health, social interactions, emotional well-being, or spiritual dimension (SAMHSAs Trauma and Justice Strategic Initiative, 2014). Traumatic events could be domestic violence, sexual assaults, nature- and human-initiated events, wars, accidents, and predatory attacks, expose individuals to intense horror and threat. These experiences can profoundly impact their ability to cope, alter their biological perception of danger, and even reshape their self-concept (Van der Kolk, 2000).

Psychological counselors working with trauma victims must possess important skills and competencies (McKim & Smith-Adcock, 2014). One of the sources emphasizing the significance of this topic is a publication by the American Psychological Association (APA) in 2015. In this source, the qualifications, training, development, skills, and attitudes of trauma psychological counselors are detailed. For trauma counselors, the cross-cutting competencies encompass attitudes, knowledge, or skills that serve as foundational elements for all other competencies. These include aspects such as understanding individual and cultural diversity, integrating lifespan factors, and fostering practitioner self-care and self-awareness (APA, 2015). At the same time the need for competence in trauma counseling also increases (Salston & Figley, 2003). Otherwise, assisting survivors who have endured severe and prolonged trauma can be intricate and emotionally demanding, potentially leading to adverse effects on the clinician. These effects may include burnout, compassion fatigue, or challenges related to countertransference (Figley, 1995; Salston & Figley, 2003). On a daily basis, professional counselors engage with clients who carry a wide range of experiences, often including traumatic ones. As compassionate individuals, counselors consistently listen to and confidentially hold their clients' traumatic narratives. Whether working in a school environment or a community mental health center, the probability of a counselor not encountering clients who have experienced trauma is minimal (Lanier & Carney, 2019). Secondary or vicarious traumatization is a concept that has just recently come up in the field of mental health profession with trauma survivors (Arvay, 2001).

When trauma counselors are exposed to this type of stress, along with lack of competence, they may have impairments. Counselor impairment frequently happens when a counselor spends too much time focusing on the problems of their clients while ignoring, neglecting, or dismissing their own requirements for balance and self-care (Lawson et al., 2007). Working with trauma survivors can have a profound psychological impact that can be upsetting and stressful for the helper and it may continue for months or years after the traumatized person was treated (McCann & Pearlman, 1990).

To the researchers' knowledge, no studies were conducted on the secondary trauma of mental health professionals until 2015 in Turkey. According to the study of Zara and İçöz (2015) 44.9% of the mental health professionals exhibited symptoms of secondary trauma syndrome above the average, while 25.4% have experienced high levels of secondary trauma.

The COVID-19 Practitioner Impact Survey by the American Psychological Association (2022) investigated the changes in psychologists' practices following the onset of the pandemic with a total of 2,295 psychologists. In 2022, a significant percentage of psychologists continued to note heightened patient numbers for trauma-related and stressor-related disorders (64%), depressive disorders (66%), and anxiety disorders (79%). When the statistical rates of encountered symptoms over the last 3 years are examined; substance-related and addictive disorders (29% in 2020, 43% in 2021, and 47% in 2022), obsessive-compulsive and related disorders (31%, 42%, and 43% respectively), and trauma- and stressor-related disorders (51%, 62%, and 64% respectively) increased in comparison to pre-pandemic period (APA, 2022). At the same time, mental health professionals are facing an escalating workload and patient volume due to the heightened demand. As a result of all these findings, as the workload continues to rise, a growing number of mental health professionals find themselves unable to fulfill the treatment demand from their patients.

The percentage of mental health professionals expressing agreement or strong agreement with feeling burned out (45%) remained comparable to the level reported 48% in 2021 both surpassing the number of those reporting burnout 41% in 2020 (APA, 2022). According to APA (2022) findings, most counselors (60%) have

actively sought peer consultation or support to address burnout, 77% of mental health professionals managed to engage in self-care practices, and 63% of professionals sustained a favorable work-life balance. According to these results of research, it can be concluded that self-care strategies may protect from challenges of psychological counselors and help to ensure balance in counselors' live.

Finding a balance between being vulnerable and taking reasonable precautions to protect one's own sense of integrity in the face of what may be an attack on that integrity, sense of faith, and worldview is the key to self-care for counselors (Burke et al., 2006). Costs can be high for the counselor, client, and the counseling relationship as a whole if counselors do not know how to organize their well-being, which may result in burnout, vicarious trauma, compassion fatigue, and countertransference (Arcuri Sanders et al., 2020). The most important point is that self-care is a significant ethical responsibility for psychological counselors. (APA, 2017). However, professionals need to be aware of the significance of self-care in order to keep it at the forefront of their awareness and ethical practice (Arcuri Sanders et al., 2020). On the other hand, according to Dye and colleagues (2020) "only a few counseling organizations focus specifically on self-care or wellness" (p.141) of psychological counselors. At the same time the results of the literature review emphasize the importance of reviewing and structuring training related to the competence, professional care, and qualifications of psychological counselors (Forrest et al., 1999). Particularly, it evaluates professionals' ability to continue their profession despite functional impairments. Consequently, revising educational programs and increasing alternative options are crucial. On the other hand, the study of Barnett and colleagues (2007) emphasized that various aspects, ranging from the education system to the ethical framework, need to be structured and clarified to ensure ethical and effective treatment of clients and successful management of challenges and stress faced by psychologists. Similar to these findings, many other studies conducted worldwide focus on aspects such as restructuring the education received by psychological counselors, expanding ethical practices, and emphasizing professional and personal care. According to Zahniser and colleagues (2017), in psychology graduate training, there is growing awareness of the importance of self-care. Although research on this topic is limited, existing studies highlight the positive impact of self-care on the well-

being of psychology trainees. Additionally, it is suggested that graduate programs can play a crucial role in promoting self-care practices.

In Turkey, a comprehensive doctoral study recognized this gap and designed and implemented a semester-long undergraduate course specifically addressing self-care training for psychological counselors. The results of this implementation were highly effective. Notably, there were significant differences in psychological counselor candidates' perspectives and practices related to the concept of self-care (Güler, 2018). Despite being a highly promising study based on a multidimensional theoretical framework, this work has not been included in the mandatory curriculum for psychological counselors since 2018. Consequently, in Turkey, the self-care needs of psychological counselors persist. Furthermore, the prepared curriculum is specifically for psychological counselor candidates. In this regard, it remains quite inadequate in meeting the self-care requirements of trauma counselors. The curriculum designed by Güler is grounded in three well-known approaches. These are Cognitive Behavioral Therapy, Reality Therapy, and Mindfulness-Based Therapy (Güler, 2018). There is also self-care psychoeducation prepared with a strength-based approach (Jones, 2017). Strength-based approach seeks to understand and enhance the inherent strengths, capacities and abilities that can lead to positive transformations in people's lives (Hammond & Zimmerman, 2012). Due to the inability to adapt alternative approaches used in international literature, and particularly the lack of alternative research in Turkey, self-care practices remain insufficient. Considering the need for more studies in Turkey, comprehensive efforts and practical interventions are essential, particularly to prevent counselor impairment.

1.2.Purpose of the Study

The aim of this study is to design a strength-based psychoeducation model in order to raise awareness, knowledge and skills within the scope of self-care. The main problem is that counselors who work on trauma may experience secondary traumatization in Turkey (Zara & İçöz, 2015) which may cause counselor impairment and it is well-known that to prevent counselor impairment self-care is an ethical mandatory. Therefore, programs should be developed to improve the self-care strategies of psychological counselors who work in the field of trauma and to prevent secondary

trauma symptoms in Turkey, which periodically hosts difficult living conditions. In short, this study is to examine the knowledge, skills, and awareness levels of psychological counselors at the end of the psychoeducation program developed and implemented.

The following research question is the focus of the current study:

1. How a strength-based self-care strategies psychoeducation program

a) is developed?

b) is implemented?

c) is evaluated?

2. To what extent do the self-care behaviors of the counselors change during and after the program implementation?

3. What are the opinions of the trauma counselors regarding the program?

1.3.Significance of the Study

The importance of this study is seen to be quite comprehensive. The strength-based self-care program that has been prepared structures the psychological resilience of trauma psychologists. It enables them to manage difficulties such as burnout, compassion fatigue, and secondary trauma. Additionally, the program promotes lasting professionalism, and all the strategies learned can be customized to meet the individual needs of psychological counselors.

Through fostering a positive and empowering outlook, the program seeks to strengthen counselors' resilience, enabling them to manage the emotional challenges inherent more effectively in their work. Existing literature indicates that the strengths of individuals are associated with enhancements in mental health (Xie, 2013). These strengths have the capacity to yield favorable results across different facets of life, such as satisfaction, functionality, or health status, and hold the potential to facilitate mental health recovery (Xie, 2013). The other one is avoiding burnout, secondary trauma, and compassion fatigue for psychological counselors. The intense emotional demands of their profession put trauma counselors at risk of burnout (Schaufeli et al.,

2009). A self-care approach centered on strengths offers tools and strategies to avert the challenges of counselors by highlighting positive coping methods and cultivating a sense of achievement (Jones, 2017). At the same time, counselors can experience secondary trauma from exposure to clients' traumatic experiences (Cashwell, 2016). The enduring success of trauma counselors' careers relies on effective self-care (Lee & Miller, 2013). A psychoeducation program grounded in strengths motivates counselors to leverage their current strengths, aiding in the development of sustainable self-care practices that seamlessly integrate into both their professional and personal lives.

In conclusion, a research endeavor focused on self-care strategies for trauma counselors, especially one integrating a psychoeducation program grounded in strengths, holds significant importance in nurturing a workforce that is positive, resilient, and enduring. By enabling counselors to build on their strengths and craft individualized self-care routines, the study contributes to the holistic well-being of professionals in the field. Consequently, this positively influences the quality of care extended to individuals impacted by trauma.

1.4. Definition of the Terms

- **Self-Care:** Self-care is a multidimensional and multifaceted process aimed at promoting healthy functioning and enhancing well-being (Dorociak et al., 2017)
- **Strength-Based Approach:** The strength-based approach enables an individual to advance their value and focus on their strengths rather than draw attention to their weaknesses (McCashen, 2017).
- **Secondary Traumatization:** The normal monitoring behaviors and emotions resulting from being aware of a traumatic event experienced by a significant other or client- the stress resulting from being able to or desire to be able to help the traumatized or suffering person (Figley, 1993).
- **Counselor Impairment:** Therapeutic impairment refers to a situation where a counselor's professional functioning is compromised, leading to negative effects on client care or potential harm to the client. It is a significant reduction

in an individual's capacity to perform occupational functions (Lawson & Venart, 2005).

CHAPTER 2

LITERATURE REVIEW

In this section, the comprehensive definition of psychological counseling as a profession is elaborated. It covers the profession's definition, scope, counseling principles, counseling organizations, ethical and legal responsibilities, counseling processes, and the extensive description of a psychological counselor's work areas, skills, and competencies. Additionally, the challenges faced by psychological counselors in their professional and personal lives are expressed. These challenges include vicarious trauma, burnout, and secondary trauma, supported by detailed literature studies. Specifically, for psychological counselors working in trauma-related fields, the transformations experienced by counselors and the implications of counselor impairment are thoroughly explored. Measures to address counselor impairment are discussed, focusing on self-care strategies. The concept of self-care, its components, impact on psychological counselors, and its multidimensional structure are explained. The multidimensional structure of self-care encompasses cognitive and emotional self-care strategies, physical self-care strategies, spiritual self-care strategies, relational self-care strategies, and finally, professional self-care strategies.

2.1. Psychological Counseling Profession

Counseling psychology is a field within professional psychology that focuses on applying psychological principles to improve and support the well-being, mental health, and positive development of families, individuals, groups, and the wider community (Canadian Psychological Association, 2009). Assistance is provided by a variety of specialists in the field of mental health. These include psychologists, counselors, psychiatrists, marriage and family therapists, social workers, and mental health technicians. Each of these professions has its own unique training standards, certification requirements, ethical guidelines, and professional organizations that offer support and define their practice (Young & Cashwell, 2017). General definition of

qualified profession comprises description of counseling which also includes knowledge, skill and attitude domains. According to Gardner and Shulman (2005), the intellectual occupation definition includes several components which are dedication to serving clients and society, possessing specialized knowledge and theory, unique skills specific to the profession, the ability to make sound judgments under technical and ethical ambiguity, adopting a systematic approach to learning from experiences individually and collectively, fostering new knowledge from practical contexts, and establishing a professional community accountable for ensuring quality in practice and professional education. Counseling meets all the criteria of a profession and has consistently done so over a significant period. It stands apart from, yet remains connected to, other disciplines of mental health due to its unique emphases and historical context. Counseling specifies both growth and remediation across the lifespan, spanning adolescence and childhood, adulthood, and lastly older age. Within the counseling profession, counselors specialize in assisting families, couples, individuals, groups, and social systems dealing with situational, professional, and short-long-term challenges. The emphasis on growth, psychological well-being, prevention, intervention and treatment makes counseling an appealing choice for individuals aiming for positive life transitions and productive, fulfilling lives (Gladding, 2012).

Specialized knowledge, theoretical foundations, unique counselors-client relationship, social acceptance and legal recognition, professional organization and ethical standards are key criteria for defining psychological counseling as a profession (Young & Cashwell, 2017). As evidence, changes have occurred in the historical development and maturation of psychological counseling, along with the establishment of associations and journal organizations. These changes relate to the accumulation of expertise, professionalization, and legal recognition in the field of psychological counseling. To understand these developments, it is essential to discuss the historical context. Counseling began to take shape in the late 1890s and early 1900s, with an interdisciplinary approach from the outset. However, it wasn't until 1931 that professional literature explicitly mentioned counseling. During the period from 1900 to 1909, three influential figures emerged as leaders in the development of counseling: Frank Parsons, the founder of guidance; Jesse B. Davis, the founder of

school guidance; and Clifford Beers (Gladding, 2012). The National Vocational Guidance Association (NVGA), founded in 1913, served as the precursor to the American Counseling Association (ACA). Subsequently, significant psychology journals, including The National Vocational Guidance Bulletin, The Vocational Guidance Magazine, and The Journal of Counseling and Development were established. Additionally, the Veterans Administration (VA) supported counselor and psychologist training by providing stipends and paid internships for graduate students. The Veterans Administration (VA) revised guidelines for vocational counselors and introduced the term counseling psychologist. After the 1950s, the American Personnel and Guidance Association (APGA), American School Counselor Association (ASCA), and Division 17 were established. At the same time, new counseling theories were developed. In the 1970s, helping skills programs were started to develop. In the 1990s, A pivotal change occurred in 1992 when the American Association of Counseling and Development (AACD) decided to rename itself as the American Counseling Association (ACA). In addition to all of these, significant global events have occurred that paved the way for these changes. Events such as the women's movement, the Vietnam War, and the civil rights movement also contribute to the development of psychological counseling (Aubrey, 1983; Schmidt, 2014; Nugent, 1994; Gladding, 2012). As a continuation of this developmental context, significant researchers have elaborated on psychological counseling theory and techniques, including their theoretical foundations. As a summary of contemporary approaches, psychoanalytic therapy, initially presented, is based on insight, the influence of the subconscious, and the restructuring of personality.

Ethical standards and legal processes are key topics in the definition of psychological counseling. The purpose of ethical codes prepared for mental health professionals; APA (2017) explained the Ethical Standards outline applicable rules for mental health professionals' conduct. When making decisions about their professional behavior, they must conceive Ethics Code alongside relevant laws and regulations of psychology board. In their work, psychologists can also refer to additional resources approved by professional and scientific psychological associations, their conscience, and seek input from colleagues. If the Ethics Code sets a higher standard than the law requires, psychologists must adhere to that higher ethical issue. When ethical

responsibilities clash with legal requirements, psychologists express their commitment to the Ethics Standards and seek resolution in alignment with fundamental human rights (APA, 2017).

The real relationship between the counselor and the client is the cornerstone of the counseling process. The real relationship within the broader therapeutic relationship is believed to emerge right from the initial contact between client and therapist. This concept has been postulated to be present in all types of relationships, including therapeutic ones (Lo Coco et al., 2011). Full definition of the real relationship is that "the personal relationship existing between two or more people reflected in the degree to which each is genuine with the other and perceives and experiences the other in ways that befit the other" (Gelso 2009, pp. 254–255). On the other hand, the results of the study by Lo Coco and colleagues (2011), according to the viewpoint of clients, treatment outcomes were significantly associated with both the authenticity aspect of the real relationship and the bonding scale of the working alliance. After examining the broad framework of psychological counseling, the definitions provided by institutions and researchers assist in filling the framework. The counseling process has been defined by various institutions of countries. American Counseling Association (ACA) identified the counseling process as "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" at the ACA conference in 2014 (Kaplan et al., 2014). Additionally, the Turkish Psychological Counseling and Guidance Association suggests the same definition with the ACA. In addition to the counseling process, the clearest definition of the psychological counseling profession was reported by the Turkish Vocational Qualifications Authority (VQA) in 2017. According to The Turkish Vocational Qualification Authority, a psychological counselor is a trained professional who offers psychological counseling and guidance services to individuals or groups. They aim to assist people in their educational, professional, personal, and social development, and also help individuals of all ages, from childhood to old age, with adaptation issues. This is done while adhering to the occupational health and safety framework, environmental protection, and quality requirements (Turkish Vocational Qualifications Authority, 2017). The stages of psychological counseling process, as described by Hackney and Cormier (2008), are rooted in the underlying

meaning beneath the definition of the psychological counseling process. This process is gradual and culminates in achieving a specific goal. The goal or outcome is the resolution of the difficulty or problem that necessitated assistance.

There are the steps in this collaborative process between the psychological counselor and the client. The first step is initial connection and relationship building involves establishing rapport and building a relationship with the client, in the second step is problem identification that the counselor works with the client to define the presented problem, the third step is goal definition and formation focuses on identifying and creating a clear goal for the counseling process, in the fourth step is intervention selection and implementation that the counselor selects and applies appropriate interventions for the client, lastly, the fifth step is termination and follow-up involves concluding the counseling process and monitoring progress. Each of these steps is an integral piece of an interconnected puzzle (Taukeni, 2020).

Counselors undergo graduate programs that encompass a comprehensive curriculum. These programs include coursework and guidance in fundamental psychology areas such as cognitive/affective, biological, and individual differences. Additionally, specialized instruction covers topics like counseling theories, personality, lifespan development, career psychology, ethics, psychopathology, assessment and evaluation, statistics, and supervision. Counselors' training also involves supervised practice focused on honing skills in psychotherapy, counseling, consultation, and assessment (APA, 2014).

Most of the individuals can adapt to life changes through their own efforts, family, friends, or belief systems. However, despite all this support, a person experiencing difficulties may need professional guidance to help them adapt to these challenges. In short, psychological counseling can be seen as a tool for change, prevention, and enhancing one's life. For these reasons, an individual may need professional psychological support (Hackney & Cormier, 2008). As per the American Psychological Association (APA), a psychological counselor is a specialized professional within the field of psychology. These counselors employ a wide array of culturally sensitive practices to assist individuals. Their focus includes enhancing clients' well-being, preventing and alleviating distress, and intervening during crises.

Additionally, they empower clients to function more effectively in their daily lives (APA, 2008). Counseling is a profession where the counselor's personality acts as the tool for work. Counselors learn to view the world from their clients' perspective, feel their emotions through empathy, and reach with their vulnerability. This deep connection, boundary, and care are biggest strengths of counselors, but they also expose us to vulnerability. Witnessing the suffering and despair in clients' experiences puts at risk of vicarious trauma, compassion fatigue, and burnout. Sometimes, counselors become impaired when they excessively focus on their clients' experiences and stories while neglecting their own need for balance of individual and professional life and self-care (Lawson et all., 2007).

2.1.1. Field of Work for Psychological Counselors

Counselors operate in diverse environments, offering a range of services to various client groups. Some work within educational institutions, serving as educators, researchers, and providers in university counseling centers. Others engage in independent practice, delivering counseling, assessment, and consultation to families, couples, individuals, and organizations. Additionally, some counselors contribute to community mental health centers, health maintenance organizations, medical facilities, rehabilitation agencies, and corporate settings (APA, 2014). In other words, mental health counseling focuses on delivering services within various settings such as the industry, business, community, or private practice; professional counselors within these contexts offer a wide range of mental health counseling services (Loesch & Vacc, 2000). When examining research conducted on the work areas of psychological counselors worldwide, the research findings indicate that counseling psychologists tend to prioritize practical application, viewing themselves as actively involved in psychotherapy and more traditional clinical tasks. They place less emphasis on vocational, academic, and research-oriented activities. This trend is especially pronounced among younger respondents. Secondary employment data indicates that 76% of the participants were engaged in service provision. Participants reported that they work in private practice places (43.3%) or 23.7% counselors in a counseling center. A significant number of counselors indicated that they preferred to work in private practice. Specifically, over 70% were engaged in counseling center

work or private practice. Surprisingly, despite being the largest employment category, less than half of counselors prefer to work in academic roles. It becomes evident that counselors primarily focus on counseling, with teaching and training as a secondary aspect. Fewer counselors were involved in consultation, research, administration, supervision, and writing/editing (Fitzgerald & Osipow, 1986). The other research findings, when examining the responses provided by 148 psychological counselors, participants reported that 31.8% of participants worked in the National Health Service (NHS), 19.4% were engaged in private practice, 10.1% of counselors were self-employed, 9.3% preferred working in the private sector, 8.5% were associated with a university department, and 2.3% of participants worked in university counseling centers (Jones-Nielsen & Nicholas, 2016). When these two studies are compared, despite a 30-year gap, there are no significant differences observed in the work domains of psychological counselors. While there is a noticeable increase in psychological counselors opting for academic work areas, both studies indicate that counselors predominantly prefer to work in private counseling centers or their own offices. In addition to this, in Turkey, psychological counselors work in some public and private institutions/ organizations. The counselors can work under the umbrella of Ministry of National Education (schools, guidance and research centers, public education centers, science and Art centers etc.), universities, Ministry Family, Labor and Social Services (social service centers, family support centers, love houses etc.), Ministry of Justice (prisons, probation, family courts and children's courts), Ministry of Youth and Sports, Turkish Armed Forces (guidance and psychological centers), General Directorate of Security, and Presidency Religious Affairs (Turkish Psychological Counseling and Guidance Association, 2022). On the other part, private education institutions, private education and rehabilitation centers, family counseling centers, private psychological counseling centers, human resources offices of private companies and private hospitals are the other working areas for counselors (Turkish Psychological Counseling and Guidance Association, 2022). The purpose of the counseling services includes offering counseling services for families, adults, adolescents, or children, conducting preventive mental health programs, providing consultation services, and assisting individuals in identifying and attaining suitable professional goals and placements (Loesch & Vacc, 2000). In the meantime, the

specialized fields within psychological counseling and guidance services have distinct organizational structures for each area (Topkaya & Sağlam, 2021). These include school counseling which focuses on educational settings (Schmidt, 2014), marriage, family, and couples counseling which addresses relationship dynamics (Greenberg & Johnson, 2010/2023), addiction (Young et al., 2011), trauma, and crisis psychological counseling (Black & Flynn, 2021) which provides support during challenging situations, clinical mental health psychological counseling which focuses on mental health issues and lastly career counseling (Kidd, 2008) which assists individuals in vocational goals and placements. Because of the clients' specific needs and developmental process, the appellation of counselors, identity and their working areas distinguish from one another (Schmidt, 2014).

2.1.2. Skills of Psychological Counselors

Counselors who possess a strong professional identity comprehend the essential expertise and capabilities, evaluate their own performance, actively pursue chances for ongoing development, and maintain a consistent professional self-perception in line with the principles and convictions of the counseling field (Granello & Gunawan, 2023). Fundamentally, there are certain important qualities that a psychological counselor needs to possess in order to provide a functioning counseling service. These qualities are personal awareness and understanding, being objective, understanding the impact of one's own and others' ethnic and cultural factors, open-mindedness, competence, reliability, wholeheartedness, and psychological well-being (Hackney & Cormier, 2008). Effective counselors are individuals who have skillfully incorporated scientific knowledge and expertise into their personal lives. They strike a harmonious balance between professional competence and interpersonal skills (Cormier et al., 2017). The APA Ethics Code emphasizes both the professional and individual competencies of counselors. Psychologists offer services, educate, and engage in research within the limits of their expertise, relying on their education, training, supervised practice, consultations, studies, and professional background (APA, 2017). With all these qualities of a psychological counselor, establishing a genuine relationship with the client (Lo Coco et al., 2011) will be an opportunity to achieve the set goals (Loesch & Vacc, 2000) in the counseling process. According to a study

that reports the competencies of counselors assess counselors' competence in three dimensions. These are foundation, multicultural awareness, and multicultural counseling. 100 school counselors attended this study. The results indicate that %60 of counselors scored low in both foundation and multicultural awareness, %50 had low scores in multicultural counseling, and %10 of counselors demonstrated high competence across all three dimensions (Alfaiz et al., 2022). Competent counselors need to expand their understanding and adapt to clients from diverse backgrounds and orientations. This hinges on their capacity to withhold judgment and maintain an observer's perspective when considering another person's situation. By doing so, counselors can offer empathy, stay connected with clients, and effectively support their growth. Neglecting or lacking interest in this approach can significantly hinder a client's progress and cause distress (Ruggiero, 2011). On the contrary, while the empathic approach is emphasized as one of the most crucial skills for psychological counselors, results of some studies suggest that excessive empathy can harm these professionals. In this study, which examines the counselor's personality, empathic abilities, countertransference, and compassion fatigue, responses from 51 participants are reported. The findings indicate that empathy significantly influences both countertransference and compassion fatigue (Bhattacharyya & Banerjee, 2022). While counselors need to possess certain skills, there are professional risks arising from the inability to balance these skills. In fact, there are studies showing that ethical codes, created to achieve this balance or resolve dilemmas, are not always followed during certain periods. According to the findings of Hayman and Covert's study (1986), fewer than one-third of the respondents relied on published codes of ethics to address dilemmas. Instead, many preferred common sense, a way that can sometimes be unethical. On the other hand, psychological resilience is not just a quality that a psychological counselor should possess, but also maintaining personal and professional well-being is a professional responsibility of counselors (Baker, 2003) because for psychological counselors, one of the most significant tools is their presence (Corey, 2015).

2.1.3. Challenges of Psychological Counselors

Counselors are responsible for protecting their most valuable therapeutic tool: themselves (Robino, 2019). The field of counseling is both rewarding and demanding. Mental health counselors may be exposed to their clients' trauma and its negative consequences, which might endanger their well-being even if therapy allows them to share in the incredible process of personal healing and growth with their clients (Meyer & Ponton, 2006). The American Counseling Association (ACA) established a task force in 1991 to address concerns related to impaired counselors and recommended a course of action. The strategy described the many complex challenges related to counselor impairment, underlined the need for ongoing and comprehensive research on the subject, and offered suggestions and direction for more study but regrettably, over a decade passed between the initial recommendations of the special task force and the establishment of a subsequent task force (Lawson et al., 2007). Psychological counselors are expected to effectively help clients who have traumatic experiences such as sexual harassment, violence, and war, as well as clients who have problems in the context of developmental tasks such as maintaining healthy relationships or choosing a career by using all their professional knowledge and skills. While working in all these areas, experiencing the stress, burnout (Christopher, et al., 2011), vicarious traumatization (Hesse, 2002), and compassion-fatigue are possible for psychological counselors who work in the professions of counseling and psychotherapy (Coleman et al., 2016). In other words, the continuous and regular interaction with clients and their distress can emotionally drain mental-health professionals, leading to the emergence of conditions referred to as secondary traumatic stress, vicarious trauma, compassion fatigue, or, in the end, professional burnout (Newell & MacNeil, 2010). According to a significant study, fourteen counselors were asked their difficulties and challenges. Their answers reported with themes by researchers. In compliance with study results, post-graduate studies lack adequate practical training. Heavy workloads lead to stress and burnout among counselors. Dealing with clients' issues can cause emotional exhaustion. Counselors are not adequately compensated. Counselors live ethical dilemmas about some issue (e.g. suicide). The absence of counselor networks makes it hard to seek consultation and supervision (Pereira & Rekha, 2017). As per the research findings, psychological

counselors face several challenges. These include insufficient practical training, burnout, intense exposure to stress, and inadequate consultation and supervision. According to all these researchers, to navigate these difficulties, cultivating resilience becomes essential. This framework empowers counselors to remain professionally robust and resilient, even amidst adversity (Young & Cashwell, 2017). So, when working with trauma survivors, psychological counselors frequently may develop reactions against hearing stories that are extraordinarily violent and detailed, which prevents the counselor from staying in the moment with the client and counselors may disassociate to some extent, remove themselves, doubt the veracity of the stories, and they may become overcome with feelings of loss or helplessness as a way of protecting themselves from hearing the painful story of the survivor (Salston & Figley, 2003). When psychological counselor exposes this type of stress, they may start to be impaired. Compassion fatigue, secondary traumatic stress, and emotional burnout are experiences of the resilience-relevant professional characteristics of counselors. Other traits related to work experience involve ongoing professional development, expertise in working with trauma, obtaining supervision or intervention, and having their own therapeutic experience in resolving conflicts and overcoming obstacles in life (Lazos & Kredentser, 2021). Additionally, a major and important issue for counselors is that of providing an empathic connection with systematic attention to clients, especially trauma counselors may face some significant problems because "working with trauma survivors is an emotionally draining enterprise" (Wastell, 2005, p. 117). Likewise, in a study conducted in 2023 with 344 participants, including psychological counseling students and students from various disciplines, the differences in self-compassion and shame related to mental health issues were evaluated across different health disciplines. One of the study's findings indicates that psychological counseling students experience higher levels of depression compared to students from other disciplines (Kotera et al., 2023). Jay Miller and colleagues (2019) emphasized that despite the importance of personal care in coping with challenges faced by clinical workers, there is a limited amount of research on this topic in their study related to relationships between self-compassion and self-care. Thériault and colleagues' (2015) comprehensive study emphasized the importance of mental health professionals' self-care as an ethical and professional imperative. However, despite this recognition, self-

care themes are often treated as optional in education and supervision. The study aimed to identify core challenges that should be addressed in training courses or supervision and explore how supervisees and trainees can be coached to develop effective self-care strategies. Detailed responses were obtained from 26 professionals through 10 open and structured questions. One of the results of this study, the initial survey question addresses the difficulties encountered by mental health professionals in both their professional and personal lives. Respectively, participants highlighted challenges which are feelings of inadequacy, self-doubt regarding effectiveness, isolation, stress, emotional exhaustion, compassion fatigue, caseload concerns, secondary trauma, blurred professional identities (both individual and collective), assertiveness in setting boundaries, burnout, consultation issues, and ethical dilemmas.

2.1.3.1. Compassion Fatigue

To bear suffering is at the core of compassion. Generally, there is a cost associated with the act of being compassionate and empathic so like other types of exhaustion, compassion fatigue lowers the ability of counselors or the desire to bear other people's pain (Figley, 2002). At the same time, the meaning of sympathy is that increase sensitivity to clients' feelings in order to understand their pains or trauma (Doğan, 2022). According to Can and Watson (2019), compassion fatigue is an occupational risk faced by individuals who work to assist others dealing with challenging life experiences. Individuals may experience compassion fatigue due to insufficient knowledge, support, and skillsets. It also arises when someone consistently hears painful and traumatic stories from others while neglecting self-care. During such times, individuals begin to notice the impact of these distressing narratives on their own lives. Figley (1995) drawn a much more pessimistic picture for trauma counselors. Trauma counselors are more sensitive to compassion fatigue, there are several explanations to be sensitive, the most common considering that trauma professionals are continually surrounded by extremely intense trauma-inducing factors thus, trauma counselors are enticed into this intensity notwithstanding their efforts to prevent it. When a counselor is exposed to clients who experience trauma or

stress, this may negatively affect counselor's mental and physical health, wellbeing, relationships, and job (Cocker & Joss, 2016).

The other significant concept is "global compassion fatigue" (Robino, 2019, p. 2). Global compassion fatigue (GCF) refers to the process wherein an individual experiences intense preoccupation and stress due to concern for those impacted by global events, even without direct exposure to traumas through clinical work. GCF differs from conventional notions of impairment in both its origin and the nature of the experience. As counselors, we are human beings existing in a world filled with constant reminders of global traumas—ranging from nature induced disasters, terrorist attacks, civil rights threats to violence, and animal welfare issues. Our innate biology and evolutionary drive to connect with others become particularly complex when we work in a helping profession rooted in empathy. Additionally, the influence of media and social media significantly impacts counselors' experience of global compassion fatigue (Robino, 2019). Just like the problems experienced by mental health workers after natural disasters in Turkey, the country of disasters. As Doğan (2016) rightly pointed out, professionals working in occupations that provide assistance to those exposed to traumatic experiences are at a higher risk compared to professionals in other fields. When examining the negative effects or causes arising in counselors, significant data have been encountered. Significant findings related to this topic have been revealed. In the research conducted by Watson and Can (2019), they selected four independent variables (supervisory support, empathy, wellness, and resilience) and compassion fatigue is the only dependent variable to explore their interrelationships. Subsequently, researchers employed valid and reliable assessments to evaluate each of these variables in relation to compassion fatigue among graduate students. Results of the study showed that empathy and supervisory working alliance do not serve as predictors of compassion fatigue among graduate students. However, resilience and wellness emerged as significant predictors. Interestingly, their findings also demonstrated a correlation between students' levels of resilience and wellness and their compassion fatigue. In essence, if counselor educators and supervisors assist graduate students in enhancing their wellness and resilience, it can lead to a reduction in compassion fatigue. The study has shown that what kind of outcomes there are in psychological counselors who experience compassion fatigue, in Hollingsworth's

(1993) study, which is qualitative research, counselors who worked with female survivors of incest were examined to develop a theory about the effects of this work. According to participants' responses, trust in others, intimacy, the safety of children, esteem for others, independence of power, and connectedness schemas were constituted by the researcher. Counselors experienced somatic responses, feelings of disgust, anger, distress, sadness, also intrusion symptoms, and challenges in maintaining boundaries. Interestingly, effective coping strategies emerged for these female counselors. The most commonly found strategies included maintaining life balance, supervision, personal therapy, consultation, training, peer support, and drawing boundaries with their clients.

2.1.3.2. Burnout

Burnout is not exclusive to a single profession. Even today, burnout rates remain high in various occupational groups (Stier-Jarmer et al., 2016). The overall situation indicates that employees still have needs in the field of professional burnout. The findings from the 2023 Work in America Survey of APA validate that workers themselves prioritize psychological well-being as a top concern. Workplace stress remains alarmingly high, with 77% of employees reporting work-related stress. Additionally, 57% have experienced negative effects in conjunction with workplace burnout. These data include 31% of employees experienced emotional exhaustion, 26% feel lack of motivation to perform their best, 25% desire to isolate themselves, 23% have thoughts of quitting, 20% of workers lost their productivity, 19% felt irritability or anger toward colleagues and customers, and lastly 18% of them felt being ineffective in their professional life (APA, 2023). According to the Schaufeli and colleagues (2009), "As a metaphor for the draining of energy, burnout refers to the smothering of a fire or the extinguishing of a candle" (p.205). In detail, burnout is defined as loss of idealism, energy, and purpose and it is physical emotional, and mental exhaustion (Pines & Aronson, 1988; Edelwich & Brodsky, 1980; James & Gilliland, 2001). A crucial element of burnout syndrome involves heightened emotional exhaustion, where individuals, depleted of emotional resources, perceive a diminished capacity to engage at a psychological level (Maslach, 2003).

Burnout, as described by the World Health Organization (WHO) (2019), is a psychological syndrome that emerges as a prolonged response to chronic interpersonal stressors in the workplace. There are three key dimensions. These are overwhelming exhaustion is a sense of energy depletion or extreme tiredness, cynicism and detachment is increased mental distance from one's job, often accompanied by feelings of negativism or cynicism and lastly reduced professional efficacy. Congruently, according to SAMHSA (2014), there are some symptoms that exhibited by a psychological counselor, when they experience burnout. Counselor may feel helplessness, physical and emotional exhaustion, self-doubt, frustration. Also, they may lost trust in others and the system. Counselors may prefer to disconnect from people, they may feel indifferent. At the same time they may show depression symptoms. Lastly, counselors may turn to alcohol and others (SAMSHA, 2014). According to the study of Aronsson and colleagues (2017), high job demands, job insecurity, limited control, heavy workloads, and insufficient rewards enhanced the risk of developing exhaustion.

For counselors to provide effective care for both their clients and themselves, it is essential to practice self-care and be aware of the symptoms of burnout (Thompson et al., 2011). Mental health professionals should have a thorough understanding of the signs related to burnout syndrome. Occupational stressors within the counseling field can significantly elevate the risk of burnout among professional counselors, potentially resulting in ethical and legal breaches (Baldwin et al., 2011). In other words, counselors who fail to acknowledge and handle their reduced capacity under stress are prone to working with compromised professional skills, thereby breaching ethical obligations to avoid causing harm. On the other hand, clients who seek help from counselors undergoing burnout face a significant danger, as they might not receive the necessary care and attention for their frequently serious and complex issues (Thompson et al., 2011). According to Work and Well-being survey results, 77% of U.S. adult employees reported experiencing work-related stress in the month preceding the survey. Among these individuals, nearly 57% of employees reported negative impacts due to work-related stress. These involve a lack of energy, motivation, or interest (26%), and a lack of effort at work (20%). Furthermore, one of the specific manifestations of burnout was evident as emotional exhaustion (31%)

(APA, 2023). While the rates have noticeably increased, recent studies conducted in parallel with these rates indicate that particularly young individuals with high job satisfaction experience a high level of burnout. Prosser and colleagues (1996) found that higher rates of burnout were observed among community mental health professionals compared to hospital staff. This study emphasized the importance of developing preventive measures for burnout, particularly for mental health professionals. In detail, younger school psychologists appear to experience higher levels of burnout compared to their older colleagues. Self-efficacy and job satisfaction play significant roles in this context. Self-efficacy specifically acts as a protective factor against burnout among school psychologists. Interestingly, results of this study suggested that early-career and junior school psychologists reported more burnout than their senior counterparts. Additionally, higher self-efficacy was associated with lower burnout levels. Surprisingly, despite expectations, higher job satisfaction was found parallel with higher burnout among school psychologists (McKnight-Romney, 2022).

Building counselors' resilience to avoid burnout is part of encouraging moral, individual, and professional development. Supervisors who work closely with counselors-in-training throughout practice and internship can help trainee counselors become more resilient and stronger by teaching them how to assess themselves, recognize their own needs, and make appropriate self-assertions (Thompson et al., 2011). In other word, mental health professionals often experience stress, burnout, and professional impairment, which can adversely affect their clinical work. However, participating in self-care programs can contribute to enhancing counselors' well-being (Poluns & Gall, 2020). In the past, researchers and discussion identified burnout caused by job stress, which was considered a significant area for treatment and prevention. However, in recent years, the focus of researchers has shifted to secondary traumatic stress because of the difficulty of working with traumatized individuals (O'Halloran & Linton, 2000). According to the study, the connection between burnout and social support was investigated. Social support has been recognized as a crucial resource for mitigating the adverse effects of stress. The findings revealed that burnout was positively correlated with stressors, while support exhibited a negative correlation

with burnout (Etzion, 1984). Thus, social support is significant for prevention to burnout.

2.1.3.3. Secondary and Vicarious Trauma

Psychological trauma, including experiences such as physical assaults, rape, motor vehicle accidents, and torture, has long been recognized as an underlying factor in mental disorders. Pioneers like Freud, Janet, and Breuer hinted at this connection as early as the 19th century (Van der Kolk, 2000). In particular, Janet formulated a comprehensive understanding of how traumatic memories impact consciousness (Van der Kolk & Van der Hart, 1991). However, it was during World Wars I and II that Abram Kardiner delved more specifically into trauma's impact. Interestingly, about two decades ago, there was a renewed focus on trauma due to the psychological wounds inflicted by the Vietnam War and the open discussions surrounding sexual abuse and rape within the liberation movement of women (Van der Kolk, 2023; 2000). Trauma is a pervasive, detrimental, and economically burdensome issue in public health. Importantly, trauma transcends age, gender, socioeconomic status, race, ethnicity, geographical location, and sexual orientation. Nearly everyone, including individuals with mental health conditions and substance use disorders, encounters trauma in some form or another (SAMHSA, 2014; Levine & Frederick, 2020). According to definition of APA (2018), trauma is a distressing experience that leads to intense fear, helplessness, dissociation, confusion, or other disruptive emotions, with lasting negative effects on a person's attitudes, behavior, and overall functioning. Psychological trauma is not considered an unusual or rarely experienced situations. According to Erdur-Baker (2016), psychological trauma occurs when an individual's coping mechanisms prove inadequate in the face of threatening situations, such as crises. This leads to disruption in their overall functioning and the manifestation of traumatic reactions. In other words, trauma is a concept that has permeated every aspect of life; not only individuals who have been harassed, abused or soldiers, but also most people may be traumatized (Levine & Frederick, 2020). On the other hand, people who have experienced the same traumatic event may not exhibit the same reactions; while some individuals may overcome the consequences of the experience, others may need to seek support (Erdur-Baker, 2016). The four main categories of

responses to traumatic events experienced by individuals. First one is *physical responses* such as sleep disturbances, fatigue, restlessness, physical pain, sexual disinterest, eating disorders, palpitations, nausea, and dizziness; second one is *behavioral responses* such as avoiding stimuli that remind them of the traumatic event, inability to stay in one place, sudden startle responses, unexplained crying, engaging in dysfunctional behaviors such as alcohol and drug use, and suspicion; third one is *emotional responses* such as shock, anger, helplessness, horror, numbness, guilt, despair, grieving, pessimism, worthlessness, panic, and shame; and the last one is *cognitive responses* such as indecisiveness, confusion, developing false beliefs and dysfunctional thoughts, alienation, and difficulty concentrating (American Psychiatric Association, 2013). If the responses which is given list continue for a long time, some psychological disorders can be mentioned. For example, if the prominent symptoms persist for at least 6 months, it indicates post-traumatic stress disorder (PTSD). On the other hand, if the symptoms last up to 3 months, it indicates acute stress disorder (ASD) (American Psychiatric Association, 2013). The situation of being traumatized varies according to factors such as the event itself, its intensity, duration, the individual's lifestyle, physical characteristics, skills previously acquired, the way of perceiving danger, and internal resources (Levine & Frederick, 2020). When individuals encounter life-threatening or traumatic situations, their primary concern shifts toward survival and self-preservation. They undergo a blend of feelings such as confusion, numbness, withdrawal, speechless fear and shock. Some survivors attempt to manage the situation by taking decisive action, while others disengage mentally. Neither of these responses completely shields against the later onset of post-traumatic stress disorder (PTSD). However, problem-focused coping strategies decrease the likelihood of developing PTSD, whereas dissociation along a traumatic situation serves as a significant predictor for subsequent PTSD. Furthermore, the traumatic experience persists, the more probable it is for the survivors to show with dissociation (Shalev et al., 1996; Van der Kolk, 2000). At the same time when the diagnostic criteria for PTSD in the current DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) are examined; it is observed that Criterion A, which evaluates the type of exposure to a traumatic experience, consists of 4 sub-criteria: experiencing the event directly (A1); witnessing the event (A2); learning that a traumatic event

occurred to a family member or close friend (due to violence or accident) (A3); exposure to traumatic events repeatedly or in an excessive level due to work-related reasons (A4) (American Psychiatric Association, 2013). Statistical data indicating the increase in PTSD among adults has been reported. The National Comorbidity Survey Replication (NCS-R), a comprehensive household survey conducted in the United States, aimed to assess the prevalence of PTSD. The survey spanned from February 2001 to April 2003 and achieved a response rate of 70.9%. Among adults diagnosed with post-traumatic stress disorder (PTSD), impairment levels were distributed is that approximately 36.6% experienced serious impairment, 33.1% experienced moderate impairment, and 30.2% exhibited mild impairment (Kessler et al., 2003). In conjunction with vicarious trauma, study of Lanier and Carney (2019) was to explore the association between vicarious trauma symptoms and subthreshold post-traumatic stress disorder (PTSD) symptoms among psychological counselors. Those who encounter vicarious trauma symptoms and subthreshold PTSD symptoms face risks that extend to their own well-being, their clients, and the overall workplace environment. Furthermore, counselors experiencing vicarious trauma symptoms and subthreshold PTSD symptoms are particularly susceptible to early departure from the profession (Lanier & Carney, 2019). Addressing Vicarious Trauma (VT) involves acknowledging and accepting changes that recognize the impact of vicarious trauma, the other strategy is setting boundaries, and permitting limiting exposure to traumatic content. At the same time, counselors should continue to learn about relevant fields and discover new interests (Salston & Figley, 2003).

