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# Caring for the Whole Clinician: A Body-Based Framework for Self-Care and Supervision

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CARING FOR THE WHOLE CLINICIAN:  
A BODY-BASED FRAMEWORK FOR SELF-CARE AND SUPERVISION

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in partial fulfillment of the requirements for

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in

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Creative Arts Therapies Department

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## Abstract

The purpose of this program development project was to create a framework for clinical supervision that utilizes yoga and dance/movement therapy in support of the holistic wellness of mental health professionals. Clinicians are at risk for burnout and compassion fatigue, especially when they place more emphasis on their client's well-being than their own. Research points to the significance of incorporating self-care, stress-management and embodied awareness of self and client into the supervision process; however, there remains an underdeveloped body of knowledge related to body-based frameworks for clinical supervision and how such frameworks relate to clinician self-care. Utilizing the five yogic koshas, or layers of being, and dance/movement therapy principles such as body awareness, shape flow, embodiment, Effort space and authentic movement, this unique program promotes an all-encompassing self-care practice in new clinicians.

For the development of this program, the theory approach logic model was used to represent and visualize the relationship between current resources, activities or experiences and outcomes the program will aim to achieve. Information was gathered using questionnaires and group interviews following the Delphi method, a technique for gathering qualitative data aimed at gaining consensus among experts. The final product, *Caring for the Whole Clinician: A Body-Based Framework for Self-Care and Supervision*, is a seven-part supervision program. Each of the seven session outlines includes a detailed facilitation guide complete with educational material, scripts for body-based experientials, processing prompts and homework to be used and distributed by the dance/movement therapist providing supervision. Ideas for future evolution, implementation and evaluation are discussed.

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## **Chapter One: Introduction**

I am lucky to have been introduced to the concept of self-care at a young age. During my junior year of high school, my friend brought me along to a yoga class. To this day, I remember a few specific details and personal reflections of my first time on the mat. I recall feeling alarmed and confused when everyone began repeating a communal sound over and over at the beginning of class that I had never heard of. Those feelings quickly dissipated, however, as the teacher guided me in linking movements to breath to enter a new type of meditative state. Throughout the class, the teacher emphasized that this was my time – to take what I needed and leave the rest, to remain present and to follow my impulses without judgment. After the class, I felt a great sense of relief. It was as though the stress and tension I did not realize I was carrying began melting off my body and floating away. I felt relaxed, rejuvenated and at peace. This encounter with self-care led to many more yoga and meditation classes, long nights with books by Jon Kabat-Zinn, yoga teacher trainings and eventually to Columbia College Chicago to pursue my career as a dance/movement therapist.

It was not until I began my first field placement as a dance/movement therapy and counseling intern that I truly understood the meaning and importance of self-care. As I started to experience exhaustion and increased anxiety while working at the hospital, I quickly discovered that some of my own self-care practices ceased to influence my sense of well-being. Around the same time, my site and academic supervisors helped me understand the evolving and individualized nature of self-care practices. I began exploring different facets of my wellness by asking myself, “What does my mind, body and spirit need right now?” Increasingly, I experienced intense gratitude for the guidance and support of my supervisors.

As a student intern, the