Vicarious traumatization, as defined by Pearlman and Mac Ian (1995), is the metamorphosis that takes place in the therapist (or other trauma worker) as a consequence of empathetic interaction with clients' trauma experiences and their effects. Counselors' personal and professional life are impacted by the traumatic experiences in their lives (Lazos & Kredentser, 2021). Vicarious traumatization caused strong changes in the counselor's experience of the world, self, and others (Pearlman & Mac lan, 1995). According to the study of Lazos and Kredentser (2021), the resilience of counselor is correlated in varied ways with the range of traumatic situations they have experienced. There was a statistically significant negative correlation between psychotherapist resilience and secondary trauma as a result of

counselors' interactions with trauma victims, and also violence and traumatic occurrences in the mental health professionals' lives generally related negatively to their level of resilience. According to a study, surveys were administered to 148 participants—primarily female counselors working with sexual violence victims in the age range of 21 to 69. The surveys explored the quality of counseling processes with sexual violence victims. Additionally, information was gathered about counselors' past experiences and coping strategies. Finally, counselors were asked about the extent of their vicarious trauma. The research findings highlight that counselors exposed to the stories of clients who have experienced sexual abuse exhibit high levels of trauma-related stress disorder symptoms and vicarious trauma reactions. Furthermore, the importance of professional training is emphasized in this study. Notably, counselors working specifically with sexual abuse victims face challenges related to societal processes, including unfair approaches within the legal system and insufficient mental health insurance coverage (Schauben & Frazier, 1995). When other causes of secondary trauma are investigated, the study findings revealed that professionals who had experienced trauma in both mental health professionals and law enforcement contexts exhibited significantly high level of trauma symptoms compared to those without trauma histories. Specifically, 42% of mental health professionals' current caseloads specified a past experiences of child sexual abuse. Interestingly, 81.9% of counselors regularly inquire about abuse history, and a majority of psychological counselors (81.1%) believe that lots of clients are disclosing sexual abuse experiences in recent years. Additionally, both law enforcement and mental health professionals reported a substantial prevalence of childhood physical and sexual abuse. Remarkably, approximately one-third of all mental health professionals had childhood abuse stories, themselves. Notably, individuals with a history of child abuse are particularly drawn to careers in the helping professions (Follette et al., 1994). According to Lanier & Carney (2019), empathetic acceptance and heightened vulnerability on the counselor's side can elevate the risk of developing symptoms related to vicarious trauma. Recognizing vicarious trauma is crucial for counselor educators and practitioners, and establishing effective strategies to reduce its occurrence is a vital aspect of counselor training programs. In order to protect against all these risks, many researchers have emphasized the importance of training to be given to counselors.

There are studies emphasizing the importance of education, especially for psychological counselors, to prevent secondary trauma. According to the study of Adams and Riggs (2008), they were found that 35.6% of student therapists had received trauma training through a semester course or specific workshops. However, 25% of the sample reported working with trauma clients without any prior formal trauma-related training. While multivariate results showed a strong association between trauma-specific training and trauma symptoms. These findings suggest that deficits in trauma-specific training are broadly linked to vicarious trauma symptoms. The study underscores the importance of substantial trauma-specific training, such as a full semester of coursework or multiple intensive workshops, to mitigate the potential negative impact of trauma counseling on students (Adams & Riggs, 2008). Lastly, In their 1995 study, Pearlman and Mac Lan explored vicarious traumatization (VT) among trauma counselors and graduate students. The study findings revealed that individuals with a history of trauma experienced greater cognitive impairment. Participants who spent more time engaged in the field of trauma exhibited fewer disruptions in self-trust. Interestingly, less experienced individuals scored highest in these impairments, and this effect was amplified when they lacked supervision. The research underscores the importance of enhanced training in trauma therapy and the provision of adequate supervision and support for both novice and experienced trauma therapists (Pearlman & Mac Lan, 1995). As a result of symptoms linked to secondary traumatization, counselors are faced with the possibility of clinical mistakes, therapeutic conflict, countertransference problems, irritability (Trippany et al., 2004) thus, counselor impairment.

2.1.3.4. Counselor Impairment

Several factors have contributed to counselors' hesitancy in addressing impairment issues. These reasons were discussed by Kottler and Hazler (1996) special issue and remain relevant today. Psychological counselors encompass issues such as fear of retribution, denial, enabling, shame, ignorance, codependence, lack of responsibility, systemic dysfunction, hypocrisy, and professional priorities. According to this research results, these challenges can be categorized into three main themes. First, during the early stages of the counseling profession, it was not fully equipped to

address certain problematic behaviors among its members. Second, counselors lacked comprehensive and specialized knowledge about the reasons and resolutions for counselor impairment. Lastly, there is a similarity between the problems that counselors face and address with the dysfunction of their clients and the problems that frequently arise inside the counseling profession.

APA Principles of Psychologists and Code of Conduct (2017) emphasizes counselor impairment and obligations in the head of 3.06 conflict of interest. It specifies that psychologists avoid assuming professional roles when their scientific, personal, legal, professional, interests, financial, and relationships might reasonably impair their competence, objectivity, or effectiveness in fulfilling their duties as psychologists. Such actions could potentially harm or exploit the individuals or organizations with whom they have professional relationships.

Counselors bear a professional and ethical responsibility to vigilantly monitor themselves and their peers for signs of impairment. Counselor impairment occurs when a significant negative effect on a counselor's professional abilities jeopardizes client well-being or reduces the quality of care. Key areas of study related to impairment include compassion fatigue, vicarious traumatization, and burnout. These concepts primarily revolve around the exhaustion and secondary trauma inherent in the counselor-client relationship, as well as the occupational stressors commonly encountered in mental health work (Robino, 2019). The difficult things in the fact that counselors are in tendency to prioritize wellness of their clients than themselves. The self-care needs are often ignored by counselor who are trained to care for others, and they don't use the techniques prescribed for clients to themselves (O'Halloran & Linton, 2000). Additionally, the counselor could battle to maintain strength in the face of these environmental stresses, but the counselor has resources—both personal and professional—to help her deal with these pressures. Although the counselor may be impaired by both internal and external factors, the counselor's personal and professional vitality may be restored and safeguarded by individual resources (Meyer & Ponton, 2006). The recent study examined that 122 school psychological counselors were asked to ensure this resilience. The answers exhibit the needs of psychological counselors. The recent investigation analyzed the written answers given by school

psychologists. They were asked about strategies that training programs could employ to address the problem of burnout in school counseling. The qualitative analysis revealed three main themes. These are enhancing specific professional and personal skills, adjusting professional and training components, and modifying administrative policies. At the same time seven sub-themes were reported by participants. First one was the self-care that include time and stress management, effective communication with professionals from other fields, burnout recognition, mindfulness, maintaining clear work-home boundaries (i.e., avoiding taking work home), coping skills development and developing personal time. Most of the responses emphasized the significance of teaching strategies for mental/emotional and physical well-being, emphasizing the need for a balanced life (Schilling & Randolph, 2021).

2.1.4. Self-Care Strategies for Psychological Counselors

Mental health professionals frequently experience stress, burnout, and professional impairment, which can negatively affect their clinical job, self-care strategies may support therapist well-being (Posluns & Gall, 2020). Counselors should have a caring and empathetic attitude towards their clients, and it is crucial for them to extend that same care and concern towards themselves so this means that counselors must practice self-care (Nelson et al., 2018). If they do not, they may experience stress in their personal and professional lives, which can lead to burnout. Researchers, professionals, and educators have recently highlighted the importance of self-care for individuals in the counseling profession and those who are training to become counselors (Nelson et al., 2018). According to Lee and Miller (2013), the basic definition of the self-care is “caring for oneself” (p. 97). On the other hand the broader and constative definition is “ability to refill and refuel oneself in healthy ways” (Gentry 2002, p. 48). According to Dorociak and colleagues (2017), self-care is a multimodal, multilayered process of deliberate participation in techniques that promote healthy functioning and improve well-being. The social, spiritual, psychological, physical, and occupational domains are examples of these self-care dimensions. Carroll and colleagues (1999) defined the self-care as “intrapersonal work, interpersonal support, professional development and support, and physical/recreational activities” (p. 135). On the other hand, Self-care is more than just a way to treat or even avoid work-related stress, however these are

significant and relevant results that should be taken into consideration. Additionally, self-care is an empowering concept that enables practitioners to take charge of their overall health and well-being between their personal and professional lives (Lee & Miller, 2013). In a study published by researchers in 2009, 6 mental health therapists were asked the question: "Given the challenges of working with clients who have experienced serious trauma, how do you maintain your personal and professional well-being?" The study reported protective practices that reduce the risk of vicarious trauma (VT). According to this research, various dimensions of self-care were examined, and key strategies were identified. Among these strategies, supervision, training, organizational support, professional development, diversity of professional roles, social support, spiritual connection, developing awareness, active optimism, exquisite empathy, professional satisfaction, maintaining clear boundaries and holistic self-care were highlighted (Harrison & Westwood, 2009). When the research is examined in detail, it becomes evident that the strategies mental health professionals employ to protect themselves from secondary trauma, and the significance of these strategies, are clearly visible. In an another comprehensive study, researchers examined self-care practices among 358 doctoral students from APA-accredited clinical psychology programs. The findings revealed that self-care is linked to improved better self-reported and personal well-being progress during graduate training. Additionally, self-care acts as a protective buffer against stress inherent to psychology graduate training. Notably, building professional support networks and maintaining self-awareness regarding needs and reactions to stress emerged as crucial aspects of self-care for psychology students. The study suggests that graduate training programs can enhance self-care by incorporating formal education on the topic, organizing targeted seminars or workshops, and encouraging faculty to model effective self-care behaviors (Zahniser et al., 2017).

Some important research is directly emphasizing the significance of mental health professional's crisis intervention training and self-care strategies. For example, Kaul (2002) who was one of the mental health professionals to work in the field after the terrorist attack on the Pentagon, on September 11, 2001, emphasized that the need of mental health professionals who have experiences in providing continuous and long-term care after this disaster, the people who are victim of Pentagon disaster will

continue to get professional help, and in addition to all these, the mental health professionals who meet the all needs should give priority to responding their own care, training and needs.

The study of Nelson and colleagues (2018) emphasized that self-care training program is necessary for counselor education. It may be an elective course or a program, otherwise if self-care skills are not integrated into program for every student, the message is that self-care strategies is optional for counselor. At the same time, the study of Posluns and Gall (2020) has shown that self-care plays a significant role in supporting well-being among mental health practitioners. This research examines specific dimensions of self-care practice, including awareness, flexibility, balance, spirituality, social support, and physical health. This literature review results emphasize the significance of proactively integrating self-care into counseling training programs and quality reassurance processes within the mental health field. Congruently, significant research has shown that a wellness program prepared by professionals affected positively students' well-being and knowledge. The program includes various self-care strategies providing activities for the body, mind, and spirit prepared to graduate students (Wolf et al., 2014). According to the other study, a psychoeducation program was organized for healthcare workers who work in emergency clinics, pneumology, and intensive care units and directly treat COVID-19 patients with longer exposure periods or who have seen more critically ill patients and a greater rate of death during the COVID-19 period. A total of 129 sessions took place across the emergency, hospitalization, and intensive care units. On average, 7 attendees participated in each session, resulting in a total attendance of 928. The goal of the psychoeducation program was specified as bringing coping mechanisms, offering both individual and group emotional support, preventing early symptoms and offering self-care guidelines to healthcare workers. The program also provided some intervention and emotional regulation techniques, coping and self-care strategies. This program developed the ability to cope and believe in oneself among professionals, so it reduced the symptoms of anxiety and depression (Jiménez-Giménez et al., 2021). Self-care strategies have been divided into different subdimensions by different authors. For example, Lee and Miller (2013) mentioned 6 self-care dimensions, these are; professional self-care strategies, physical self-care strategies, emotional and

psychological self-care strategies, spiritual self-care strategies, social self-care strategies, and leisure self-care strategies. On the other side, According to Poluns and Gall (2020), dimensions of self-care strategies are social support, awareness, flexibility, spirituality, physical health and balance. Balance between work and personal life is the most significant concept for professionals. As a result, many professional branches of a counselor must complement and mix with their personal activity branches in order to establish and preserve a delicate balance. This will both safeguard and empower the counselor. These private branches, which range from parenting to interests, housework to travel, physical activity to relaxation, friend interaction to silent meditation, occasionally provide energy and occasionally drain it (Meyer & Ponton, 2006). Lastly, the qualitative research results of Harrison and Westwood (2009), mental health professionals adopt a comprehensive approach to self-care, recognizing its critical role in maintaining personal and professional well-being. They addressed various dimensions of self-care, including physical aspects (such as sufficient sleep, a healthy diet, and regular exercise), mental well-being (continuous education, through training, and mindfulness), emotional health (building trusting relationships, involving personal therapy, feelings positive, expressing emotions), spiritual practices (such as connecting with nature, meditation, and creating purpose), and aesthetic experiences (purposefully inviting beauty into their lives) during the study. Mental health professionals stated that integrate self-care into both their personal and professional lives, recognizing that maintaining this balance itself contributes to their overall well-being (Harrison & Westwood, 2009). According to the other study, a strength-based caregiver support program was designed for caregivers of individuals with heart failure. This experimental self-care program was implemented with 24 caregivers, alongside a control group. The program's content included topics such as self-care goal setting, whole-person assessment, life purpose, social support, and instrumental support. Participants were encouraged to set goals to reduce exposure to stress factors, enhance coping strategies, and improve nighttime sleep quality. When evaluating the outcomes of this strength-based self-care program, the results revealed that the Caregiver Support program improves the quality of life, reduces fatigue, and alleviates caregiver burden for individuals caring for people with heart failure and multiple co-morbidities (Abshire-Saylor et al., 2023).

When examining self-care strategies in Turkey, it is evident that there is limited research specifically focused on self-care practices among psychological counselors. However, there are a few resources that discuss the content and conceptual integrity of self-care. Unfortunately, there are very few practical applications that teach self-care strategies. Notably, the importance of self-care for psychological counselors is emphasized in the ethical code, particularly under the section related to maintaining the well-being of counseling candidates (Meydan & Arslan, 2021). Additionally, the Ministry of Family, Labor, and Social Services has published a guide on Psychological Resilience and Self-Care, addressing questions such as what self-care is, its purpose, and its different areas (Karabağ, 2021). Furthermore, a recent publication related to the Kahramanmaraş earthquake titled "Supporting Workers: Stressors and Self-Care Guidelines for Psychological Counselors and Guidance Teachers Providing Psychosocial Support in Disasters and Emergencies" discusses stress factors, preventive and protective measures, burnout, secondary trauma, post-traumatic growth, and self-care strategies (Erdur-Baker & Altunay-Yılmaz, 2022). However, beyond these narratives, there has been limited research on self-care practices or statistical data related to self-care in Turkey. Notably, there is a self-care course specifically designed for counseling candidates, prepared by Güler. While efforts are being made by self-care researchers in Turkey, practical applications and research remain scarce

2.1.4.1. Cognitive and Emotional Self-Care Strategies

In line with internal needs and external demands; cognitive and emotional self-care is a set of strategies that people use in their lives to make sense of their emotions, thoughts, and behaviors, to discover their potential and to regulate all of these factors (Moore, 2013; Stoewen, 2017; Sünbül, et al., 2018). Some authors have highlighted the awareness and flexibility as self-care domains. These dimensions include some significant cognitive and emotional self-care strategies such as self-reflection, effective coping skills, adaptability, cognitive reappraisal, setting and reappraisal goals, creative writing, attitude of openness, realistic self-expectation (Poluns & Gall, 2020). A significant article highlights creative writing as a beneficial method for self-care, providing counselors with a structured approach to engage in it. The article also

includes two illustrative examples of creative writing specifically aimed at promoting self-care. According to the researcher of this study, common themes often observed include hurt, despair, loneliness, and betrayal. These emotional threads weave together diverse narratives. Similar to a hidden, camouflaged tiger, vicarious experiences may remain unseen but can strike in the form of physical and psychological illness, burnout, fatigue, and depression. One effective method to transform these emotions is through a daily practice of expressive writing. Writing fosters heightened awareness and mindfulness. Mindfulness, in turn, enables recognition—the ability to breathe freely, where life's oxygen and love are fully available, untrapped, unhidden, and unfeared (Warren et al. 2010). The other study examined the awareness. Awareness appears to play a crucial role in connecting self-care and well-being. A survey of 148 mental health professionals found that awareness significantly mediates the relationship between self-care practices and overall well-being. As a result, mental health professionals are encouraged to reflect on their engagement in self-care and their beliefs surrounding it (Richards et al., 2010). Some significant self-care strategies can be listed as follows: meditating, experiences breathing exercises (Newell & MacNeil, 2010), keeping a diary, writing process or event focused essays, trekking/walking, pause technique which is silence (in a certain physical position) (Jones, 2017). drawing, doing clay (Güler, 2018) activities (Rosen & Atkins, 2014), cooking (kitchen related activities) (Thomas & Morris, 2017).

2.1.4.2. Physical Self-Care Strategies

Physical self-care strategies is defined as the set of the used to have a healthy body structure. Physical self-care strategies also develop people's overall psychological and cognitive well-being (Richards et al., 2010). Therefore, physical self-care strategies are linked and evaluated together with cognitive and emotional self-care. Some significant long-term studies show that sustainable physical self-care strategies affect the individual's life in many ways. For example, the study of Schure et al. (2008) examined over 4 years and analyzed the impact of teaching meditation, hatha yoga and qigong to counseling students who continue master's degrees. The participants took for 15-week, 3-credit stress reduction course which is mindfulness-based. Counseling students reported physically, emotionally, mentally, spiritually, and

interpersonally positive changes. They also experienced significant improvements in their therapeutic relationships and counseling skills. For 15 weeks, students learned various relaxation and body scan techniques, at the same time multidiscipline reading was provided in the course. In summary, the course program included a practical self-care kit to counseling students (Schure et al., 2008). Some significant physical self-care strategies includes physical exercises (Gerber et al., 2013), group sports (basketball, football, volleyball, etc.) or individual sports (tennis, swimming, running, diving, etc.), outdoor sports (climbing, hiking, camping etc.), sleep hygiene (Barnett et al. 2007), housework activities, relief of psychological symptoms (getting support by being aware of psychological warnings, continuity of medical processes), physical health checks (continuity of medical processes, ensuring that the values are checked at regular intervals), healthy diet, aware of the needs of body (vitamins, minerals, proteins etc.) (Harrison and Westwood 2009), meditation/ Yoga/ Body Scan (body stretching exercises) (Thériault et al.,2015), travelling/ regular holiday plans (vacation plans made at certain times to provide physical and spiritual serenity and rest), massaging, personal care (daily face, body, and hair care), interested in one of the dances styles (Thomas & Morris, 2017), garden/plants care (Richards et al., 2010; Eaves et al., 2020; Hunter & Schofield, 2006). In a study involving 197 participants, most of whom were healthcare workers, the impact of physical activities on depression and burnout was investigated. Individuals with moderate and high fitness levels experienced fewer burnout and depression symptoms compared to those with low fitness (Gerber et al., 2013). Thériault and colleagues' (2015) comprehensive study examined the responses of mental health professionals that were asked questions about how they cope with the challenges they face. According to the responses, researchers found that attaching importance to physical health and well-being (e.g., healthy lifestyle), and experiencing relaxation exercises were significant for mental health professionals. At the same time in research, Greenwood and Fleshner (2008) defined exercise as it serves as an affordable and readily available behavioral intervention. It acts therapeutically to ease symptoms of stress-related mood disorders and proactively reduces their occurrence. They emphasized that physical exercise prevents stress-related illnesses. In addition to all these, to enhance well-being, it is advisable to adhere to a consistent sleep routine and ensure sufficient rest each night (Barnett et al.

2007). Despite being ranked as the fourth most crucial self-care practice by seasoned mental health professionals, maintaining a healthy lifestyle remains essential (Thériault et al. 2015). Apart from maintaining a well-balanced diet and ensuring daily hydration, mental health professionals should engage in regular exercise (Harrison and Westwood 2009).

2.1.4.3. Spiritual Self-Care Strategies

Spiritual self-care strategies are particularly a protective factor for mental health of people (Bekelman et al., 2007). Contrary to popular belief, spirituality does not mean religious faith. The belief system is just one of the sub-components of spirituality (Perrone et al., 2006). Spiritual self-care strategies are defined as the set of used for giving meaning to people's lives, being able to determine their needs and goals, answering questions and lastly establishing connection between significant points in their lives (Irvine et al., 2019; Perrone et al., 2006; Richards et al., 2010; Moore, 2013). According to the research conducted by Anandarajah (2008), "spirituality, mind and body" are concepts that are interconnected with each other, influenced by environmental and social factors. These three concepts nourish each other. He distinguishes the three main dimensions of spirituality as cognitive, experiential, and behavioral. The cognitive dimension is evaluated in sub-dimensions such as beliefs, values, ideals, meaning-making, purpose, reality, and wisdom; the experiential dimension focuses on concepts that describe emotions such as love, compassion, sacrifice, forgiveness, communication, and relationship with others, inner strength, inner peace, support, hope, and trust. Finally, under the heading of behavioral dimension, it includes titles such as primary duties, moral obligations, daily behaviors, choices, activities in accordance with our faith, meditation, healthy eating, nature walks (Anandarajah, 2008).

Self-compassion ensures emotional resilience (Neff, 2011). Self-compassion comprises embracement that people experience feelings of inadequacy, mistakes and failure by human nature (Neff, 2011). Understanding and valuing oneself, maintaining self-communication, and thus, practicing self-compassion are directly related to self-care (Keller & Huppert, 2021). The Study has shown that self-compassion is related with healthy activities such as continuing a healthy diet, managing stress, good

sleeping and getting exercise. So self-compassion decreases psychological and physical well-being as a self-care strategies. The research study showed that it was reported that using one of the approaches related to self-care education led to significant reductions in stress levels, rumination, and trait anxiety among mental health professionals. Additionally, there was a notable increase in self-compassion and positive affect. Thus, a significant relationship is observed between self-care training for mental health professionals and increasing their self-compassion (Shapiro et.al., 2007). In this study, self-compassion is explained under the spiritual self-care strategies because according to research there are positive relationships between optimism, wisdom, life satisfaction and self-compassion (Nelson et al., 2018). Some important spiritual self-care strategies include engaging in actions that provide personal comfort (e.g. helping, being kind and compassionate), continuing to move forward without changing their feelings (e.g. hopeful, optimistic), spending time with nature (e.g. walking, camping, sitting in the park), determining their daily amount of time and allocating time for it, being able to establish a regulator with a great power believed (God, etc.), engaging in activities such as meditation/yoga/breathing exercises where they can hear their inner voice and be alone with themselves (Anandarajah, 2008), watching films/series/documentaries/videos that will increase their difference and provide new perspectives, reading books, listening to music/podcasts, doing sports (Boero et al., 2005; Richards et al., 2010). Jay Miller and colleagues' (2019) study examined the relationship between self-care, and self-compassion, and their predictive effects were explored with a sample of 831 clinical social workers. The findings revealed that self-compassion uniquely and significantly predicted both personal and professional self-care.

2.1.4.4. Relational Self-Care Strategies

Relational Self-care strategies are that the set of strategies used by people to increase healthy sharing and strengthen their relationship with people who is felt comfortable and safe (Witmer & Young, 1996). Thériault and colleagues' (2015) comprehensive study has shown that mental health professionals were asked about how they cope with the challenges they face. The one of the responses highlighted the significance of seeking emotional support from sources such as family, friends, and therapists for

mental health professionals. Creating the necessary support system (Richards et al., 2010) and strengthening these supportive relationships (Sünbül, 2018) are significant parts of self-care. Social support system is significant concept for relational self-care strategies. According to Killian (2008), social support emerged as the primary predictor of compassion satisfaction among trauma mental health professionals. According to Poluns and Gall (2020), social support system is divided into two: personal and professional support system. Personal support system includes personal psychotherapy, family and friends. Professional support system provides professional association, colleagues and advisors (Poluns & Gall, 2020). According to Myers and colleagues (2012), strong social support is associated with reduced perceived stress. Conversely, Nelson and colleagues (2001) found that lower levels of personal (e.g., family) and professional (e.g., collegial) support are connected to increased psychological distress. Some significant relational self-care strategies listed as strengthening the social support network, establishing healthy relationships, determining boundaries in relationships, spending close, satisfying, and enjoyable time with people in the social circle, participating in events such as conferences/workshops/seminars where people can socialize, spending time activities with pets (Richards et al., 2010; Stoewen, 2017; Eaves et al., 2020).

2.1.4.5. Professional Self-Care Strategies

The set of activities that an individual has done to maintain their effectiveness in their professional life with awareness and self-regulation, and to balance their work and personal life (Joyner & McClain, 2021). Competence, ethical rules, time, energy, and commitment given to the profession are important components of professional self-care. Having sufficient knowledge and skills is also crucial for mastering the field. Maintaining ethical and professional behavior along with adequate knowledge and skills is of critical importance (Joyner & McClain, 2021). Participants in the study highlighted the positive impact of supervision in reducing feelings of isolation and shame related to vicarious trauma (VT) symptoms. Many of them actively participate in peer supervision groups, which not only enhances their self-awareness and ability to self-monitor but also reinforces their dedication to implementing necessary self-care practices. At the same time Clinicians emphasized the significance of effective

training, continuous professional development, organizational support, and mentorship. These practices connect them to a professional community, reducing anxiety and feelings of isolation, and despair that can arise when clinicians bear the sole responsibility for addressing challenging and highly distressing issues (Harrison & Westwood, 2009). The framework outlines six main resources that help professionals take care of themselves: time and workload management, occupational awareness, professional social help and self-advocacy, professional growth, energy generation, and work responses. By addressing the needs recognized by these support systems and figuring out personalized self-care routines for each, one may optimize the efficient use of oneself in the work position and advance general well-being (Lee & Miller, 2013). According to Zahniser and colleagues (2017), professional support provides several advantages for clinical psychology students. These benefits include enhancing professional development, achieving a better life balance, increasing cognitive awareness, promoting flourishing, fostering positive affect, making progress in clinical and academic work, and mitigating perceived stress and negative affect. Short-term benefits include worker competency, stress reduction, and proper self-use in a professional capacity. In the long-term, the framework offers a structure that could reduce high levels of turnover, operational and structural difficulties, secondary traumatic stress, and burnout. At the same time, it encourages more efforts to be made in the areas of self-care, professional well-being, service delivery, and the sustainability of the workforce (Lee & Miller, 2013). The study of Acker (2018) investigates the connections between self-care strategies, job autonomy, role stress, and job satisfaction, as well as turnover intention. A survey of 469 social workers assessed various aspects of self-care, including professional development, support, coping strategies, and resilience. The findings indicate that self-care strategies positively impact job satisfaction and reduce turnover intention. Social workers who possess adaptive skills and function effectively in their work environment tend to experience higher job satisfaction and a decreased likelihood of planning to quit their job. In a study conducted in 2015, psychological counselors were asked about how they cope with the challenges they face by researchers. Psychological counselors emphasized the necessity of engaging in professional supervision, participating in peer supervision, finding a balance between institutional responsibilities and expectations,

participating professional development seminars, and keeping up with relevant literature on psychotherapy (Thériault et al., 2015). Some significant relational self-care strategies include determining realistic goals regarding our profession and dividing these goals into small pieces and writing them down, taking advantage of coffee and lunch breaks at work, balancing the workload, being able to provide adequate rest and relaxation after work, maintaining close connections with friends, family or community, applying for supervision, consulting with professional professionals, continuing with other self-care strategies that have adopted, getting psychological support when necessary, taking planned holidays at certain periods, spending time with children, providing peer support, making physical self-care strategies sustainable, participating in activities or training that allows to relax (yoga/meditation), participating in social events such as theatre, cinema, concerts and exhibitions, not bringing work home, making spiritual self-care strategies sustainable, planning time using reminders such as agenda, calendar, voice message, notepad, and continuing training for professional and personal development (Newell & MacNeil, 2010; Moore, 2013; Schwebel & Coster, 1998).

2.2. Strength-Based Approach

In contrast to the conventional approach of addressing individuals with a problem-focused and risk-oriented mindset, a strength-based approach aims to comprehend and enhance the inherent strengths and capabilities that have the potential to positively transform people's lives (Hammond & Zimmerman, 2012). For example, the starting point of some approaches originates from the behavioral approach, which is one of the earliest psychological perspectives and it have difficulty to explain symptoms in psychological illnesses. On the other hand, the cognitive approach is fundamentally grounded in individuals becoming aware of their intermediate and core beliefs, as well as their automatic and dysfunctional thoughts (Türkçapar & Yıldız, 2021). The mindfulness approach, based on Buddhist traditions, aims to stay in the present moment through meditation, by noticing the emotions and thoughts that arise and then letting them go, and refocusing on the breath. Terms such as present moment awareness, mindfulness, and acceptance are among the most crucial. It is generally intended to alleviate symptoms of stress, mental distress-based disorders (Bishop et

al., 2004) and chronic pain (Pardos-Gascón et al., 2021). Historically, numerous human service agencies have concentrated on gaining a deeper understanding of the biological/psychological or environmental risk elements that elevate the probability of at-risk behavior development or persistence, along with the potential implications for preventive measures. Approaches centered on deficits, issues, or individual pathologies tend to limit professionals' focus to a singular perspective of the person (Hammond & Zimmerman, 2012). Various approaches may vary in how they articulate the issue, but the majority of conventional interventions aimed at change uphold the notion that an individual requires assistance because they possess a problem – a problem that, in some manner, distinguishes them from those believed not to be experiencing the issue. Yet, when caregivers or organizations position themselves as authorities in addressing people's problems, they obstruct and confine the chance for those individuals dealing with the issue to discover the strengths and capabilities they might possess while engaging, taking control, participating, and learning (Hammond & Zimmerman, 2012; Herman-Stahl & Petersen, 1996). Besides all these, the strengths-based approach concentrates on the positive attributes of individuals that contribute to well-being, rather than zeroing in on symptoms and pathologies that lead to illness (Xie, 2013).

Strength-based self-care trainings are prepared not only for professionals working in mental health but also for other professionals working in the healthcare field. Especially, the impact of strength-based approach training on hospital employees has been found to be quite high. In parallel, a study conducted by Tse and colleagues (2016) analyzed that using a strength-based approach improved outcomes, including hospitalization rates, employment/educational attainment, and personal factors such as self-efficacy and hope. The strengths-based approach aligns with the concept of mental health recovery, emphasizing an individual's capabilities, fostering confidence for the recovery journey, and assisting them in advancing toward mental health recovery (Xie, 2013). It is crucial to recognize that the strengths-based approach does not dismiss the fact that individuals encounter problems and challenges; these issues should indeed be addressed within a comprehensive perspective. However, the key distinction lies in recognizing that the problem itself is the issue, not the individual (Hammond & Zimmerman, 2012). The field of mental health has predominantly

adhered to the medical model, emphasizing problem-solving and symptom control in addressing mental illnesses. In contrast, the strength-based approach accentuates the positive aspects of individuals. Recognizing and harnessing people's strengths can guide them toward recovery, with its emphasis on a caring and individual-centered approach, is well-placed to advocate for a strength-based approach (Xie, 2013). Adopting a strength-based system encourages looking beyond the risky behaviors and characteristics of youth and families in high-need communities to envision their potential. It provides an authentic foundation for addressing the fundamental goal of community and mental health services – empowering individuals to take control of their lives in healthy, meaningful, and sustainable ways (Hammond & Zimmerman, 2012).

The strength-based approach is not only adopted in the field of self-care but also in various other areas. For example, according to Anderson (2005), engaging in strengths-based education entails educators purposefully and systematically exploring their own talents. They develop and apply these strengths to stay updated in their fields, enhance teaching methods, design and implement curriculum, and establish programmatic activities. This approach aims to assist students in discovering their talents, developing and applying strengths, acquiring substantive knowledge, gaining academic skills, honing thinking and problem-solving skills, and demonstrating excellence in educational settings. A significant study measuring the effectiveness of a strength-based self-care program was recently conducted by Jones in 2017. Upon examining another study that complements the current research, it is evident that a 12-week strength-based self-care program was developed and implemented specifically for oncology nurses. The program includes activities integral to self-care, such as storytelling, nature-walking, deep listening, action planning, meditation. After the 12-week intervention, participants reported having fully learned and understood self-care principles, expressing their intention to apply what they learned. Given its effectiveness among healthcare professionals, the researcher suggests that this program could be integrated into various other professions as well (Jones, 2017).

2.3. Summary

Based on reviews of the literature, psychological counselors have been evaluated in terms of their work areas, qualifications, competencies, and the challenges they face in the field. Additionally, the process of psychological counseling has been addressed in terms of ethical and legal issues. Specifically, among the challenges faced by trauma counselors working in the field, the most common ones are compassion fatigue, burnout, and secondary trauma. Furthermore, preventive measures to address the difficulties experienced by psychological counselors have been emphasized. Studies covering various professional fields indicate that comprehensive training for professionals is a preventive factor. The effectiveness of self-care training has been demonstrated through research. However, self-care training specifically designed for psychological counselors is considered necessary but insufficient. Researchers in the field recommend the development and evaluation of self-care training tailored to psychological counselors, considering new approaches. So far, almost all self-care training programs for psychological counselors have been based on Mindfulness and Cognitive Behavioral Therapy approaches. There is a need for self-care training grounded in different approaches. Especially in Turkey, there is no self-care training programs specifically designed for mental health workers. The most comprehensive example of this is the self-care course developed for psychological counselors in 2018. However, despite being prepared at the undergraduate level, this course has not been included in the curriculum. Therefore, self-care education remains a necessity, particularly for mental health professionals in Turkey. In this context, a self-care psychoeducation program was developed and implemented for trauma counselors to make self-care education more accessible and teach self-care practices to psychological counselors. Additionally, a strength-based approach, which had not been previously integrated into self-care psychoeducation in Turkey, was utilized. Furthermore, a self-care model based on the strength-based approach was developed and presented. As a result, in a country prone to disasters and crises like Turkey, a strength-based self-care psychoeducation program has emerged as a necessity to help maintain balance in the lives of working psychological counselors.

CHAPTER 3

METHOD

In this chapter, the research design, the characteristics of the sample and their recruitment for both the needs analysis and the psychoeducation group, the development and psychometric properties of instruments, and the training program are presented.

3.1. Research Design

This study is designed to develop and examine the effectiveness of a seven-session psycho-educational training program involving awareness, knowledge, and behavioral aspects of self-care strategies for trauma counselors. For this purpose, a needs analysis (Study 1) was conducted then a psychoeducation program was developed and implemented (Study 2). A single-group pre-test post-test design which is one of the experimental between-group designs was utilized to test the effectiveness of the psychoeducation program (Fraenkel et al., 2012). In single-group pre-test/post-test experimental design an intervention is applied to one group and pre- and post-intervention measurements are taken (Fraenkel et al., 2012). In this study, psychoeducation was given to a single group, and pre-post measurements were conducted through quantitative and qualitative methods. Qualitative measurement tools were used to measure the effectiveness of each session separately. The reason for this is that the researcher addressed different dimensions of self-care in each session, and there is no separate and detailed measurement tool for self-care dimensions in Turkey. Existing measurement tools focus on well-being measurement, but it is known that other factors also influence well-being. The second reason is that session content was prepared experientially rather than theoretically. Participants experienced different dimensions of self-care through the activities they engaged in. Qualitative questions were prepared to gain an in-depth understanding of the psychological, cognitive, and behavioral self-care strategies experienced by

participants. Additionally, as with the first question in the pre-and post-test, self-care strategies and definitions are personalized.

3.2. Participants

In this section sampling methods and demographics of participants are presented for both Study 1 and Study 2.

3.2.1. Study 1: Needs Analysis

Participants of needs analysis study were determined through purposive and snowball sampling. The inclusion criteria were defined as being a psychological counselor and having experience in the field of trauma. However, finding participants who met these criteria through randomization was not possible. Therefore, participants were found by asking one participant to suggest another colleague or friend. Then needs analysis was conducted with eleven trauma counselors. Demographics of participants for Study 1 are given in Table 1.

Table 1 Demographics of Participants in Needs Analysis

		N
Gender	Female	8
	Male	3
Age	25-30	6
	31-60	5
Educational Level	Undergraduate	5
	Master's degree	5
	Doctorate	1
Workspace	Working in Private Institutions	5
	Working in State Institutions	5
	Retired	1
	1-5	6

Year of experience	6-10	1
	11-20	3
	21-40	1
Specialty age group	Child	5
	Adolescent	5
	Adult	9

3.2.1.1. Detailed Descriptions of the Participants

During the process of collecting data, the researcher took notes about participants. To ensure anonymity, all participants were assigned a number (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11).

#P1

The first participant is a 42-year old woman. She has a master's degree. She works at an Anatolian High School affiliated with the Ministry of National Education. She has been active in the field for 20 years. She works with adults and adolescents. After gathering her master's degree, she received trainings such as Cognitive Behavioral Therapy and EMDR. She is currently working intensively on complex trauma and earthquake trauma.

#P2

The second participant is a 26-year old male who has a master's degree. He works as a psychological counselor at a district governorship. He has been working actively in the field for 3 years. At the same time he is working with disadvantaged groups. He started to work in a private school in the early years of his profession. He specified that he works on grief and loss, childhood traumas, and abuse.

#P3

The third participant is a 58-year old woman. She is currently retired and has been active in the field for 27 years. She works with children, adolescents, and adults. The participant was working at the Ministry of National Education Special Education and Counseling Services General Directorate during the 1999 earthquake.

#P4

The fourth participant is 36 years old woman with a master's degree. She works at a state school. She has been active in the field for 11 years and works with adolescents and adults. She has received Cognitive Behavioral Therapy training. She has worked more on sexual harassment.

#P5

The fifth participant is a 29-year old woman. She works at a private Anatolian High School. She has been active in the field for 4 years. She works with adolescents. She has encountered some suicide attempts in her professional life. She has experienced the earthquake and also, she worked on trauma in these areas.

#P6

The sixth participant is a 32-year old male with a master's degree. He works at the Ministry of National Education and has been active in the field for 10 years. He works with adults. He has been working on trauma for a long time. He started with conflict trauma. He completed his master's thesis on families in conflict zones. Then he worked with refugees in places like Kilis, Antep, Urfa, Mardin, and Batman. He also works on sexual trauma individually.

#P7

The seventh participant is a 25-year old woman who is currently pursuing her master's degree. She works at Tarde/Affan. She has been active in the field for 3 years. She provides individual counseling for children and adults. She is currently working only in the project area. She stated that she works on childhood sexual traumas, and phobias.

#P8

The eighth participant is a 27-year old woman. She works at a private psychological counseling center. She has been active in the field for 2.5 years and works with children. She has worked with traumatized children through experiential play therapy. During this process, she receives information from the child from birth because according to her the adventure begins in the mother's womb, and traumas can also begin at that time. She stated that these traumas can be birth traumas or earthquake traumas.

#P9

The ninth participant is a 27-year old male who has a master's degree. He works at the Turkish Health Institutes Presidency. He has been active in the field for 1.5 years and works with children, adolescents, and adults. Currently, he is working with primary trauma in the earthquake zone. During this process, he also works with grief. He works with children who are affected by the process, even if they are not primarily affected by the earthquake.

#P10

The tenth participant is a 28-year old woman with a master's degree who is a graduate and works at a private primary school. She has been active in the field for 5 years and works with children and adults. Grief counseling has become an area she works on a lot. She stated that she has had many students who have lost their parents in the last two years. She emphasized that she feels quite responsible about this. She also stated that she provides a lot of support to the remaining parent. During the earthquake days, she tried to continue the psychological counseling process remotely. She had clients affected by the earthquake. She worked with them via Zoom.

#P11

The eleventh participant is a 36-year old woman who has a PhD and works as a Doctoral Instructor at a university in Ankara. She has been active in the field for 14

years and works with adults. She stated that she conducts her work more academically or provides more supervision. She also stated that she works with clients who have experienced loss. She emphasized that she participated in the school strengthening project after the February 6th earthquake.

3.2.2. Study 2: Psycho-education Program

The experimental study sample was selected by using purposive sampling method. The inclusion criteria were identified as being a psychological counselor and having experience in the field of trauma. The Turkish Psychological Counselor and Guidance Association announced for a psychoeducation program on their social media platforms. For three weeks applications were received through a demographic information form and then interviews were conducted with the candidates. Then 17 participants who met the inclusion criteria were assigned to the psychoeducation program. Demographics of participants in Study 2 are given in Table 2.

Table 2 Demographic Information of Participants in Psychoeducation Program

		N
Gender	Female	14
	Male	4
	Other	0
Age	20-25	6
	26-30	7
	31-60	5
Education Level	Undergraduate	15
	Master's degree	3
Workspace	Working in Private Institutions	11
	Working in State Institutions	7

Year of Experience	0-5	11
	6-10	3
	11-20	1
	21-40	3
Specialty Age Group	Child	12
	Adult	7
	Adolescent	11

3.2.2.1. Detailed Descriptions of the Participants

While collecting data, the researcher took notes on the participants. To maintain anonymity, each participant was assigned a unique number (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P17, P18).

Table 3 Demographic Information of Participants in Psychoeducation Program

Participant	Gender	Age	Educational Level	Workspace	Year of experience	Specialty age group
P1	Female	24	Bachelor's Degree	Freelance	3	Adolescents
P2	Male	51	Bachelor's Degree	Working in State Institution	24	Children and Parents
P3	Female	28	Bachelor's Degree	Working in Private Institution	4	Children

P4	Female	29	Bachelor's Degree	Working in State Institution	6	Children
P5	Female	24	Bachelor's Degree	Working in Private Institution	3	Children, Adolescent
P6	Female	39	Bachelor's Degree	Working in State Institution	16	Children, Adolescent
P7	Female	27	Bachelor's Degree	Working in Private Institution	1	Children, Adolescent
P8	Female	29	Bachelor's Degree	Working in Private Institution	5	Children, Adolescent
P9	Female	27	Bachelor's Degree	Freelance	1	Children, Adolescent, Adult
P10	Female	52	Bachelor's Degree	Working in State Institution	30	Children, Adolescent, Adult
P11	Female	32	Bachelor's Degree	Working in State Institution	9	Children, Adult
P12	Female	19	4. Grade Student of GPC	Intern	-	-

P13	Female	46	Master's Degree	Working in State Institution	25	Children, Adolescent
P14	Male	30	Master's Degree	Working in Private Institution	8	Adolescent, Adult
P15	Female	22	Master's Degree	Working in Private Institution	1	Adolescent, Adult
P16	Male	23	4. Grade Student of GPC	Intern	-	-
P17	Male	29	Bachelor's Degree	Freelance	4	Adult

#P18

The last participant moved to Istanbul so, she didn't continue psychoeducation program after the first three sessions.

3.3. Instruments

Details on the instruments used for the present study are provided in this section. In Study 1, an interview protocol and the demographic information form for needs analysis are presented. Then in Study 2 the psychoeducation program and interview protocol were used for the effectiveness analyses of the psychoeducation program are presented.

3.3.1. Instruments of Needs Analysis (Study 1)

At the beginning of the needs analysis a demographic information form (Appendix B) was provided. There are seven questions about participants' gender, age, education

level, place of work, duration of work in the field, and working group (child, adolescent or adult, etc.). The last question was related to whether the counselor had experience on trauma counseling. For the needs analysis (Study 1) a protocol was developed (Appendix C). The researcher developed questions about participants' prior experiences in the field of trauma, the types of traumas they work with, whether they exhibit secondary trauma symptoms, their knowledge of self-care skills, and which dimensions of self-care strategies they apply in their lives. Three experts and one practitioner in the field of trauma counseling and two researchers on self-care and qualitative study screened the protocol to ensure validity, ease of reading or comprehension. Then, a pilot study was conducted with 2 participants. Lastly, the protocol was revised according to suggestions of participants of the pilot study. Lastly, the semi-structured interviews were conducted with the protocol including 6 open-ended questions with three to six probes for each main question.

3.3.2. Instruments of Psychoeducation Program (Study 2)

In this section, the development and implementation of psychoeducation program and the instruments of effectiveness analysis are presented.

3.3.2.1 Development of the psychoeducation program

A Strength-Based Self-Care Psychoeducation Program (Appendix D) was developed in accordance with relevant literature and results of the needs analysis. Firstly, learning outcomes were determined. Then, the learning outcomes were categorized, and the number of sessions was decided. Lastly, the content of each session was determined according to the learning outcomes. The program was designed as seven sessions, and all sessions consisted of two parts. In the introductory part in each session, the researcher presented the content of related self-care domain. A participant-centered approach was followed to include both hands on and physical activities in second part of each session. The first session included an introduction of the self-care concept and warming-up, session rules, and a summary content of the whole program. Between the second and sixth sessions the topics of cognitive and psychological, physical spiritual, relational and professional self-care strategies were covered. After the development of the psychoeducation program, opinions were obtained from

experts. Also, the training was developed under the co-supervision of the program development specialist. Suggested changes were incorporated into the sessions. Presentations (Appendix E), activity sheets (Appendix F), and flyers (Appendix G), were prepared for the program. Special materials for each session were developed.

The psychoeducation program started on November 25th and continued for seven weeks, two hours per week, with a total duration of 21 hours. The program was conducted face-to-face at Ted University. On the first day of the psychoeducation program, participants were asked to fill out the consent forms, and the pre-test was conducted. At the end of each session throughout seven weeks, session journals were filled out by the participants. At the end of the program, the post-test was administered. The summaries of each session are presented in Table 4.

Table 4 Summary of Sessions

Sessions	Theme	Goals	Outcomes (At the end of the session, participants will be able to…)
Session 1	Introduction to self-care and practices	Taking basic steps to create group dynamics and defining self-care/dimensions	• Define self-care in their own words. • List types/dimensions of self-care strategies/skills.
Session 2	Cognitive and Emotional Self-Care Strategies for Psychological Counselors	Recognizing the importance of cognitive and emotional self-care strategies and creating own self-care plan	• Define the cognitive and emotional self-care. • List cognitive and emotional self-care strategies • Create their cognitive and emotional self-care plan • Define their cognitive and emotional strengths
Session 3	Physical Self-Care Strategies for	Identifying the importance of physical self-care strategies and experiencing one of	• Define the physical self-care. • List the physical self-care strategies.

	Psychological Counselors	the physical self-care strategies	• Practice progressive muscle relaxation.
Session 4	Spiritual Self-Care Strategies for Psychological Counselors	Recognizing the significance of spiritual self-care strategies	• Define the spiritual self-care. • List the spiritual self-care strategies. • Define the kindness and self-compassion.
Session 5	Relational Self-Care Strategies for Psychological Counselors	Identifying the importance of relational self-care strategies	• Define the relational self-care. • List the relational self-care strategies.
Session 6	Professional Self-Care Strategies for Psychological Counselors	Recognizing the significance of professional self-care strategies	• Define the professional self-care. • List the professional self-care strategies. • Specify the short- and long-term goals.
Session 7	Termination	Evaluating the all self- care strategies training process	• Define all dimensions of self-care. • Evaluate all sessions of psychoeducation program.

Visuals of the hands-on activities in the sessions are shown in Figure 1 and 2.



Figure 1 Visuals of the Hands-on Activities



Figure 2 Visuals of the Hands-on Activities

3.3.2.2. Self-Assessment Questionnaire

This measure was developed as a pretest-posttest questionnaire by the researcher. The Self-Assessment Questionnaire consists of two open-ended questions: What do you think self-care is? Can you list the self-care strategies you know? (Appendix H)

3.3.2.3. Session Journal Questionnaires

The Session Journal Questionnaires (Appendix I) were developed to measure the effectiveness of each session of the psychoeducation program. Seven different journal entries were developed for each session. At the end of the sessions, these instruments were applied by the researcher. Session Journal Questionnaires are presented in Table 5.

Table 5 Descriptive Table of the Session Journal Questionnaire

	ITEMS
Session 1 (Introduction to Self-care and Practices)	1. What did you learn today that you didn't know before? 2. What are your experiences from this session? 1. Can you share your thoughts? 2. Can you share your feelings?
Session 2 (Cognitive and Emotional Self-Care Strategies for Psychological Counselors)	1. If you happened to run into a friend after going out today, what would you like to tell them about the session? 2. After the session, which cognitive and emotional self-care strategies would you consider adding to incorporate into your daily routine?
Session 3 (Physical Self-Care Strategies for Psychological Counselors)	1. Please write down the physical self-care activities that you regularly engage in but are not mentioned here? 2. Write down the physical self-care activities that you don't currently do, but would like to incorporate into your life? 3. What would you say to your client about relaxation exercises? What are your suggestions?
	A case is presented: A 30-year-old female doctor is seeking advice. She is married and has one child. She expresses that she started her profession with great

Session 4 (Spiritual Self-Care Strategies for Psychological Counselors)	enthusiasm. However, lately, she no longer enjoys her work, struggles to focus on her patients, and feels deeply affected by the losses she encounters. She asks questions, "What is life? Why must we continue? In the past, the intensity of my work used to bring me joy. Now, I feel lost in all of this. Why are we constantly rushing? What is the meaning behind all our actions? 1. Which spiritual self-care strategies would you recommend to the client? 2. Why?
Session 5 (Relational Self-Care Strategies for Psychological Counselors)	1. How did you feel when you looked at your relationships from a distance? 2. What did you notice in your relationships, and what would you like to change?
Session 6 (Professional Self-Care Strategies for Psychological Counselors)	1. After leaving here today, you run into a friend. What would you tell them about the session? 2. What was the most dominant emotion that you felt today?
Session 7 (Termination)	1. What did you learn today? 2. Can you share your feelings and thoughts about the session?

3.3.2.4. The Psycho-education Program Demographic Information Form

In the Psycho-education Program Demographic Information Form (Appendix J), there are eight questions asking participants' gender, age, education level, place of work, duration of work in the field, duration of work as a trauma counselor, self-care strategies training, and knowledge about self-care strategies.

3.4. Procedure

Before the intervention process, the protocol of the needs analysis was prepared in order to specify the needs in the field and permission from the Ted University Human Subjects Ethics Committee (Appendix A) was obtained. The researcher announced the interviews and searched for psychological counselors who work in the field of trauma to participate via social media platforms (Appendix K). Then, the Need Analysis

Demographic Questionnaire was shared via a survey link designed with Google Documents. After that, the needs analysis interview was performed with psychological counselors who met the criteria. According to the results of the needs analysis, a self-care strategies psycho-education program was developed, and the Ted University Human Subjects Ethics Committee was obtained for the implementation of the program. A poster was prepared with announcement text (Appendix L) and the Psychoeducation Program Demographic Questionnaire. The Turkish Psychological Counselor and Guidance Association made an announcement via social media platforms for a psychoeducation program for three weeks. The applications were completed on November 20th. One week before the training, a message was sent with information about the psychoeducation program to participants via email. Participants who came before starting the psychoeducation program were given an Informed Consent Form (Appendix M). Lastly, a seven-week psychoeducation program was conducted and in the first and last sessions, pre-test and post-test measures were conducted.

3.5. Description of Variables

- **Self-Care:** How effectively a person can take care of themselves while balancing their life roles, which can involve a person's ability to distinguish between their personal and professional lives (Arcuri Sanders et al., 2020).
- **Strength-Based Self-Care Psychoeducation Program:** It is a 7-session psychoeducation program designed with a strength-based approach to teach self-care strategies to trauma psychological counselors.

3.6. Data Analysis Procedure

In order to design a psychoeducation program on self-care strategies for trauma counselors, in depth interviews were conducted. The data obtained from this part of the study was analyzed qualitatively. After that, in order to assess the effectiveness of the seven-session psycho-educational psychological counselor training program concerning self-care strategies, development on awareness, knowledge, skills, views and competency about the balance between their professional and personal life, and self-care strategies, self-assessment forms (pre-posttest), journals of participants and

leader (for each session) were used. Primarily, the qualitative method was used in this study. The analysis of pre and post-test second questions' results was also quantitative. The changes in the number or self-care strategies reported by the participants were analyzed through Wilcoxon test which is one of the non-parametric test since the number of participants were smaller than 30. According to content analysis process, data reduction plays a crucial role in understanding narrative records. Researchers follow specific criteria to code behaviors, often categorizing them. When examining archival records, content analysis involves three key steps: determining a relevant source, sampling sections from that source, and coding the units of analysis (Shaughnessy et al., 2012). Observational studies that utilize comprehensive narrative records or archival materials yield a wealth of information, including stacks of papers, video recordings, and audio files. Once researchers collect this data, they face the challenge of summarizing it effectively. Data reduction involves abstracting and summarizing behavioral data. During qualitative data analysis, researchers aim to provide a verbal summary of their observations and develop theories that explain behavior within these narratives. In this context, data reduction refers to researchers verbally summarizing information, recognizing recurring themes, categorizing, and grouping relevant data, and documenting their own observations regarding the narrative records (Shaughnessy et al., 2012; Miles & Huberman, 1994; Strauss & Corbin, 1990). In simpler terms, data reduction frequently includes coding, where researchers identify specific units of behavior or events based on particular criteria that align with the study's objectives (Shaughnessy et al., 2012). In the context of qualitative content analysis, the focus lies on distinctive themes that reveal the full spectrum of meanings associated with a phenomenon. Rather than emphasizing the statistical significance of specific texts or concepts, this approach delves into the richness and depth of understanding within the data (Zhang & Wildemuth, 2009). There were some significant steps for process of qualitative content analysis. Firstly, data was prepared. All written texts (journals) were put together. Secondly, the unit of analysis was defined. Thirdly, the categories and a coding scheme was developed by researcher. Then, the coding scheme was tested on a sample of text. After the testing, all the text was coded. After the coding all text, the coding consistency was assessed by two coders. Another step of process is drawing conclusions from the coded data.

During this stage, researcher analyzed the themes or categories that have been identified and explored their properties and lastly all findings were reported (Zhang & Wildemuth, 2009).

3.6.1. Trustworthiness

Trustworthiness in research represents a shared reality, albeit subjective, where both readers and writers discover common ground in their constructive endeavors (Stahl & King, 2020). In the traditional positivist research paradigm, researchers employ three key criteria to assess the quality of their work: validity, reliability, and objectivity (Zhang & Wildemuth, 2009). There are four essential criteria for assessing interpretive research. These are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility poses the question: "How well do the findings align with reality?" This inquiry is inherently subjective, relying on individual judgments. In qualitative research, assessing the congruence of findings is akin to examining internal validity in quantitative research. Essentially, we seek to understand how the reported ideas "fit together" and share relationships. Unlike quantitative studies, where uniformity is expected, credibility in qualitative research is a construct shaped by both the researchers and subsequent readers (Stahl & King, 2020). At the same time, enhancing the credibility of qualitative content analysis involves not only devising effective data collection methods to capture accurate representations but also establishing transparent procedures for coding and deriving conclusions from the raw data (Zhang & Wildemuth, 2009). In this study to ensure credibility all results, data, and explanations obtained in the research were confirmed by the participants. Additionally, the opinions and suggestions of the participants were included at the end of the psychoeducation program. Furthermore, considering the effectiveness of the observation period during data collection, it should be emphasized that the training sessions lasted an average of two hours per week.

The quality of the collected data improved proportionally with the duration. Transferability pertains to how well a researcher's working hypothesis can be extended to other contexts. Rather than offering a specific transferability index, the

researcher's responsibility lies in providing comprehensive data sets and detailed descriptions. These rich resources enable other researchers to assess the applicability of the findings across diverse settings or contexts (Zhang & Wildemuth, 2009). Like quantitative research, qualitative inquiry seeks to deepen understanding by extrapolating findings from one context to another. However, in qualitative research, transferability is not a fixed formula; rather, it serves as a suggestion that requires exploration for its relevance in novel contexts (Stahl & King, 2020). Transferability corresponds to generalizability in quantitative studies. In this study, to ensure transferability, the research was primarily conducted through purposive sampling. Transferability was enhanced by focusing solely on trauma-experienced psychological counselors in the field. Additionally, the data collection involved a group of 17 participants, making the number of collected data points crucial. During the seven-session psychoeducation, data were gathered through daily journals at the end of each session. Furthermore, the data count was maximized by including pre- and post-tests. Considering the importance of both the number of interviews and interview duration, 15 minutes were allocated exclusively for journal completion at the end of each session. Throughout the psychoeducation period, activities conducted, prepared documents, and captured visuals were archived to support the findings and presented as examples in the study. Additionally, to enhance transferability, the researcher recorded session-specific journals after each session, allowing for documentation of gaps and effective practices in the research.

Dependability is the internal process's coherence and the researcher's adaptation to changing conditions within the phenomena (Bradley, 1993). Peer debriefing or peer scrutiny are effective communication practices that foster trust. When another researcher reviews and responds to field notes, including the researcher's interpretations, it serves as a validation, contributing to an unspoken understanding within the research process (Stahl & King, 2020). One of the most important aspects of dependability is in coding, where all three experts who perform coding present similar codes. In the present study, the information provided, or the results were confirmed. In other words, the research findings were clearly linked to the data. Additionally, considering the capacity of data for code, theme, and sub-theme

generation, it can be argued that the acquired data were of high quality due to their breadth and comprehensiveness.

According to Bradley (1993), confirmability refers to the degree to which other readers or reviewers can validate the data characteristics as proposed by the researcher in their research findings. To ensure dependability and confirmability, researchers primarily rely on audits of their research processes and findings. Dependability is assessed by examining the consistency of study procedures, while confirmability involves evaluating the internal coherence of the research output, including data, findings, interpretations, and recommendations (Zhang & Wildemuth, 2009). The concept of conformability, which is one of the most critical criteria for verifiability, is highly valued by researchers. From the data collection process to analysis, all stages were meticulously recorded in an unbiased manner. Additionally, before implementing the psychoeducation content, it was reviewed and approved by two separate professionals, ensuring expert input. Furthermore, during the writing phase of this study, all research strategies were meticulously explained step by step. The process and results were clearly articulated. Moreover, the findings were compared with the literature presented in the discussion section. For coding security, two independent experts provided support. Alongside the researcher, these two experts conducted coding and compared the results. The coding consistency exceeded 70%, as desired. Lastly, the researcher placed significant emphasis on methodological rigor. The research design, methods, and techniques employed were aligned harmoniously with the research topic and its implementation. It is inherently fitting.

3.7. Limitations of the Study

There are some significant limitations of this study. The result concerning the effectiveness of the program is limited with the contribution of the participants (N=17). The participants were from Ankara and neighboring settlements. According to “A Counselor’s Guide to the Dissertation Process” book of ACA, one of the common limitations of the qualitative research is about generalizability (Flamez et al., 2017). By the nature of qualitative research, the pre-posttest results of psychoeducation program were analyzed using qualitative methods. Lastly, there are also some threats to internal validity. For example, the *history* effect was one of them.

History means that is factors of the participants' development such as school, family, friends, or work. According to the researchers, experiences of school, a television program, an article, or term paper might have affected the development of participants (Heppner et al., 2008). In other words, there was no way to determine reasons of the development of participants. During the course of the psycho-education program, some participants became friends with each other. Therefore, the history effect was inevitable. The other threat was *maturation.* Participants' normal developmental changes might have affected the result of the study. Participants may have experienced individual development based on their personal experiences related to the topic, the books they read, the training or seminars they attended, and the programs they watched, which may have been reflected in psychoeducation outcomes. Lastly, another drawback of this research design is that researchers might notice what they anticipated and ignore data that contradicts their expectations (Heppner et al., 2008). In this study, the researcher and practitioner are the same person. Therefore, a bias may have occurred. To prevent this, no communication was established with participants outside of the training, and negative results or experiences were reported exactly in the findings section.

3.8. Researcher Reflexivity

Researcher, Aslıhan Cingirit has two different roles in this study, as the leader of the self-care strategies psycho-education program for counselors and the researcher who conducts this master's thesis study. The researcher graduated from the Guidance and Psychological Counseling Undergraduate Program at Ted University in 2019. In the same year, she started working as a psychological counselor at a private kindergarten, then worked at another private educational institution at middle school level, and finally she moved in the high school level at a private educational institution where she's still working. During this process, she started to her master's degree in the Guidance and Psychological Counseling Program at Ted University in September 2022. She has also received many trainings such as play therapy and cognitive behavioral therapy. In addition to working in special education institutions, she continued her own personal therapy sessions. The researcher has determined her expertise in the field of trauma. She also has experience on child and adolescent

counseling, parental counseling in both individual and group contexts. She has designed and applied many seminars, workshops, focus group discussions, and psycho-education programs for parents and children on different topics in the schools.

The starting point of this study was the time the researcher went to Elbistan tent city as a volunteer after the Kahramanmaraş earthquake on February 6th. The researcher observed that she experienced secondary trauma symptoms despite working in the field of trauma due to the difficult conditions and negative stories she was exposed to. After returning to Ankara, she received professional support due to symptoms that continued for a long time. Also, she observed that many mental health workers had the same experienced. Then she realized that there is no protective, preventive or remedial training for mental health workers in the trauma field. Thus, counselors attend disaster zones without having self-care strategies. She started studying on this significant topic with her awareness and needs in line. Consequently, she designed a seven-week psychoeducation program along with a model to teach self-care strategies for trauma counselors.

3.9. Context of Psychoeducation Program

The implementation of the psycho-education program and the collection of data process was carried through eight weeks in the pedagogy laboratory numbered D 126 located in the Faculty of Education at Ted University (Figure 3). Before starting the psychoeducation program, the study place was changed from Multipurpose Hall located at Ted University to the pedagogy laboratory, since the hall was too big for such a training. The participants were informed of this room change one week prior to the training.

The pedagogy lab provided a convenient area for dynamic and practical activities, where participants could see each other's faces, enhancing interaction among the participants. In this context, the pedagogy laboratory was reserved every Saturday between 16.30 and 18.30. The lab has white walls, large windows, and is designed for "U" shape seating with 25 wooden desks and chairs, and 2 large round tables prepared for group work in the back, with a total of 20 chairs, as well as cupboards involving tools and materials used for pedagogy courses. On the other hand, there is a smart

board with two separate boards suitable for writing with both chalk and marker pens and lastly, there is a wide computer screen for presentations. The central area is suitable for dynamic activities.



Figure 3 Visual of Pedagogy Laboratory

CHAPTER 4

RESULTS

4.1. Results of Study 1: Needs Analysis

The content analysis conducted revealed four main themes and related sub-themes. These themes are as follows: (1) secondary traumatization reactions, (2) implemented self-care strategies, (3) self-care strategies participants intend to implement (4) opinions on self-care strategy psychoeducation program. The themes and sub-themes of need analysis are detailed in Table 6.

Table 6 Themes and Subthemes of Need Analysis

THEMES	SUB-THEMES
THEME 1: Secondary Traumatization Reactions	1. Physical Responses 2. Emotional Responses 3. Cognitive Responses 4. Behavioral Responses
THEME 2: Implemented Self-Care Strategies	1. Physical Self Care Strategies 2. Cognitive and Emotional Self Care Strategies 3. Spiritual Self Care Strategies 4. Relational Self Care Strategies 5. Professional Self Care Strategies
THEME 3: Self Care Strategies Participants Intend to Implement	1. Physical Self Care Strategies 2. Cognitive and Emotional Self Care Strategies 3. Spiritual Self Care Strategies 4. Relational Self Care Strategies 5. Professional Self Care Strategies
THEME 4: Opinions on Self Care Strategy Psychoeducation Program	1. Opinions in Favor of the Necessity of the Self Care Psychoeducation Program

2. Opinions against the Necessity of the Self Care Psychoeducation Program

4.1.1. Secondary Traumatization Reactions

Participants talked about their physical, emotional, cognitive, and behavioral secondary trauma responses.

4.1.1.1. Physical Responses:

Most of the participants mentioned sleep disturbances as a physical response. Some of the participants explained their sleeping disturbances with these given expressions:

"When I first started working, I slept with the lights on every night for a week. I couldn't sleep, actually…" [İlk çalıştığımda, bir hafta boyunca her gece ışıklar açık uyudum. Uyuyamadım daha doğrusu…] (P4)

"I actually had some problems with sleep for a while. There was a state of early awakening." [Aslında uyku ile ilgili yaşadığım problemler oldu bir süre. Erken uyanma hali mevcuttu.] (P7)

4.1.1.2. Emotional Responses: Participants mentioned anxiety, desensitization, mood variability, guilt, hopelessness, pessimism, feeling of crying for no reason, unhappiness and fear as emotional secondary traumatization responses. Almost half of the participants talked about the anxiety they experienced at certain points in their lives. Most of the participants expressed their anxiety as follows;

"…Could something happen at any moment? Does someone need me? I don't know, of course this was considered normal during that process, but the most important thing I experienced during that process was actually this." […Her an bir şey olabilir mi? Birinin bana ihtiyacı olur mu gibi. Bilmiyorum, tabi bu

o süreçte normal olarak karşılandı ama o süreçte yaşadığım en önemli şey şuydu aslında.] (P10)

"…for example, lately I have noticed this in myself as a delayed trauma symptom for a week or 10 days; when I go to bed at night, I wonder if there will be an earthquake. I feel like there will be a very severe earthquake. I have this kind of earthquake trauma, but when I work with more complex trauma, such as violence, abuse, or something like that, I sometimes have difficulty getting out of the emotional atmosphere of the event." […mesela son zamanlarda gecikmiş travma belirtisi olarak bir hafta 10 gündür şunu fark ediyorum kendimde; gece yattığım zaman acaba deprem olur mu? Yani çok şiddetli bir deprem olacakmış gibi hissediyorum. Deprem travmasıyla ilgili böyle ama daha karmaşık travma çalıştığımda çok ağır mesela şiddet, taciz ya da buna benzer bir şey çalıştığımda olayın duygusal atmosferinden bazen kolay çıkamıyorum.] (P1)

They explain their anxiety situations after the experiences they had or the stories they were exposed to. One of the participants talked about his/her repetitive behaviors like checking the phone constantly as behavioral evidence to his/her anxiety.

Some of the participants stated that they began to become desensitized to the negative stories they were constantly exposed to. One of the participants expressed this as follows;

"As I tell, it starts to become normal for me. This happened like this too, when you turn someone from the street and tell them, how do you react to the cases you see? Like, can it be done? While giving reactions like this, think of us as medical professionals now; you say to the doctor, how do you enter this operation, or I can't stand to see blood, I can't do this. You start to normalize this too. When the other side says that they were abused after heroin, it starts to become like I went to get water from the toilet, I'm cooking in the kitchen." [Anlata anlata bu bende normalleşmeye başladı. Bu da şöyle oldu, normalde sokaktan çevirdiğini ve anlattığınızda karşıdaki gördüğünüz vakalara ya nasıl? Ya yapılır mı? Gibi tepkiler verirken, artık bizim için tıptakiler gibi düşünün; şu operasyona nasıl giriyorsun diyorsun doktora, ya ben yapamam bunu kan

görmeye dayanamam diyorsun. Bu da aynı şekilde normalleştirmeye başlıyorsun. Karşı taraf eroin sonrası istismara uğradım deyince sanki tuvaletten su almaya gittim, mutfakta yemek yapıyorum gibi bir hal almaya başlıyor.] (P2)

Another reaction to negative stories told or experienced was found to be sudden changes in the emotional states of psychological counselors. One of the participants emphasized the sudden emotional transitions they experienced with the following words;

> "So, even though we are experienced in this, sometimes we really get stuck in that depressive mood, can't get out, sudden transitions to another emotion…" [Yani her ne kadar böyle deneyimli de olsak bazen gerçekten çok ağır öyküleri dinlediğimiz için o depresif duygu durumunda kalma, çıkamama, başka bir duyguya ani geçişler…] (P1)

More than half of our participants expressed another emotional secondary trauma response as guilt. One of the participants expressed their feelings of guilt focusing on the materials that they can reach to survive as follows:

> "…water is running now. I have hot water, but I feel like a corpse. And it feels like betrayal to get into the water now, I can't get into the water… I need someone to give me permission here. I need someone to tell me that I deserve hot water." […şu an su akıyor. Sıcak suyum var ben leş gibiyim. Ve şu an suya girmek ihanet gibi geliyor, suya giremiyorum… Burada birinin bana izin vermesine ihtiyacım var. Birinin bana sıcak suyu hak ettiğimi söylemesine ihtiyacım var.] (P3)

Some other participants focused on their way of considering daily routines and their quilt with the following expressions;

> "The feeling of guilt I feel when my own needs are met…" [Kendi ihtiyaçlarım giderildiğinde hissettiğim suçluluk duygusu…] (P10)

> "It may sound a little strange, but after I started working with trauma, I realized that I couldn't have much fun at weddings or places with music. Like, how do they live in these? But they don't know what kind of lives they have. I feel like

> I'm getting into a vortex like this." [Biraz garip gelebilir ama travmayla çalışmaya başladıktan sonra düğünlerde, çalgılı-çengili mekanlarda çok eğlenemediğimi fark ettim. Ya bak bunlarda nasıl yaşıyorlar ama ne hayatlar var onları da bilmiyorlar gibi. Bu şekilde bir girdaba girdiğimi hissediyorum.] (P1)

The other emotional reaction mentioned is hopelessness. One of our participants expressed their experience with the following words:

> "…So, there was a hopelessness. Maybe hopelessness had covered all of my humanity…" […Yani bir umutsuzluk vardı. Umutsuzluk insanlığımın tamamını kapsamıştı belki de…] (P2)

One of the participants also conveyed pessimism as an emotional secondary trauma response with the following words;

> "You could read the written statements of children who had been directly abused. You could talk to them. And every time I went to a house, saw a file, or met a consultant, I always felt that it couldn't get any worse, it was very dark. But in every subsequent house I went to, I realized that this was a sentence that was said too early… I felt like my heart was dark when I got home after work that day." [Direkt istismara uğramış çocukların yazılı ifadelerini okuyabiliyordunuz. Onlarla konuşabiliyordunuz. Ve her gittiğim evde ya da her gördüğüm dosyada ya da her karşılaştığım danışanda kişide hep şunu hissettim ya daha kötüsü olamaz, çok karanlık. Ama sonraki gittiğim her evde, bunun çok erken söylenmiş bir cümle olduğunu anladım… O gün iş bitip eve geldiğimde içim kararmış gibi hissediyordum.] (P2)

Another emotional secondary trauma response experienced by participants is the desire to cry without a reason. One of the participants expressed that they wanted to cry suddenly triggered in unrelated environments with the following words;

> "After my mandatory work with my students, I felt like crying too much, and I would end the meetings immediately, I cried in my room. This happened a few times." [Öğrencilerimle mecburi çalışmalarımdan sonra ağlama hissi fazla

ağır basıyordu ve görüşmeleri hemen sonlandırıp odamda ağlıyordum hatta. Bu birkaç kere yaşandı.] (P5)

One of the participants also stated that they could not get rid of the general unhappiness for a long time. Lastly, the other participant described his fear as an emotional response.

4.1.1.3. Cognitive Responses: As a cognitive secondary traumatization response, the participants expressed recurrent thoughts, flashbacks, dissociations, avoidance behaviors, and triggering situations. The majority of the participants explained that they tried to cope with the recurrent thoughts after being exposed to the negative stories. One participant emphasized his/her experience clearly by saying;

> "… I can say that I showed symptoms such as that story repeating in my mind over and over again." [… o hikâyenin zihnimde tekrar tekrar dönmesi gibi belirtileri gösterdiğimi söyleyebilirim.] (P11)

On the other hand, flashback, which is one of the most common cognitive responses of secondary traumatization, was recorded as an experience that almost all participants had. Participants emphasized that the stories told to them came to life in their eyes at different times. One of the participants said that;

> "…the most flashbacks. I have internalized the stories that the clients told so much that, for example, the thing he/she told comes to my mind like a picture frame…" […yani en çok flashbackler. Danışanların anlattığı hikayeleri o kadar benimsemişim ki mesela anlattığı o şey bir fotoğraf karesi gibi gözümün önüne gelmesi…] (P11)

One of the participants expressed dissociation as a cognitive secondary trauma response with the following words;

> "…dissociation, like sometimes when listening to the client, I feel like I'm breaking away and going somewhere else." […dalıp gitme, sanki danışanı bazen dinlerken kopup başka yere gitme gibi.] (P1).

On the other hand, one of the participants explained avoidance behavior, which is one of the cognitive trauma responses, with the following words;

> "In the earthquake, I had a lot of avoidance. I completely locked myself at home and I acted like nothing had happened for a very long time… When I went to my mother's house, I didn't go to my grandfather's grave, I didn't enter his room for a very long time." [Depremde ise bende kaçınma hali çok fazlaydı. Tamamen kendimi eve kapattım ve hiçbir şey olmamış gibi davrandım çok uzun bir süre… Annemlerin evine gittiğimde dedemin mezarına gitmedim, odasına girmedim çok uzun bir süre.] (P5)

Finally, one of the cognitive trauma responses, triggering, has been widely experienced and expressed among the participants. For example, participants observed that their past traumas of loss were revealed while working with a student or a client who had lost someone, she/he loved.

4.1.1.4 Behavioral Responses: Behavioral responses identified as another sub-theme of secondary trauma reactions include the following: disruption of routines, altruism, and avoidance of social interactions/withdrawal.

At the beginning, disruptions in routines were expressed by participants:

> "…my routines were disrupted… So, my routines were significantly affected. My sleep schedule was also part of those routines." [… tabi rutinlerim aksadı… O yüzden rutinlerim fazlasıyla aksadı. Uyku düzenim de aynı şekilde rutinlerim arasındaydı.] (P10)

Lastly, the most prevalent behavioral secondary trauma reaction identified was altruism. Especially in Turkey, following the recent earthquake disaster, encounters with situations like excessive help, and selflessness were common. An apt example is provided by one of the participants:

> "Suddenly, I found myself connected to the television and social media, trying to support in any way I could… Because at that moment, I realized that this was what I needed, even though I was far away. The only thing I could do was to contribute, which is actually a simple example. To assist in these matters.

Even from a distance, to provide support with whatever I had…" [Kendimi bir anda o televizyona, sosyal medyaya bağlı olarak destek olma, nasıl destek olabiliyorsam öyle olma halinde buldum… Çünkü o anda ihtiyacım olanın bu olduğunu anladım, uzaktayım. Yapabileceğim tek şey kolileme, bu da basit bir örnek aslında. Bu konularda yardımcı olmak. Uzaktan da olsa destek verebilmek, elimde ne varsa vermek…] (P10)

Among the participants, behavioral secondary trauma reaction was avoidance of social interactions or withdrawal. For example, one participant described that she started to avoid social interaction and communication.

4.1.2. Implemented Self-Care Strategies

Participants were asked about the self-care skills they applied, categorized into subthemes. The first sub-theme was determined as physical self-care strategies, the second sub-theme as cognitive and emotional self-care strategies, the third sub-theme as spiritual self-care strategies, the fourth sub-theme as relational self-care strategies and finally the fifth sub-theme as professional self-care strategies.

4.1.2.1. Physical self-care strategies: Physical self-care strategies encompass activities such as walking/running, engaging in handicrafts/hobbies, paying attention to physical appearance, maintaining physical health, adhering to dietary routines, exercising, caring for pets, handling household chores, and prioritizing sleep patterns. Nearly all participants mentioned using walking or running as a physical self-care strategy such as;

"…walking can be beneficial for me… dedicating 10 to 15 minutes, three days a week, for walking feels good physically." […yürümek bana iyi gelebiliyor… günde 10 dakika 15 dakika haftanın üç gününü yürümeye ayırmak bana iyi geliyor fiziksel olarak.] (P11)

The other topic is engaging in handicrafts/hobbies. Participants expressed this self-care strategy with some activities. These hobbies include taking photographs, sewing, and riding a bike. Participants stated that they take care of their appearance, which is one of the physical self-care skills. Participants emphasized that they pay special

attention to their clothing; take showers, shave, brush their teeth, groom their hair, apply makeup, and have contact with mirrors.

> "I have 1.5-2-hour shower sessions. I moisturize, exfoliate, apply creams, use hair masks, and spend time with fragrances. Physically, I need to feel good." [1.5-2 saatlik duş seanslarım var. Yağlanırım, piling yaparım, kremlenirim, saç maskelerim, kokularımla vakit geçiriyorum. Fiziksel olarak kendimi iyi hissetmem gerekiyor.] (P5)

> "As part of my routine, every morning when I wake up, I brush my teeth, wash my face—not just with water but using soap too. Yes, when I look in the mirror and see my face looking bright, it makes me feel better. Actually, having my hair look nice when I glance in the mirror sets the tone for my day. So, if I want to feel good, I focus on my hair… Additionally, even if I don't wear makeup, applying concealer and mascara are personal care steps that make me feel good." [Rutin olarak tabii, her sabah uyandığımda dişlerimi fırçalamak, yüzümü yıkamak sadece suyla değil sabun kullanarak da yıkamak bana iyi geliyor. Evet aynaya baktığımda yüzümün aydınlık görünmesi daha iyi hissetmemi sağlıyor. Aynaya baktığımda saçlarımın güzel görünmesi aslında o günümün güzel geçmesini sağlıyor. O yüzden en önem verdiğim şey iyi hissetmek istiyorsam saçlarım oluyor… Ayrıca makyaj yapmasam da bir kapatıcı ve rimel sürmek kendimi iyi hissettiren kişisel bakım adımlardır.] (P10)

Another crucial physical self-care strategy is attending to health. Participants who prioritize their health shared the following:

> "I have routine doctor check-ups for my physical self-care. I never skip them because I have an ongoing health issue." [Fiziksel öz bakımım için doktor kontrollerim var, rutin. Devamlı bir rahatsızlığım da olduğu için asla aksatmam.] (P11)

The participants who continue the self-care strategy of paying attention to their health also adhere to the physical self-care strategy of being mindful of their dietary habits. They expressed that they pay attention to their eating habits, limit their consumption

of tea and coffee for this reason, and also avoid addictive substances. As an example, one of the participants stated that they regulated their eating habits as follows:

> "I pay attention to regular eating, although it's not always perfect. I avoid carbonated drinks and try not to consume carbohydrates. Especially during stressful periods, I am more cautious because I tend to eat more when stressed." [Düzenli beslenme konusuna da dikkat ederim ama her zaman mükemmel düzeyde olmuyor tabi. Asitli içeceklerden kaçınırım, karbonhidrat yememeye çalışırım. Özellikle o dönemlerdeysem, daha çok dikkat ederim. Çünkü stresli olduğum zamanlarda daha çok yeme eğilimi gösterebiliyorum.] (P11)

Following the strategies of paying attention to one's health and diet, the physical self-care strategy of exercising, which is one of the most significant strategies, was discussed by participants. Participants expressed the benefits of their sports routines. Also, Participants emphasized that they do exercise as a routine even if they are tired. One of the participants stated as follows:

> "…Apart from that, I try to exercise for at least 15 minutes a day. Even though I'm tired, I feel good when I do it." […haricinde günde 15 dakika da olsa spor yapmaya çalışıyorum. Her ne kadar yorgun olsam da yaptığımda iyi hissediyorum.] (P10)

Some participants actively utilize the self-care strategy of interacting with their pets. One participant explains;

> "Taking care of my cats, showing them love, spending time with them, and playing with them makes me feel good." [Kedilerimle ilgilenmek, onları sevmek, onlarla vakit geçirmek ve oyun oynamak bana iyi geliyor.] (P10)

Another self-care strategy that is household chores was mentioned by participants. One participant emphasized the effectiveness of cleaning:

> "Cleaning. It's a powerful method to reduce my physical, emotional, and cognitive load. In that moment, all I think about is cleaning. It's as if my thoughts are also cleansed when those areas are cleaned. Cleaning is very beneficial for both my mind and body." [Temizlik yapmak. Temizlik yapmak,

fiziksel, duygusal ve bilişsel yoğunluğumu azaltmakta çok etkili bir yöntem. Çünkü o anda tek düşündüğüm şey temizlik. Sanki oralar temizlendiğinde benim düşüncelerim de temizleniyor. Ve bana ve vücuduma çok iyi geliyor temizlik yapmak.] (P10)

Finally, one of the important strategies for physical self-care is sleep routine/hygiene. One participant emphasizes its significance:

> "I pay great attention to sleep. I need 7 hours of sleep… but I try to see how much more I can sleep comfortably, and it's crucial for the room to be as dark as possible. Even in challenging conditions, I strive to maintain these factors; otherwise, when I can't sleep, my energy truly drops, and I'm not even beneficial to myself. That's how I would put it." [Uykuya çok dikkat ederim. 7 saat uyumam gerekiyor… ama olabildiğince ne kadar uyuyabilirim, daha fazla nasıl rahat uyuya bilirime bakarım, olabildiğince karanlık bir odada olması önemli. O zor koşullarda bile bunları sağlamaya çalışırım yoksa ben uyuyamayınca gerçekten enerjim düşüyor ve kendime bile faydam olmuyor. Öyle söyleyebilirim.] (P11)

4.1.2.2. Cognitive and Emotional Self-Care Strategies: On the other hand, information has been gathered from participants regarding the implementation of cognitive and emotional self-care strategies, which are sub-dimensions of self-care. The collected information falls under the second sub-theme titled cognitive and emotional self-care strategies. Participants have expressed the following practices related to cognitive and emotional self-care: interesting in music, reading books, going on screen diet, sometimes didn't anything to regulate their cognitive processes, doing breathing exercises, meditation and yoga, normalizing their experiences, using the pause technique, producing content/wrote, drawing pictures, defining their emotions, turning to themselves for intellectual awareness, and self-affirmation.

Firstly, participants expressed their engagement with music as a cognitive and emotional self-care strategy. One of the participants mentioned that;

> "I also engage in music. But I play my guitar for children." [Aynı zamanda müzikle uğraşıyorum. Ama çocuklara çalıyorum gitarımı.] (P9)

Another self-care strategy that contributes to cognitive and emotional well-being is reading books. One of the participants expressed the positive effects of reading books. Mostly, they emphasized that reading books doesn't make them feel lonely.

Limiting screen time (screen diet) was emphasized by one participant:

> "If there are too many counseling sessions, I avoid watching television in the evening." [Eğer çok fazla seans varsa o gün akşam televizyon izlemiyorum.] (P1)

Another commonly used strategy for cognitive and emotional self-care is doing nothing (taking downtime). Participants expressed that sometimes they rest by doing nothing or use their free time as a coping strategy. At the same time, almost all participants also engaged in breathing exercises, meditation, and yoga—strategies that naturally benefit both physical and mental well-being. Participants stated that breathing exercises, meditation, or yoga relax all body and mind. Most of the participants mentioned that as follows;

> "I practice regulation-related breathing exercises, especially when falling asleep. I also do meditation and yoga... when I'm alone, I focus on physical sensations… by the way, I've made yoga a regular practice." […Regülasyonla alakalı nefes egzersizleri, özellikle uykuya dalarken. Aynı zamanda meditasyon ve yoga da yaptım… Yalnız kaldığımda bedensel şeylere yöneliyorum…bu arada yogayı artık düzenli yapıyorum.] (P7)

> "…I do meditation. Without avoiding emotions, I accept them, knowing that others also experience these feelings." […meditasyonu yapıyorum. Duygudan kaçmadan, onu kabul ederek, bu duygunun başkaları tarafından da yaşandığını bilerek bununla…] (P1)

Furthermore, participants also utilize the cognitive and emotional self-care skill of normalization. One participant expressed;

> "… In fact, it feels good to know that I am just one employee involved in this process by normalizing" […aslında normalleştirerek, bu sürecin içinde yalnızca bir çalışan olduğunu bilmek iyi geliyor.] (P2)

On the other hand, participants had expressed the use of the pause technique as a cognitive and emotional self-care strategy for regulating their inner world. Most of the participants use this technique for relaxation. Participants described this technique like;

> "…I close my eyes and either focus on something else or directly immerse myself in the present moment, trying to make sense of it." […Gözlerimi kapatıyorum başka şeylere ya da direkt o ana odaklanmayı seçiyorum, anlamlandırmaya çalışıyorum.] (P2)

> "I close my eyes, lean my back against the wall, and spend 30 to 40 minutes contemplating. I try to make sense of my experiences in my mind and archive them. Accompanied by background music… The reason for bringing these memories to mind is to understand them and archive them accordingly. I review and make sense of what I've been through, with the intention of not revisiting them." [Gözümü kapatıp, belimi duvara yaslayıp 30 dakika 40 dakika düşünürüm. Yaşadıklarımı zihnimde anlamlandırmaya çalışıp arşivlerim. Fon müziği eşliğinde… Göz önüne gelmesindeki sebep ise yaşadıklarını anlamlandırmak ve öyle arşivlemek açıkçası. Yaşadıklarını gözden geçirmek, anlamlandırmak ve bir daha açmamak için…] (P6)

Another mentioned cognitive and emotional self-care strategy was content creation/writing. Participants emphasized that writing something relaxes them. They had expressed that;

> "It's not very frequent but writing among these activities makes me feel good. I sometimes write a few sentences about what I've experienced and then completely discard them." [Çok yoğun değil ama bunların arasında yazmak bana iyi geliyor. Ne yaşadığımı birkaç cümleyle belki bazen yazıp tamamen kaldırıyorum.] (P11)

> "Together, we've created other materials; content related to life skills activities, family education, and more." [Birlikte oturup başka bir materyal ürettik; yaşam becerileri aktiviteleri, aile eğitimleri ürettik gibi içerikler ürettik.] (P3)

Another self-care strategy that supports cognitive and emotional regulation was drawing or creating art. One of the participants expressed that as follows;

> "I draw pictures. Especially when there's something unresolved within me, I spend hours drawing." [Resim çizerim. Özellikle içimde çözümleyemediğim bir şey olduğunda saatlerce resim çiziyorum.] (P5)

One of the participants emphasized the importance of identifying their emotions as a self-care strategy. Participant expressed it as follows:

> "…during this process, I describe my emotions. Being aware of them. If you miss those emotions, you won't be able to regulate them. Therefore, it's essential to define and regulate your emotions. Otherwise, you might experience sudden emotional outbursts." […bu sırada duygularını tanımlamak. Bunun farkında olmak. O duyguları kaçırırsanız duygu regülasyonu yapamazsınız. O nedenle kesinlikle duygunuzu tanımlar ve regüle edersiniz. Aksi taktirde ani duygu patlamaları gibi sorunlar yaşarsınız.] (P6)

Finally, one of the participants expressed that mindfulness is also one of the cognitive and emotional self-care skills. One of the participants described his/her experience as follows:

> "…being aware of this was crucial for me. Yes, now…a thought came. You can think about it for hours, immerse yourself in that emotion for hours. But if you say, "Wait, now these experiences have deeply affected me, and I'm at risk of losing myself within them," and take a step back. In other words, being aware in this regard has been quite beneficial for my self-care. However, there were moments when I struggled to regain my composure, especially when the stories of clients weighed heavily on me." […bunun farkında olmak çok önemliydi benim için yani, evet şimdi…bir düşünce geldi. Siz onun üzerine saatlerce düşünebilirsiniz, saatlerce o duygu içerisinde kalabilirsiniz. Ama

derseniz ki aa dur şimdi bu yaşadıklarım beni çok etkilemiş ve bunun içinde kaybolup gitme durumum var ve bir adım geri atabilmeliyim kısmı. Yani bu konuda farkındalık sahibi olmam öz bakım konusunda benim oldukça işime yaradı ama bazen tabii kendimi toparlamakta güçlük yaşadığım, danışanların hikayelerinin çok ağır geldiği anlar oluyordu.] (P11)

Additionally, some participants mentioned using the self-care strategy of self-affirmation to soothe their inner world both cognitively and emotionally.

4.1.2.3. Spiritual Self-Care Strategies: When spiritual self-care strategies, which are one of the sub-dimensions of self-care strategies, were evaluated, showing self-compassion, taking nature walks, engaging in personally satisfying behavior (e.g. helping, etc.), maintaining a positive mood, praying or performing religious rituals, believing in a power and spending time with children are encountered. The researcher examined the sub-dimensions of spiritual self-care strategies, one participant emphasized the importance of self-compassion with his/her words. Another significant spiritual self-care strategy is to commune with Mother Nature through nature walks. One participant explained it as follows;

"While walking outdoors in nature, I focus more on the trees, flowers, and the unique characteristics of that climate. I try to notice them." [Dışarda doğada dolaşırken biraz daha o ağaçlara, çiçeklere, o iklimin kendine özgü özelliklerine odaklanıyorum. Onları fark etmeye çalışıyorum.] (P1)

Participants mentioned several spiritual self-care strategies. The strategy, which is considered within spiritual self-care and includes personally satisfying behaviors such as helping, was among those used by the participants. Some participants have emphasized that helping a living being through their actions makes them feel good, while others express good wishes for other people.

"When I offer good wishes to my clients, hoping that life brings them good things, it makes me feel good. Even unexpected, hopeful moments can bring beauty… expressing these thoughts internally… and it makes me feel better as I think about it." [Ben danışanlarım için iyi dileklerde bulunduğum zaman,

umarım hayat ona iyi şeyler getirir vs. gibi bu bana çok iyi hissettiriyorum. Hiç beklemediği, kendisinin bile beklemediği, umuyorum ki, bir güzellik olur… bunu içimden dilemek… hem de daha iyi hissediyorum böyle düşündükçe.] (P11)

"For instance, I adopted a cat from the earthquake-stricken area; it was the only help I could provide." […mesela deprem bölgesinden kedi sahiplendim, yapabileceğim tek yardım buydu.] (P5)

Another spiritual self-care strategy is that sustaining positive emotional states. Participants have expressed that here they try to maintain positive emotional states by using various techniques such as imagining to stay peaceful and hopeful, while being aware of their emotions.

Another commonly used type of spiritual self-care strategy is praying or performing religious rituals according to the belief system. Nearly half of the participants expressed the following:

"I also try to follow the elements and rituals of my belief system. Like praying…" [Ben de kendi inanç sistemimdeki ögeleri-rituelleri yerine getirmeye çalışıyorum. Dua etmek gibi…] (P6)

"When I feel very restless, I don't pray. Prayer is my last step. But performing ablution in place of prayer makes me feel very good." [Kendimi çok huzursuz hissettiğim zamanlarda ben dua etmiyorum. Dua benim için son adım. Ama duanın yerine abdest almak beni çok iyi hissettiriyor.] (P10)

At the same time, related to the last strategy was mentioned by participants as believing in a power one participant expressed:

"Believing in a higher power makes me feel good." [Bir yaratıcının olduğuna inanmak iyi hissettiriyor.] (P17)

Finally, one of the spiritual self-care strategies involves spending time with children. A participant expressed it as follows:

"Here, there are 350 containers. My relationships with all these children support my self-care; the connections I establish with them… We go on

outings together." [Burada 350 tane konteyner var. Burada bu çocukların hepsiyle ilişkilerim, öz bakımımı destekliyor onlarla kurduğum ilişki... Onlarla gezilere gidiyoruz.] (P9)

4.1.2.4. Relational Self-Care Strategies: Another sub-theme of relational self-care strategies encompasses spending time with family, socializing with friends, and seeking social support.

One of the important relational self-care strategies is spending time with family. Almost all of the participants stated that spending time with their families and friends were good for them, emphasizing that they definitely created time. Finally, one of the relational self-care strategies involves seeking social support. Participants emphasized its importance:

"When I think about who I can receive support, I believe that no problem remains. We need to provide support to each other." [Bana kim yardım edebilirim diye düşününce bence sorun kalmıyor. O desteği birbirimize verebilmemiz gerekiyor.] (P3)

4.1.2.5. Professional Self-Care Strategies: The final sub-theme of professional self-care strategies includes determining work hours, seeking consultation, supervision, receiving professional support, taking breaks/rests, watching educational series/films, and attending professional training.

First professional self-care strategy includes determining work hours. Most of the participants stated that long working hours damages them physically and psychologically. One participant expressed it as follows:

"I don't take more than 4 sessions per day. I don't push myself too hard." [Günde 4 seanstan başka almıyorum. Kendimi çok zorlamıyorum.] (P1)

Nearly half of the participants emphasized consultation as one of the professional self-care strategies. One participant detailed the importance of consultation for self-care of counselors:

"Working as a team is crucial. Especially as a leader and co-leader, attending all sessions and discussing how our work impacts us—what it brings and takes

away. We sit down with colleagues, including those from university, every evening. We discuss what we experienced, saw, and heard. We explore its effects on us. Sometimes it's a one-hour conversation; other times, it's just five minutes, depending on the topic of the day. This way, we strive to prevent symptoms from becoming disorders. Additionally, we occasionally meet with a larger group in Ankara to comprehensively review our experiences in the region, compare them with what's happening elsewhere, and make sense of our bodily experiences. It's not just happening to me… In other field studies, even if there are only two of us, we always spend our evenings not just on food and drink but also on listening to each other, feeling each other. We were mindful of this. For instance, when working with colleagues in earthquake-affected areas, we held routine burnout prevention meetings every week, ensuring mutual support. This continued for 2-3 years." […bunun içinde aslında ekip olarak çalışmanın çok önemli olduğunu düşünüyorum. Özellikle lider ve co-lider olarak tüm oturumlara katılma ve her akşam yaptığımız işin bize ne getirip ne götürdüğünü oturup konuşma…Üniversiteden arkadaşlarımız da dahil olmak üzere her akşam oturup, ne yaşadık? Ne gördük? Ne işittik? Bizdeki etkisi nasıl oldu? Üzerine oturumlar yapardık. Bazen bir saat bazen beş dakika o günkü konuşma istediğimize bağlı olarak. Böylece belirtilerin bir belirti olarak kalması ve bozukluğa dönüşmemesi için elimizden geleni yaptık. Tabi bir boyutu da Ankara'da daha büyük bir grupla buluşup, yaptıklarımızı daha kapsamlı bir şekilde gözden geçirdiğimiz toplantılar oldu. Böylece bölgede yaşadıklarımızı anlamlandırma, hem de diğer bölgede yaşananlarla kıyaslama, hem de vücudumun, bedenimin anlamlandırması için; bu sadece benim başıma gelmiyor…Diğer alan çalışmalarında ise en az 2 kişi de olsak, muhakkak akşamlarımızı yeme-içme olarak değil de. Karşılıklı birbirimizi dinleme, birbirimizi hissetme şeklinde geçirmeye dikkat ettik… Orda bir fiil deprem bölgesinde çalışan arkadaşlarımıza her hafta rutin tükenmişliği önleme toplantıları yapar, kendi aralarında bunu sağlar durumdaydık. Bu 2-3 sene sürüyordu.] (P3)

In addition to this sub-theme, supervision is also an important strategy for professional self-care. Participants expressed their views as follows:

> "…in every situation we encounter, especially in our profession, I believe supervision is crucial. It helps with making sense of things. In trauma, I think it's particularly important. Because my mind was like a bomb that exploded and scattered. To recover from that, I need to continue with supervision. It's essential to keep the team strong and make supervision accessible." […onun yerine yaşadığımız her olayda özellikle bizim mesleğimizde süpervizyonun çok önemli olduğunu düşünüyorum. Anlamlandırmak için. Travmada bunun çok önemli olduğunu düşünüyorum. Çünkü benim de beynime bomba düştü, dağıldı. Bunu toparlamak için süpervizyonla devam etmem gerekiyor. Burada ekibi güçlü tutup, süpervizyonu ulaşılabilir hale getirmek çok önemli.] (P3)

Another professional self-care strategy is seeking professional support. One participant expressed it as follows:

> "At times, I've thought about whether I should seek professional support emotionally. Then I thought, yes, I need to get professional help. I also had periods of recovery with psychiatric support." [Ama duygusal anlamda da şunu dediğim oldu. Acaba profesyonel bir destek alsam mı diye düşündüm. Sonra evet bir profesyonel bir destek almam gerekiyor diye düşünüp, destek aldım. Psikiyatri desteğiyle de toparlandığım dönemler oldu.] (P11)

Furthermore, one of the professional self-care strategies is taking breaks/rests/free time. One participant emphasized that resting felt good, so it was necessary for a counselor.

Participants described the strategy of watching educational series/films as follows:

> "…or watching a film and doing something related to it can be beneficial for me." […ya da bir film izlemek ve bunun için bir şeyler yapmak bana iyi gelebiliyor.] (P11)

Lastly, another strategy involves improving professional skills through training. A participant expressed that she has taken training in different areas for her developmental process.

4.1.3. Self-Care Strategies Participants Intend to Implement

Participants were asked about self-care skills they had not yet experienced but planned to perform. Based on participants' responses, self-care strategies were evaluated under five subheadings. These include physical self-care strategies, cognitive and emotional self-care strategies, spiritual self-care strategies, relational self-care strategies, and professional self-care strategies.

4.1.3.1. Physical Self-Care Strategies: First, the physical self-care strategies that participants intended to implement were identified. These self-care strategies include allocating time for hobbies and crafts, somatic experience, and doing sports. Participants expressed their desire to allocate time for hobbies and crafts as part of these self-care strategies. One participant expressed it as follows:

> "While working with trauma, one becomes very aware of things. I am very aware. I wish I had a personal hobby, like engaging in painting, woodwork, or stone painting. Especially after intense sessions, I would like to occupy myself with these activities. In fact, I want to. Because somehow, I need to clear my mind… It could be related to manual skills. I think these could be beneficial." [Ama travma çalışırken insan şeyi çok fark ediyormuş. Ben çok fark ediyorum. Keşke kişisel hobim olsaydı ve ben bunu yapsaydım. Mesela resimle uğraşmak, ahşap boyama yapmak, taş boyama gibi bir hobi edinip, özellikle ağır seanslardan çıktıktan sonra bunlarla meşgul olmayı da isterdim. Hatta istiyorum. Çünkü bir şekilde zihnimi boşaltmam gerekiyor… El becerileriyle ilgili bir şeyler yapmak olabilir. Bunlar iyi gelebilir diye düşünüyorum.] (P1)

One of the participants considered somatic experiencing as a self-care skill:

> "We should try it out. What feels good to a person can vary. Exploration is necessary… for example, somatic experiencing…" [Bir denemek lazım bakalım. İnsana iyi gelen şeyler insana göre değişebilir. Keşfetmek gerek…örneğin somatik deneyimleme…] (P6)

Some participants expressed their desire to experience physical self-care skills related to sports:

"I do a sport, but I haven't turned it into a routine. Let's say I do it for one month out of the year. I struggle to make it a consistent routine." [Yani yaptığım ama rutine döndürmediğim bir spor var. Yılın bir ayı yapıyorum diyelim ki. Rutine çevirmekte zorlanıyorum.] (P11)

4.1.3.2. Cognitive and Emotional Self-Care Strategies: Participants have listed the cognitive and emotional self-care strategies they intend to implement as follows: engaging with music, practicing breathing exercises/meditation/yoga, and writing. Among these, the first self-care strategy mentioned by participants is their interest in music. Participant expressed it as follows:

"Because of this, I also enjoy listening to music. There is a city choir or a teachers' choir organized by the Ministry of Education. I wonder if joining them and singing would be beneficial. I think I should do that." […O nedenle biraz daha müzik dinlemeyi de sevdiğim için büyük şehir belediyesinin korosu var ya da milli eğitimin öğretmenler korosu var, acaba diyorum oraya bir yere girsem şarkı söylemek falan iyi gelir mi. Bunu yapsam diyorum.] (P1)

Other cognitive and emotional self-care strategies were explained by participants. Participant expressed interest in attending breathing camps:

"I want to go to breathing camps. I know people around me who have benefited from them during traumatic processes. I want to try this." [Nefes kamplarına gitmek istiyorum. Etrafımda giden var. Travmatik süreçlerine iyi geldiğini duydum. Bunu denemek istiyorum.] (P5)

Other participants mentioned wanting to explore trauma-sensitive yoga, and different kinds of meditation. Lastly, one participant emphasized their intention to keep writing.

4.1.3.3. Spiritual Self-Care Strategies: Another sub-theme serves the participants' desired spiritual self-care strategies. Here, participants have primarily focused on self-compassion and mindfulness techniques. One participant expressed:

> "For instance, self-compassion… I've got the book, and I want to read it and apply it." [Öz şefkat mesela… Kitabını aldım onu okuyup uygulamak istiyorum.] (P4)

4.1.3.4. Relational Self-Care Strategies: The majority of participants responded with social support as the relational self-care strategy they intend to implement. One participant expressed it as follows:

> "Experiencing things with a group feels very good to me. Joining self-help groups could be beneficial." [Grupla bir şeyleri deneyimlemek bana çok iyi geliyor. Kendi kendine yardım gruplarına katılmak olabilir.] (P8)

4.1.3.5. Professional Self-Care Strategies: Finally, participants desired professional self-care strategies were emphasized under two subheadings: vacation planning and seeking professional support. Regarding vacation planning, one participant expressed:

> "Driving without knowing where you're going, opening the car windows, going to the sea whenever I want, having access to natural beauty, and going on vacation—I want to do all of that." [Nereye gittiğinizi bilmeden camları açıp araba sürmek, dilediğim zaman denize gitmek, doğal güzelliklere hep erişebilmek ve tatil yapmak istiyorum.] (P2)

Another professional self-care strategy participants intend to implement is seeking professional support. One participant explained it as follows:

> "I primarily want to experience sensory motor psychotherapy." [Duyu motor psikoterapiyi öncelikle ben deneyimlemek istiyorum] (P6)

4.1.4. Opinions on Self-Care Strategies Psychoeducation Program

The final theme has been designed based on participants' opinions regarding the self-care strategies psychoeducation program. It consists of 2 sub-themes, which are

determined according to participants' views: opinions in favor of the necessity of the self-care psychoeducation program and opinions against the necessity of the self-care strategies psychoeducation program.

4.1.4.1. Opinions in favor of the Necessity of the Self-Care Strategies Psychoeducation Program

Participants who shared their thoughts on the first sub-theme, expressing that the program is necessary. In result of the need analysis show that 11 out of 9 psychological counselors believe that the self-care psychoeducation program is essential, especially for counselors working with trauma. There is a strong belief that providing this training before entering the profession will protect counselors. Most of the participants had stated it as follows:

> "First of all, I congratulate you on your topic. It's a very important and necessary subject. Especially for colleagues working with trauma, this is an area that is often neglected. If we don't focus on self-care, we quickly experience burnout from a professional perspective. To prevent this, we need to distance ourselves a bit from that atmosphere. I really liked it." [Öncelikle konunuz için ben çok tebrik ediyorum. Çok güzel ve ihtiyaç olan bir konu. Özellikle travma çalışan arkadaşlarımın çokça ihmal ettiği bir konu bu. Çünkü özbakımın üzerinde durmazsak biz mesleki açıdan kısa sürede tükenmişlik içine giriyoruz. Bunun olmaması için kendimizi biraz o atmosferden ayırmamız lazım. Çok hoşuma gitti.] (P1)

> "It definitely needs to be included in undergraduate education. When we encounter situations, we should have a toolkit ready. We shouldn't learn this process by experiencing it and struggling. I learned this way, and it was quite challenging." [Kesinlikle lisans eğitiminde verilmesi gerekiyor. Karşılaştığımızda elimizde bir paket olması gerekiyor. Bunu yaşayarak, çabalayarak o süreç içinde öğrenmemeliyiz. Ben böyle öğrendim ve çok zorlandım.] (P4)

> "I definitely believe there should be psychoeducation related to this. It will expedite the process because yes, we all acquire knowledge during our

undergraduate studies, but the professional journey unfolds differently. In our profession, we can't always experience everything firsthand; sometimes we suddenly face situations we can't cope with." [Bence kesinlikle bunla ilgili bir psikoeğitim olması gerektiğini düşünüyorum. Süreci hızlandıracaktır çünkü evet hepimiz lisansta bilgilerini alıyoruz ama meslek hayatında süreç daha farklı ilerliyor. Çünkü meslekte her zaman her şeyi deneyimleyemiyoruz ve bir anda maruz kalıyoruz, baş edemiyoruz bazen.] (P5)

"Unfortunately, it's not like that. Rather than something to be experienced later, these trainings need to be taken beforehand. If you're going to work in trauma, whether it's self-care for therapists or self-care for those working in trauma, you must receive this education. Therefore, individuals working in the field should take such training in advance." [Maalesef öyle değil. Sonradan deneyimlenecek bir şeyden ziyade önceden bu eğitimlerin alınması gerekiyor. Siz travma alanında sahada çalışacaksanız eğer; terapistin öz bakımı ya da travma alanında çalışanların öz bakımı eğitimini almanız gerekiyor…O nedenle bu tür eğitimleri alanda çalışacak kimseler önceden almalı.] (P6)

"It's not only related to the field; self-care strategies need to be developed. Because in our daily lives, we encounter many problems. The processes we need to cope with, the thoughts we need to control—they all seem to increase over time. Rather than being caught unprepared when entering the field, it's better to know this beforehand and proceed accordingly. I believe that continuing our journey with the skills we've equipped ourselves with will increase our courage." [Bence alanla da ilişkili değil öz bakım stratejileri oluşturması gerekiyor. Çünkü günlük hayatımızda da birçok sorunla karşılaşıyoruz. Baş etmemiz gereken süreçler, kontrol etmemiz gereken düşünceler bence gün geçtikçe arttığı için bunu alana geçmeden hazırlıksız yakalanmaktansa öncesinde bunu bilip öyle yol almak. Cebimizi doldurduğumuz o becerilerle yola devam etmek, biraz daha korkusuzluğumuzu arttıracağına inanıyorum. O nedenle öncesinde bunları bilmek ve öyle ilerlemek gerektiğini düşünüyorum.] (P10)

On the other hand, participants expressing their thoughts that the self-care strategies psychoeducation program is not necessary had stated the following:

> "Let me put it this way. My work in the trauma field doesn't change the physical self-care I impose on myself. What we take away from our own experiences varies, and we can handle it on our own." [Yani şöyle söyleyeyim. Benim travma alanında çalışıyor olmam, benim fiziksel anlamda kendime yüklediğim bakımı değiştirmiyor. Hepimizin kendi deneyimlerinden alacağı şeyler farklı, kendi kendimize halledebiliriz.] (P2)

> "Being sensitive should be something that enhances self-improvement. I am against it being taught as a formal course. Not everything needs a lesson. Instead, especially in our profession, I believe supervision is crucial for making sense of every experience." [Duyarlı olmam kendimi geliştiren bir şey olmalı. Ben ders olarak verilmesine karşıyım. Her şeye ders konulmaz. Onun yerine yaşadığımız her olayda özellikle bizim mesleğimizde süpervizyonun çok önemli olduğunu düşünüyorum. Anlamlandırmak için.] (P3)

4.1.5. Summary of The Need Analysis Results

Based on the responses of the participants, the needs of trauma psychological counselors in the field have been identified through a needs analysis. The answers provided to the prepared protocol for the needs analysis have been evaluated. According to the findings, trauma psychological counselors working in the field seem to be quite distant from the term 'self-care.' First and foremost, almost all participating psychological counselors in the needs analysis have exhibited secondary trauma reactions in their lives. Secondly, based on the secondary findings, it has been determined that they are not familiar with the multidimensional structure of self-care, and their knowledge of self-care strategies is superficial. Finally, they have expressed the belief that self-care training is necessary. In line with the findings of the needs analysis, a Strength-Based Psychoeducation Program has been developed and implemented for Trauma psychological counselors.

4.2. Results of Study 2: Effectiveness of Psychoeducation Program

The content analysis conducted resulted in themes within each session and related sub-themes. In the 1st session, along with 2 main themes, 7 sub-themes emerged. Similarly, the 2nd session had 6 sub-themes, the 3rd session had 4 sub-themes, the 4th session had 4 sub-themes, the 5th session had 2 sub-themes, the 6th session had 3 sub-themes, and finally, the 7th session had 3 sub-themes, all consistently aligned with the main and sub-themes across sessions.

4.2.1. First Session Content Analysis

In the first self-care session, participants were provided with detailed information about what self-care is and the strategies associated with it. The problems encountered by psychological counselors were also discussed. To measure the effectiveness of the session, participants were asked about their emotional and cognitive experiences during the session, including what they learned today and what they were previously unaware of. According to the responses provided, the findings have been examined within two main themes. The themes and sub-themes are detailed in Table 7.

Table 7 Descriptive Table of the Session 1 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
SESSION 1	THEME 1: The New Learnings of Participants	1. Challenges faced by Trauma Counselors 2. The Significance of Self-Care 3. The Definition of Self-Care 4. The Dimensions of Self-Care 5. Strength-Based Approach
	THEME 2: Experiences of the Session	1. Cognitive Experiences 2. Emotional Experiences

4.2.1.1. The New Learnings of Participants

The first main theme revolves around participants' newly acquired knowledge. Within this theme, participants discussed five sub-themes: Challenges faced by trauma

counselors, the significance of self-care, the definition of self-care, the types of self-care and strength-based approach.

4.2.1.1.1. Challenges Faced by Trauma Counselors: The first sub-theme, which addresses the difficulties faced by trauma psychological counselors, was expressed under the headings of secondary trauma and compassion fatigue. Nearly all participants mentioned their emotions at learning about secondary trauma as a challenge faced by trauma psychological counselors:

> "I learned that we haven't acquired enough knowledge about secondary trauma, and this information is crucial to maintain our functionality." [İkincil travma hakkında yeterince bilgi edinmediğimize ve bu bilgilerin işlevselliğimizi yitirmemek adına oldukça önemli olduğunu öğrendim.] (P3)

Other challenges that faced by trauma psychological counselors' burnout and compassion fatigue, which participants explained:

> "Balancing professional life and daily life to avoid burnout and compassion fatigue is the right decision for mental health professionals." [Profesyonel yaşam ile günlük yaşam arasında denge kurabilmenin biz ruh sağlığı çalışanları için tükenmişlik ve eş duyum yorgunluğu yaşamamak adına doğru bir karar olacağını öğrendim.] (P4)

4.2.1.1.2. The Significance of Self-Care: The second sub-theme, which addresses the importance of self-care, is expressed by participants through the sub-headings of awareness of self-care as a necessity and the place/statistics of self-care in the literature. Participants conveyed their awareness of self-care as a necessity with the following statements:

> "I once again realized the importance of my profession and my own needs." [Mesleğimin önemini ve ihtiyaçlarımı bir kez daha fark ettim.] (P2)

> "As psychological counselors, while we strive to assist everyone, I became acutely aware of how our own psychology is often overlooked… Additionally, before attending this training, I used to complain about disrupting my routines in life. After participating in this program, I realized that this issue is actually

related to the need for self-care." […biz psikolojik danışmanlar herkese yardımcı olmaya çalışırken, bizlerin psikolojisinin ne kadar göz ardı edildiğinin bir kez daha farkına vardım…ayrıca bu eğitime katılmadan önce kendi hayatımdaki rutinlerimi aksattığımdan yakınıyordum. Bu eğitime katıldıktan sonra bu konunun aslında öz-bakım ihtiyacıyla alakalı olduğunu fark ettim.] (P12)

"Addressing a deficiency in the undergraduate program of counseling and guidance, this psychoeducation program could be highly beneficial, especially for newly practicing psychological counselors." [Psikolojik danışmanlık ve rehberlik bölümü lisans programındaki bir eksikliğin giderilmeye çalışılması…özellikle mesleğe yeni başlayan psikolojik danışmanlar için çok faydalı olabilecek bir psikoeğitim programı.] (P14)

On the other hand, discussions have taken place regarding studies and statistics related to the topic both globally and in Turkey. Participants expressed their newfound awareness of these studies and the place of self-care in the literature. They stated it as follows:

"Today, I learned statistical data that I was previously unaware of, and I realized that the topic is well-founded in the literature." [Bugün daha önce bilmediğim istatistiksel verileri ve konunun kapsamlı olarak literatüre dayandığını öğrendim.] (P17)

"I learned that out of 11 mental health workers, 9 exhibit secondary trauma reactions." [11 Ruh sağlığı çalışanından 9"unun ikincil travma tepkisi verdiğini öğrendim.] (P4)

4.2.1.1.3. Definition of Self-Care: Furthermore, participants explained about the definition of self-care under the sub-heading "What is self-care?". Participant expressed it as follows;

"We realized that self-care is closely related to trauma and also closely linked to psychological resilience." [Öz-bakım konusu ile travma konusunun yakından ilişkili olduğunu kavradık. Ayrıca psikolojik sağlamlılıkla da çok yakından ilişkili olduğunu anladım.] (P4)

4.2.1.1.4. Dimensions of Self-Care: Additionally, another significant sub-theme explored during the session is the dimensions of self-care. The participants expressed that there are dimensions to self-care beyond the well-known physical self-care. They learned that self-care is not just about physical well-being but also encompasses various other aspects. Additionally, they discovered that the subcategories within these dimensions are more comprehensive than what they initially knew. As an example, one participant discussed the sub-theme of learning about the dimensions as follows:

"I realized that the definition of self-care was predominantly focused on physical self-care, but there are different dimensions. It's actually more comprehensive." [Öz-bakım tanımının benim fiziksel öz bakım ağırlıklıymış, farklı boyutları olduğunu gördüm. Aslında daha kapsamlıymış.] (P15)

"I learned about the different types of self-care skills, which are more extensive than I expected." [Öz-bakım becerilerinin çok çeşitli olduğunu ve umduğumdan daha fazla olduğunu öğrendim.] (P2)

4.2.1.1.5. Strength-Based Approach: Lastly, participants also discussed the strength-based approach they learned about during the first session. Under the sub-theme related to this approach, the participants stated that they had not heard of the power-based approach before and that it was a concept they had just learned.

4.2.1.2. Experiences of Session

According to the participants, the next theme is "experiences of session". The researcher has divided this main theme into two sub-themes. These sub-themes are determined as the participants' cognitive and emotional experiences.

4.2.1.2.1. Cognitive Experiences: Under the cognitive experiences, the following topics are formed: perceptions of the uniqueness of psychoeducation, perceptions of the effectiveness of psychoeducation, and the idea of being together with colleagues. Participants expressed their first cognitive experience, which is the perception that psychoeducation is different, with the following words:

> "I think I will gain beautiful and different experiences throughout the process." [Süreç boyunca güzel ve farklı deneyimler elde edeceğimi düşünüyorum.] (P7)

> "I believe I am on a path where I take steps for new experiences and discoveries." [Yeni deneyimler ve keşifler için adım attığım bir yolda olduğumu düşünüyorum.] (P5)

On the other hand, almost all participants expressed the perception that the psychoeducation program is effective. They stated that as follows:

> "I believe that learning about a different type of self-care every week and practicing it will be beneficial for both ourselves and our clients." [Her hafta bir öz-bakım çeşidi üzerine bilgilenmek ve uygulama yapmanın hem kendimiz hem de danışanlarımız açısından yararlı olacağını düşünüyorum.] (P9)

> "Focusing on psychological counselors had a positive impact. I believe it is a much-needed training." [Psikolojik danışmanları merkeze alışı olumlu etki yarattı. Oldukça gerekli bir eğitim olduğunu düşünüyorum.] (P17)

According to the participants, one of the other themes is the experience of sharing with colleagues. They emphasized this experience with the following sentences:

> "I encountered new people, different scenarios, and had the chance to listen to colleagues sharing their individual experiences. Getting to know new people… was wonderful." [Yeni insanlarla, farklı senaryolarla karşılaşıp, meslektaşlar bireysel deneyimlerini aktarıp bu konuda onları dinleme ve onlarla empati yapabilme şansını buldum. Yeni insanlar tanımak…çok güzeldi.] (P12)

> "Participating in the sharing made me feel that I am not alone. Additionally, I realized once again the importance of professional solidarity for emotional

resilience." [Paylaşımda bulunmak, yalnız olmadığımı hissetmek iyi geldi ayrıca psikolojik sağlamlılık açısından meslektaş dayanışmasının önemli olduğunu bir kez daha görmüş oldum.] (P9)

4.2.1.2.2. Emotional Experiences: The researcher further explored the emotional experiences related to the session, dividing them into two sub-themes: positive emotions and negative emotions. Participants expressed their positive feelings as follows:

"I am happy and hopeful; I feel peaceful knowing that I am benefiting both myself and others." [Mutluyum ve umutluyum hem kendim hem de başkaları adına fayda sağladığım için huzurluyum.] (P3)

"I am pleased that I took the time to participate in an activity for myself; I'm glad I came!" [Kendim için bir etkinliğe katılmaktan, bunun için zaman ayırmaktan çok memnunum, iyi ki gelmişim diyorum!] (P6)

"Taking such a serious approach to a topic that everyone experiences but rarely discusses made me very happy. At times, I shared my colleagues' pain, and at other times, I felt proud and delighted to access this valuable information." [Aslında bu yolun yolcusu herkesin başına gelen fakat konuşulmayan bir konuyu bu derecede ciddiye alıp üzerinde durduğumuz için çok mutlu oldum. Yer yer hocalarımın acısını paylaşırken yer yer bu değerli bilgilere eriştiğim için gururlu ve keyifli hissettim.] (P16)

"Recognizing that one should separate the processes experienced from the context of events and focusing on their own process is an exciting situation." [Kişinin yaşadığı süreçleri olay bağlamından ayırıp kendi sürecine odaklanması gerektiği farkındalığı oldukça heyecanlandırıcı bir durum.] (P17)

On the other hand, some participants felt inadequate in specific areas. Additionally, some of them recalled past negative memories, leading to negative emotions for certain participants. They described the negative emotions triggered by the session as follows:

"I experienced sadness, regret, anger, and helplessness due to the reminder of the February 6 earthquake." [6 Şubat depremini hatırlatmasından dolayı üzüntü, pişmanlık, öfke, çaresizlik duygularını yaşadım.] (P13)

I feel anxious because I know I need self-care, but I don't know what to do." [Öz-bakıma ihtiyacım olduğunu bilip, ne yapacağımı bilememekten dolayı kaygılı…] (P5)

"I felt regret and exhaustion… I realized that at certain points, I couldn't differentiate between personal and professional aspects." [Pişmanlık, tükenmişlik duyguları…bazı noktalarda mesleki açıdan ayrışamadığımı fark ettim.] (P4)

4.2.2. Second Session Content Analysis

In the second session, participants were intended to learn about cognitive and emotional self-care and the associated strategies. Additionally, they were expected to create their own cognitive and emotional self-care plan and identify their strengths. In their journals, to measure the effectiveness of the session, participants were asked what they would share with a friend after leaving the session and which cognitive and emotional self-care strategies they would like to incorporate into their daily lives. When analyzing the second session journals, two main themes emerged. The themes and sub-themes are detailed in Table 8.

Table 8 Descriptive Table of the Session 2 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
SESSION 2	THEME 1: The New Learnings of Participants	1. Cognitive-Emotional Self-Care Strategies 2. Cognitive-Physical Self-Care Strategies 3. Cognitive-Relational Self-Care Strategies
	THEME 2: Experiences of the Session	1. Behavioral Experiences 2. Cognitive Experiences 3. Emotional Experiences

4.2.2.1. The New Learnings of Participants:

The first main theme is participants' newly acquired knowledge. Here, participants mentioned three sub-themes that would form the headings: Cognitive-emotional self-care strategies, Cognitive-physical self-care strategies, and Cognitive-relational self-care strategies.

4.2.2.1.1. Cognitive-Emotional Self-Care Strategies:

In the second session, after discussing cognitive and emotional self-care strategies, participants expressed that they could apply some of these strategies according to their own skills in their routines. These include pausing technique, writing stories or journals, and dedicating time to individual hobbies. Participants mentioned the following statements regarding the learned techniques:

> "…one of the self-care skills I will add is pausing." [Ekleyeceğim öz-bakım becerilerinden birisi duraklamadır.] (P5)

These statements highlight that they intend to implement the self-care strategy of pausing among the various techniques they learned.

On the other hand, some participants emphasized their desire to use the storytelling or journal writing technique, which is one of the other strategies. As an example of this, they expressed the following statements:

> "…I will add journaling to my strategies." […günlük tutmayı stratejilerime ekleyeceğim.] (P6)

> "…dedicating time to improve my reading and writing skills…" [Okuma ve yazma becerilerimi arttırmak için kendime zaman ayırmak…] (P10)

Additionally, participants expressed their interest in dedicating time to individual hobbies that bring them emotional and cognitive well-being. The participants have expressed their hobbies that bring them joy, the new things they have learned, and the activities they wish to continue. Among the strategies they want to integrate into their

daily lives are reading books, creating art, playing a musical instrument, taking singing lessons, engaging in clay activities, exploring art, and doing puzzles.

4.2.2.1.2. Cognitive-Physical Self-Care Strategies:

The second sub-theme, cognitive-physical self-care strategies, is examined under four headings: household activities, meditation, yoga and breathing exercises, nature walks, and sports. Some participants highlighted household activities with the following statements:

> "I will add spending more time in the kitchen as a strategy." [Mutfakta daha çok zaman geçirmeyi bir strateji olarak ekleyeceğim.] (P4)

Regarding other important cognitive and physical self-care skills such as meditation, yoga, and breathing exercises, participants mentioned:

> "…I knew about breathing exercises but wasn't doing them regularly. I learned that they are beneficial for me." […nefes egzersizleri, biliyordum ama düzenli yapmıyordum. Kendim için faydalı olduğunu öğrendim.] (P6)

Several participants mentioned continuing sports and nature walks for cognitive and physical self-care, with statements such as:

> "I can add nature walks." [Doğa yürüyüşünü ekleyebilirim.] (P3)

> "I can say to start regular sports." [Düzenli spora başlamayı anlatabilirim.] (P14)

4.2.2.1.3. Cognitive-Relational Self-Care Strategies:

Regarding the third sub-theme, cognitive-relational self-care strategies, participants emphasized the importance of consultation. One participant expressed is as follows:

> "Spending more time with colleagues, occasionally seeking advice, and sharing experiences." [Meslektaşlarımla daha çok vakit geçirmek, zaman zaman tavsiyeler almak ve deneyimlerim paylaşmak.] (P7)

4.2.2.2. Experiences of Session

The experiences related to the second theme of the session are divided into three separate categories: behavioral, cognitive, and emotional experiences.

4.2.2.2.1. Behavioral Experiences:

Behavioral experiences are further categorized into two subheadings: experiencing strategies that can be applied during fatigue and burnout and taking action for planned strategies. One participant expressed their experience with strategies that can be applied during compassion fatigue and burnout:

> "I learned and experienced that compassion fatigue and burnout are normal, and there are strategies I can use for myself during these situations." [Benim zaman zaman yaşadığım yorgunluk ve tükenmişliğin normal olduğunu, kendim için bu durumlarda yapabileceğim stratejilerin olduğunu öğrendim, deneyimledim.] (P6)

Another behavioral experience involves taking action for planned strategies. Participants shared the following insights on this topic:

> "I would explain that we need to implement self-care strategies more in our daily lives and encourage each other to do so." [Öz-bakım stratejilerinin günlük hayatımızda daha fazla uygulamamız ve bunun için de birbirimizi teşvik etmemiz gerektiğini anlatırdım.] (P11)

> "Today, I realized that although I exist in many areas, I haven't delved deep enough. I have numerous things I want to do, but they haven't become a routine. Facing these realities was a slightly painful experience, but awareness is essential for self-care. Even though I have sufficient areas for self-care, I recognized the importance of developing some habits/routines in this regard… For this, I need to plan well and stick to the plan." [Bugün birçok alanda var olduğumu ama derinleşemediğimi, yapmak istediklerimin çokluğunu ve bunların bir rutin oluşturmadığını fark ettim. Bunlar ile yüzleşmek iyi gelse de farkındalık biraz acı gerektiren bir deneyim oldu. Öz-bakım için yeterli alanlara sahip olsam da bu konuda az da olsa bir alışkanlık/rutin edinmenin

özbakım için önemli olduğunu fark ettim…Bunun için iyi bir planlama yapmam gerektiğini ve plana sadık kalmayı fark etmiş oldum.] (P9)

"If I integrate these activities into my daily life, I am confident that they will benefit my self-care." […bu aktiviteleri gündelik hayatıma entegre edersem öz-bakımıma birçok faydası olduğunu göreceğime eminim.] (P16)

4.2.2.2.2. Cognitive Experiences:

When focusing on the second sub-theme, cognitive experiences, the following aspects stand out: recognizing strengths, identifying needs, and allocating time for oneself. The participants expressed their thoughts on recognizing their strengths related to cognitive experiences. Especially, after the session activities, they live some awareness about their strength sides. They expressed it as follows:

"I would describe how the clay exercise allowed me to connect with my strengths" [Kil çalışmasının temelde güçlü yanımla temas etmemi sağladığını anlatırdım.] (P14)

"Especially during the last part of the session, I would mention how the clay exercise, combined with the music playing in the background, evoked many associations related to my continuous activities on both cognitive and emotional levels" [Özellikle oturumun son kısmında yaptığımız kil çalışması, arkada çalan müziğin de etkisiyle aslında sürekli yaptığım aktivitelerimin bilişsel ve duygusal arka planda benimle alakalı çok şey çağrıştırdığından bahsetmek isterdim.] (P16)

Another cognitive experience, recognizing their needs, led one participant to express:

"I will focus on why I engage in activities that are beneficial or not based on my own thoughts. I need this." [Kendi düşüncelerimden bana faydalı olan ve faydalı olmayan aktivitelerimi ne için yaptığıma odaklanacağım. Buna ihtiyacım var.] (P4)

The participants described their experiences related to allocating time for themselves, which was one of the cognitive experiences, as follows:

"At the end of this session, I particularly realized that I haven't been using my time well; I've been sleeping too much. I saw that I haven't been allocating quality time for myself in the practice" [Bu oturumun sonunda özellikle kendimle ilgili fark ettiğim şey zamanımı iyi değerlendirmediğim oldu, sürekli uyuyormuşum. Kendime kaliteli zaman ayırmadığımı, yaptığım uygulamada gördüm.] (P15)

"I used to think I was making time for myself, but this session concretely showed me that I haven't been allocating sufficient time for myself" [Kendime zaman ayırdığımı düşünürdüm, lakin bu oturum bana somut bir şekilde kendime yeterli zamanı ayırmadığımı göstermiş oldu.] (P9)

4.2.2.2.3. Emotional Experiences:

They evaluated this under the theme of emotional experiences, the final subtopic of the second session. Participants expressed that they felt they were not alone, which had a positive impact on them. Some participants emphasized this as follows:

"In this session, meeting different people and discussing things that would benefit us together was very inspiring" [Bu oturumda farklı insanlarla tanışmak, beraber kendimize iyi gelecek şeyler hakkında konuşmak bana çok ilham verdi.] (P4)

"Sharing common ground and experiences with others creates a unifying and healing effect" [Bir yandan da diğerleri ile ortak paydada paylaşımda bulunmak birleştirici ve iyileştirici bir etki yaratıyor.] (P17)

4.2.3. Third Session Content Analysis

In the third session, participants were intended to learn about physical self-care and the associated strategies. Additionally, they were expected to create their own physical self-care plan and identify their strengths. In their journals, to measure the effectiveness of the session, participants were asked whether they regularly engage in physical self-care activities beyond what they learned during the session. They were also inquired about any additional physical self-care activities they plan to incorporate into their lives. Lastly, they were prompted to share what they would say to their own

clients about relaxation exercises. According to the data provided by the participants, the third session yielded two main themes. The first theme consists of a single subtopic, while the second theme comprises three subtopics. Similar to themes identified in other sessions, the first theme represents what participants learned a new during the session, while the second theme captures their experiences related to the session. The themes and sub-themes are detailed in Table 9.

Table 9 Descriptive Table of the Session 3 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
SESSION 3	THEME 1: The New Learnings of Participants	1. Physical Self-Care Strategies
	THEME 2: Experiences of the Session	1. Behavioral Experiences 2. Cognitive Experiences 3. Emotional Experiences

4.2.3.1. The New Learnings of Participants

The participants' newly acquired knowledge was examined under the single sub-theme of physical self-care strategies.

4.2.3.1.1. The Physical Self-Care Strategies:

Upon detailed analysis, participants expressed their learned physical self-care skills under the following headings: exercise/walking, breathing exercises/meditation/yoga, regular sleep, balanced nutrition, individual hobbies, attention to physical appearance, regular health check-ups, rest/breaks, and pet ownership (playing with them). The participants have predominantly associated the physical self-care strategy of exercise/walking with the following statements:

> "I will incorporate regular abdominal and full-body exercises." [Düzenli karın ve tüm vücut egzersizlerini ekleyeceğim.] (P6)

> "I can do Pilates regularly and go for walks." [Düzenli olarak pilates yapabilir, yürüyüşlere çıkabilirim.] (P1)

Another self-care strategy learned by the participants is breathing exercises/meditation/yoga, which they express as a way to focus on both inner voice and physical well-being. Especially, after the applying breathing and body scan exercises, most of the participants emphasized that they would add one of them in their daily routines.

Additionally, one of the other physical self-care strategies that participants plan to integrate into their lives is regular sleep. They emphasized the significance of regular sleep. At the same time the participants have emphasized regular nutrition as another physical self-care strategy. Regarding other physical self-care strategies related to individual hobbies, participants mentioned that they will integrate some hobbies in their lives, like dancing, mind games, folk dance, participating in workshops and so on. Another aspect of physical self-care is prioritizing physical appearance. Participants also remarked that they will pay attention their personal and physical care such as body and skin care. Additionally, regular health check-ups are part of physical self-care skills. One participant emphasized this strategy:

> "I will incorporate regular health check-ups into my strategies." [Düzenli sağlık kontrollerini stratejilerimin arasına ekleyeceğim.] (P14)

As for the skill of resting and taking breaks when needed, one participant expressed it as follows:

> "I will lie on my back, close my eyes, and listen to my inner voice, prioritizing rest." [Sırt üstü uzanıp, gözlerimi kapatıp iç sesimi dinlemeyi, dinlenmeyi ekleyeceğim.] (P16)

Lastly, adopting and spending time with pets was mentioned by one participant:

"I will adopt a pet and spend time with it as part of my strategies." [Evcil hayvan sahiplenip, onunla vakit geçirmeyi stratejilerim arasına ekleyeceğim.] (P15)

4.2.3.2. Experiences of the Session

The experiences related to the third session's second main theme consist of three subheadings.

4.2.3.2.1. Behavioral Experiences:

Participants have discussed behavioral experiences, which are the first of these subheadings, with mentioning physical control. Participants emphasized that it would be very beneficial to be alone with oneself and understand how one feels whether to address pain and discomfort, and whether to take action. They also highlighted the importance of physical control with statements like;

"Definitely being alone with yourself and understanding how you feel whether to address pain and discomfort, and whether to take action would be very beneficial." [Kesinlikle kendinle baş başa kalma ve kendini nasıl hissettiğini, ağrı ve acılarını dahası bunların üzerine gitmen gerekip gerekmediğini anlamanda çok faydalı olacaktır.] (P16)

"Sometimes we need to turn to ourselves and physically control ourselves. This exercise will contribute to my physical and mental health." [Zaman zaman kendimize yönelmemiz, kendimizi fiziki anlamda kontrol etmemiz gerekir. Bu egzersiz fiziksel ve ruhsal sağlığıma katkıda bulunacaktır.] (P17)

4.2.3.2.2. Cognitive Experiences:

In the second sub-head, which focuses on cognitive experiences, participants expressed their cognitive experiences under the headings of integrating breath exercises into life and recommending breath exercises to others based on the exercises they experienced during the session. Regarding the first topic, integrating breath exercises into life, participants used the following statements:

> "Sometimes, even if it's just 2-3 minutes in our lives, we need to focus on ourselves, hear our breath. This situation can allow us to turn inward personally. Breathing, our most basic need, can enable us to feel hope and our existence in life." [Bazen hayatımızda 2-3 dakika bile olsa kendimize odaklanmamız, nefes alışverişimizi duymamız gerekebilir. Bu durum kişisel olarak kendimize dönmemizi sağlayabilir. En temel gereksinimiz olan nefes almak, hayata karşı umudumuzu, varoluşumuzu hissetmemize olanak verebilir.] (P12)

For the other topic, recommending breath exercises to others, participants who performed breath exercises and body scans during the session expressed how they recommend exercises to others based on their experiences:

> "I would tell them that relaxation exercises will help them be present in the moment and increase their awareness." [Gevşeme egzersizlerinin danışanın şimdi ve burada olmasına yardımcı olacağını farkındalığının artacağını söylerdim.] (P1)

> "I would convey the power of seeing the body with closed eyes as something beneficial for them." [Bedeni gözleri kapalıyken görmenin gücünün ona iyi geleceğini aktarırdım.] (P5)

> "After doing this exercise in a comfortable environment, if you feel good and want to continue, you can integrate it into your daily life." [Bu egzersizi rahat bir ortamda yaptıktan sonra, eğer kendini iyi hissettiysen ve yapmaya devam etmek istersen günlük yaşamına entegre edebilirsin.] (P12)

4.2.3.2.3. Emotional Experiences:

The negative emotions sub-head accompanies the final session of the third theme. Among the participants, only one noted:

> "The duration of relaxation exercises really stressed me out. It should be done when one is already more relaxed." [Gevşeme egzersizinin uzun sürmesi beni çok gerdi. Daha rahatken yapılmalı.] (P15)

4.2.4. Fourth Session Content Analysis

In the fourth session, the aim was for participants to learn about spiritual self-care and spiritual self-care strategies. Additionally, the concepts of self-compassion and kindness were also intended to be learned. In their journals, participants were given a client case to measure the effectiveness of the session, and they were asked which spiritual self-care strategies they would recommend to this client and why. According to the data presented by the participants, the fourth session is characterized by two main themes. The first main theme consists of three sub-themes, while the second main theme consists of a single sub-theme. Similar to the themes identified in other sessions, the first theme represents what participants learned during the session, while the second main theme reflects their experiences related to the session. The themes and sub-themes are detailed in Table 10.

Table 10 Descriptive Table of the Session 4 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
SESSION 4	THEME 1: The New Learnings of Participants	1. Spiritual-Cognitive Self-Care Strategies 2. Spiritual-Physical Self-Care Strategies 3. Spiritual-Relational Self-Care Strategies
	THEME 2: Experiences of the Session	1. Emotional Experiences

4.2.4.1. The New Learnings of Participants

Participants have examined their newly acquired knowledge under three sub-themes: spiritual-cognitive self-care strategies, spiritual-physical self-care strategies, and spiritual-relational self-care strategies.

4.2.4.1.1. Spiritual-Cognitive Self-Care Strategies:

Upon detailed analysis, participants expressed the spiritual-cognitive self-care strategies they learned through the following headings: questioning the meaning of life, self-compassion, recognizing strengths, connecting with a perceived power

through worship or meditation, seeking new perspectives from films/books/series, self-awareness, recalling personal values, spending time alone with oneself, and taking breaks/resting. Participants have expressed the topic of questioning the meaning of life, one of the spiritual-cognitive self-care strategies, as follows:

> "…I would recommend determining the meaning of one's own life with an expert." […bir uzmanla birlikte kendi yaşamının anlamını belirlemesini önerirdim.] (P6)

> "After realizing that they question the meaning of life, I would suggest that they continue this inquiry through various means…" [Yaşamın anlamını sorguladığını fark eder, kendisine de bunu fark ettirdikten sonra bu sorgulamayı…yollarla yapmasını önerirdim.] (P5)

Another spiritual-cognitive self-care strategy is self-compassion. Nearly all participants emphasized the importance of self-compassion with statements such as:

> "I really wanted to practice self-compassion, and I realized this cognitively…" [Öz-şefkati yapmayı çok istediğimi bilişsel olarak bunu bildiğimi… fark ettim.] (P8)

> "I noticed that I treated myself with kindness, and now I consciously intend to show myself more compassion." [Kendime şefkatli davrandığımı fark ettim, artık daha bilinçli bir şekilde kendime şefkat göstereceğimi düşünüyorum.] (P3)

> "I would recommend self-compassion. Today, during the session, I realized that my understanding of compassion expanded." [Öz-şefkati önerirdim. Bugün oturumda şefkat anlamında ufkumun açıldığını fark ettim.] (P7)

> "…and self-compassion involves recognizing one's own existence, loving oneself, and showing respect—essentially valuing oneself." […ve öz şefkat, nezaket üzerinde durarak kendi varlığını hissetmesi, sevmesi ve saygı duymasını sağlamak yani kendine değer vermek.] (P10)

Another topic, recognizing strengths, was expressed by participants as follows:

> "They need to remember where they are, what they love, and their achievements." [Bulunduğu yeri, sevdiği şeyleri ve başarılarını hatırlamaya onları fark etmeye ihtiyacı var.] (P5)

> "When they have done positive things so far, they should consider in which areas they are strong…" [Şimdiye kadar bu olumlu şeyleri yaptığında kendini hangi alanlarda güçlü olduğunu düşünmesi…] (P10)

Another spiritual-cognitive self-care strategy that participants have formulated is connecting with a perceived power through worship or meditation. They expressed it as follows:

> "…within the framework of spiritual self-care, bringing beliefs to the surface is a good way to achieve this. Believing in a higher power sometimes alleviates our own weaknesses." […bunu sağlamak için de manevi öz-bakım çerçevesinde inançları gün yüzüne çıkarmak iyi bir yoldur. Daha büyük bir güce inanmak, bazen kendi güçsüzlüğümüzü hafifletir.] (P17)

Another topic is seeking new perspectives by watching TV series or reading books. One participant expressed it as follows:

> "Watching a film or reading a book that provides a fresh perspective can be beneficial." [Yeni bakış açısı kazandıracak film ya da kitap iyi gelebilir.] (P17)

When focusing on the topic of self-awareness, participants emphasized the following:

> "First, I would talk about love, relationships, interactions, and things that are good for them… It is important for them to remember where they feel free, what benefits them." [Önce sevgiden bahsederim, ilişkilerden, etkileşimden ve ona iyi gelen şeylerden… nerede kendini özgür hissettiğini, kendine iyi gelenleri hatırlaması önemlidir.] (P10)

> "For self-awareness, how has it changed for them? How would they explain to themselves that something that used to bring them joy no longer does? I would direct questions to help them realize that change is possible and is a part of life." [Öz farkındalığı için kendisine ne değişti? Sana daha öncesinde keyif verenin şimdi sana keyif vermiyor oluşunu kendine nasıl açıklarsın? Sorularını

yöneltir ve değişimin olabilir bir şey, hayatın bir parçası olduğunu fark etmesini sağlamaya çalışırdım.] (P1)

Participants have expressed the importance of self-awareness in life through the following statements:

> "I believe that they need to realize that they have forgotten to allocate time for themselves, that they are tired and stuck in routines. Life is not just about work, spouse, and children. Sometimes, when we step back and look at our lives, we feel the need to ask ourselves, "What have I done for myself?" I think they feel exhausted and neglected while dedicating time to others. They have the right (primarily) to do something for themselves. I believe that there is a need to hear and recognize this, which is why I would recommend these spiritual strategies." [Kendine zaman ayırmayı unuttuğunu, yorulmuş ve rutin içinde donup kalmış olduğunu fark etmeye, yorulmaya hakkının olduğuna inanıyorum. Hayatımızın sadece iş, eş ve çocuktan ibaret olmadığını bazen geri çekilip yaşamımıza baktığımızda kendim için ne yaptım? Sorusunu sorma ihtiyacı hissettirebiliyor. Başkalarına zaman ayırırken tükenmiş ve kendini ihmal ettiğini düşünüyorum. Kendisi için (öncelikli olarak) bir şeyler yapmaya hakkı var. Sanırım bunu duymaya ve fark etmeye ihtiyaç olduğu için bu manevi stratejileri önerirdim.] (P6)

Another spiritual-cognitive self-care strategy, recalling personal values, is expressed by participants with similar sentences. They emphasized that people should remember their own values or find for themselves. This strategy may help their self-care process.

Regarding spending time alone with oneself, participants have stated:

> "I thought it would be beneficial for them to spend time alone with themselves, listen to their inner voice, and find answers to some of their questions." [Kendisiyle kalıp iç sesini dinlemesinin iyi geleceğini, sorularının bazılarına cevap bulabileceğini düşündüm.] (P3)

> "I would recommend activities where they can hear their inner voice, be alone with themselves…" [Kendi iç sesini duyabileceği, kendisiyle baş başa kalabileceği aktiviteler yapmasını…önerirdim.] (P6)

Furthermore, emphasizing the importance of resting or taking breaks, participants have shared the following thoughts:

> "Mindfulness exercises could be helpful…stopping, resting, maybe going on vacation…" [Anda kalmak egzersizleri olabilir…durmak, dinlenmek, belki bir tatile gitmek…] (P15)

> "They may have drifted away from the flow, faced difficulties in capturing the moment…perhaps they should take a break from work for a while and focus on themselves and their family." [Akıştan uzaklaşılmış, anı yakalamakta problemler yaşanmış olabilir…belki bir süreliğine işine ara verip, kendisi ve ailesiyle ilgilenmeli.] (P7)

4.2.4.1.2. Spiritual-Physical Self-Care Strategies:

The second sub-theme, spiritual-physical self-care strategies, has been formulated by participants under the following headings: meditation, yoga and breathing exercises, camping, nature walks, exercise, and experiencing behaviors that bring well-being. Participants emphasized the importance of meditation, yoga, and breathing exercises with statements such as:

> "…they should emphasize that breathing exercises are beneficial for both the body and mind…" […nefes egzersizlerinin hem vücuduna hem de zihnine iyi geleceği üzerinde durmalı…] (P10)

One participant expressed the strategy of camping, a spiritual-physical self-care strategy, as follows:

> "…I would recommend doing this inquiry…in the context of a forest camping trip." […bu sorgulamayı orman kampı eşliğinde yapmasını önerirdim.] (P5)

Another strategy is nature walks. Nearly all participants stated it as follows:

> "Spending time alone with nature, walking…I would recommend it." [Doğayla baş başa vakit geçirmek, yürümek…önerirdim.] (P9)

Almost all self-care strategies include the topic of exercise, which also manifests itself among spiritual self-care strategies. One participant expressed the importance of exercise with the following statement:

> "The expression of pleasure is somewhat related to hormones, so exercise can be helpful." [Keyif veren ifadesi biraz da hormonlarla ilgilidir bu nedenle spor yapmak yardımcı olabilir.] (P9)

As for the last heading of the first sub-theme, experiencing behaviors that bring well-being, one participant emphasized it as follows:

> "I would recommend helping people and animals." [İnsanlara ve hayvanlara yardım etmeyi önerebilirim.] (P7)

4.2.4.1.3. Spiritual-Relational Self-Care Strategies:

Among the third sub-theme, spiritual-relational self-care strategies, social support was highlighted by a participant:

> "Spending time with loved ones… can be recommended." [Sevdikleriyle vakit geçirmek… önerilebilir.] (P7)

4.2.4.2. Experiences of the Session

The experiences related to the second main theme of the fourth session have been analyzed based on the participants' data. As a sub-theme, emotional experiences have been identified. Within this, participants' emotional experiences have been examined under two headings.

4.2.4.2.1. Emotional Experiences:

Participants expressed the positive emotions they experienced during the session as follows:

> "I felt relieved because I turned inward during the activities. The letter-writing activity was very meaningful." [Özellikle etkinliklerde kendime döndüğüm için rahatlamış hissettim. Mektup etkinliği çok anlamlıydı.] (P7)

"In this session, I felt valuable." [Ben bu oturumda kendimi değerli hissettim.] (P10)

"I felt strong and valuable… addressing my best version was amazing." [Güçlü ve değerli hissettim…en iyi versiyonuma seslenmek müthişti.] (P5)

"I am calm, like still water. Serene and peaceful." [Sakin, durgun su gibiyim. Dingin ve huzurlu.] (P1)

"My heart warmed, I felt self-compassion, I felt hope." [Kalbim ısındı, öz şefkati hissettim, umut hissettim.] (P14)

Regarding negative emotions experienced during the session, two participants stated:

"…but emotionally, I felt calm and found it very difficult to reach myself." […ama duygusal olarak sakinleşip, kendime ulaşmanın çok zor olduğunu hissettim.] (P8)

"There were moments when I felt sad, when I felt upset." [Hüzünlendiğim, üzüldüğümü fark ettiğim anlar da oldu.] (P9)

4.2.5. Fifth Session Content Analysis

In the fifth session, participants were intended to learn about relational self-care and the associated strategies. Additionally, they were asked to reflect on their relationships from a distance: How do they feel when looking at their relationships objectively? What aspects of their relationships do they notice? What changes would they like to make? According to the data presented by the participants, the fifth session has two main themes. The first and second main themes consist of a single sub-theme each. Similar to the themes created in other sessions, the first theme represents what participants learned from the session, while the second main theme encompasses their experiences during the session. The themes and sub-themes are detailed in Table 11.

Table 11 Descriptive Table of the Session 5 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
	THEME 1: The New Learnings of Participants	1. Relational Self-Care Strategies

SESSION 5

THEME 2: Experiences of the Session

1. Emotional Experiences

4.2.5.1. The New Learnings of Participants

Participants' newly acquired knowledge has been examined under the sub-theme of relational self-care strategies.

4.2.5.1.1. Relational Self-Care Strategies:

The headings that constitute relational self-care strategy's sub-theme are as follows: awareness of their relationships and needs and experiencing new relationships. Nearly all participants expressed their awareness of relationships with the following words:

> "I realized that my relationships are few and meaningful. I noticed areas where I need to change myself in terms of communication and respecting boundaries." [İlişkilerimin az ve öz olduğunu fark ettim. Sadece iletişim ve sınırlara saygı konusunda kendimi değiştirmem gereken noktalar olduğunu fark ettim.] (P16)

> "I realized that I have boundaries. I would like to be more flexible, speak more openly about my needs or weaknesses. Sometimes, being strong or appearing strong can be exhausting." [Tabularım ve sınırlarım olduğunu fark ettim. Daha esnek olmak, ihtiyaçlarımı ya da zayıf yönlerimi daha rahat konuşabilmek isterdim. Güçlü olmak ya da görünmek bazen yorucu olabiliyormuş.] (P11)

> "I thought I was lonelier and had fewer relationships, but I have sufficient support, warmth, understanding, love, and laughter in my life. I was focusing only on the void and ignoring everything else. Now, the idea of erasing the void didn't even cross my mind… I realized that I should be content and start enjoying the present instead of seeking. I told myself I need to be more effective. I don't want to completely leave the canvas to others." [Daha yalnız ve daha az ilişkide olduğumu sanıyordum ama yeterli desteğim, sıcaklığım,

anlayışım, sevgim ve kahkaham varmış hayatımda. Tek boşluğa odaklanıp hepsini yok sayıyormuşum. Şimdi boşluğu çizmek aklıma bile gelmedi…memnun olmam gerektiğini ve artık arayış yerine tadını çıkarmam gerektiğini fark ettim…daha etkin olmalıyım dedim. Tuvali başkalarına tamamen bırakmak istemiyorum.] (P8)

"I realized that I am a person of quality over quantity. I can socialize a bit more. Then I realized I need a romantic relationship. I would like to include someone I love and who loves me in my life." [Az ve öz insan olduğunu fark ettim. Biraz daha sosyalleşebilirim. Ardından romantik ilişkiye ihtiyacım olduğunu fark ettim. Sevdiğim ve beni seven birisini hayatıma dahil etmek isterdim.] (P14)

"I saw more togetherness than individuality in my relationships. Two friend groups, a cousin group, and a family group. I love each of them very much, but I couldn't separate them. I thought about my boundaries, what I can reflect, how much I can express, which needs I have, and how much each person meets them." [İlişkilerimde birebirden daha çok birliktelik gördüm. İki arkadaş grubu, kuzen grubu ve aile grubu. Her birini çok sevdiğimi ama ayıramadığımı fark ettim. Sınırlar ihtiyaçları korur, benim sınırlarım neler, ne kadar yansıtabiliyorum, hangi ihtiyaçlarımı, kimi ne kadar karşılıyor, düşündüm.9 (P1)

"I need to distance myself from people I want to move away from my comfort zone. I want to change my immediate family, reevaluate my boundaries in some relationships, and acknowledge that the people I enjoy hugging are outside of Ankara." [Konfor alanımdan çıkıp uzaklaşmak istediğim kişilerden uzaklaşmam gerektiğini, çekirdek ailemi değiştirme istediğimi, bazı ilişkilerimde sınırlarımı tekrar gözden geçirmem gerektiğini, sarılmaktan keyif aldığım kişilerin Ankara dışında olduğu gerçeğini fark ettim.] (P3)

"I realized that boundaries are crucial for me. I am content with this situation. I also recognized my trust issues, but I understand that it's an internal matter." [Sınırların benim için çok önemli olduğunu fark ettim. Bu durumdan

mutluyum. Güven sorunlarımın olduğunu da fark ettim ama bu benim içimde olan bir durum.] (P12)

Additionally, one participant expressed uncertainty about experiencing emotional relationships:

> "I never thought about having an emotional relationship. But today, I have question marks about this." [Duygusal bir ilişkiyi hiç düşünmedim. Ama bugün bu konuda soru işareti oluştu.] (P10)

4.2.5.2. Experiences of the Session

The experiences related to the second main theme of the fifth session have been analyzed based on the participants' data. Within this sub-theme, emotional experiences have been examined under four headings: positive emotions related to the session, negative emotions related to the session, positive emotions arising from relationship awareness, and negative emotions arising from relationship awareness.

4.2.5.2.1. Emotional Experiences:

The majority of the participants have shared their positive feelings based on the awareness they experienced through the painting activity. Participants expressed their positive emotions during the session as follows:

> "This session and the activities made me very happy with what I realized, reminding me to take action in some areas." [Bu oturum ve etkinlikler bana fark ettirdiği şeylerle beni çok mutlu etti, bazı konularda hareket geçmem gerektiğini tekrar hatırlatıp beni tetikledi.] (P3)

> "Today, I felt free during the activity. Starting with painting relaxed me, and at that moment, I thought: I'm glad I joined this group. I am here for myself. I enjoy doing things for myself." [Bugün etkinlikte kendimi özgür hissettim. Boyama ile başlamak beni rahatlattı ve o esnada aklımdan şu geçti; iyi ki bu gruba dahil olmuşum. Kendim için buradayım. Kendim için bir şeyler yapmayı seviyorum.] (P10)

"I really enjoyed today. It prompted me to be self-critical. I will try to break my boundaries and taboos a little more and be flexible. Thank you." [Bugün gerçekten çok keyif aldım. Özeleştiri yapmamı sağladı. Biraz daha sınırlarımı ve tabularımı yıkıp esnek olmaya gayret edeceğim. Teşekkürler.] (P11)

"This session, especially the painting part, helped me see myself more clearly and created awareness about my relationships and perspective. Therefore, I feel very happy." [Bu oturum özellikle boyama kısmı kendimi daha net görmeme ve ilişkilerime, bakış açıma karşı farkındalık yarattı. Bu nedenle çok mutlu hissediyorum.] (P16)

When we examine the negative emotions related to the sub-theme of the session, which is associated with the session experience, the feelings expressed by the participants are as follows:

"…but the idea of changing the canvases saddened me a lot because even before I started painting on the canvas, I had already begun to create images in my mind. I drew boundaries on my canvas so that my dream would come true. Expecting everyone to respect it, but many people chose to destroy it instead of improving it. However, I had tried to develop every picture that came in front of me with respect and care. When I saw what was done to my own picture, I also did what they did to other pictures. In fact, I am such a person in my relationships; I approach everyone with beauty and good intentions first. But if the person in front of me does not respect my boundaries, I do not respect theirs either. When I heard that we would change the pictures, I already felt a great lack of trust and anxiety. Because I thought that when I lost control, the result would be bad. And it turned out just as I thought. But I fixed it myself." […fakat tuvalleri değişme fikri beni çok üzdü çünkü ben tuvale başlamadan önce bile hayalimde resim oluşturmaya başlamıştım. Hayalim gerçekleşsin diye tuvalime sınırlar çizdim. Herkesin ona saygı duymasını bekleyerek, ama bir çok kişi bunu geliştirmek yerine yok etmeyi tercih ettiler. Oysaki ben önüme gelen her resmi saygıyla ve özenle geliştirmeye çalışmıştım. Kendi resmime yapılanı görünce ben de diğer resimlere onların yaptığını yaptım. Aslında ilişkilerimde de böyle bir insanım herkese önce güzellikle ve iyi

niyetle giderim. Ama karşımdaki insan benim sınırlarıma saygı duymuyorsa ben de karşımdakinin sınırına saygı duymuyorum. Resimleri değiştireceğimizi duyunca zaten çok büyük bir güvensizlik ve evham yaşadım. Çünkü kontrolü kaybettiğimde sonucun kötü olacağını düşünüyordum. Düşündüğüm gibi de oldu. Fakat ben kendim onu tekrar düzelttim.] (P12)

Another emotional experience is the positive feelings brought about by relationship awareness. When participants reviewed their relationships, they generally felt peaceful, happy, proud, and significant due to having beautiful and satisfying relationships. On the other hand, some participants questioned the boundaries in their relationships and emphasized feeling happy because they became aware of their relationship needs. Participants expressed the following statements:

> "I saw that I increased my self-worth and respect, and this made me feel very good. Seeing that I didn't keep draining people in my life also made me happy." [Kendime değer ve saygı vermeyi arttırdığımı gördüm ve bu bana çok iyi hissettirdi. Beni yoran insanları hayatımda tutmadığımı görmek de mutlu etti.] (P3)

> "When I spent time with people, I felt good, supported, and when I made them tangible, I realized I wasn't alone." [Birlikte vakit geçirdiğim insanların bana iyi geldiğini, destek olduğunu ve onları somutlaştırdığımda yalnız olmadığımı hissettim.] (P11)

> "In general, it feels sufficient. I have someone I can share my concerns with, and I also have enough friends socially. I also have the opportunity to be alone. In short, I feel quite content at the moment." [Genel anlamda yeterli geldi. Derdimi anlatabileceğim birileri de var, sosyal anlamda yeterli arkadaşım da var. Yalnız kalmak için fırsatım da var. Kısacası şu an için çok yeterli hissediyorum.] (P6)

Finally, when examining the negative emotions created by relationship awareness, participants emphasized their experiences with the following statements:

"…having such a limited relational environment stressed me out a bit and made me question myself." […bu kadar sınırlı bir ilişkisel çevreye sahip olmak da beni biraz gerdi, kendimi sorgulamaya itti.] (P16)

"However, having some relationships that I am forced to maintain and cannot completely distance myself from makes me very sad." [Ancak mecbur kaldığım ve tamamen uzaklaşamadığım bazı ilişkilerim olması beni çok üzüyor.] (P3)

4.2.6. Sixth Session Content Analysis

In the sixth session, the participants were aimed to learn about their professional self-care and professional self-care strategies. Additionally, the participants were asked to determine their long and short-term goals. In their journals, to measure the effectiveness of the session, the participants were questioned about what they would tell their friend about the session after leaving and what their most dominant emotion during the session was. According to the data presented by the participants in the sixth session, two main themes have been identified. The first main theme consists of two sub-themes, while the second main theme also comprises two sub-themes. Similar to the themes created in other sessions, the first theme represents what participants learned from the session, while the second main theme reflects their experiences related to the session. The themes and sub-themes are detailed in Table 12.

Table 12 Descriptive Table of the Session 6 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
SESSION 6	THEME 1: The New Learnings of Participants	1. Professional Self-Care 2. Professional Self-Care Strategies
	THEME 2: Experiences of the Session	1. Cognitive Experiences 2. Emotional Experiences

4.2.6.1. The New Learning of Participants

Participants' newly acquired knowledge explains under the sub-themes: professional self-care and professional self-care strategies.

4.2.6.1.1. Professional Self-Care:

When examining these sub-themes, participants expressed that they learned about the definition and importance of professional self-care within the context of the professional self-care sub-theme. These expressions were categorized under two headings: the definition of professional self-care and the significance of professional self-care. When examining the definition of professional self-care, most of the participants expressed that they learned what professional self-care is. As for the other sub-heading, the importance of professional self-care was emphasized by participants.

4.2.6.1.2. Professional Self-Care Strategies:

The titles that constitute the second sub-theme are as follows: finding balance (between work and personal life), allocating time for personal development and activities, taking breaks and resting, professional growth, setting professional and individual goals, improving time management skills and maintaining control ethical approaches and professional boundaries regarding finding balance between work and personal life, participants expressed the following:

> "I would discuss how our profession affects our personal lives and the potential negative effects of this situation. If we encounter an event where balance is disrupted, I would talk about the strategies we could use." [Mesleğimizin özel hayatımıza nasıl yansıdığı ve bu durumun olumsuz etkileri olabileceğini, eğer denge kuramadığımız bir olay yaşarsak ne gibi stratejiler kullanabileceğimizi anlatırdım.] (P17)

> "Unfortunately, these were not discussed during my years of education, so I had to discover on my own that it's best not to bring work home." [Bunlar maalesef benim eğitim aldığım yıllarda anlatılmadığı için kendim bulmak zorunda kalmışım işi eve getirmemekle çok iyi yapmışım.] (P6)

> "I would tell my friend today about the benefits of leaving work at work during this session and discuss various strategies to achieve that." [Arkadaşıma bugün bu oturum hakkında, işi işte bırakmanın bizlere sağlayacağı faydalardan bahsettiğimizi, bunu başarmak için uygulayabileceğimiz çeşitli stratejilerin olduğunu konuştuğumuzu anlatırdım.] (P1)

At the same time, the participants emphasized the importance of allocating time for personal development and activities:

> "I'm glad I attended this training and realized my deficiency in terms of self-care." [İyi ki eğitime gelmişim ve kendim için öz bakım anlamında eksikliğimi fark ettim.] (P6)

> "Once again, I clearly saw what needs to change. I recognized the need for routines and activities." [Yine kendimi ve değiştirmem gerekeni net bir şekilde gördüm. Düzen ve aktiviteler için rutin ihtiyacımı gördüm.] (P8)

Another title is taking breaks and resting. One participant expressed it as follows:

> "I realized that I didn't pay enough attention to taking breaks and listening to myself while working." [Çalışırken mole vermeye, kendimi dinlemeye önem vermediğimi fark ettim.] (P5)

On the other hand, participants discussing the topic of professional development expressed the following:

> "I realized that I don't question myself or strive for improvement unless I receive negative feedback in my professional life… As a result, I either work inefficiently or become very tired." [Profesyonel hayatımda olumsuz dönüt almadıkça kendimi sorgulamadığımı ve gelişmeye çalışmadığımı…fark ettim. Bu sebeple ya verimsiz çalışıyorum ya da çok yoruluyorum.] (P5)

Another participant highlighted the importance of taking small steps related to their profession:

> "By taking small steps in my profession, I can make significant changes. If the activities I engage in within my field positively impact my personal life, I believe we can continue these activities." [Mesleğimle ilgili küçük adımlar

atarak büyük değişiklikler yapabilirim. Alanımda yaptığım faaliyetler, kişisel hayatımda da beni olumlu etkiliyorsa bu aktivitelere devam edebiliriz diye düşünüyorum.] (P10)

Regarding setting professional and individual goals, one participant conveyed the following:

> "…because I thought I was far from the point I aimed for. As I started writing, I saw that I was progressing in line with my goals." […çünkü hedeflediğim noktadan çok uzakta olduğumu düşündüm. Yazmaya başladıkça hedeflerim doğrultusunda ilerlediğimi gördüm.] (P9)

Furthermore, among the professional self-care strategies, improving time management skills and maintaining control were addressed by a participant as follows:

> "I would explain how using an agenda, calendar, voice messages, and notebooks for time planning organizes one's goals. When adhered to without distractions, these plans bring us closer to the ideal." [Ajanda, takvim, sesli mesaj, not defteri kullanarak zaman planlamasının insanın hedeflerini düzenlediğini, dağılmadan ve sadık kalındığında yapılan planlara ideal olana yaklaştığını ve…anlatırdım.] (P9)

On the other hand, another participant stated about ethical approaches:

> "I would particularly like to discuss the topics I have become enlightened about, especially related to ethics. I would emphasize the importance of flexibility in ethical responsibilities, which can sometimes be shaped according to individuals' benefit." [Özellikle etik konular hakkında aydınlandığım konuları anlatmak isterdim. Etik sorumlulukların kişilerin yararına göre zaman zaman şekillenebileceği konusunda esnek olabilmenin öneminden bahsederdim.] (P7)

Concerning the final topic of professional self-care strategies learned during the session, the boundaries within the profession were expressed by participants as follows:

"We remembered the boundaries we need to maintain professionally." [Mesleki açıdan kendimizi koruyacağımız sınırları hatırladık.] (P14)

"While protecting the client, it's essential to protect ourselves too; we recognized the boundaries." [Danışanı korurken kendimizi de korumanın önemli olduğunu, sınırları gördük.] (P15)

4.2.6.2. Experiences of the Session

In the experiences section of the second main theme of the sixth session, two sub-themes have emerged. These are cognitive experiences and emotional experiences.

4.2.6.2.1. Cognitive Experiences:

Under the sub-theme of cognitive experiences, there are topics related to the awareness that professional self-care is connected not only to occupational skills but also to other forms of self-care. One of the participants expressed their awareness of the connection between professional self-care and other types of self-care with the following words:

"Professional self-care is not only about occupational competence; I would also explain that it is related to other forms of self-care." [Profesyonel öz bakım sadece mesleki donanımla ilgili olmadığını diğer öz bakım çeşitleriyle de bağlantılı olduğunu fark ettiğimi anlatırdım.] (P9)

Another cognitive experience from the session is gaining different perspectives through professional knowledge sharing. Participants emphasized this topic with the following statements:

"We discussed case conversations with other colleagues and explored various situations we might encounter in our profession, which was very helpful." [Diğer hocalarımızla yaptığımız vaka sohbetleri ve meslekte ne gibi durumlarla karşılaşabileceğimizi, meslekte farklı tecrübelere sahip hocalarımızla tartıştık…çok yardımcı oldu.] (P12)

"I realized there are different perspectives and strategies." [Farklı bakış açıları ve farklı stratejiler olduğunu gördüm.] (P14)

"Thanks to participating and sharing experiences, I learned about cases I might encounter in my professional life and how to protect ourselves using different methods. As someone who has not yet embarked on this path, the experiences of those who have walked it before are invaluable. Thank you." [Eğitime katılan, deneyimlerini paylaşan katılımcılar sayesinde meslek yaşantımda karşılaşabileceğim vakalar ve bu vakalarla farklı yöntemlerle kendimizi nasıl koruyabileceğimize dair bilgilendim. Henüz yürümeye başlamadığım bu yolda, daha öncesinde bu yolu yürümüş insanların deneyimleri çok kıymetli. Teşekkürler.] (P1)

4.2.6.2.2. Emotional Experiences:

In the final sub-theme of the session, emotional experiences were examined under three main headings. These include the feeling of not being alone among participants, positive emotions related to the session and awareness, and negative emotions related to the session and awareness. Participants expressed their feeling of not being alone as follows:

"Being in sharing with colleagues who have similar experiences throughout the session not only provides relief during this session but also makes us feel normal." [Oturum boyunca benzer deneyimleri yaşadığımız meslektaşlarımızla paylaşım içinde olmak sadece bu oturum için eğil, her oturum sonunda rahatlamış ve normal hissettiriyor.] (P7)

Another sub-theme of emotional experiences titled positive emotions related to the session and awareness was emphasized by participants. They expressed that they feel different positive emotions like happiness, proud, excitement, peace, pleasure, peaceful, and calm. For example:

"There can be ups and downs, and thinking about it makes me feel good… Also, self-awareness makes me feel good." [İnişler-çıkışlar olabilir ve bunu düşünmek bana iyi hissettiriyor…ayrıca kendimi fark etmek beni iyi hissettiriyor.] (P10)

"Taking steps towards professional self-care makes me happy." [Profesyonel öz bakım konusunda attığım adımlar beni mutlu ediyor.] (P11)

> "Understanding that professional self-care develops through experience and experiencing this awareness made me feel good. In this sense, seeing my own growth also made me happy." [Profesyonel öz bakımın tecrübeyle geliştiği konusunu anlayabilmek, bu farkındalığı yaşamak iyi hissettirdi. Bu anlamda kendimi de geliştirdiğimi görebilmek beni mutlu etti.] (P7)

Finally, Participants in the session have experienced some negative emotions along with what they have noticed. Feelings of inadequacy have been predominant, accompanied by feelings of being trapped and helplessness, which have been emphasized the most. The participants expressed negative emotions related to the session and awareness as follows:

> "I felt helplessness and sadness. Also, fear. I saw myself as someone who lacks the courage to pursue what I want to do. I feared not being able to recover. I also felt helpless about what I could do." [Çaresizlik ve üzüntü hissettim. Bir de korku. Kendimi yapmak istediklerim konusunda durduran cesaretimi toplamayan biri olarak gördüm. Toparlanamamaktan korktum. Ne yapabileceğim konusunda da çaresiz hissettim.] (P5)

> "Feeling caught in between was the dominant emotion today." [Arada kalmışlık bugünün en baskın duygusuydu.] (P16)

> "I feel distress. Emotional constriction. I sense the emotional resistance that prevents me from taking action. What is holding me back? What obstacle lies in front of setting goals for myself amidst my routine and habits?" [Sıkıntı hissediyorum. Duygusal sıkışmışlık. Harekete geçmemi engelleyen o duygusal direnci hissediyorum. Ne durduruyor beni? Düzenimin, rutinimin kendime hedef koymamın önündeki engel ne?] (P8)

4.2.7. Seventh Session Content Analysis

In the seventh session, participants were intended to define all dimensions of self-care and evaluate all sessions. In their journals, to measure the effectiveness of the session, participants were asked about their emotions and thoughts related to all sessions. Additionally, they were requested to evaluate the program. According to the data presented by the participants in the seventh session, a single main theme has been

established. The first main theme consists of three sub-themes. Unlike the themes created in other sessions, the first theme in the final session has been identified as the contributions of psychoeducation. Since it is the last session, a general evaluation of the seven-week psychoeducation has been conducted. The themes and sub-themes are detailed in Table 13.

Table 13 Descriptive Table of the Session 7 of Psychoeducation Program Themes and Subthemes

SESSIONS	THEMES	SUB-THEMES
SESSION 7	THEME 1: The Contributions of Psychoeducation	1. Behavioral Contributions 2. Cognitive Contributions 3. Emotional Contributions

4.2.7.1. The New Learning of Participants

The main theme comprises three sub-themes related to the behavioral, cognitive, and emotional contributions of psychoeducation.

4.2.7.1.1. Behavioral Contributions:

The first sub-theme, which focuses on the behavioral contributions of psychoeducation, has been examined under two headings: regular attendance in psychoeducation and the application of learned self-care strategies. The participants expressed the contributions of regular attendance as follows:

> "I have an issue with being organized, and even coming here every Saturday has been beneficial for me." [Benim düzenle ilgili bir sıkıntım var her cumartesi günü buraya geliyor olmak bile bana çok iyi geldi.] (P8)

> "Lastly, I used to be someone who was always late. No matter what time it was, I would be late. Initially, I was also late for this session, but as time went on, I started coming five to ten minutes early, which was the most concrete change I observed behaviorally. So, thank you." [Son olarak da ben en çok bir yerlere geç kalan biriyim. Saat ne olursa olsun geç kalırdım. Başlarda buraya da geç kalıyordum ama zaman ilerledikçe zamanında hatta son iki haftadır beş

on dakika erken gelmeye başladım. Bu davranışsal olarak da gözlemlediğim en somut değişimdi. Bu nedenle de teşekkür ederim.] (P14)

"Coming here feels like refreshing, going back to school. It has been very helpful for me." [Buraya gelmek tekrar tazelenmek, tekrar okula gitmek gibi bir şeydi benim için o nedenle çok iyi geldi.] (P1)

"Even though I come from a distance, I come running. It feels great because we continue where we left off next week. There was no interruption." [Uzaktan gelmeme rağmen koşa koşa geliyorum. Bana çok iyi geliyor çünkü. Bir sonraki hafta geldiğimde kaldığımız yerden devam ediyoruz hissiyatı vardı. Hiç sekteye uğramadı.] (P11)

"Every week, we renewed ourselves and added something new. Since we did it consistently every week, towards the end, Saturdays were not the only focus; other days of the week also became the focus of my life." [Her hafta kendimizi yeniledik ve üzerine bir şeyler koyduk. Her hafta kesintisiz yaptığımız için artık sonlara doğru sadece cumartesileri odak ben değildim, haftanın diğer günleri de hayatımdaki odak noktam ben olmaya başladım.] (P7)

On the other hand, the other behavioral contributions, applying the learned self-care strategies, participants used the following statements:

"The thought of needing to do something constantly emerged as rumination. I need to do something, but what? From this perspective, it was very helpful; this sentence is very general and vague. What do I need to do? Which areas should I focus on? Writing them down on paper and then confronting them eventually led to positive support or positive outcomes. Now I know what to do and how to behave." [Bir şey yapmam lazım düşüncesi ruminasyon şeklinde sürekli açığa çıkardı. Bir şey yapmam lazım ama ne? Şu açıdan çok iyi oldu; bu cümle çok genel ve muğlak bir cümle ya ne yapmam lazım? Hangi alanlara ayırmak gerekli? Kariyerdir, özel hayattır…bunları kâğıda dökmek, sonra bunlarla yüzleşmek bir noktadan sonra pozitif bir destek ya da pozitif bir çıktıların olması gibi durumlar görmem açısından çok faydalı oldu. Artık ne yapacağımı ve nasıl davranacağımı biliyorum.] (P17)

"…I also started some of the goals I set, gradually. At that point, I was able to take action…" […koyduğum bazı hedeflerime de başladım aslında yavaş yavaş. O noktada harekete de geçebildim…] (P14)

"…Procrastination doesn't lead to results. You really need to make an effort for something. I got my violin, I'm starting my exercise routine, and I've already begun my project. And I'll socialize." […Yani erteleyerek bir sonuç elde edilmiyor. Gerçekten bir şeyler için bir çaba sarfetmek gerekiyor. Kemanımı aldım, sporuma başlayacağım, projeme de başladım sayılır ve sosyalleşeceğim.] (P12)

"I need to take action somehow, and this place has made it easier." [Harekete geçmem lazım bir şekilde, burası bunu kolaylaştırdı.] (P3)

"Lately, even after the second session, coming here has transformed into a self-care skill. I allocate time for myself, especially socializing, and experience my own awareness." [Son zamanlarda, ikinci oturumdan sonra da buraya gelmek öz bakım becerisine dönüştü. Kendime vakit ayırıyorum, özellikle sosyalleşiyorum ve kendi farkındalıklarımı yaşıyorum.] (P7)

4.2.7.1.2. Cognitive Contributions:

The sub-themes of cognitive contributions of psychoeducation are as follows: determining professional and individual goals, gaining new perspectives, sharing thoughts, contributing to the process of seeking psychological support, increasing internal motivation, becoming aware of needs, and enhancing problem-solving skills.

Regarding the first sub-theme of determining and clarifying professional and individual goals, participants emphasized the following:

"This education also provided us with the opportunity to present our goals in an organized manner. Yes, we had goals, but they were quite scattered. When we categorized them under specific headings, everything became more orderly. It allowed me to see where and how I should run or catch up without being scattered, dispersed, or lost. In that sense, goal setting was very beneficial for me." [Bir de bu eğitim hedeflerimi derli toplu şekilde sunma

imkanı da verdi bize. Vardı evet ama çok dağınıktı. Belli başlıkların altına gelince her şey sıralandı ve daha düzenli hale geldi. Saçılmadan, yayılmadan, dağılmadan nereye nasıl koşacağımı ya da yetişeceğimi görmemi sağladı bu anlamda bana çok iyi geldi hedef belirlemek.] (P9)

"Putting it on paper, setting short-term and long-term goals felt very good." [Kâğıda dökmek, kısa ve uzun vadeli hedefler belirlemek bana çok iyi geldi.] (P14)

"Enough already, I thought I had done what I needed to do up to this age, but as I wrote down our goals, I wrote more and realized that I need to do more for my field… I have new plans and goals related to that." [Yeter artık, yapacağımı yaptım bu yaşa kadar diye düşünüyordum fakat hedeflerimizi yazdığımız kısımda yazdıkça daha fazla yazdım ve alanım için bir şeyler daha yapmalıyım diye düşündüm… yeni planlarım ve hedeflerim var bunlarla ilgili.] (P10)

"Recently, the goals I added to my list have increased and diversified." [Son dönemlerde o listeme eklediğim hedeflerim çoğaldı, çeşitlendi.] (P3)

Another title is the increase in awareness. Nearly, all participants emphasized that their perspective started to change with their awareness. Participants expressed it as follows:

"Additionally, it helped me see and become aware of my anxieties and concerns." [Ayrıca kaygılarım ve endişelerim konusunda kendimi görmemde, fark etmemde bana yardımcı oldu.] (P16)

"I also noticed this. What we call self-care, we all actually do it, but being aware of it while doing it… my awareness has increased. Normally, when watching a series or movie, I used to watch just for the sake of watching, but now I'm enjoying the movie I'm currently watching. I say to myself, "This feels good right now." Remembering this is wonderful." [Bir de şunu fark ettim. Öz bakım dediğimiz şeyi aslında hepimiz yapıyor, bunun farkında olarak yapabilmek...farkındalıklarım arttı. Normalde dizi ya da film izlerken, izlemek için izliyormuşum ama şu anda izlediğim filmden keyif alıyorum. Bana iyi geliyor şu an diyorum. Bunu hatırlamak çok güzel.] (P1)

“Lately, I’ve been running around so much. We were always the ones giving, but here, we don’t need to give of ourselves, nor do we need to receive anything. Being ourselves here feels really good. My mind stayed here on a day I couldn’t be physically present. I knew that what I was doing was self-care. I thought I was doing well in both my professional and personal areas. But here, expressing this without needing to give anything feels very pleasant… Question marks arose. I will answer these question marks with the awareness I experienced.” [Son zamanlarda o kadar çok koşturuyormuşum ki. Hep oralarda vericiydik. Ama burada kendimizden vermemize gerek kalmadı, illaki bir şey almamıza da gerek kalmadı. Burada kendimiz olmak bana çok iyi geldi. Gelemediğim o bir günde aklım burada kaldı. Yaptıklarımın da öz bakım oluğunu biliyordum. Hem kendi profesyonel hem de kişisel alanımda iyi gidiyorum diye düşünüyordum. Ama burada hiçbir şey vermeme gerek kalmadan bunu dillendirmek çok hoşuma gitti... Soru işaretleri oluştu. Bu soru işaretlerini yaşadığım farkındalıklarla yanıtlayacağım.] (P19)

“Here, we truly realized what we are capable of. I used to rush around so much, completely focused on work. We generally thought that everything was under our control, but it’s not always the case. We saw that it’s not like that. We have things we can do and things we can’t. I’ve learned to be calmer. Instead of getting excited, we really need to be more professional.” [Burada biz bir şeylerin farkına vardık gerçekten yapabileceğimizin. Her şeye çok koşturuyordum, tamamen işe odaklanmıştım. Her şey genelde k-bizim kontrolümüzün altında oluyor diye düşünüyorduk ama öyle de değilmiş. Onun böyle olmadığını gördük. Yapabileceklerimiz var, yapamayacaklarımız da var. Daha sakin olmayı öğrendim. Heyecanlanmaktan ziyade gerçekten daha profesyonel olmak gerekiyormuş.] (P2)

“Although I started here, I realized that I was actually doing these skills without being aware of it. We say that even awareness alone can improve things, but at certain points, I realize that awareness is not enough… I told myself, “You’re a psychological counselor, haven’t you figured it out?” I completely changed my judgment through psychosocial education. We are

humans, and just like in every field, there are those who have problems with themselves. This training helped me accept that again." [Buraya başlamakla beraber aslında bu becerileri yaptığımı ama bunun farkına varmadığımı hissettim. Diyoruz ya farkındalık bile tek başına iyileştirir diyoruz ya, ama belli noktalarda da farkındalığın yetmediğini fark ediyorum… kendime söylediğim; ya sen psikolojik danışmansın çözemedin mi? Yargısını tamamen psikoeğitim sayesinde değiştirdim. Biz de insanız, her alanda olduğu gibi kendiyle problemi olanı da var. Bunu tekrar kabul etmemi sağladı eğitim.] (P3)

Another topic was sharing thoughts. Participants expressed it with these sentences:

> "Here, everyone shares their own self-care activities, different things. Hearing things I've never heard before, things that are good for everyone, was very beneficial for me." [Bir de burada paylaşılanlar, herkes kendi öz bakım etkinliklerini, farklı şeyleri paylaşması, herkese iyi gelen ve hiç duymadığım şeyleri de duydum başkalarından bu açıdan bana çok iyi geldi burası.] (P8)

> "Because I encountered very judgmental people in the field, the acceptance of my colleagues here, without judgment, criticism, and their ability to share their thoughts, provided me with incredible comfort…" [Alanda da çok yargılayıcı insanlarla karşılaştığım için buradaki meslektaşlarımın kabul ediciliği o yargılamadan, eleştirmeden o rahatlığı vermesi ve düşüncelerini paylaşabilmesi inanılmaz iyi geldi bana…] (P3)

> "It was also wonderful for me that different colleagues shared their thoughts and experiences." [Farklı meslektaşların da düşünce ve deneyim paylaşımı yapması da benim için çok güzeldi.] (P7)

One of our participants expressed that psychoeducation also contributed to their process of seeking psychological support:

> "It also contributed to my own process. The activities here were similar to the assignments given by my therapist, which made progress a bit easier for me there." [Ayrıca kendi sürecime katkısı oldu. Terapistimin verdiği ödevlerle benzeşiyordu buradaki etkinlikler, orda biraz daha kolay ilerlememi sağladı.] (P9)

Some participants emphasized the cognitive benefits of psychoeducation, particularly the increase in internal motivation. Here are a few quotes:

> "My motivation was low when faced with things I needed to do. I knew what I had to do, but I had no motivation for them. After coming here, I started finding sources of motivation within myself." [Yapmam gerekenler karşısında motivasyonum düşüktü, yapmam gerektiğini biliyorum ama bunlara hiç motivasyonum yoktu. Buraya geldikten sonra motivasyon kaynaklarını bulmaya başladım kendimde.] (P16)

Another group of participants highlighted their awareness of needs under the topic of psychoeducation. They expressed it as follows:

> "I needed socialization, sharing, and learning. This education fulfilled all of these." [Sosyalleşme, paylaşma ve öğrenme ihtiyacım vardı. Bu eğitim tüm bunları karşıladı.] (P15)

> "For me, it was a period when certain deficiencies were at their peak. It had been a long time since I shared my feelings in a relatively unfamiliar environment and admitted these deficiencies. Yes, I have such a problem in my life. I learned how to solve it. I am now aware of my needs." [Benim için bazı yetersizliklerin hat safhada olduğu bir dönemdi. Çok zaman olmuştu görece yabancı bir ortamda duygularımı paylaşmayalı ve bu yetersizliklerimi itiraf etmeyeli. Evet böyle bir problem var hayatımda. Bunu nasıl çöze bilirimi öğrendim. İhtiyaçlarımın artık farkındayım.] (P5)

> "In terms of content, I believe it was very valuable. Sometimes, because we are psychological counselors and work in the field of mental health, we tend to think everything is fine. But we also have needs. In this sense, I gained beautiful awareness. While working in the office or at school, nobody asks how we are; they always come to us with problems. Sometimes they say, "You're a psychological counselor, how can you react like this?" We are all human, and we all have needs. Here, I regained this awareness." [İçerik olarak da bence çok kıymetliydi. Bazen böyle hani psikolojik danışmanız ve ruh sağlığı alanında çalışıyoruz diye her şeyimiz tammış gibi düşünüyoruz. Ama

bizim de ihtiyacımız olan bazı şeyler var. Ben bu anlamda da çok güzel farkındalıklar kazandım. Çünkü biz iş yerinde çalışırken, okulda çalışırken kimse nasılsın diye sormuyor bize hep problemle geliyor ya da bazen sen psikolojik danışmansın nasıl böyle bir tepki verebilirsin diyor. Biz de insanız ve hepimizin ihtiyaçları oluyor zaman zaman burada da bu farkındalığı tekrar kazanmış oldum.] (P11)

"In this group, I felt that my need to be understood was fulfilled." [Bu grupta anlaşılmak ihtiyacımın giderildiğini hissettim.] (P3)

4.2.7.1.3. Emotional Contributions:

On the other hand, the emotional contributions of psychoeducation have been taken into consideration by the participants. The sub-themes in this regard include the feeling of not being alone and the emotions evoked by psychoeducation. Participants expressed the feeling of not being alone as follows:

"In the section where I talked about the problems I experienced, being part of a group with similar qualities made me realize that I am not alone. It felt good to know that I share positive attributes with others." [Yaşadığım problemler bana kısmında yalnız olmadığımı, yine aynı şekilde olumlu özelliklerim olduğu noktasında da benzer özelliklere sahip olduğum bir grup içerisinde olmak iyi geldi. Yalnız hissetmemek çok güzeldi.] (P9)

Finally, they summarized their overall feelings about all the sessions. Participants used the following words to describe their emotions during the sessions:

"The calmness and the routine I established in my own life were beneficial. I'm glad I came." [Bu sakinlik ve kendi hayatımdaki oturttuğum rutin güzel oldu. İyi ki gelmişim çok mutluyum.] (P10)

"I often told my friends that they should have joined too, and many of them expressed positive outcomes. I feel great." [Hatta birçok arkadaşıma keşke sen de katılsaydın dediğim çok oldu yakın çevremde o nedenle pozitif bir çıktısı var bende teşekkür ederim, çok iyi hissediyorum.] (P17)

"Learning self-care alongside psychological counselors was enjoyable." [Psikolojik danışmanlarla bir arada eğitim almak ve öz bakımı öğrenmek çok keyifliydi.] (P11)

"When I started here, it was a process of turning back to myself. It was a challenging process, but now I see that I've come a long way. I'm very happy to be here." [Ben buraya başlarken biraz kendime dönmeye karar verdiğim bir süreçti. Zorlu bir süreçti. Ama şu an görüyorum ki çok fazla yol kat ettim. Burada olduğum için çok mutluyum.] (P3)

"…but overall, I felt very good. I had a lot of fun, and no one judged each other. I opened up without any censorship, and I especially learned about self-compassion. Thank you very much; I remembered things I had forgotten." […ama genel itibariyle çok iyi hissettim. Çok eğlendim ben, kimse birbirini yargılamadı. Kendimi hiç sansürlemeden açtım, en çok da öz şefkati öğrendim ben. Çok teşekkür ederim unuttuğum şeyleri yeniden hatırladım.] (P6)

4.3. Results of Pre-Test and Post-Test

In this section, the answers to the question "What is self-care?" asked in the pretest and post-test were analyzed and reported as qualitative data, while the number of self-care strategies was analyzed and reported as quantitative data. The sub-themes of the pre and posttest are given together in Table 14.

Table 14 Comparative Table of the Sub-themes of the Pre and Post-Test of Psychoeducation Program

THEMES	SUB-THEMES OF PRE-TEST	SUB-THEMES OF POST-TEST
THEME 1: Definition of the Self-Care	1. Meeting Needs 2. Allocating Time for oneself 3. Self-Protection 4. Self-Awareness 5. All of the Activities with a Positive Impact	1. Meeting Holistic Needs 2. Activities that Provide Personal and Professional Satisfaction 3. Self-awareness and Organization 4. Individual Development

	6. Professional Development	5. The Preventive Role of Self-care

4.3.1. Results of Pretest

In the content analysis of the pre-test, the responses to two main questions posed to participants were examined. The answers to the first question were evaluated qualitatively, while the answers to the second question were assessed quantitatively. In the first question, participants were asked to define self-care. Based on the responses of participants to the definition of the self-care question in the pre-test administered before the psycho-education program, a main theme, and six sub-themes were identified. The theme and sub-themes of pre-test are detailed in Table 15.

Table 15 Descriptive Table of the Pre-Test of Psychoeducation Program Themes and Subthemes

	THEMES	SUB-THEMES OF PRE-TEST
PRE-TEST	THEME 1: Definition of the Self-Care	1. Meeting Needs 2. Allocating Time for oneself 3. Self-Protection 4. Self-Awareness 5. All of the Activities with a Positive Impact 6. Professional Development

4.3.1.1. Definition of Self-Care

The main theme has been determined as the definition of self-care. The generated sub-themes, based on the provided responses, are categorized as follows: meeting needs, allocating time for oneself, self-protection, self-awareness, all of the activities with a positive impact, and professional development.

4.3.1.1.1. Meeting Needs:

Under the first self-care definition, which falls under the meeting needs heading, participants expressed the following:

> "Self-care is when an individual turns to themselves and meets their needs during crisis situations involving physical or psychological inadequacy or distress. Additionally, even before experiencing these negative situations, a person can attempt to meet their own needs and prevent negative emotional states." [Fiziksel, psikolojik anlamda yetersizlik veya zorlanma gibi kriz durumlarında kişinin kendine yönelmesi ve ihtiyaçlarını gidermesidir. Bunun yanında kişi bu olumsuz durumların yaşanmasından önce de kendi ihtiyaçlarını gidermeye çalışabilir ve olumsuz duygu durumların önüne geçebilir.] (P17)

> "In my opinion, self-care refers to an individual's ability to meet their material, spiritual, psychological, and social needs. Every self-sufficient individual should be able to address certain personal needs on their own, regardless of the situation they find themselves in. When faced with challenges, they can cope and overcome problems when alone." [Bence öz bakım bireyin maddi, manevi, psikolojik, sosyal vb. konularda kendi ihtiyaçlarını yerine getirebilmesi durumudur. Kendi kendine yetebilen her birey, bir takım kişisel ihtiyaçlarını kendisi giderebilmeli, içinde bulunduğu -konu ne olursa olsun- durum ile başa çıkabilmesi ve kendi ile baş başa kaldığında problemin üstesinden gelebilmesidir.] (P16)

> "Self-care involves recognizing and then attending to an individual's most basic needs. It starts with these essential needs and extends to other areas. For example, eating, drinking, shelter, and entertainment." [Bireyin kendisinin en temel ihtiyaçlarını, önce fark edip daha sonra da kendi bakımını yapmasıdır. Bu en önemli ihtiyaçlar ile başlar ve genişe doğru yayılır. Örneğin, yeme, içme, barınma, eğlence gibi.] (P15)

> "In my view, self-care is about an individual satisfying their physical and mental needs to a level that does not negatively impact their social life."

[Bence öz bakım bireyin ruhsal ve bedensel olarak ihtiyaçlarını sosyal hayatını etkilemeyecek düzeyde karşılamasıdır.] (P14)

"Self-care is what an individual continues to do after shifting focus away from caregivers. It involves providing the necessary care and hygiene conditions for the body and mind, affecting both physiological and psychological health." [Öz-bakım, bakım verenlerin odağından çıktıktan sonra kişinin kendisinin devam ettirdiği, gerek fizyolojik gerek psikolojik sağlığı da etkileyen vücudun, bedenin gerek duyduğu bakım ve hijyen koşullarını sağlamaktır.] (P7)

4.3.1.1.2. Allocating Time for Oneself:

Another definition provided by the participants is allocating time for oneself. Some of the participants described self-care as the ability to allocate time for oneself. Here are their expressions:

"Self-care is when an individual allocates time for themselves to identify and address their own problems." [Kişinin kendi problemlerini belirleyerek bunları giderebilmek için kendine vakit ayırmasıdır.] (P8)

"In the flow of life, self-care is when a person momentarily pauses to regroup and allocate time for themselves." [Akış içerisindeki yaşamına devam eden bireyin bir an durup, toparlanmak için kendisine vakit ayırmasıdır.] (P4)

4.3.1.1.3. Self-Protection:

According to the participants, the third sub-theme analyzed based on the provided responses is self-protection. According to them, self-care exists to protect psychological counselors. They expressed this definition as follows:

"Creating a routine can protect us from the effects of daily life stress. In this sense, self-care also has a preventive aspect." [Bir rutin oluşturmak, bizi günlük hayatın stresinin etkilerinden koruyabilir. Bu anlamda öz-bakımın önleyici bir yanı da vardır.] (P3)

"In my field, self-care means being present in the moment and being able to protect myself against trauma." [Kendi alanımda öz bakım; anda kalabilmek ve travmalara karşı kendimi koruyabilmektir.] (P10)

4.3.1.1.4. Self-Awareness:

According to the definitions provided by the participants, the fourth sub-theme analyzed is self-awareness. Participants who describe self-care as increasing self-awareness expressed it as follows:

> "Hygiene practices are carried out when our soul and mind become cluttered or dusty due to daily life experiences, work conditions, and mental health-related work. Self-awareness is a prerequisite for self-care. Without realizing that something has become dirty or deformed, we cannot work on it." [Günlük yaşam deneyimleri, iş yaşamı şartları ve ruh sağlığı alanında çalışma gibi sebeplerden kaynaklı ruhumuzun, zihnimizin kirlendiği, tozlandığı durumlarda gerçekleştirilen hijyen çalışmalarıdır. Öz farkındalık, öz bakımın ön koşuludur. Kirlendiğini, deforme olduğunu fark etmediğimiz herhangi bir şey üzerinde çalışma yapamayız.] (P5)

4.3.1.1.5. All of The Activities with a Positive Impact:

According to the definitions provided by the participants, the fourth sub-theme is "all of the activities with a positive impact". Participants expressed this sub-theme as follows:

> "Activities that positively impact our psychological health involve engaging in activities that make an individual psychologically resilient. These activities serve to enhance the well-being of daily life." [Psikolojik sağlığımızı olumlu etkileyecek faaliyetlerdir. Kişi psikolojik yönden dayanıklı kılacak etkinlikler yapmak, günlük yaşantısındaki refah düzeyini arttırmaya yarayacak faaliyetlerde bulunmaktır.] (P9)
>
> "In this context, self-care can involve doing things that benefit oneself. For example, one can engage in sports or practice meditation." [Bu durum kişinin kendisine iyi gelen şeyleri yapması olabilir. Örneğin spor yapabilir, meditasyon yapabilir…] (P12)
>
> "Self-care can also mean taking care of oneself by participating in activities that promote personal well-being." [Kişinin kendi ile ilgilenmesi, kendine iyi gelecek etkinliklerde bulunması olabilir.] (P3)

4.3.1.1.6 Professional Development:

Finally, another sub-theme that emerged from the definitions provided by the participants is professional development. Some of the participants described self-care as related to professional growth. For instance, they expressed it as follows:

> "Regarding self-care for psychological counselors, every counselor should especially have self-care in psychological terms. Because due to our profession, new theories and perspectives can constantly emerge. In such cases, we should feel competent. Attending training sessions, reading books, engaging in fieldwork can help us feel better psychologically." [Psikolojik danışmanlara yönelik öz bakım konusunda ise, her psikolojik danışman özellikle psikolojik anlamda öz bakıma sahip olmalıdır. Çünkü sahip olduğumuz meslek dolayısıyla sürekli yeni teoriler, yeni görüşler ortaya çıkabilir. Bu durumda bizler de kendimizi yeterli hissetmeliyiz. Eğitimler almak, kitaplar okumak, saha çalışmaları içinde bulunmak, kendimizi psikolojik anlamda daha iyi hissetmemizi sağlayabilir.] (P12)

> "When I hear self-care, I think of processes related to professional aspects, such as receiving supervision and seeking counseling support." [Öz-bakım denildiğinde aklıma, mesleki anlamda süpervizyon alma, danışmanlık desteği alma gibi süreçler gelmektedir.] (P13)

4.3.2. Results of Post-Test

In the content analysis of the post-test, the responses to two main questions posed to participants were examined. Similar to the pre-test analysis, the answers to the first question were evaluated qualitatively, while the answers to the second question were assessed quantitatively. In the first question, participants were asked to define self-care. Based on the responses of participants to the definition of the self-care question in the post-test administered after the psycho-education program, a main theme, and five sub-themes were identified. The theme and sub-themes of the post-test are detailed in Table 16.

Table 16 Descriptive Table of the Post-Test of Psychoeducation Program Themes and Subthemes

THEMES	SUB-THEMES OF POSTTEST

POST-TEST	THEME 1: Definition of the Self-Care	1. Meeting Holistic Needs 2. Activities that Provide Personal and Professional Satisfaction 3. Self-awareness and Organization 4. Individual Development 5. The Preventive Role of Self-care

4.3.2.1. Definition of Self-Care

The main theme has been determined as the definition of self-care. Based on the responses provided, the sub-themes are categorized as follows; meeting holistic needs, activities that provide personal and professional satisfaction, self-awareness and organization, individual development, and the preventive role of self-care.

4.3.2.1.1. Meeting Holistic Needs:

The responses of the participants were analyzed under the first sub-theme, meeting holistic needs, which corresponds to the definition of self-care. Participants comprehensively expressed the sub-dimensions of self-care they learned during the psychoeducational program. They described meeting the needs under each self-care dimension. Here are the statements from several participants:

> "Self-care is the care an individual provides for themselves in every sense, directed toward their own needs." [Öz bakım, kişinin kendine ve ihtiyaçlarına yönelik her anlamda yaptığı bakımdır.] (P6)

> "Self-care involves an individual's self-control in physical, relational, psychological, professional, and spiritual aspects. It includes identifying needs, assessing satisfaction levels, and implementing appropriate strategies based on the outcome." [Bireyin kendisini fiziksel, ilişkisel, psikolojik, profesyonel ve manevi olarak kontrol etmesi, ihtiyaçlarını belirlemesi,

memnuniyet düzeyine bakması ve sonuca göre uygun stratejileri uygulamasıdır.] (P5)

"Self-care encompasses the strategies we employ to meet our personal needs and continue our lives professionally, relationally, and spiritually." [Kişisel olarak ihtiyaçlarımızı karşılayabilmek için ve profesyonel, ilişkisel ve manevi olarak hayatımıza devam edebilmek için yapmış olduğumuz stratejiler bütünüdür.] (P8)

"Self-care is about meeting the needs we have in every area: self-compassion, self-mercy, prioritizing our needs; physical self-care, spiritual self-care, relational self-care, professional self-care, mental self-care, emotional self-care. Essentially, it involves placing ourselves at the center in all aspects, recognizing our role in our own lives, and meeting our needs across the board." [Öz-bakım, bireyin kendisine ihtiyacı olan bakımı yapmasıdır. Öz şefkatli yaklaşım, kendine merhamet duyma, ihtiyaçlarını öncelik haline getirme; fiziksel öz bakım, manevi öz bakım, ilişkisel öz bakım, profesyonel öz bakım, zihinsel öz bakım, duygusal öz bakım yani her alanda aslında kendimizi merkeze koymak, kendi hayatımızda kendimizin bir rolü olması, her alandaki ihtiyaçlarımızın karşılanmasıdır.] (P15)

4.3.2.1.2. Activities that Provide Personal and Professional Satisfaction

The second sub-theme, activities that provide personal and professional satisfaction, encompasses the strategies that participants have integrated into their lives to enhance their well-being, achieve personal and individual goals, and support their resilience. Participants expressed this sub-theme as follows:

"Self-care is a collection of strategies aimed at enhancing an individual's well-being and aligning with the person they aspire to be, both personally and professionally." [Kişisel ve mesleki alanda bireye iyi gelecek ve olmak istediği insana yönelik adımlarını artıracak stratejiler bütünüdür.] (P14)

"In my opinion, self-care means doing things that benefit oneself. It could be cooking, exercising, going for a walk, or simply sitting in a café with a friend and having coffee." [Bence öz bakım kişinin kendine iyi gelen şeyleri

yapmasıdır. Bu yemek yapmak, spor yapmak, yürüyüşe çıkmak ya da arkadaşınızla bir kafede oturup kahve içmek bile olabilir.] (P12)

"Self-care involves engaging in activities during the time we set aside for ourselves that bring us joy and satisfaction. It's about turning inward, listening to ourselves, understanding our needs, and nourishing our souls. It's finding what truly resonates with us and integrating it into our lives." [Kişinin kendisi için ayırdığı zaman diliminde kendisine iyi gelecek keyif olacağı aktiviteleri gerçekleştirmesidir. Kendine dönebilmek, kendini duyabilmek, kendini anlayabilmek, ruhunu doyurabilmek… Kendisine iyi gelen ve işlevsel olan şey ya da şeyler her ne ise bulup, yaşamına entegre edebilmek.] (P3)

4.3.2.1.3. Self-Awareness and Organization:

According to the definitions provided by the participants, some of the self-care definitions emphasize self-awareness and organization. They focus on recognizing our potential, strengths, and creating a new order through this awareness. Here are the expressions from several participants:

"Self-care involves recognizing our strengths, talents, skills, positive aspects, and what we can accomplish. It aims to enhance our psychological resilience. It's about becoming aware of our lives, giving them meaning, and working toward improvement. Sometimes, it includes activities like reading, exercising, attending workshops, socializing, introspection, and being mindful of our emotions." [Güçlü yönlerimizi, yeteneklerimizi, becerilerimizi, olumu yönlerimizi, yapabildiklerimizi fark ederek, psikolojik sağlamlılığımızı artırmak için yaptığımız tüm aktivitelerdir. Hayatımızın farkına varmak, anlamlandırmak, geliştirmek için yaptıklarımız da diyebilirim. Bazen okumak, spor yapmak, eğitimlere katılmak, sosyal ortama girmek, kendimize dönmek ve duygularımızın farkına varmak…] (P10)

"Self-care can be defined as consciously transforming behaviors that benefit us into action, ensuring stability. It's about turning self-awareness into intentional practices." [Öz bakım, bireyin kendisine iyi gelen davranışları bilinçli bir farkındalıkla eyleme dönüştürmesi ve istikrar sağlayabilmesi olarak ifade edilebilir.] (P1)

"Knowing ourselves well, understanding what we can do and what we cannot, and recognizing our own strengths and potential." [Kendimizi iyi tanımak, neleri yapabiliriz? Neler yapamayız? Bunları belirlemek, kendi gücümüzün, potansiyelimizin farkında olmak.] (P2)

4.3.2.1.4. Individual Development:

Another sub-theme identified by participants is individual development when defining self-care. They emphasized that self-care is a process of personal growth. One participant expressed it as follows:

"Self-care involves a process where we improve ourselves, perform our work more professionally, and allocate time." [Kendimizi geliştirdiğimiz, işimizi daha profesyonel yaptığımız ve zaman ayırdığımız bir süreç.] (P2)

4.3.2.1.5. The Preventive Role of Self-Care:

The last sub-theme analyzed under the title of the preventive role of self-care. Participants have argued that self-care plays a preventive role in addressing the problems faced by psychological counselors and have emphasized this aspect. Some participants described this as follows:

"Self-care is a collection of strategies aimed at overcoming negative emotions from professional life, secondary trauma, empathic fatigue, and allowing us to be ourselves." [Profesyonel yaşamdan gelen olumsuz duygu, ikincil travma, eş duyum yorgunluğunu atlatabilmek ve kendimiz olabilmek için yapabileceğimiz aktiviteler bütünüdür.] (P6)

"Self-care routines that should be embraced as a preventive intervention." [Öz-bakım, bir önleyici müdahale olarak da benimsenmesi gereken rutinlerdir.] (P5)

"Especially in our profession, where we constantly listen to others, self-care can be a highly effective solution for the problems we also experience." [Özellikte mesleğimizde sürekli, dinleyici taraf olduğumuz için bizlerin de

yaşadığı sorunlara çok etkili bir çözüm kaynağı olarak öz bakımı görebiliriz.] (P16)

4.3.3. Results of Quantitative Analysis of Pretest and Posttest

Numbers of the self-care strategies were asked to participants by researcher. A Wilcoxon signed rank test revealed that number of self-care strategies reported by the participants were significantly higher after the intervention (Md=10, n=17) compared to before (Md=4, n=17), z=-3.52, p=.00, with a large effect size r=.85.

Table 17 Comparison of the Self-Care Strategies Stated by the Participants in the Pre and Post-Test

Participants	Pre-Test Responses	Post-Test Responses
P1	1. Identifying areas where I need to improve 2. Learning more 3. Traveling more culturally	1. Trying to find my existential meaning and making sense of life within this framework 2. Listening to myself with self-compassion 3. Being open to development and learning 4. Being with people I enjoy talking to 5. Produce and grow 6. Taking a walk (not being indifferent to the environment and sounds)
P2	1. Self-compassion 2. Self-control 3. Self-assessment	1. Being able to look at the events I experience more professionally 2. Getting help when I have difficulty 3. Being able to integrate breathing exercises into my life 4. Setting goals by planning 5. Keeping my motivation high 6. Spending time with my friends and family 7. Making time for myself 8. Start walking 9. Maintaining balance between work and personal life

		10. Not postponing my health checks 11. Keeping my spirituality high
P3	1. Creating a routine 2. Treating myself well 3. Avoiding harmful behavior 4. Dealing with stress effectively	1. Concentrating on physical activities such as hiking, swimming, yoga, mountaineering 2. Writing a diary 3. Traveling 4. Trying and acquiring new activities such as wood, ceramics, clay, painting 5. Being kinder to myself 6. Adding good things to our routine in line with our beliefs 7. Approaching ourselves with constructive criticism
P4	1. Turning towards gratitude 2. Focus on the moment 3. Paying attention to physical self-care 4. Joining the group	1. Developing my belief system 2. Turning within myself using the pause method 3. Spending time with nature 4. Putting boundaries in my relationships that I have noticed 5. Being able to set professional goals 6. Being self-compassionate 7. Not personalizing things 8. Sharing more with my friends 9. Reading books 10. Discovering new movies or TV series
P5	1. Listening to the noise in my mind 2. Living life calmly 3. Controlling my breathing 4. Balancing the energy accumulated in the body	1. Exercise 2. Eating regularly 3. Planning small trips 4. Don't gloss over 5. Contact with nature 6. Spending time with loved ones 7. Not forgetting health checks and tests 8. Asking for support 9. Strengthening spiritual belief 10. Helping someone else

		11. Using humor 12. Dancing 13. Doing yoga/meditation 14. Cleaning 15. Taking care of flowers 16. Keeping pets
P6	1. Paying attention to personal hygiene 2. Getting professional support 3. Taking care of your health 4. Engaging in sports activities 5. Keeping up with their routine	1. Starting sports 2. Paying attention to hygiene 3. Not disrupting health checks 4. Knitting 5. Continuing to play table tennis 6. Using the pause technique 7. Cooking 8. Do breathing exercises 9. Learning patience 10. Motivating myself 11. Praying 12. Strengthening my belief mechanism 13. Separating work and home completely 14. Setting professional goals
P7	1. Developing a habit 2. Doing regular work 3. Taking care at the point where people plan to feel good	1. Taking a walk 2. Making time for my personal care 3. Socializing 4. Cooking, trying different flavors 5. Spending more time with my family 6. Spending time with animals 7. Travelling 8. Going to concerts 9. Keeping an agenda for proper career planning
P8	1. Spending time alone 2. Taking necessary supplements when I am sick 3. Having a good time	1. Cooking 2. Taking a walk 3. Spending time in nature 4. Starting meditation 5. Doing yoga 6. Travelling 7. Taking up a hobby 8. Being self-compassionate 9. Keeping a diary

		10. Worshiping 11. Starting to read books again 12. Setting healthy boundaries 13. Working on expressing yourself correctly 14. Camping 15. Getting new information 16. Being able to experience emotions
P9	1. Writing a diary 2. Reading books 3. Relaxing 4. Trying aromatic scents 5. Drawing 6. Walking 7. Watching movies 8. Sleeping 9. Taking a shower 10. Wearing makeup	1. Exposure to water by showering more often 2. Doing facial yoga 3. Determining my life purpose 4. Doing breathing exercises 5. Walking in nature 6. Getting peer support 7. Not bringing work home 8. Getting an education 9. Supporting training with readings 10. Receiving supervision 11. Keeping an agenda 12. Being able to draw boundaries 13. Maintaining respect and communication 14. Being able to exhibit a solution-oriented approach
P10	1. Participating in training to improve in my field 2. Doing daily activities 3. Participating in cultural and educational activities 4. Keeping the traumas we bring from our family away from our current lives 5. Getting support from our colleagues	1. I will continue to exercise for physical self-care 2. I will spend more time with my family for relational self-care. 3. I will integrate self-compassion into my life for spiritual self-care 4. I will reconsider my professional goals for professional self-care 5. For cognitive and emotional self-care, I will spend more and regular time for my hobbies. 6. I will integrate my hobbies into my life regularly

	6. Improving my sense of empathy	
P11	1. Getting to know myself 2. Identifying my needs 3. Doing my daily work 4. Applying regularly	1. Spending time with people who are good for me 2. Traveling 3. Take a vacation 4. Not neglecting my personal care 5. Resting 6. Trying different flavors 7. Receiving training that contributes to my professional development 8. Taking care of plants and flowers 9. Doing sports 10. Reading books 11. Getting psychological support when I need it
P12	1. Strengthening connections with important people in life 2. Spending time with children 3. Getting psychological support 4. Eating healthy 5. Quiting smoking 6. Doing sports	1. Cooking and tasting different flavors 2. Doing sports 3. Walking regularly 4. Sitting in a cafe and drinking coffee with my friends 5. Worshiping in line with my beliefs 6. Taking care of my appearance 7. Setting professional goals 8. Reconsidering my romantic relationship
P13	1. Reading a book 2. Doing internet research 3. Applying for a consultant 4. Receiving supervision 5. Peer conferencing	1. Exercising regularly 2. Trying meditation or yoga 3. Setting professional goals 4. Start using an agenda for planning 5. Spending more time with family and friends 6. Do not postpone going to the doctor 7. Resetting priorities 8. Not bringing work home 9. Participating in more projects

		10. Continuing to care about my appearance 11. Starting painting again 12. Keeping reading books 13. Writing 14. Trying to integrate the concept of balance into my life.
P14	1. Brushing teeth 2. Taking a shower 3. Participating in social activities 4. Focusing on interests and talents 5. Eating	1. Listening to music with awareness 2. Drinking coffee with awareness 3. Playing the guitar 4. Sharing more with friends and family 5. Sitting alone in a cafe and observing 6. Practicing some mindfulness techniques 7. Increasing my social activities
P15	1. Personal hygiene (cutting nails, taking a shower) 2. Eating 3. Sheltering at home 4. Personal care 5. Having fun 6. Making friends 7. Taking up hobbies 8. Meditation 9. Learning self-therapy	1. Doing sports 2. Dancing 3. Cooking 4. Praying and worshiping 5. Keep painting 6. Keeping a journal 7. Spending time with my friends 8. Spending time with myself 9. Engaging in art 10. Being able to do my hobbies regularly 11. Starting to meditate 12. Experience breathing exercises 13. Resting 14. Regularizing personal care 15. Going for regular health checkups 16. Being self-compassionate
P16	1. Internal reasoning 2. Coping with anxiety and stress 3. Determination	1. Spending time with nature 2. Not bringing work home

	4. Being able to self-criticize	3. Maintaining connections through family, friends and social circle 4. Continuing physical self-care 5. Participating in social events 6. Resting 7. Self-compassion 8. Receiving training for professional and personal development
P17	1. Making time for yourself 2. Keeping a journal 3. Doing sports 4. Watching movies 5. Listening to songs 6. Going to therapy 7. Breathing correctly	1. Doing sports 2. Meditation 3. Cooking 4. Start hiking 5. Focus on planning and time management 6. Setting goals 7. Getting professional support 8. Establishing work and private life balance

CHAPTER 5

DISCUSSION

In this study, a Strength-Based Self-Care Psychoeducation program was designed, implemented, and evaluated to enhance awareness, knowledge, and skills among trauma counselors. The findings from the study were discussed under the following headings: Design and Implementation of Psychoeducation, Discussion of Findings, Exploration of Effective and Ineffective Aspects of Psychoeducation, Development of Self-Care Behaviors in Trauma Counselors Participating in Psychoeducation, and Functionality of the Strength-Based Approach for Self-Care Psychoeducation for Trauma Counselors. Finally, based on the study's results, various recommendations are provided for practitioners and researchers.

5.1. The Discussion of Findings Related to the Design and Implementation of Psychoeducation

The primary aim of this study is to design and implement psychoeducation for trauma psychological counselors, focusing on enhancing their knowledge, skills, and awareness related to self-care behaviors. The design process began with a needs analysis in July 2023, followed by the development of psychoeducation content based on the data from the needs analysis, starting in September. The program was completed in November, resulting in a 7-week psychoeducation program.

When designing strength-based self-care psychoeducation program, the researcher may have shifted the focus of psychological counselors toward self-care and raised awareness through both the questions asked during the needs analysis protocol and the activities conducted during the implementation of psychoeducation. Especially due to the awareness resulting from the questions asked during the needs analysis, the responses may indicate that this is indeed a need. Although it is challenging to distinguish whether self-care is a genuine need among trauma psychological counselors or whether it arises from awareness, the resulting outcome remains consistent.

When designing the Strength-Based Self-Care Psychoeducation Program for trauma psychological counselors, the strength-based approach was the foundation. The principles of this approach, as outlined by Hammond and Zimmerman (2012), guided the development of relevant content. Additionally, the multidimensional nature of self-care in the literature informed the content-creation process. Through comprehensive content analysis, the cognitive-emotional, physical, spiritual, relational, and professional dimensions of self-care (Lee & Miller, 2013) were identified and incorporated into the psychoeducation program under main headings. In summary, the strength-based approach principles and the multifaceted structure of self-care served as the basis for constructing the psychoeducation program.

In the program, attention was drawn to studies in the field that emphasize the necessity of self-care for psychological counselors. The professional challenges faced by psychological counselors were highlighted. Stress factors related to their profession, which contribute to burnout, compassion fatigue, and secondary trauma (Newell & MacNeil, 2010) were detailed. Additionally, a needs analysis was conducted to identify the needs and difficulties experienced by trauma psychologists. The needs analysis protocol included questions about secondary trauma and its symptoms, self-care strategies employed or considered by trauma psychological counselors, and the necessity of psychoeducation on self-care. When examining the responses of trauma psychological counselors to the questions, it became evident that all of them exhibit physical, emotional, cognitive, and behavioral symptoms in their professional lives. Specifically, when working with traumatized individuals, they experience secondary trauma. In parallel with the needs analysis, literature highlights that psychological counselors demonstrate symptoms of secondary trauma (APA, 2022) and particularly in Turkey, mental health professionals experience 44.9% secondary trauma symptoms (Zara & İçöz, 2015). Therefore, during the first week, the psychoeducation program for strength-based self-care aimed to help trauma psychological counselors explore why self-care is essential, drawing from the studies mentioned in the literature and considering the challenges they face.

When designing the Strength-Based Self-Care Psychoeducation Program for trauma psychological counselors, the strength-based approach served as the foundation. The

principles and techniques applied in models based on different theoretical frameworks for self-care were examined. The results of self-care education programs utilizing the strength-based approach were identified through a literature review. For instance, Jones's program designed for oncology nurses in 2017, which employed a strength-based self-care approach, was successful in terms of its implementation and techniques (Jones, 2017). Consequently, when determining the content of the program related to self-care strategies, with the aim of enhancing awareness, knowledge, and skills among trauma psychological counselors, the strength-based approach's perspective on human nature and its techniques were utilized.

As a result, when designing the Strength-Based Self-Care Psychoeducation Program, a 7-week psychoeducation program was constructed based on the theoretical foundations of the strength-based approach. In this regard, a different path was taken in the program design process compared to previously developed self-care programs in Turkey. Although there is no existing example of a self-care program specifically designed for psychological counselors in Turkey, Güler (2018) utilized a multidimensional and comprehensive theoretical framework when designing the self-care content for psychological counseling undergraduate students. The self-care strategies were shaped by approaches such as Cognitive-Behavioral Therapy, Reality Therapy, and Mindfulness-Based Therapy (Güler, 2018). Consequently, the designed psychoeducation program distinguishes itself from previously created self-care programs. Furthermore, the session content and objectives were aligned with this framework.

When designing the Strength-Based Self-Care Psychoeducation Program, the aim was to enhance participants' knowledge, skills, and awareness through experiential learning. Therefore, the activities prepared for the sessions were designed to encourage active participation. Throughout the teaching and learning process, various methods and techniques were employed, including question-answer sessions, discussions, written expression, practical application, case examples, visualization, storytelling, metaphors, and role-playing. Specifically, artistic practices such as drawing and working with clay were also utilized.

In summary, the 7-week Strength-Based Self-Care Psychoeducation Program was founded on multidimensional self-care strategies and the principles of the strength-based approach. It differs from other self-care programs developed with a focus on self-care in Turkey. Additionally, the session content and learning outcomes were tailored to align with this framework. This study is expected to pave the way for future research.

5.2. The Discussion of Trauma Psychological Counselors' Perspectives of Participating in the Strength-Based Self-Care Psychoeducation Program on Effective and Ineffective Aspects

According to evaluations by participants, it has been observed that almost all of the methods, principles, and techniques used in designing the Strength-Based Self-Care Psychoeducation Program were effective. The program's practical content, the ability to integrate learned strategies into daily life, the interactive nature that facilitates peer learning through shared experiences, the usefulness of post-session materials, the practice of daily journaling, and finally, the attitude and skills of the program leader all played a role in the functioning of the psychoeducation program. However, time constraint was a concern worded by the participants.

The Strength-Based Self-Care Psychoeducation Program was designed as an experiential program for participants to explore self-care strategies and gain knowledge, skills, and awareness through practical application. The aim was active participation of the participants. Psychological counselors found it functional to work practically on their own emotions, thoughts, and behaviors. In other words, the experiential nature of the sessions facilitated easier learning for the psychological counselors, contributing to positive effects observed in participants after the sessions. Similarly, a study in the field concluded that an activity-based teaching method is more effective than a lecture-based approach (Hackathorn et al., 2011). Participants also expressed that all the activities used during the sessions were functional and creative. In their evaluations, they emphasized that these activities prompted reflection and supported their self-awareness. The sessions were initiated each week with a review of the previous week's progress. The discussion revolved around whether participants could integrate the self-care strategies they learned into their lives. While

individual changes occurred, most psychological counselors reported that they were able to transfer the gains from the program to their daily lives. Consequently, it was observed that, especially in psychoeducation programs, using an experiential learning technique, participants can effectively integrate their acquired skills into their lives. Therefore, designing self-care programs with practical activities is believed to enhance active participation and the overall effectiveness of the teaching process.

The interactive nature of the question-and-answer method, the small group size, participants sitting in a way that allows them to see each other, group activities, and active participation facilitated peer learning. Almost all participants, benefiting from experienced psychological counselors, were able to transfer their experiences, which positively influenced the learning process in return. Participants expressed that they recognized the need to share and discuss their experiences. This finding aligns with existing literature, which highlights that psychological counselors' social support needs are met through such interactions. The interactive design of the program and the existence of peer learning were perceived as effective aspects of psychoeducation by the participants.

The participants emphasized that the customized brochures prepared for each session, summarizing the day's content, were highly effective. These brochures facilitated reinforcement of learning by allowing participants to revisit and consolidate what they had learned.

Additionally, at the end of each session, participants were encouraged to share their experiences, emotions, and thoughts related to the session. They found this practice of journaling to be effective. Participants noted that it served as a summary of the day's activities. Alongside the positive outcomes of experiential exposure to some self-care strategies during the session, daily journaling is considered effective because it aligns with existing literature on cognitive and emotional strategies. For example, according to Warren and colleagues (2010), an effective approach to convert these positive or negative emotions involves engaging in daily expressive writing. At the same time Jones (2017) applied writing journal which is cognitive and emotional self-care strategy during self-care training program.

The attitude and skills of the program leader also significantly contributed to the effectiveness of the program. In this context, participants found it beneficial that the leader focused on interactive discussion during sessions rather than one-sided lectures. The use of humor, encouragement of experience sharing, and prioritization of both learning and teaching aspects in the sessions led participants to take ownership of the psychoeducation. Consequently, participants strove to attend sessions promptly and consistently, maintaining high motivation.

On the other hand, participants expressed that the two-hour weekly duration of the sessions was insufficient. Particularly, they suggested that the session hours needed to be rearranged due to the perception that some topics for discussion in certain sessions required more in-depth exploration. In parallel with the counselors' views on the necessity of this education, which primarily served their own well-being and self-care amidst their busy professional and personal routines, they also voiced opinions regarding the insufficiency of time.

In conclusion, considering the findings of this study, it is deemed necessary to pay attention to some key points in order to enhance the effectiveness of a program aimed at providing awareness, knowledge, and skills related to self-care for psychological counselors. These key points include emphasizing the practical/experiential aspect of program content over the theoretical aspect, ensuring that the learned strategies can be integrated into their lives, promoting interactive experiences for peer learning, preparing post-session materials, maintaining a daily journal, and, lastly, having a program leader with a positive attitude and relevant skills, However, time should be allocated more carefully to address the depth of some subjects in the program.

5.3. The Discussion of the Self-Care Psychoeducation Program through the Designed Strength-Based Model

The self-care psychoeducation program designed for trauma psychological counselors is built upon a strength-based approach. Unlike other problem-focused approaches commonly used in designing self-care training, this perspective focuses on individuals' strengths, abilities, talents, and skills (Hammond & Zimmerman, 2012). Rather than emphasizing weaknesses and problems, this approach (Xie, 2013)

encourages individuals to recognize themselves and concentrate on their strengths, abilities, and skills, which is crucial for personal development in self-care. Additionally, a study emphasizes that the self-care psychoeducation program built upon a strength-based approach yields the desired results (Jones, 2017). Furthermore, other studies in the field also demonstrate the applicability of the strength-based approach to self-care training. For instance, a study conducted by Tse and colleagues (2016) with healthcare professionals achieved positive outcomes. In this study, a self-care psychoeducation program based on the strength-based approach was utilized, resulting in the targeted outcomes.

Furthermore, integrating the strength-based approach into self-care and presenting it as a meaningful model gains importance in terms of understanding and applicability. The strength-based self-care model, built upon the principles of the strength-based approach and combined with self-care dimensions, is provided in Figure 4.

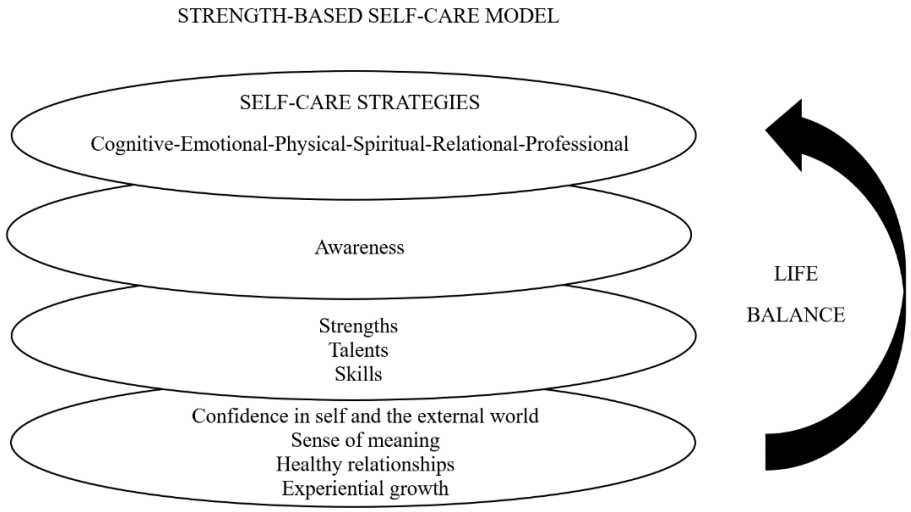

Figure 4 Strength-Based Self-Care Model

Here, the aim is to facilitate implementation by bringing complementary concepts together in a specific order. The model has a spiral structure, representing meaningful growth from bottom to top and top to bottom.

- As individuals increase their awareness through learned and applied self-care strategies, they begin to discover their strengths, abilities, and skills.
- As they explore, they gain confidence in themselves and the external world, find meaning in life, and establish healthy relationships. Alongside this, experiential growth occurs as they strive to maintain balance in their lives.

In fact, this model, which summarizes the goals of self-care and the strength-based approach, encompasses the 6 dimensions of self-care. The findings indicate that the psychoeducation program built upon the strength-based self-care model is functional. In parallel, the findings suggest that the self-care model can also be successful.

5.4. The Discussion of Findings Regarding the Self-Care Developments of Trauma Psychological Counselors Participating in the Program

Trained trauma counselors were observed to show development in various aspects related to self-care behaviors, aligned with the multidimensional structure of self-care. As indicated in the needs analysis, unfortunately, many trauma counselors were unaware of the strategies within the multidimensional framework of self-care. After the implementation of a psychoeducation program, the findings revealed that trauma counselors evaluated their thoughts and behavioral patterns, as well as the emotions they experience in their daily lives, across all dimensions of self-care. They became aware of thoughts, emotions, and behaviors that were often non-functional in terms of self-care and did not contribute to enhancing or maintaining well-being. Participants began to make adjustments in their lives by applying various self-care strategies gained through this awareness. In summary, participants gained a wide range of awareness within the scope of self-care behaviors through the psychoeducation program. Additionally, armed with this newfound awareness, they began to take action to enhance their self-care behaviors. The findings related to participants' developments in self-care behaviors are specifically discussed below based on various dimensions of self-care.

5.4.1 The Discussion of Cognitive and Emotional Self-Care Strategies Development in Trauma Psychological Counselors

Participants in the program were found to demonstrate development in cognitive-emotional self-care behaviors from various perspectives. Firstly, they acknowledged that they periodically experienced challenges such as professional burnout and empathic fatigue. However, they realized that these difficulties could be addressed through self-care strategies. During self-evaluation, they recognized that they often harbored more negative and destructive thoughts. Armed with this awareness, participants began implementing various self-care methods in their daily lives to cope with challenges and distanced themselves from stress and negative emotional states. When faced with emotional or cognitive struggles, they aimed to regulate their current state by employing cognitive and emotional self-care strategies. These included techniques such as pauses techniques, engaging in journaling or storytelling, and enhancing leisure activities. Their repertoire of strategies encompassed activities such as reading books, playing musical instruments, participating in artistic endeavors, working with clay, solving puzzles, and even taking singing lessons. Additionally, they expressed their intention to connect more with colleagues to share experiences and incorporate this into their self-care strategies for cognitive relaxation.

Secondly, participants aimed to steer their lives by recognizing their positive and strong aspects both cognitively and emotionally. Within this context, they questioned whether they were living mindfully at that moment. Cognitively, they started to become aware of the moment, their immediate needs, and their positive and strong qualities. As mentioned in the literature, experiencing awareness both cognitively and emotionally is inherently inevitable in the context of self-care strategies (Jiménez-Giménez et al., 2021).

Thirdly, they became aware of the time and personal spaces they allocate to themselves cognitively and emotionally and decided to make adjustments.

Lastly, they realized that the activities they were already engaging in unconsciously and haphazardly were actually self-care strategies for them. Consequently, based on their skills and abilities, they decided to integrate their cognitive and emotional self-

care strategies into their lives in a more sustainable and organized manner. They aimed to add the new strategies they learned during the session to these cognitive-emotional self-care strategies. As part of this goal, they decided to incorporate activities such as household chores, breathing exercises, meditation, yoga, nature walks, sports, and their individual hobbies into their strategies.

5.4.2. The Discussion of Physical Self-Care Strategies Development in Trauma Psychological Counselors

According to studies in literature, physical self-care strategies are used within other dimensions of self-care, and in fact, they encompass cognitive, emotional, and other dimensions (Schure et al., 2008). When examining the responses in the needs analysis and the pre-test section of the psychoeducation program, it became evident that psychological counselors' approach to physical self-care was quite superficial. However, research on the effects of physical activity on depression and burnout indicates that individuals with moderate to high fitness levels report fewer symptoms of burnout and depression compared to those with low fitness levels (Gerber et al., 2013). In light of the literature, when examining the development of participants' physical self-care strategies, it was apparent that psychological counselors did not comprehensively implement physical self-care strategies. A significant majority of participants realized that while dealing with their work lives, they could easily neglect their physical self-care or prioritize family life. They took action in the areas related to physical self-care based on this awareness. In this context, participants took steps towards physical self-care, including exercising/walking, starting or continuing breathing exercises/meditation/yoga, regulating sleep hours, maintaining a regular and a healthy diet, initiating or continuing individual hobbies, paying attention to physical appearance, scheduling regular health check-ups, taking breaks and resting, and owning pets (playing with them). As participants began to take action regarding their physical self-care, they also experienced positive emotional changes. It was observed that psychological counselors could effectively implement the majority of the physical self-care strategies recommended in the literature. The reported findings align with existing research in this area. One of the supportive research is about the importance of prioritizing physical health and well-being and engaging in relaxation exercises for

coping strategies of mental health professionals (Thériault et al., 2005). Additionally, Greenwood and Fleshner (2008) emphasize that physical exercise prevents stress-related illnesses.

5.4.3. The Discussion of Spiritual Self-Care Strategies Development in Trauma Psychological Counselors

Participants in the Strength-Based Self-Care Strategies Psychoeducation program attained various awareness in the realm of spiritual self-care, and with this newfound awareness, they took action in areas they perceive as dysfunctional or insufficient. Initially, participants reflected on things they possessed that brought meaning to their lives. Consequently, they realized that they had numerous reasons to love themselves and the world, and that they possessed significant elements that sustain them and give meaning to their lives. Additionally, they embraced strategies related to the importance of inner dialogue and the ability to listen to their inner voice, aiming to establish stronger communication with themselves. Studies emphasizing the significance of inner dialogue in communication (Moore, 2013) align with the findings regarding essential strategies for inclusive awareness. Furthermore, the importance of self-compassion for healthy internal dialogues has been underscored in various studies within the literature. In addition to researchers who believe that self-compassion is directly related to self-care, there are also studies emphasizing that self-compassion specifically reduces stress levels among psychological counselors (Shapiro et al., 2007).

Additionally, participants became aware that they did not sufficiently implement strategies related to spiritual self-care, which could add meaning to their lives and enhance life satisfaction. Despite changing life circumstances, they recognized that spiritual self-care is an essential dimension to attend for well-being. With this awareness, participants expressed their intention to take action within the scope of spiritual self-care strategies. The strategies they planned to implement included re-examining the meaning of life, approaching themselves with self-compassion, recognizing their strengths, establishing a connection with a perceived higher power through worship or meditation, seeking new perspectives from movies/books/series,

gaining self-awareness, remembering personal values, spending time alone, and taking breaks.

Moreover, participants expressed that they would experience physical strategies they considered as part of their inner journey preparation, such as meditation, yoga, breathing exercises, camping, nature walks, exercise, and beneficial behaviors. Additionally, participants emphasized that experiencing spiritual self-care strategies alongside all this newfound awareness evoked positive emotions. Consistent with existing literature, spiritual self-care strategies have been associated with optimism, wisdom, life satisfaction, and self-compassion (Nelson et al., 2018).

5.4.4. The Discussion of Relational Self-Care Strategies Development in Trauma Psychological Counselors

Participants in the Strength-Based Self-Care Strategies Psychoeducation program demonstrated development in various aspects of relational self-care. Within this context, participants realized that they didn't dedicate enough time to their loved ones and those who provided social support. They acknowledged that they had neglected these relationships and needed to review their connections, needs, and boundaries. Additionally, participants noticed that they didn't sufficiently exhibit functional behaviors related to directly expressing their emotions, avoiding excessive responsibility, saying no to requests they're unwilling to fulfill, harboring realistic and functional expectations, and managing their boundaries. During the session, individual participants also recognized their strengths within their relationships and focused on this aspect. Based on these newfound awareness, participants decided to utilize relational self-care strategies to meet their appropriate social support needs, enhance their strengths in relationship processes, and reevaluate their relationships at necessary points.

Some participants expressed satisfaction with their relationships both qualitatively and quantitatively, while others mentioned that they needed to improve in areas related to boundaries, respect, and flexibility. Similarly, existing literature emphasizes the importance of social support, especially for psychological counselors in coping with

problems (Thériault et al., 2015). Furthermore, research supporting the stress-reducing effects of social support (Myers et al., 2012) aligns with our findings.

5.4.5. The Discussion of Professional Self-Care Strategies Development in Trauma Psychological Counselors

The section on professional self-care strategies is particularly important for participants in the Strength-Based Self-Care Strategies Psychoeducation program, as most of them are professionals working in the field. During this part, there was a focus on sharing experiences related to understanding and interpreting their own challenges, learning new strategies to balance professional and personal lives, and internalizing the concept of balance. Participants reviewed their professional identities and identified their vocational needs.

According to the participants, considering all these newfound awareness, they expressed their intention to integrate the concept of balance into their lives. They said they would focus on personal development, allocate time for activities, take breaks and rest, continue their professional development, set both professional and individual goals, enhance time management skills, and maintain control. They also planned to incorporate ethical approaches for balancing work and personal life, internalize professional boundaries, and integrate supervision and consultation into their lives. In addition to professional development, they concentrated on defining individual and professional goals. In summary, participants stated that they implemented or discovered the self-care strategies they needed in their professional lives. The importance of professional self-care has also been emphasized in literature. For instance, according to the findings of a study by Harrison and Westwood (2009), effective education along with supervision, continuous professional development, and organizational support reduces secondary trauma symptoms in mental health professionals. Similarly, in another study (Thériault et al., 2015) psychological counselors highlighted the importance of supervision, peer consultations, work-life balance, professional development seminars, and awareness of professional responsibilities.

5.5. Conclusion

The findings from the study indicated that, when evaluated as a whole, the Strength-Based Self-Care Strategies Psychoeducation program has led to the expected development of self-care strategies in various dimensions for participating counselors. Psychological counselors who took part in the program experienced growth in cognitive-emotional, physical, spiritual, relational, and professional self-care strategies, both in terms of awareness and implementation, thanks to the components of the teaching and learning process within the program.

The qualitative analysis, along with the quantitative analysis, yielded similar findings. When analyzing the responses of trauma counselors in the pre-post tests, a significant difference was observed between the number of self-care strategies participants listed at the beginning of the psychoeducation program and the number they listed after completing the program. Consequently, it can be concluded that the Strength-Based Self-Care Strategies Psychoeducation program effectively contributed to psychological counselors' learning and integration of self-care strategies into their lives.

In summary, based on the results of the needs analysis, the challenges faced by psychological counselors were identified. In response to these challenges, the concept of self-care emerged, particularly concerning the absence of any strategy that trauma counselors consciously employ to protect themselves.

5.6. Implications

The study conducted sheds light on the self-care understanding, practices, and challenges among trauma psychologists in Turkey. In addition to the developed and implemented strength-based self-care psychoeducation, a novel self-care model was created using a different approach. The findings demonstrate the functionality of both the model and the psychoeducation program. Furthermore, considering the existing gaps in literature and practices in Turkey, there are several areas that need improvement. Additionally, it is essential to take into account the needs of mental health professionals and periodically conduct needs assessments. Accordingly, psychological counselors in the field should learn and apply self-care strategies.

- Adding self-care as a course in university Psychological Counseling and Guidance Departments,
- Providing in-service self-care training, considering the needs of psychological counselors working in various domains,
- Creating practical self-care workshops that individual psychological counselors can participate in after receiving educator training,
- Structuring self-care education or seminars tailored to school psychological counselors and conducted within schools,

are recommended by researcher.

5.7. Recommendations

Based on the findings obtained in the study, various recommendations are provided under the headings of "Recommendations for the implementation of psychoeducation programs for psychological counselors and educators," "Recommendations for psychological counselors," and "Recommendations for researchers."

5.7.1. Recommendations for the Implementation of Psychoeducation Programs for Psychological Counselors and Educators

1. In the Strength-Based Self-Care Strategies Psychoeducation program, during the introductory session, participants were introduced to the concept of self-care, and the challenges faced by trauma counselors were briefly explained. It was observed that participants were aware of some difficulties but were less informed about others and the existing research on the topic. Therefore, researchers planning a similar program are advised to delve into the challenges experienced by psychological counselors and find out their needs first. Needs assessment deems importance in such programs.
2. The Strength-Based Self-Care Strategies Psychoeducation program sessions were designed to be 2 hours each week. However, considering the program content and activities, it was observed that time was insufficient for most sessions. Particularly, participants' sharing activities were constrained by the

2-hour periods. Therefore, researchers planning a similar program are advised to reconsider the program's intensity or length and allocate time appropriately.

3. After the implemented program, it is recommended to organize follow-up sessions to assess whether the learned self-care strategies are being put into practice behaviorally among participants. A follow-up session can provide clearer insights into the effectiveness of the prepared program.

5.7.2. Recommendations for Psychological Counselors

The Strength-Based Self-Care Strategies Psychoeducation program's activities and exercises were designed for trauma counselors. However, other psychological counselors working in different fields or counseling students can also easily use them. Therefore, any psychological counselor or student who wants to question their lifestyle within the scope of self-care behaviors and make adjustments where they see fit can apply all these activities on their own.

5.7.3. Recommendations for Researchers

1. In this study, the Strength-Based Self-Care Strategies Psychoeducation program was designed and implemented with the aim of developing self-care strategies for trauma counselors. Within this context, the program content was based on a six-dimensional self-care model derived from the recommended self-care strategies in literature (Lee & Miller, 2013). Additionally, the program was constructed according to the novel Strength-Based approach, which had not been previously applied in Turkey. Given that this approach is new to the Turkish literature, it is recommended to assess its validity by adapting it for use in different professional fields.
2. The Strength-Based Self-Care Strategies Psychoeducation program was specifically designed for trauma counselors. However, its content can be adapted for use by professionals in various other fields. Considering the challenges faced by professionals, it is recommended that self-care psychoeducation programs be tailored for different professional groups.

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APPENDICES
A. APPROVAL OF THE ETHICS COMMITTEE

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU
ETİK KURUL KARARLARI
Sayı: 2023-19 Tarih: 09.11.2023

Toplantı Sayısı: 2023-19

Toplantı Tarihi: 09 Kasım 2023

Toplantı Saati : 12.00

Toplantı Yeri : Zoom üzerinden yapılmıştır.

Katılanlar : Dr. Öğr. Üyesi Kıymet Duygu ERDAŞ - Başkan
Dr. Öğr. Üyesi Duygu Onay Çoker - Raportör
Prof. Dr. Mehmet Ali KÖKPINAR - Üye
Dr. Öğr. Üyesi Çağla Öneren ŞENDİL - Üye
Dr. Öğr. Üyesi Şule Akdoğan KILINÇ – Üye
Doç. Dr. Melike Ünal GEZER - Üye
Dr. Öğr. Üyesi Elçin Emre AKDOĞAN - Üye
Dr. Öğr. Üyesi Beril Türkoğlu DEMİREL - Üye

Raportör: Dr. Öğr. Üyesi Duygu Onay Çoker - Raportör

GÖRÜŞME MADDELERİ

G.01 : TED Üniversitesi, Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı Dr. Öğr. Üyesi Begüm Serim Yıldız' ın "Travma Psikolojik Danışmanları için Öz-Bakım Becerileri Psikoeğitim Programı Geliştirilmesi" başlıklı çalışmasının araştırma etiğine uygunluğu görüşüldü.

Karar 2023-19/01 : TED Üniversitesi, Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık Anabilim Dalı Dr. Öğr. Üyesi Begüm Serim Yıldız' ın "Travma Psikolojik Danışmanları için Öz-Bakım Becerileri Psikoeğitim Programı Geliştirilmesi" başlıklı çalışmasına,

ONAY KARARI VERİLDİ.

Toplantı saat 12.30 sona erdi.

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU
ETİK KURUL KARARLARI
Sayı: 2023-19 Tarih: 09.11.2023

e-imzalıdır
Dr. Öğr. Üyesi Kıymet Duygu ERDAŞ
Başkan

e-imzalıdır
Dr. Öğr. Üyesi Duygu Onay Çöker
Raportör

e-imzalıdır
Prof. Dr. Mehmet Ali KÖKPINAR
Üye

e-imzalıdır
Dr. Öğr. Üyesi Çağla Öneren ŞENDİL
Üye

e-imzalıdır
Dr. Öğr. Üyesi Şule Akdoğan KILINÇ
Üye

e-imzalıdır
Doç. Dr. Melike Ünal GEZER
Üye

e-imzalıdır
Dr. Öğr. Üyesi Elçin Emre AKDOĞAN
Üye

e-imzalıdır
Dr. Öğr. Üyesi Beril Türkoğlu DEMİREL
Üye

B. DEMOGRAPHIC INFORMATION AND ANNOUNCEMENT FORM OF THE NEED ANALYSIS

İHTİYAÇ ANALİZİ KİŞİSEL BİLGİ FORMU

Değerli katılımcı, TED Üniversitesi Psikolojik Danışmanlık ve Rehberlik yüksek lisans programı kapsamında Dr. Öğretim Üyesi Begüm Serim-Yıldız danışmanlığında gerçekleştirecek olduğum yüksek lisans tezimin ihtiyaç analizini yapmak amacıyla 'alanda çalışan travma psikolojik danışmanları' ile yaklaşık 20 dakika sürecek bir zoom görüşmesi planlanacaktır. Vermiş olduğunuz bilgiler 3. Kişilerle paylaşılmayacaktır. İhtiyaç analizine katılım sağlamak istiyorsanız, kişisel bilgi formunu doldurmanızı rica ederim.

1. Adınız-Soyadınız:

……

2. Cinsiyet

☐ Kadın

☐ Erkek

☐ Diğer…

3. Yaşınız

……

4. Eğitim Seviyeniz

☐ Lisans

☐ Yüksek Lisans

☐ Doktora

5. Nerede Çalışıyorsunuz?

…….

6. Kaç senedir aktif olarak alandasınız?

…….

7. Hangi yaş grubuyla çalışıyorsunuz?

☐ Çocuk

☐ Ergen

☐ Yetişkin

☐ Diğer…

C. THE NEED ANALYSIS PROTOCOL

Değerli…….. Hocam Merhaba,

Öncelikle çalışmamıza katıldığınız için çok teşekkür ederim. Çalışmamıza kendimi tanıtarak başlayacağım. Ben TED Üniversitesi Psikolojik Danışmanlık ve Rehberlik Bölümü yüksek lisans öğrencisi Aslıhan Cingirit. Dr. Begüm Yıldız-Serim danışmanlığında yürüttüğüm tez çalışmamda, travma alanında çalışan psikolojik danışmanların öz-bakım stratejileri üzerine bir model oluşturmak ve psikoeğitim programıyla uygulanabilirliğini ölçmek amacındayım. Modelimi oluşturmadan önce ise bir ihtiyaç analiziyle sizlerin öz-bakım stratejilerine olan yaklaşımlarınızı öğrenmek istiyorum. Katılımınız kesinlikle gönüllülük esasına dayanmaktadır. Dilediğiniz zaman görüşmeyi sonlandırabilirsiniz. Burada benimle paylaşmış olduğunuz her bilgi saklı tutulacak, yalnızca danışman hocam ile paylaşılacaktır.

Görüşmemizi daha sağlıklı değerlendirebilmem için kayıt altına almam gerekiyor. Bunun için onayınıza ihtiyacım var. Görüşmelerimizi video kaydına almam için onay veriyor musunuz?

Onaylandı ☐

Onaylanmadı ☐

Buraya kadar sormak ya da eklemek istediğiniz bir şey var mı?

Şimdi sorularımıza geçebiliriz.

- İlk göndermiş olduğum kişisel bilgi formunda alanda travma üzerine çalıştığınızı belirtmiştiniz. Deneyimlerinizi birkaç cümle ile ifade edebilir misiniz?
    - Hangi tip travmalarla çalıştınız?
    - Saha deneyiminiz var mı?
    - Türkiye'de yaşanan afetlerden herhangi birinde, afet bölgesinde bir deneyimiziniz var mı? Varsa, bu deneyimden bahsetmek ister misin? Örneğin Kaldığınız ortam nasıldı? Birincil(hayati) ihtiyaçlarınızı karşılayabiliyor muydunuz? Günlük ihtiyaçlarınızı nasıl gideriyordunuz? Öz bakımınızı nasıl sağlıyordunuz?
- Ruh sağlığı uzmanları olarak bizler, travma alanında çalışırken, danışanlar tarafından anlatılan olumsuz deneyimlere maruz kalıyoruz. Bu nedenle ikincil (dolaylı) travma yaşama olasılığımız artıyor. Böylelikle bizlerde travma tepkileri vermeye başlıyoruz. Örneğin, duygu, düşüncelerimiz ya da çevremizdeki insanlardan kaçınma hali, rutinlerimizin aksaması ya da devam ettirememe, fiziksel uyarılmışlık hali (ani irkilmeler) gibi durumlar gözlemlenebiliyor.
    - Benzer tepkiler deneyimlediniz mi?
    - (Yanıt evet ise); Bu tepkilerle nasıl baş ediyorsunuz? Baş etme stratejileriniz neler?
    - (Yanıt hayır ise);

- Bizler ikincil travmayla baş etmek için sizlerin de bahsettiği gibi bazı öz bakım stratejileri kullanıyoruz. Öz bakım bireylerin farklı alanlarda psikolojik sağlamlılıklarını güçlendirmek ya da iyi oluş hallerini desteklemek amacıyla yapmış olduğu aktiviteler bütünüdür. Bu aktiviteler ile yaşamımızda ruhsal, fiziksel ya da psikolojik dengeyi sağlamaya çalışırız. Aslında özellikle etik kurallarımız içinde de değinilen öz bakım stratejileri, bizler için birer lüks değil aynı zamanda etik sorumluluklardır. Hocam öz bakım stratejileri alan yazında; fiziksel, duygusal, bilişsel, manevi, ilişkisel, profesyonel öz bakım olarak çeşitlendirilmiştir. Tüm bunlara göre;
    - Bu öz bakım türleri sizin için uygun mu?
- Siz hangi öz bakım stratejilerini kullanırsınız?
  -Fiziksel öz Bakımınız için neler yapıyorsunuz?
  -Duygusal öz bakımınız için neler yapıyorsunuz?
  -Bilişsel öz bakımınız için neler yapıyorsunuz?
  -Manevi öz bakımınız için neler yapıyorsunuz?
  -İlişkisel öz bakımınız için neler yapıyorsunuz?
  -Profesyonel öz bakımınız için neler yapıyorsunuz?
- Peki son olarak, öğrendiğiniz ya da duyduğunuz fakat henüz kendi hayatınızda uygulayamadığınız bir öz bakım stratejiniz var mı?
- Biz psikolojik danışmanlara lisan ya da yüksek lisans eğitimimizde kendimizi nasıl olumsuz hikayelerden ya da olumsuz çalışma koşullarından korumamız gerektiği öğretilmiyor. Sizce bu öz bakım stratejileri eğitimlerle birlikte öğretilmesi gereken bir şey mi? Yoksa alanda çalışarak deneyimlerimizle şekillendireceğimiz bir şey mi?

D. CONTENT OF STRENGTH-BASED SELF-CARE PSYCHOEDUCATION PROGRAM

SESSION 1

Session Title:	Introduction to self-care and practices
Outcomes:	**At the end of the session the participants will be able to;** - Define self-care in their own words. - List types/dimensions of self-care strategies/skills.
Number of Attendees:	Approx. 20
Time:	2 periods of 45 minutes with 15 minutes recess and 15 minutes for evaluation
Setting:	multipurpose hall in Ted University 1. **Period:** Participants will remain standing 2. **Period:** participants will sit in a semicircle position
Materials:	1. **Period:** • For introduction activity: Find Me! - 20 Ballons - 20 Board Markers - Background Song from YouTube (https://www.youtube.com/watch?v=JmcA9LIIXWw - Computer, Speaker • For second introduction activity: BINGO! -20 Bingo Cards -20 Pencil - Background Song from YouTube (https://www.youtube.com/watch?v=JmcA9LIIXWw - Computer, Speaker

	• Self-assessment Form sheet **2. Period:** • PowerPoint Presentation • Computer • Diary for first session of psychoeducation program • First session pamphlet/flyer
References:	American Counseling Association. (2014). *ACA code of ethics*.https://www.counseling.org/resources/aca-code-of-ethics.pdf Arcuri Sanders, N. M., Vincenzes, K. A., & Forziat-Pytel, K. (2020). What does self-care look like for online graduate mental health counseling students? *Journal of Creativity in Mental Health, 15*(1), 104-116. doi:10.1080/15401383.2019.1639236 Lawson, G., Venart, E., Hazler, R. J., & Kottler, J. A. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling, Education and Development, 46*(1), 5-19. https://doi.org/10.1002/j.2161-1939.2007.tb00022.x Zara, A., & İçöz, F. J. (2015). Secondary traumatic stress in mental health workers in Turkey. *Klinik Psikiyatri, 18*(1), 15-23.

Procedures:

FIRST PERIOD:

1. **Self-introduction Activities**

Session starts with 2 interactive introduction activities. The following instructions detail are explained to the participants by the leader. In the beginning, all participants sit their chairs, while the leader is introducing herself. After the explanation, participants are invited to stand up for *Find me* that is the first introduction activity.

Name of the Activity: Find Me!

Materials of the Activity: - 20 Ballons

- 20 Board Markers
- Background Song from YouTube

https://www.youtube.com/watch?v=JmcA9LIIXWw

- Computer, Speaker

Time of the Activity: Approx.15 minutes

Purpose of the Activity: Find Me is an introduction and warm-up activity. It is aimed that all the participants meet and socialize with each other in the first session.

Flow of the Activity: Before the starting session, balloons and board markers are put on the table by leader. After the participants are invited to stand up, the instruction is read to participants by leader.

'if you are ready, we start our session with 1st introduction activity. First, I want you to take one of the balloons and board markers on the table and inflate your balloon. Then, you will write your name on the balloons. After writing your name on the balloon, you will circle around and say your name respectively. At the same time, you can show your balloon to other participants. After completing the circle, I will turn on the music. You will start to walk around with music. While you are walking around, you can dance. The critical point is that you will try to make eye contact with other participants. When I stop the music, everyone will throw their balloons up simultaneously. You will take one of the balloons on the ground and try to find its owner. Is there any question?'

Instructions of introduction activity are explained step by step. After the first introduction activity is completed, second introduction activity 'BINGO' is started.

Name of the Activity: BINGO!

Materials of the Activity: - 20 BINGO Cards

- 20 Pencils
- Background Song from YouTube

https://www.youtube.com/watch?v=JmcA9LIIXWw

- Computer, Speaker

Time of the Activity: Approx.15 minutes

Purpose of the Activity: BINGO is an introduction and warm-up activity. It is aimed that all the participants meet and socialize with each other in the first session.

Flow of the Activity: Participants are asked to be a circle. Activity papers (Appendix 1.A) and pencils are given to the participants by leader. Then, instructions of introduction activity are explained.

'If you are ready, we can start 2nd introduction activity. Firstly, I want you to shoot a glance at your BINGO Cards. There are 25 different questions on the BINGO cards. When I start the music, you will start to ask questions to other participants. You will try to find 'YES' answers. When you find 'YES' answer, you can tick up and change your question. You can ask the questions to the participants until you find 'YES' answers. You can change contacts and questions at any time, but you must be fast. When you complete any line or column on your paper with 'YES' answers, you will shout BINGO! Whoever completes first, he/she will be the winner of the game. Is there any question?'

At the end of the second activity, the winner is congratulated by the other participants. Lastly, all participants are asked to take their seats.

2. Paper-pencil Activity: Self-Assessment (Pre-Test Part)

Leader handouts self-assessment sheet and participants are asked to answer all questions carefully. Participants are told that they can write their own name or a nick name on the paper. The critical point is that they must use the same nick name for all assessment sheets. After the self-assessment sheet is completed, all papers are gathered by leader.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

3. PowerPoint Presentation

The purpose of psychoeducation program is explained clearly. The rules of psychoeducation program are defined. Respectively, all titles are explained with examples by leader. Counselor's problems, steps of counselor impairment, importance of self-care for trauma counselors, studies in recent years about self-care and lastly, new self-care model are explained by leader. Self-care dimensions are summarized, and the presentation (Appendix 3.A) is terminated.

After the presentation termination, participants are asked if they have any questions about self-care by leader. Then all questions are answered. Lastly, diary that is assessment questions of session is given to all participants.

Assessment:

Diary for first session of psychoeducation program

After the assessment, first session pamphlet is given by leader and the session is terminated with blessings

SESSION 2

Session Title:	Cognitive and Emotional Self-Care Strategies for Psychological Counselors
Outcomes:	**At the end of the session the participants will be able to;** - Define the cognitive and emotional self-care. - List cognitive and emotional self-care strategies - Create his/her cognitive and emotional self-care plan - Define their cognitive and emotional strengths
Number of Attendees:	Approx. 20
Time:	2 periods of 45 minutes with 15 minutes recess and 15 minutes for evaluation

Setting:	multipurpose hall in Ted University 1. **Period:** Participants will sit in a semicircle position 2. **Period:** Participants will sit around the table
Materials:	1. **Period:** • For PowerPoint Presentation - Computer • For Paper-Pencil Activity: *Cognitive and Emotional Self-care Plan* -20 Cognitive and Emotional Self-care Plan Cards -20 Pencil **2. Period:** • For Hands-on Activity: *I Shape My Strengths!* -Computer, speaker -Background song from YouTube -Clay Mud -20 Gloves -20 Aprons -20 Wooden Bases • Diary for second session of psychoeducation program • Second session pamphlet/flyer
References:	Jones, K. A. (2017). Oncology nurse retreat: A strength-based approach to self-care and personal resilience. *Oncology Nurses Society, 21*(2), 259-262. doi:10.1188/17.CJON.259-262 Moore, M. (2013). Coaching the multiplicity of mind: A strengths-based model. *Global Advances in Health and Medicine, 2*(4), 78–84. https://doi.org/10.7453/gahmj.2013.030 Newell , J. M., & MacNeil, G. A. (2010, July). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health, 6*(2), 57-68.

	Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal, 58*(8), 861–862. Sünbül, Z. A., Malkoç, A., Gördesli, M. A., Arslan, R., & Çekici, F. (2018). Mindful self-care dimensions as agents of well-being for students in mental health fields. *European Journal of Education Studies, 5*(5), 33-41. https://doi.org/10.5281/zenodo.1469657

Procedures:

FIRST PERIOD:

First session is started a little conversation. Some questions are asked about last week. After the conversation, PowerPoint presentation is started by leader.

4. PowerPoint Presentation

Firstly, participants are asked what the title of cognitive and emotional self-care strategies evokes for them. Answers are discussed by participants. Then, cognitive and emotional self-care is defined by leader. After the definition, the leader speaks of awareness of cognitive and emotional process. At the same time, paper-pencil activity is handed out by leader because activity and presentation should be parallel.

5. Paper-Pencil Activity: Cognitive and Emotional Self-Care Plan

Name of the Activity: Cognitive and Emotional Self-Care Plan

Materials of the Activity: -20 Cognitive and Emotional Self-Care Plan Sheets

-20 Pencils

Time of the Activity: Approx. 30 minutes

Purpose of the Activity: All dimensions of self-care are intertwined and interconnected. It is aimed that the participants create cognitive and emotional self-care plan, after the environmental conditions and strength sides are specified by participants.

Flow of the Activity: Before the starting presentation, the activity and pencils are given to the participants by leader. Then, instructions of paper-pencil activity are explained.

'if you are ready, we continue with a paper-pencil activity. First, I want you to take your cognitive and emotional self-care plan sheets and pencils. Then, please follow the presentation because presentation and activity will be parallel. Questions will be explained by me. After the explanation, you will answer the same question on your paper, then we will continue with other questions. We will wait 5 minutes for each question. Thus, 4 main questions will be answered, and circles will be completed by you. Then, you will write your cognitive and emotional self-care strategies inside of the square. After completing the square, you will change your papers with the participants next to you. Everybody will write suggestions about self-care strategies

on her/his paper. You know that our cognitive and emotional self-care strategies are directly linked with our routine and behaviors. Now, we will create our own self-care plan to see this connection more clearly. Is there any question?'

After this explanation, all questions are explained and exemplified by the leader step by step. Then, the importance of these 4 questions is explained by leader: '*Why these steps are very important to regulate our cognitive and emotional process?'*

After the explanations, the significant examples of cognitive and emotional self-care strategies are given by leader and the participants are told that they can add to new self-care strategies, if they want. The participants who cannot filled it out their sheet are asked to complete it as an assignment.

After the activity, some important information is given by leader. Lastly, participants are asked how they feel when they look at the self-care plan that they have prepared. The answers are discussed, then the period is terminated.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

6. **Hands on Activity: I Shape My Strengths!**

Name of the Activity: I Shape My Strengths!

Materials of the Activity: -Computer, speaker

-Background song from YouTube

-Clay Mud

-20 Gloves

-20 Aprons

-20 Wooden Bases

Time of the Activity: Approx. 45 minutes

Purpose of the Activity: In this activity, it is aimed that the participants focus entirely on their strengths because they will embody one of their strength sides.

Flow of the Activity: Before the starting presentation, the material of the activity is prepared on the table by leader. After the break, the participants are asked to sit around the table and make necessary preparation (all participants wear their gloves and aprons) for the activity. Clay mud is shared. After the preparation, instruction is read by leader.

'if you are ready, we can start our activity. Now, you will think about your strengths to create a product that reflects your one of the strong sides. You will design your product by staying away from judgments such as good-bad, right-wrong. 30 minutes will be given to you to create your product. During the activity, you shouldn't

communicate with others because the one of the main purposes is that you will focus on your inner voice. Is there any question?' After the 30 minutes, 2 questions are asked by leader: 1. *'Can you tell us about your product?'* 2. '*How did you feel when you think about your strengths?'* After the sharing, participants are asked if they have any questions about self-care by leader. Then all questions are answered. Lastly, diary that is assessment questions of the second session is given to all participants and the participants are asked to complete the assessment form using their own name or nick name. **Assessment:** Diary for second session of psychoeducation program After the assessment, the second session pamphlet is given by leader and the session is terminated with blessings

SESSION 3

Session Title:	Physical Self-Care Strategies for Psychological Counselors
Outcomes:	**At the end of the session the participants will be able to;** - Define the physical self-care. - List the physical self-care strategies. - Practice progressive muscle relaxation.
Number of Attendees:	Approx. 20
Time:	2 periods of 45 minutes with 15 minutes recess and 15 minutes for evaluation
Setting:	multipurpose hall in Ted University **1. Period:** Participants will sit in a semicircle position **2. Period:** Participants will sit in a semicircle position
Materials:	1. **Period:** • For PowerPoint Presentation - Computer • For Paper-Pencil Activity: *Check List of Physical Self-Care Strategies* -20 Check List Sheets

	-20 Pencils **2. Period:** • For Physical Activity: *The Discover of Cognitive, Emotional and Physical part: Breath and Progressive Muscle Relaxation Exercises* -Computer, Speaker -20 Human Body Sheets -Crayon • Diary for second session of psychoeducation program • Second session pamphlet/flyer
References:	Eaves, T., Mauldin, L., Megan, C. B., & Robinson, J. L. (2020). The Professional is the personal: A qualitative exploration of self-care practices in clinical infant mental health practitioners. *Journal of Social Service Research, 47*(3), 369-387. https://doi.org/10.1080/01488376.2020.1817228 Hunter, S. V., & Schofield, M. J. (2006). How counsellors cope with traumatized clients: Personal, professional and organizational strategies. *International Journal for the Advancement of Counselling, 28*(2),121-138. doi:10.1007/s10447-005-9003-0 Richards, K., Campenni, E. C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247-264. doi:10.17744/mehc.32.3.0n31v88304423806

Procedures:

FIRST PERIOD:

First session is started a little conversation. 3 questions are asked about last week:

1. *Did you complete your cognitive and emotional self-care plan?*
2. *Could you add your self-care plan in your routine?*
   If not, what do you need to add your plan in your routine?

After the conversation, PowerPoint presentation is started by leader.

1. PowerPoint Presentation

Firstly, participants are asked what the title of physical self-care strategies evokes for them. Answers are discussed by participants. Then, physical self-care is defined by leader. After the definition, the leader and participants discuss these questions:

-*Why physical self-care strategies are significant for our life?*

-*What is the connection between physical and cognitive-emotional self-care strategies?*

After the discussion, paper-pencil activity (*check list of physical self-care strategies)* is handed out by leader because after some explanation, activity and presentation should be parallel.

2. Paper-Pencil Activity: Check List of Physical Self-Care Strategies

Name of the Activity: Check List of Physical Self-Care Strategies

Materials of the Activity: -20 Check List Sheets

-20 Pencils

Time of the Activity: Approx. 40 minutes

Purpose of the Activity: In this activity, it is aimed that the participants review their physical self-care strategies.

Flow of the Activity: After the activity sheets are handed out to participants, the activity content is explained by leader. Then leader starts to define all steps.

1. *Step*:

The instruction of activity is read by leader.

'If you are ready, we continue with a paper-pencil activity. First, I want you to take your check list of physical self-care strategies sheets and pencils. Then, please answer 24 questions. If the statements are suitable for you, you can tick them up. When you finish the check list, we will evaluate all statements with the presentation. Presentation and activity will be parallel. The activity will be 10 minutes.'

After the explanation, participants are asked to check and answer 24 questions on the paper. The leader gives 10 minutes to participants for this check list. After the 10 minutes, examples of physical self-care strategies are identified by leader. This process should be interactive. Some questions are asked during presentation by the leader for example:

-*When you look at your check list, which statements are suitable for you?*

-*Do you like dancing, doing sports, trekking etc.?*

-*Have you ever experienced meditation or yoga?*

(These questions should be diversified by the leader.)

2. *Step:*

After the discussion, participants are told to move on to the second stage of activity. The leader asks 3 questions about their check list of physical self-care. These are:

-*What did you notice when you looked at your responses?*

-*Do you think the physical strategies that you have in your life are enough?*

-*Are your current physical strategies regular and sustainable for you?*

The answers are discussed, then the period is terminated.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

3. **Physical Activity: The Discover of Cognitive, Emotional and Physical part: Breath and Progressive Muscle Relaxation Exercises**

Name of the Activity: The Discover of Cognitive, Emotional and Physical part: Breath and Progressive Muscle Relaxation Exercises.

Materials of the Activity: -Computer, Speaker

-20 Human Body Sheets

-Crayon

Time of the Activity: Approx. 45 minutes

Purpose of the Activity: In this activity, it is aimed that the participants experience breath and progressive muscle relaxation exercises. Also, participants will discover the connection between their body and emotions.

Flow of the Activity: After the break, all participants take their seats. Then, instructions of relaxation activity are explained by leader.

'We all need to relax after a stressful day. Maybe, we experience many activities with our clients or students such as body scans, breathing exercises. So, when did we do all these activities for ourselves? When did we listen our body with our inner voice? When did we breathe deeply for a few minutes? Now we will experience all these activities for 20 minutes. I will open a recording that include instruction of breath and progressive muscle relaxation exercises. Please try to follow all instruction. But firstly, sit comfortably and close your eyes.'

Then recording is opened by the leader. After the breath and progressive muscle relaxation exercises, the participants are asked to sit at a round table. Human body sheets and crayons handed out to participants. Then, instructions are explained by leader.

'We experienced breath and progressive muscle relaxation exercises. We felt different emotions in certain parts of our bodies. Now, I want you to color the emotions you feel in different parts of your body with different colored pencils or to draw abstract shapes and show them on the human body sheet. This part of the activity will be 15 minutes. Is there any question?'

After the activity, the participants share their experiences about activity. the leader asks 2 questions to the participants.

-Do you share your experiences about activity?

-How did you feel?

-Now, how do you feel?

Then all questions are answered. Lastly, diary that is assessment questions of the third session is given to all participants and the participants are asked to complete the assessment form using their own name or nick name.

Assessment:

Diary for third session of psychoeducation program

After the assessment, the third session pamphlet is given by leader and the session is terminated with blessings.

SESSION 4

Session Title:	Spiritual Self-Care Strategies for Psychological Counselors
Outcomes:	**At the end of the session the participants will be able to;** - Define the spiritual self-care. - List the spiritual self-care strategies. - Define the kindness and self-compassion.
Number of Attendees:	Approx. 20
Time:	The first part of the session will last for 30 minutes, and the second part will last for 60 minutes. A 15-minute break and a 15-minute session evaluation will be given, making a total of 2 hours.
Setting:	multipurpose hall in Ted University 1. **Period:** The participants sit in a circle. 2. **Period:** The participants sit in a semi-circle.
Materials:	1. **Period:** • For Group Activity: *Things I couldn't Explain.* -There is no material. **2. Period:** • For PowerPoint Presentation

	- Computer • For Paper-Pencil Activity*: To What extend am I compassionate to myself?* -20 Self-Compassion Scale -20 pencils • For Paper-Pencil Activity*: My superpowers are…* -20 Activity Sheets -20 color pencils • For Paper-Pencil Activity*: Letter to Myself* -20 Activity Sheets -20 Pencils -20 Envelope **3.** Diary for forth session of psychoeducation program **4.** Forth session pamphlet/flyer
References:	Anandarajah, G. (2008). The 3 H and BMSEST models for spirituality in multicultural whole-person medicine. *Annals of Family Medicine, 6*(5), 448–458. https://doi.org/10.1370/afm.864 Bekelman, D. B., Dy, S., Becker, D., Wittstein, I. S., Sloan, D., Yamashita, T. E., & Gottlieb, S. H. (2007). Spiritual well-being and depression in patients with heart failure. *Journal of General Internal Medicine, 22*(4), 470-7. https://doi.org/10.1007/s11606-006-0044-9 Boero, M. E., Caviglia, M. L., Monteverdi, R., Braida, V., Fabello, M., & Zorzella, L. M. (2005). Spirituality of health workers: A descriptive study. *International Journal of Nursing Studies, 42*(8), 915-21. https://doi.org/10.1016/j.ijnurstu.2004.11.007 Irvine, K. N., Hoesly, D., Bell-Williams, R., & Warber, S. L. (2019). Biodiversity and spiritual well-being. In *Biodiversity and Health in the Face of Climate Change* 213-247. https://doi.org/10.1007/978-3-030-02318-8_10

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Procedures:

FIRST PERIOD:

First session is started a little conversation. The question is asked about last week:

3. *Did you add some strategies about physical self-care in your routine? -If your answer is no, what do you need to add your routine?*

After the conversation, Group activity is started by leader.

1. **Group Activity: Things I couldn't Explain.**

Name of the Activity: Things I couldn't Explain.

Materials of the Activity: -

Time of the Activity: Approx. 45 minutes

Purpose of the Activity: In this activity, the aim is for participants to give meaning to their behaviors that support spiritual integrity in their lives, along with sharing their experiences.

Flow of the Activity: The session begins with this group activity. Participants are asked to sit in a circle. After reminding them about group dynamics and privacy, they follow the instructions:

"*If you're ready, we can continue with the group activity. As you know, spirituality encompasses not only our belief systems but also the values in our lives. We will discuss this in more detail during the second part of our session. However, in this section, I'd like to talk about the unspoken things. I want you to think the questions asked and the experiences that you've had, starting from the right side, you can take*

the floor and share. I want to start these sharing with two important spiritual elements: kindness and self-compassion. Here is the starting question:

'In a corner of your life, you did something to make someone else's life easier. Maybe it was an act of kindness or a gesture... but it was difficult for you at that moment. However, you used all your resources and did it anyway. However, you didn't share or talk about it with anyone. Or maybe you didn't seek approval while doing it. What do you think about sharing it here now?'

After the first-person shares, the attention turns to the other members of the group, and the following question is asked:

'If someone did something like this for you, how would you feel? And if you knew about this act, what would you say? Who would like to go first?'

Once the question is asked to the other participants, their responses are collected, and then it moves on to another participant's experience. This group activity is an interactive one where the leader continues to expand on questions within group dynamics. Participants who share their experiences should be supported by questions like *'How did it feel to share this experience here*?' and *'How did it feel for others to hear about it?*' after other participants have spoken about the experience.

After the group activity, the period is terminated.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

2. **PowerPoint Presentation**

Firstly, participants are asked what the title of spiritual self-care strategies evokes for them. Answers are discussed by participants. Then, spiritual self-care is defined by leader. After the definition, the leader and participants discuss these questions:

-Why spiritual self-care strategies are significant for our life?

-What is the connection between spirituality, mind, and body?

-What are the contents of these 3 dimensions?

-What are the examples of spiritual self-care strategies?

After explaining the kindness, the leader gives the short form of the self-compassion scale to the participants and asks them to evaluate themselves before discussing self-compassion.

3. **Paper-Pencil Activity: To What extend am I compassionate to myself?**

Name of the Activity: To What extend am I compassionate to myself?

Materials of the Activity: -20 Self-Compassion Scale

-20 pencils

Time of the Activity: Approx. 15 minutes

Purpose of the Activity: The aim of this activity is for participants to evaluate themselves using the self-compassion scale.

Flow of the Activity: After handing out the scale sheets to the participants, they are asked to fill out the paper. The instruction written below is read by the Lider:

"If you are ready, we can continue with the Paper-pencil activity. I want you to carefully read the self-compassion items that you have seen and rate them according to yourself. Does anyone have any questions?"

After the participants rate the items, the Lider asks the following questions:

- "*What did you feel while rating the items?"*
- *"Do you think that are you self-compassionate?"*
- *"Why self-compassion is important?"*

(These questions can be diversified by the leader). The duration of the activity is 10 minutes.

After completing the activity, the presentation resumes, and self-compassion is explained using PowerPoint slides.

4. **Paper-Pencil Activity: My Superpowers are…**

Name of the Activity: My Superpowers are…

Materials of the Activity: -20 Activity Sheets

-20 Color Pencils

Time of the Activity: Approx. 10 minutes

Purpose of the Activity: In this activity, the aim is for the participants to become aware of their strengths and express them.

Flow of the Activity: After handing out the activity sheets to the participants, the instruction written below is read by the Lider:

"If you are ready, we can continue with the Paper-Pencil activity. Which of the character traits that you see on the paper belong to you? I want you to color the ones that belong to you with the colored pen you have chosen and, if applicable, make additions in the boxes below. We've discussed self-compassion. It is necessary to be honest with ourselves and emphasize our strengths that we always highlight. Let's talk about our strengths."

After reading the instructions, participants are given 5 minutes to complete the task. Then, the following questions are asked:

- *"Does anyone want to share?"*
- *"What did you feel when focusing on your strengths?"*

(These questions can be diversified by the facilitator). The duration of the activity is 10 minutes.

After completing the activity, the leader continues with presentation and examples of spiritual self-care strategies are explained using PowerPoint slides.

5. **Paper-Pencil Activity: Letter to Myself**

Name of the Activity: Letter to Myself

Materials of the Activity: -20 Activity Sheets

-20 Pencils

-20 Envelope

Time of the Activity: Approx. 30 minutes

Purpose of the Activity: In this activity, the aim is for participants to imagine their passions, meaningful life goals, and their best version in the future.

Flow of the Activity: After handing out the activity sheets to the participants, the following instruction is read by the Lider:

'If you are ready, we can continue with the Paper-Pencil activity. Firstly, I'd like you to think about your goals in life, your passions, the version of yourself you aspire to be, and the things that you wish to accomplish. In other words, imagine that the best version of yourself that you idealize in life. With the goals and dreams that give meaning to your current life, I want you to write a letter to your future self. After writing the letter, take an envelope, place the letter inside, seal it, and write the date on which you will open the envelope. You are not obligated to share anything. Your envelopes will await the date when you decide to open them. Does anyone have any questions?'

After writing the letters, the following question is asked:

'How did you feel to write a letter to your future best version?'

After the answers, the activity is terminated. Lastly, diary that is assessment questions of the 4. session is given to all participants and the participants are asked to complete the assessment form using their own name or nick name.

Assessment:

Diary for 4. session of psychoeducation program

After the assessment, the 4. session pamphlet is given by leader and the session is terminated with blessings.

SESSION 5

Session Title:	Relational Self-Care Strategies for Psychological Counselors

Outcomes:	**At the end of the session the participants will be able to;** - Define the relational self-care. - List the relational self-care strategies.
Number of Attendees:	Approx. 20
Time:	The first period will be 45 minutes, and the second period will be 1 hour with 15 minutes recess and 15 minutes for evaluation. Session 5 will continue for 2 hour and 15 minutes.
Setting:	multipurpose hall in Ted University 1. **Period:** Participants will sit around the table 2. **Period:** Participants will sit semicircle
Materials:	**1. Period:** • For Hands-on Activity: *Colors in My Life: Painting* -Computer, Speaker -Oil Colors -20 Canvas (15x15) -20 Gloves -20 Aprons -20 Paint Brush -20 Paint Palette **2. Period:** • For PowerPoint Presentation - Computer • For Paper-Pencil Activity: *My Relationships* -20 Activity Sheets -20 Pencils -20 Papers • Diary for second session of psychoeducation program • Fifth session pamphlet/flyer

References:	Eaves, T., Mauldin, L., Megan, C. B., & Robinson, J. L. (2020). The Professional is the personal: A qualitative exploration of self-care practices in clinical infant mental health practitioners. *Journal of Social Service Research, 47*(3), 369-387. https://doi.org/10.1080/01488376.2020.1817228 Lewis, S., Willis, K., Bismark, M., & Smallwood, N. (2022). A time for self-care? Frontline health workers' strategies for managing mental health during the COVID-19 pandemic. *SSM - Mental Health, 2,* 1-8. https://doi.org/10.1016/j.ssmmh.2021.100053 Richards, K., Campenni, E. C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247-264. doi:10.17744/mehc.32.3.0n31v88304423806 Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal, 58*(8), 861–862. Sünbül, Z. A., Malkoç, A., Gördesli, M. A., Arslan, R., & Çekici, F. (2018). Mindful self-care dimensions as agents of well-being for students in mental health fields. *European Journal of Education Studies, 5*(5), 33-41. https://doi.org/10.5281/zenodo.1469657 Witmer, M. J., & Young, M. E. (1996). Preventing counselor impairment: A wellness approach. *The Journal of Humanistic Education and Development, 34*(3), 141-155. https://doi.org/10.1002/j.2164-4683.1996.tb00338.x

Procedures:

FIRST PERIOD:

First session is started a little conversation. Question is asked about last week:

1. *Did you add any spiritual self-care strategies in your self-care plan?*

After the conversation, hands-on activity is started by leader.

1. **Hands-on Activity: Colors in My Life: Painting**

Name of the Activity: Colors in My Life: Painting

Materials of the Activity: -Computer, Speaker

-Oil Colors

-20 Canvas (15x15)

-20 Gloves

-20 Aprons

-20 Paint Brush

-20 Paint Palette

Time of the Activity: Approx. 45 minutes

Purpose of the Activity: In this activity, it is aimed that the participants discover the importance of relationships in your life.

Flow of the Activity: All participants take their seats around the roundtable. The participants prepare for activity. Then, instructions of hands-on activity are explained by leader.

'We all need to each other. Every person is a different color. Now you will choose a color on the table. You will paint a side of canvas. Size or shape are not important. Drawing will reflect you. When you paint a side of canvas, you will give it to the next person. The other person will paint another side of your canvas. In this way, everyone will add a different color to the other's canvas. Lastly, everyone will take back their own canvas. Is there any question?'

After the activity, the participants share their experiences about activity. The leader asks 2 questions to the participants.

-*What do you feel when you painted other canvas?*

-*What do you feel when take back your painting?*

The answers are discussed, then the period is terminated.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

2. PowerPoint Presentation

Firstly, participants are asked do they care about their relationships. Answers are discussed by participants. Then, relational self-care is defined by leader. After the definition, pair activity is explained by leader. Following the activity, the presentation continues by explaining social support, healthy relationships, and boundaries in relationships. Additionally, examples of relational self-care strategies are provided by leader. Finally, the results of studies added to presentation by the researcher are narrated to emphasize the importance of relational self-care.

Immediately after defining relational self-care, the pair activity 'Who?' is explained to the participants in parallel with presentation. The presentation lasts for approximately 15 minutes.

3. Pair Activity: Who?

Name of the Activity: Who?

Materials of the Activity: -

Time of the Activity: Approx. 10 minutes

Purpose of the Activity: In this activity, it is aimed that the participants remember their relationships and important names in their lives.

Flow of the Activity: After the activity pages is opened from presentation, the leader will explain content of the activity.

'*Now you will be pair for this activity. Then, you will ask all these questions to your partner. Your answers should be the significant names in your life. You can give some details about the role of names in your life. For this pair activity, you have 10 minutes. Is there any question?'*

After the pair activity, PowerPoint presentation continues.

4. Paper-Pencil Activity: My Relationships

Name of the Activity: My Relationships

Materials of the Activity: -20 Activity Sheets

-20 Pencils

Time of the Activity: Approx. 30 minutes

Purpose of the Activity: In this activity, it is aimed that the participants review their relationships.

Flow of the Activity: After the activity sheets are handed out to participants, the activity content is explained by leader.

3. *Step*:

The instruction of activity is read by leader.

> *'If you are ready, we continue with a paper-pencil activity. First, I want you to take your activity sheet and pencil. Then, please answer all questions. You will write names or nicknames of people who are in your life. While writing the names, please evaluate your relationships with them. The activity will be 10 minutes. When you complete the sheet, you can share your answers with or without names. Or you can only evaluate your relationships with them.'*

After the explanation, participants are asked to answer the questions on the paper. The leader gives 10 minutes to participants for completing. After the 10 minutes, the leader asks 6 questions to the participants. This process should be interactive.

-How did you feel while completing the form?

-Is the number of the people who you enjoy being around meaningful for you?

-How much time have you been spending with these people?

-How do you evaluate yourself about strengthening your relationships?

-What does the number of people who you may take social support mean?

-What can you do to increase the number of these people?

(These questions should be diversified by the leader). The discussion will be 15 minutes.

4. *Step:*

After the discussion, the second stage of activity is started by the leader After the activity sheets are handed out to participants, the activity content is explained by leader

'If you are ready, we will continue with second stage of our activity. You wrote some important names from your life on your paper. Now you will select some people for every questions. These people will symbolize the people who are in your life… Firstly, you will draw an object or the person who will represent you and you will place him/her anywhere on your paper. Then you will place the people around first drawn person or symbol according to some criteria such as your emotional closeness and the level of spending time with them. You can shape the body and facial expressions of the people you place. You can write their names or nicknames to remember. After the placement is finished, you will look at the your relationships one more time from a distance. Evaluate it.'

After the activity, lastly, diary that is assessment questions of the 5. session is given to all participants and the participants are asked to complete the assessment form using their own name or nick name.

Assessment:

Diary for 5. session of psychoeducation program

After the assessment, the fifth session pamphlet is given by leader and the session is terminated with blessings.

SESSION 6

Session Title:	Professional Self-Care Strategies for Psychological Counselors
Outcomes:	**At the end of the session the participants will be able to;** - Define the professional self-care.

	- List the professional self-care strategies. - Specify the short and long term goals.
Number of Attendees:	Approx. 20
Time:	2 periods of 45 minutes with 15 minutes recess and 15 minutes for evaluation
Setting:	multipurpose hall in Ted University 1. **Period:** Participants will sit semicircle 2. **Period:** Participants will sit around the table
Materials:	1. **Period:** • For PowerPoint Presentation - Computer • Pair Learning Activity: *What do I do now?* -20 Case Papers 2. **Period:** • For Paper-Pencil Activity: *My Life and My Plan; Self-care integrated routines* -30 Activity Sheets -30 Pencils • Diary for sixth session of psychoeducation program • Sixth session pamphlet/flyer (Appendix 5.F)
References:	Eaves, T., Mauldin, L., Megan, C. B., & Robinson, J. L. (2020). The Professional is the personal: A qualitative exploration of self-care practices in clinical infant mental health practitioners. *Journal of Social Service Research, 47*(3), 369-387. https://doi.org/10.1080/01488376.2020.1817228 Lewis, S., Willis, K., Bismark, M., & Smallwood, N. (2022). A time for self-care? Frontline health workers' strategies for managing mental health during the COVID-19 pandemic. *SSM - Mental Health, 2*, 1-8. https://doi.org/10.1016/j.ssmmh.2021.100053 Richards, K., Campenni, E. C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-

awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247-264. doi:10.17744/mehc.32.3.0n31v88304423806

Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *The Canadian Veterinary Journal, 58*(8), 861–862.

Sünbül, Z. A., Malkoç, A., Gördesli, M. A., Arslan, R., & Çekici, F. (2018). Mindful self-care dimensions as agents of well-being for students in mental health fields. *European Journal of Education Studies, 5*(5), 33-41. https://doi.org/10.5281/zenodo.1469657

Witmer, M. J., & Young, M. E. (1996, March). Preventing counselor impairment: A wellness approach. *The Journal of Humanistic Education and Development, 34*(3), 141-155. https://doi.org/10.1002/j.2164-4683.1996.tb00338.x

Procedures:

FIRST PERIOD:

First session is started a little conversation. Question is asked about last week:

1. *Did you add any relational self-care strategies in your self-care plan?*

After the conversation, PowerPoint presentation is started by leader.

1. PowerPoint Presentation

Firstly, participants are asked what the title of professional self-care strategies evokes for them. Answers are discussed by participants. Then, professional self-care is defined by leader. After the definition, examples of professional self-care strategies are given by leader.

After the discussion, paper-pencil activity is handed out by leader. The presentation is approximately 15 minutes.

2. Pair Activity: What do I do now?

Name of the Activity: What do I do now?

Materials of the Activity: -20 Case Papers

Time of the Activity: Approx. 20 minutes

Purpose of the Activity: In this activity, it is aimed that the participants review their professional relationships.

Flow of the Activity: After the case papers are handed out to participants, the activity content is explained by leader.

The instruction of activity is read by leader.

> *'If you are ready, we continue with pair learning activity. First, I want you to take your case papers. Then, you will choose a partner and you will sit opposite each other. You will read the cases and act them out among yourself. You can change your roles. In this way, you will try to find different solutions for every cases. The activity will be 20 minutes. When you complete the role play, you can share your feelings. Is there any question?'*

After the explanation, participants start role play with their partners. The leader gives 20 minutes to participants for completing. After the pair learning activity, the leader asks 3 questions to the participants. This process should be interactive.

-How did you feel while acting the cases?

-Do you think that the problems have been solved?

-Have you explored different ways to cases? Do you share with us?

(These questions should be diversified by the leader). The discussion will be 10 minutes.

The answers are discussed, then the period is terminated.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

3. **Paper-Pencil Activity: My Life and My Plan; Self-care integrated routines**

Name of the Activity: My Life and My Plan; Self-care integrated routines

Materials of the Activity: -20 Activity Sheets

-20 Pencils

Time of the Activity: Approx. 30 minutes

Purpose of the Activity: In this activity, it is aimed that the participants organize their goals.

Flow of the Activity: After the activity sheets are handed out to participants, the activity content is explained by leader.

The instruction of activity is read by leader.

'If you are ready, we continue with a paper-pencil activity. First, I want you to take your activity sheet and pencil. Then, please answer questions. Then you will write your long- and short-term goals. While you are answering the questions, think in detail your life. Make sure that your goals are suitable and applicable for your life. Is there any question?'

After the explanation, participants are asked to answer the questions and complete the goals table on the paper. The leader gives 30 minutes to participants for completing. After the 30 minutes, the leader asks a question to the participants. This process should be interactive. *-How did you feel while writing your self-care integrated goals?* *- What is the connection between life plan, goals, and self-care strategies?* (These questions should be diversified by the leader). The discussion will be 10 minutes. Then all questions are answered. Lastly, diary that is assessment questions of the 6. session is given to all participants and the participants are asked to complete the assessment form using their own name or nick name. **Assessment:** Diary for 6. session of psychoeducation program After the assessment, the 6. session pamphlet is given by leader and the session is terminated with blessings.

SESSION 7

Session Title:	Termination
Outcomes:	**At the end of the session the participants will be able to;** - Define all dimensions of self-care. - Evaluate all sessions of psychoeducation program.
Number of Attendees:	Approx. 20
Time:	2 periods of 45 minutes with 15 minutes recess and 15 minutes for evaluation
Setting:	multipurpose hall in Ted University 1. **Period:** Participants will sit semicircle 2. **Period:** Participants will sit semicircle
Materials:	1. **Period:** 2. **Period:** • Self-assessment Sheet (Appendix 1.G) • Diary for 7. session of psychoeducation program (Appendix 2.G)

References:	-

Procedures:

FIRST PERIOD:

First session is started a little conversation. a question are asked about last week:

2. *Did you use any professional self-care strategies last week? If yes, do you share your experiences with us?*

After the conversation, firstly the participants remember all self-care dimensions. All self-care strategies summarize by the leader. Then, the participants are asked what is the meaning of balance? Answers are discussed by participants.

Participants are required to give rest breaks (15 minutes).

SECOND PERIOD*:*

4. Paper-pencil Activity: Self-Assessment (Post-Test Part)

Leader handouts self-assessment sheet (Appendix 1.G) and participants are asked to answer all questions carefully. Participants are told that they can write their own name or a nick name on the paper. The critical point is that they must use the same nick name for all assessment sheets. After the self-assessment sheet is completed, all papers are gathered by leader.

After the assessment part, participants are asked if they have any questions about self-care by leader. Then all questions are answered. Lastly, diary that is assessment questions of the 7. session is given to all participants and the participants are asked to complete the assessment form using their own name or nick name. After the diary, psychoeducation program is terminated by leader.

Assessment:

Diary for seventh session of psychoeducation program

After the assessment, the session is terminated with blessings.

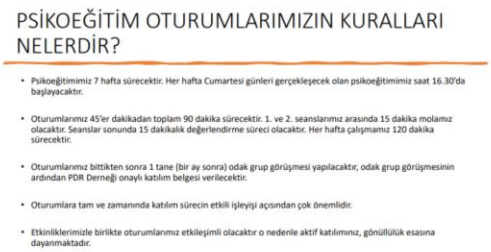
E. PRESENTATION EXAMPLES OF PSYCHOEDUCATION PROGRAM

SESSION 1







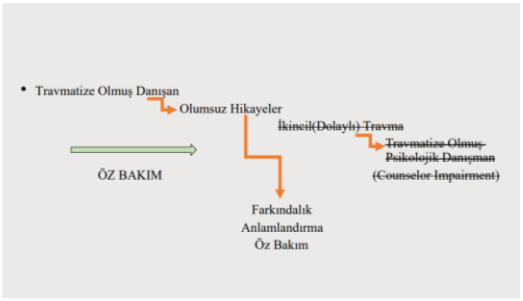








Travmatize Olmuş Danışan
Olumsuz Hikayeler
İkincil(Dolaylı) Travma
Travmatize Olmuş Psikolojik Danışman



ÖZ BAKIM NEDİR?

Öz bakım;

Bireylerin farklı alanlarda **psikolojik sağlamlıklarını güçlendirmek** ya da **iyi oluş hallerini desteklemek** amacıyla yapmış olduğu aktiviteler bütünüdür. Bu aktiviteler ile yaşamımızda **ruhsal**, **fiziksel** ya da **psikolojik** dengeyi sağlamaya çalışırız (Arcuri Sanders, Vincenzes, & Forziat-Pytel, 2020).

Öz bakım ruh sağlığı çalışanları için birer lüks değil aynı zamanda **etik sorumluluklardır** (American Counseling Association, 2014).

Öz bakım;
Bir kişinin hayattaki **rollerini dengelerken** kendine etkili bir şekilde bakabilmesi, aynı zamanda **kişisel ve profesyonel yaşamları arasında ayrım yapma becerilerini kullanabilmesidir.**
(Arcuri Sanders, Vincenzes, & Forziat-Pytel, 2020).

Ruh Sağlığı Çalışanları için Öz Bakım Neden Önemlidir?

Araştırmalara Göre;
Danışmanın etkililiğini kaybetmesi, sıklıkla, bir danışman danışanlarının sorunlarına odaklanmak için çok fazla zaman harcarken, denge ve öz bakım için kendi gereksinimlerini görmezden geldiğinde, ihmal ettiğinde veya göz ardı ettiğinde ortaya çıkar. (Lawson, Venart, Hazler, & Kottler, 2007).

Araştırmalara Göre;
Zara ve İçöz'ün 2015 yılında 205 ruh sağlığı uzmanı ile yaptıkları istatistiksel araştırmaya göre, katılımcıların %44,9'u ortalamanın üzerinde ikincil travma sendromu belirtileri gösterirken, %25,4'ü yüksek düzeyde ikincil travma yaşamıştır (Zara ve İçöz, 2015).

İhtiyaç Analizine Göre:

Her 12 ruh sağlığı çalışanından 10'u meslek hayatının bir döneminde ikincil travma tepkileriyle karşı karşıya kalmıştır.

Öz Bakım Modeli



Öz Bakım Çeşitleri;

- Fiziksel Öz Bakım
- Bilişsel -Duygusal Öz Bakım
- Manevi Öz Bakım
- İlişkisel Öz bakım
- Profesyonel Öz Bakım

SESSION 2

Öz Bakım Becerileri:
Bilişsel ve Duygusal Öz Bakım
Kasım, 2023

Adilhan Cinglöz

1

Neler Konuşacağız?

- Bilişsel ve Duygusal Öz Bakım Nedir?
- İçsel Kaynakları Keşfetme ve Anlamlandırma
- Bilişsel ve duygusal Öz-Bakım Örnekleri neler?

2

Senin için iyi bir günün tarifi nedir? Bir günü iyi yapan şey/şeyler nelerdir?

3

Bilişsel ve duygusal öz bakım bize neleri çağrıştırıyor?

4

Bilişsel ve Duygusal Öz Bakım:

'İçsel ihtiyaçlar ve dış talepler doğrultusunda; duygu, düşünce ve davranışlarımızı anlamlandırmak, potansiyelimizi keşfetmek ve tüm bunları düzenleyebilmek adına yaşamımızda kullandığımız stratejiler bütünüdür'(Moore, 2013; Stoewen, 2017; Sünbül, Malkoç, Gördesli, Arslan, & Çekici, 2018).

5

Bilişsel ve Duygusal Farkındalık

1. Adım: Benliğimizi oluşturan, bilişsel ve duygusal süreçlerimizi tanıma ve anlamlandırma

Neye ihtiyacım var?
Şuan nasıl hissediyorum? Duyguma eşlik eden düşüncelerim neler?
Gündemimde ne var?

-Gibi soruları ne sıklıkla kendimize soruyoruz?

6



7

2. Adım: Bilişsel-duygusal süreçlerimizi düzenleyebilmek ve iç sesimizi duyabilmek için gerekli koşulların oluşturulması

Bilişsel ve duygusal dengemizi sağlamak ve içsel farkındalığımızı artırmak için neler yapabiliriz?

hadi hep birlikte bir çerçeve çizelim

8

Rapp, Saleebey ve Sullivan (2008), güçlü temelli yaklaşım için 6 standart belirlemiştir. Bu 6 standarttan 2'sini bilişsel ve duygusal öz bakım stratejilerimizi belirlemek için kullanmaktayız.

1
GÜÇLERİMİZİN FARKINDALIĞI/ DEĞERLENDİRİLMESİ:
-kendi yeteneklerini bulur ve içsel kaynaklarını değerlendirir.

2.
ÇEVRESEL KAYNAKLARIN FARKINDALIĞI/ DİNAMİKLERİN DEĞERLENDİRİLMESİ:

9

1. Yaşamımdaki dinamikler neler?

Ev, aile, iş, okul gibi yaşam dinamiklerimizi belirlemek ve farklı yaşam dinamiklerimize ayırdığımız zamanı gözen geçirmek rutinlerimizi belirlemek ve planlamamızı sağlıklı bir şekilde yapabilmek için bize yardımcı olacaktır.

10

2. Kendime ait, özgür hissettiğim fiziki alanlarım var mı?

Bazen evimizin bir odası, bazen yeşil bir alan, bazen bir kafe, evimizin terası…
Kendimizi iyi hissettiğimiz, bize ait alanlarımızı belirleyelim.

11

3. Haftalık kendime ayırdığım zaman dilimim ne kadar?

Bazen seans sonraları yarım saatlik bir kahve molası,
Bazen göl kenarında 1 saatlik kitap okuma saatleri,
Bazen yaşadıklarımızı saatlerce kağıda döktüğümüz anlar…

Kendimize ayırdığınız 'özel saatlerimizi' belirleyelim ve rutin planlamamızın içine koyalım.
Belirli saatlerde, bilişsel ve duygusal farkındalığımızı arttıracak stratejilere/aktivitelere net saatler belirleyelim.

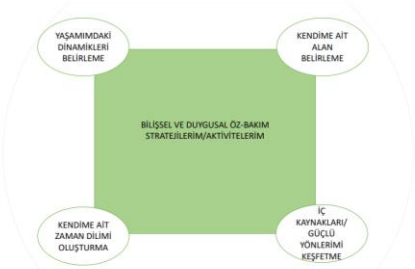
12

4. İç kaynaklarımın/güçlü yönlerimin ne kadar farkındayım?

İlgilerimizi Belirleyelim.
-Yaşama ve kendimize dair merak ettiklerimiz neler?
-Şu ana kadar denemek/deneyimlemek istediğiniz şeyler var mı? Varsa neler?

Yeteneklerimizi Belirleyelim.
-Süregelen, halihazırda yaşamımızda yetenekli olduğumuzu düşündüğümüz alanlar neler?
-Bu alanları geliştirmek için neler yapıyoruz?

13



14

Bilişsel ve duygusal sistemimizi düzenlemek ve farkındalığımızı arttırmak için yaşamımızı düzenlememiz gerekmektedir.

Yaşamımızı düzenledikten sonra ilgi ve yeteneklerimiz doğrultusunda artan farkındalığımızla, sürdürülebilir bireysel öz bakım stratejileri belirlemeliyiz.

Öz bakım stratejilerimizin sürdürülebilir olması içinse rutin davranışlarımıza dönüştürmemiz gerekmektedir.

Stratejilerle birlikte bilişsel ve duygusal/içsel farkındalığımız arttıkça kendimizi daha çok keşfedip, dış dünyayı daha çok anlamlandırıp düzenleyeceğiz.

MODELİMİZDEKİ GİBİ BİTMEYEN BİR DÖNGÜ….

15

Öz Bakım Modeli



16

Bilişsel ve duygusal öz bakımımızı sağlayacak ve farkındalığımızı arttıracak bazı alan yazın önerileri;

-Meditasyon yapmak
-Nefes egzersizleri deneyimlemek
-Günlük tutmak
-süreç ya da olay odaklı yazılar yazmak
-doğa yürüyüşü/ yürüyüş
-Duraklama: sessizlik (belli bir fiziksel pozisyonda)
-resim çizmek/boyama yapmak
-kil aktiviteleri
-yemek pişirmek(mutfakla ilgili aktiviteler) (Jones, 2017; Newell & MacNeil, 2010)

17

Bilişsel ve Duygusal Öz Bakım Stratejilerimizi Belirlerken Dikkat Etmemiz Gereken Şeyler;

-Belirlediğimiz ve hayatımıza entegre ettiğimiz stratejilerimizin, bizim düşünsel ve duygusal farkındalığımıza hizmet edecek,
-İçsel diyaloglarımızı güçlendirecek,
-Pozitif duygu ve düşünceleri doğuracak,
-Güçlü yönlerimizi ortaya koyacak aktivitelerden oluşmalıdır.

18

Bilişsel ve duygusal öz-bakımımıza hizmet edecek, öz-bakım planınıza baktığınızda nasıl hissediyorsunuz?

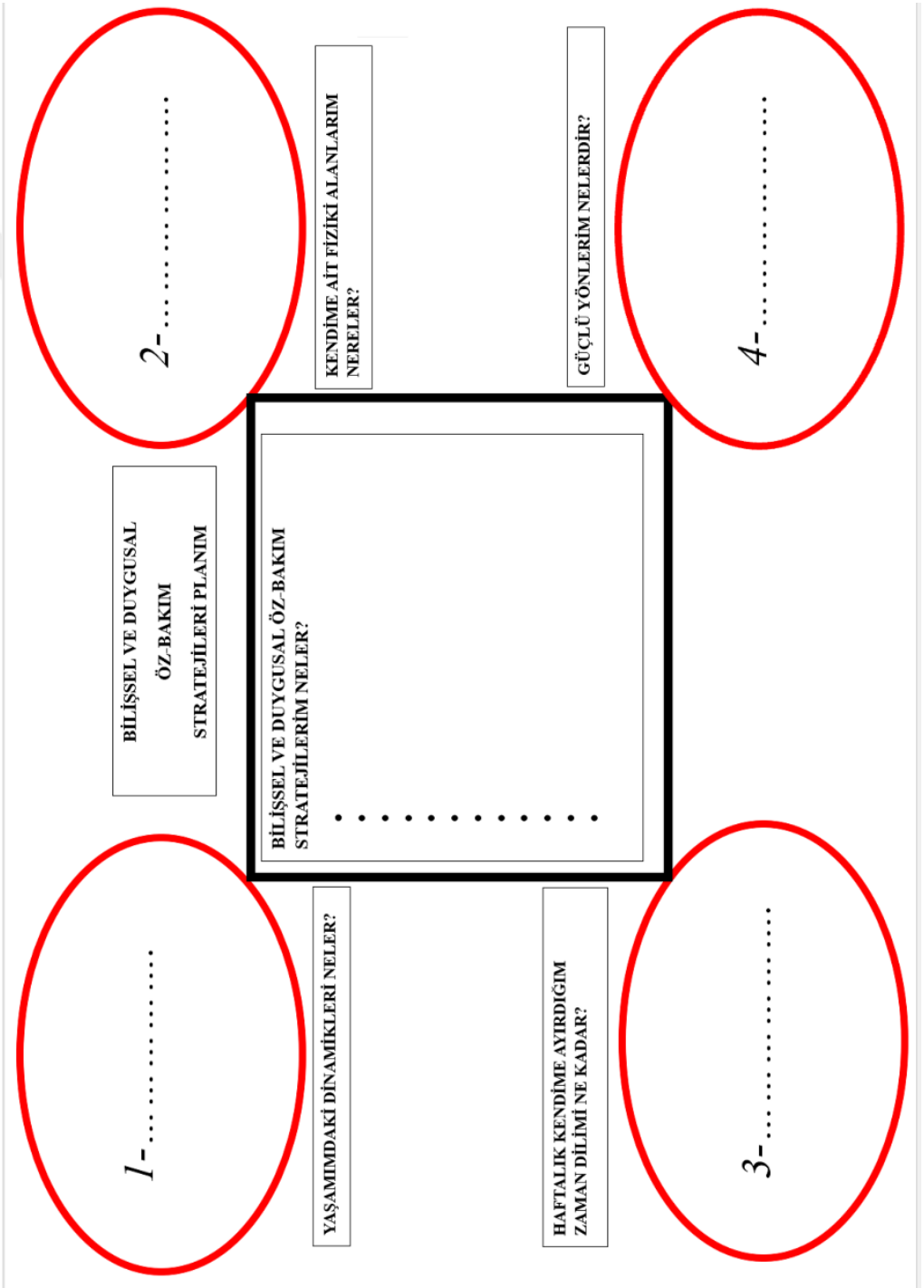
19

UYGULAMA ZAMANI
'GÜCÜME ŞEKİL VERİYORUM'
KİL ÇALIŞMASI

20

F. EXAMPLES OF ACTIVITY SHEETS

Session 2: *Cognitive and Emotional Self-care Plan*



Session 3: *Check List of Physical Self-Care Strategies*

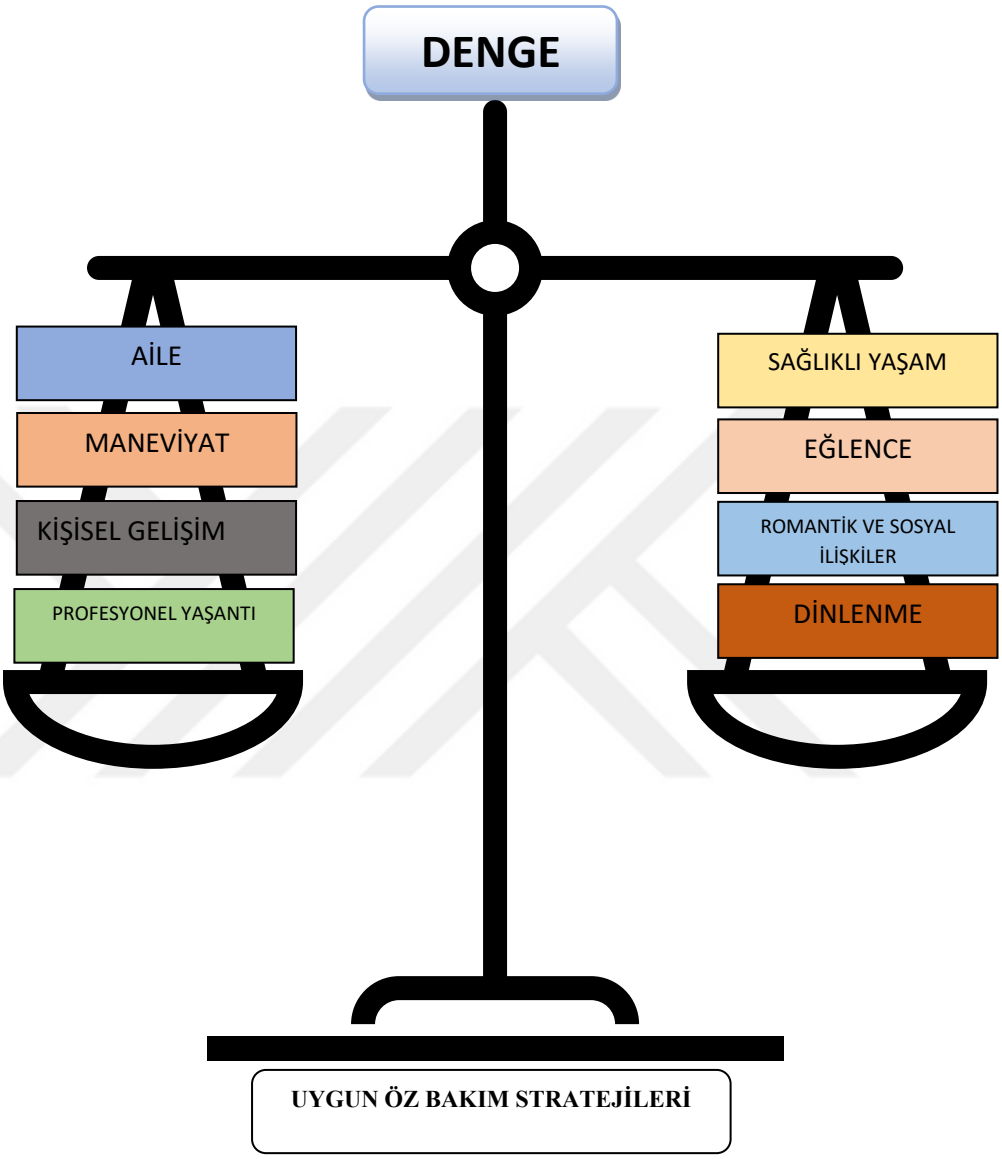
FİZİKSEL ÖZ-BAKIM STRATEJİLERİ LİSTESİ

1. Düzenli uyurum, uyku hijyenime önem veririm.
2. Grup ya da bireysel sporlardan en az birini düzenli olarak yaparım.

   Yaptığım sporlar:……

   Yapmayı düşündüklerim:……..
3. Eğlenceli bulduğum ev işi aktiviteleri vardır.
4. Yemek yapmayı severim.
5. Bir psikolojik danışman olarak ne zaman psikolojik destek almam gerektiğini bilirim.
6. Eğer kullanıyorsam, ilaçlarımı zamanında alırım, aksatmam.
7. Fiziksel olarak kendimi iyi hissetmediğimde gecikmeden doktora başvururum.
8. Düzenli olarak değerlerimi kontrol ettiririm.
9. Beslenmeme çok dikkat ederim. Öğünlerimi zamanında yemeye özen gösteririm.
10. Meditasyon/ yoga gibi fiziksel ve ruhsal rahatlamayı sağlayan aktiviteleri düzenli olarak yaparım.
11. Düzenli olarak yürüyüş yaparım.
12. Doğa sporlarından en az birini düzenli olarak yaparım.
    Yaptığım doğa sporları: ……..
    Yapmayı düşündüklerim: ……
13. Düzenli seyahat planlarım vardır.
14. Tatile gitmek beni dinlendirir, senede bir kere de olsa mutlaka tatil yaparım.
15. Düzenli olarak masaja giderim.
16. Gece yatmadan önce ve sabah kalktıktan sonra mutlaka yüzümü yıkarım.
17. Güneş kremimi sürmeden dışarı çıkmam.
18. Günde en az bir kere aynaya bakarım.
19. Saç bakımıma özen gösteririm. Düzenli olarak kuaföre giderim.
20. Vücut bakımım için ekstra kullandığım malzemelerim vardır.
21. Duş almak bana çok iyi hissettirir.
22. Dans etmeyi severim.
23. Bitkilerle uğraşmak/ onların bakımını üstlenmek bana çok iyi gelir.
24. Bakımını üstlendiğim bir evcil hayvanım var.

Session 6: *My Life and My Plan: Self-Care Integrated Routines*



G. EXAMPLES OF SESSIONS FLYERS

Session 6

•Kime sarıldığımda huzurlu hissediyorum?
•Kimin yanında iyi hissediyorum?
•Destekleyici rol kime ait?
•Kimin yanında gerçekten değerli hissediyorum?
•Kiminle olan ilişkimi iyileştirmem gerekiyor?
•Kimi ihmal ettiğimi hissediyorum?
•Kiminle saatlerce sohbet ediyorum?
•Kimin tarafından sevildiğimi gerçekten hissediyorum?
•Heyecanımı paylaşmak için kime koşuyorum?
•Telefona sarıldığımda ilk kimi arıyorum?
Kiminle gerçekten çok eğleniyorum?

İLİŞKİSEL ÖZ BAKIM STRATEJİLERİ:

1.Sosyal destek ağını güçlendirmek,
2. Sağlıklı ilişkiler kurmak,
3. İlişkilerde sınırları belirlemek,
4. Sosyal çevredekilerle yakın, doyurucu ve keyifli zaman geçirmek,
5. Sosyalleşebileceğimiz, Konferans/workshop/seminer gibi etkinliklere katılmak

ASLIHAN CİNGİRİT



PSİKOLOJİK DANIŞMANLAR İÇİN ÖZ BAKIM BECERİLERİ: İLİŞKİSEL ÖZ BAKIM

İLİŞKİSEL ÖZ BAKIM:
Bireyin, yanında kendini rahat ve güvende hissettiği insanlarla olan ilişkisini güçlendirmeye ve sağlıklı paylaşımlarını arttırmaya yönelik kullanmış olduğu stratejiler bütünüdür

•Gerekli destek sisteminin oluşturulması ve bu destekleyici ilişkilerin güçlendirilmesi öz bakımın önemli bir parçasıdır.

Sosyal Destek;
1.Psikolojik Sağlamlılık
2.Duygusal Destek
4.Gelişim ve Büyüme
5.Sorunları Paylaşma ya da Çözebilme
6.Toplumsal Aidiyet için önemlidir.

Sağlıklı İlişki;
Yaşam şeklimiz, deneyimlerimiz, değerlerimiz bu soruya olan yanıtları çeşitlendirmekle birlikte olmazsa olmaz dediğimiz maddeleri sıraladığımızda ise;
1.Karşılıklı Saygı
2.Açık iletişim
3.Destek ve empati
4.Sınırların saygıyla karşılıklı kabulü
5.Ortak hedefler ve değerler
6.İlişki içerisinde özgürlük alanları
7.Çözüm odaklı yaklaşım

İlişkilerimde Nasıl Sınır Çizebilirim; İlişkilerde sınırlar koymak, dengeli ve sağlıklı bir ilişki için oldukça önemlidir. Sınırlarınızı belirlerken şu soruları takip edebiliriz:

•*Kendi ihtiyaçlarınızın* ne kadar farkındasınız?
•*Sınırlarınızı* tanımlayabiliyor musunuz?
•İlişkilerinizde *net ve açık* mısınız?
•Almış olduğunuz kararlar konusunda *tutarlı mısınız?*
•Sınırlarınızı belirlerken *doğru iletişim yöntemlerini* kullanıyor musunuz?
•*Esnek misiniz?*

İlişkilerimde Sınırlar Neden Önemlidir?;
1.Kişisel ihtiyaçlarımı korumak,
2.Saygı ve iletişimi sürdürebilmek,
3.Özgürlük alanlarımı koruyabilmek,
4.Kendi yaşamımın sorumluluğunu alabilmek,
5.Yaşadığım güçlükleri en aza indirebilmek için
Sınır koyabilmek önemlidir.

Session 4

İÇ SESİNİZE KULAK VERİN!



PSİKOLOJİK DANIŞMANLAR İÇİN ÖZ BAKIM BECERİLERİ: MANEVİ ÖZ BAKIM

Bireyin kendi yaşamından aldığı doyumu devam ettirmesi ve gerek bireysel gerekse profesyonel hayatını, ilişkilerini anlamlandırabilmesi, hedeflerini belirleyebilmesi için manevi öz bakım stratejileri önemli bir rol oynamaktadır.

"Fırtınaya karşı koyan ağacın köküdür. Bu yüzden insan için derinleşmek, yükselmekten önce gelir ". Anooshirvan Miandji

ASLIHAN CİNGİRİT

MANEVİ ÖZ BAKIM:
Maneviyat, 'spirituality' kelimesinin Türkçe'de kullanılan karşılığıdır. Fakat bilindiğinin aksine, maneviyat 'dini inanç' demek değildir. İnanç sistemi, maneviyatın alt bileşenlerinden yalnızca bir tanesidir.

- Hayatımızı anlamlandırmak,
- İhtiyaçlarımızı ve amaçlarımızı belirleyebilmek,
- Yaşamımızdaki soruları yanıtlamak,
- Önemli noktalar arasında bağlantı kurmak için kullandığımız stratejiler bütünüdür.

Nezaket; gerçek sevgi, şefkat, cömertlik ve hizmet yoluyla başkalarının, kendi yaşamının ve dünyanın yaşamını iyileştirmek için zamanını, yeteneğini ve kaynaklarını samimi ve gönüllü olarak kullanmaktır.
Öz Şefkat; Şefkat kendine şefkatli olmakla başlar.
•Kendinize karşı sert olmak kolaydır; bunu sandığımızdan çok daha fazla yapma eğilimindeyiz.
•Kendimizi affettiğimizde, algıladığımız kusurları kabul ettiğimizde ve kendimize nezaket gösterdiğimizde, kendimiz eşefkat göstermiş oluruz.
•Genellikle göründüğünden çok daha zordur, ancak doğru tekniklerle bunu kalıcı bir alışkanlık haline getirmeyi öğrenebiliriz.

MANEVİ ÖZ BAKIM STRATEJİLER:
1.Kişisel olarak tatmin edici davranışlarda bulunmak (örn. nazik ve şefkatli olmak)
2.Olumlu duygu durumunu devam ettirmeye çalışmak (örn. Umutlu, iyimser)
3.Doğayla zaman geçirmek (örn. Yürüyüş yapmak, kamp)
4.Kendi yaşamının anlamını belirlemek, buna vakit ayırmak
5.İnanılan büyük bir güçle bağlantı kurabilmek (tanrı vs.)
6.Meditasyon/ yoga/ nefes egzersizleri gibi kendi iç sesini duyabileceği, kendiyle baş başa kalabileceği aktiviteler yapmak,
7.Farkındalığını arttıracak ve yeni bakış açıları kazandıracak filmler/diziler/belgeseller/vide olar izlemek, kitaplar okumak, müzikler/podcastler dinlemek,
8.Spor yapmak

H. PRE-POST TEST QUESTIONNAIRE

Öz-Değerlendirme Kağıdı

Pre-Post Test

İsim/ Kod adı:

1. Sizce öz-bakım nedir?

2. Bildiğiniz öz-bakım stratejilerinizi listeler misiniz? (Numaralandırarak yazınız)

I. THE SESSION JOURNAL QUESTIONNAIRES

Session 1

Günlük

İsim/Kod Ad:

1. Bugün daha önce bilmediğin ne öğrendin?

2. Oturuma ait deneyimlerin neler?
   -Düşüncelerini paylaşır mısın?

   -Duygularını paylaşır mısın?

Session 2

Günlük

İsim/Kod Ad:

1. Bugün dışarı çıktıktan sonra bir arkadaşınla karşılaşmış olsan oturumla ilgili ne anlatmak istersin?

2. Oturumdan sonra uygulamak üzere rutin yaşantına katmak istediğin bilişsel ve duygusal öz bakım stratejilerine hangilerini ekleyebilirsin?

Session 3

Günlük

İsim/Kod Ad:

1. Burada olmayan fakat düzenli olarak yaptığınız fiziksel öz-bakım aktivitelerinizi yazınız.

2. Yapmadığınız fakat yaşamınıza ekleyeceğiniz fiziksel öz bakım aktivitelerini yazınız.

3. Bir danışanına gevşeme egzersizi hakkında ne söyler, neler önerirdin?

Session 4

Günlük

İsim/Kod Ad:

3. Bir danışan öyküsü;

30 yaşında doktor bir kadın danışan. Evli ve 1 çocuğu var. Mesleğini çok isteyerek yapmaya başladığını her seferinde dile getiriyor. Fakat son zamanlarda hissettikleri ve düşünceleri artık mesleğinden de keyif almadığını, hastalarıyla ilgilenirken odaklanamadığını, yaşadığı kayıplara artık kayıtsız kalamadığını ifade ediyor. 'Yaşamak nasıl bir şey? Neden devam etmek zorundayız? Önceden işimin yoğunluğu bana keyif verirdi. Şimdiyse tüm bunların içinde kaybolmuş hissediyorum. Neden koşturup duruyoruz? Nedir tüm bu yaptıklarımızın anlamı?' söylemleri ile kendini ifade ediyor.

- Danışana hangi manevi öz bakım stratejilerini önerirsiniz?

- Neden?

Session 5

Günlük

İsim/Kod Ad:

1. İlişkilerine uzaktan baktığında nasıl hissettin?

2. İlişkilerinde neyi fark ettin, neleri değiştirmek isterdin?

Session 6

Günlük

İsim/Kod Ad:

1. Bugün buradan ayrıldıktan sonra bir arkadaşınla karşılaşıyorsun. Oturum hakkında ona neler anlatırsın?

2. Bugün hissettiğin en baskın duygun neydi?

Session 7

Günlük

İsim/Kod Ad:

1. Bugün ne öğrendin?

2. Oturuma ait duygu ve düşüncelerini paylaşır mısın?

J. DEMOGRAPHIC INFORMATION FORM OF THE PSYCHOEDUCATION PROGRAM

PSİKOEĞİTİM PROGRAMI KİŞİSEL BİLGİ FORMU

Değerli katılımcı, TED Üniversitesi Psikolojik Danışmanlık ve Rehberlik yüksek lisans programı kapsamında Dr. Öğretim Üyesi Begüm Serim-Yıldız danışmanlığında, Doç. Dr. Tolga Erdoğan eş-danışmanlığında gerçekleştirecek olduğum yüksek lisans tezim kapsamında hazırlamış olduğumuz psikoeğitimden önce demografik bilgi formunu doldurmanızı rica ediyoruz. Kişisel bilgileriniz üçüncü kişilerle paylaşılmayacaktır.

1. Adınız-Soyadınız:

……

2. Cinsiyet

☐ Kadın

☐ Erkek

☐ Diğer…

3. Yaşınız

……

4. Eğitim Seviyeniz

☐ Lisans

☐ Yüksek Lisans

☐ Doktora

5. Nerede Çalışıyorsunuz?

…….

6. Kaç senedir aktif olarak alandasınız?

…….

7. Hangi yaş grubuyla çalışıyorsunuz?

☐ Çocuk

☐ Ergen

☐ Yetişkin

☐ Diğer…

K. ANNOUNCEMENT OF PSYCHOEDUCATION PROGRAM

Psikolojik Danışmanlar için Öz-Bakım Becerileri Eğitimi Başvuru Formu

Değerli meslektaşlarımız;

Bu eğitim psikolojik danışmanlara yönelik olarak, TED Üniversitesi yüksek lisans öğrencisi olan Psikolojik Danışman Aslıhan Cingirit'in tezi kapsamında **ücretsiz** olarak gerçekleştirilecektir. **TED Üniversitesi Çok Amaçlı Salonunda 2 Aralık 2023-6 Ocak 2024 tarihleri arasında, her Cumartesi saat 16:30-18:30** olacak şekilde **7 hafta süresince yüz yüze** olacaktır. Kontenjan 2**0 kişi** ile sınırlıdır. Katılımcıların programa dahil edilmesinde başvuru önceliği gözetilecektir.

Katılım Koşulları:

- Üniversitelerin Rehberlik ve Psikolojik Danışmanlık Programından mezun olmak.
- Travma alanında çalışıyor ya da çalışmış olmak.
- Ankara'da gerçekleşecek yüz yüze oturumlara katılım engeli bulunmamak.

1. Yukarıda belirtilen kriterleri karşılıyorum ve eğitim kapsamında gerçekleşecek olan 7 oturumun tamamına katılım göstereceğim.

☐ Evet

☐ Hayır

2. Adınız-Soyadınız:

……

3. Mailiniz:

……

4. Telefon Numaranız:

……

5. Mezuniyet Belgeniz ya da Diplomanız:

……(yükleyiniz)

L. INFORMED CONSENT FORM

BİLGİLENDİRİLMİŞ ONAM FORMU

Bu çalışma, TED Üniversitesi Rehberlik ve Psikolojik Danışmanlık ABD Yüksek Lisans Programı öğrencisi Aslıhan Cingirit'in tez çalışması kapsamında, Dr. Begüm Serim-Yıldız danışmanlığında ve Dr. Tolga Erdoğan eş danışmanlığında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Bu çalışmanın temel amacı, öz bakım eğitimi geliştirilmesi ve uygulanması yoluyla travma alanında çalışan psikolojik danışmanların öz bakım becerilerini tüm boyutlarıyla öğrenmesini sağlamaktır.

Beklentilerimiz Nelerdir?

Bu araştırmanın başında ve sonunda aynı öz değerlendirme formu iki kez uygulanacaktır. Bunun için ortalama 15 dakika ayırmanız yeterli olacaktır. Grup çalışması ise 7 hafta sürecek olup haftada bir gün iki saat şeklinde planlanmıştır. Her oturum sonunda günlükler yoluyla o haftaki çalışmayı değerlendirmeniz beklenmektedir. Değerlendirme sürecinin oturum süresine dahil olarak 10-15 dakika sürmesi öngörülmektedir. Programın her bir oturumuna ilişkin detayları size verilen ekteki dosyadan inceleyebilirsiniz.

Katılım Sürecine Dair Bilmeniz Gerekenler Neler?

Bu çalışmaya katılmak tamamen gönüllülük esasına dayalıdır. Herhangi bir yaptırıma veya cezaya maruz kalmadan çalışmaya katılmayı reddedebilir veya çalışmayı bırakabilirsiniz. Araştırmaya katılan kişilerin paylaşımları ve dolduracağı günlük, değerlendirme formlarından elde edilen veriler tamamen gizli tutulacak, veriler ve kimlik bilgileri herhangi bir şekilde eşleştirilmeyecektir. Ayrıca toplanan verilere sadece araştırmacılar ulaşabilecektir. Bu araştırmanın sonuçları bilimsel ve profesyonel yayınlarda veya eğitim amaçlı kullanılabilir, fakat katılımcıların kimliği gizli tutulacaktır. Çalışmanın sonuçları özet bir rapor halinde çalışma sonuçlandıktan sonra katılımcılara iletilecektir.

Riskler: Grup çalışma esnasında, kimi zaman duygusal veya davranışsal olarak zorlayıcı deneyimler yaşanabilir. Bu gibi durumlarda oturumlarda bulunacak olan ikinci bir lider, gerekli müdahaleyi ve yönlendirmeyi yapacaktır. Ayrıca sizlere ücretsiz psikolojik danışma hizmeti alabileceğiniz kurum ve kuruluşların iletişim bilgileri de iletilecektir.

Araştırmayla ilgili daha fazla bilgi almak isterseniz: Çalışmayla ilgili soru ve yorumlarınızı adresine mail olarak iletebilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

___ EVET ___ HAYIR

Ad-Soyad Tarih ---
/----/-----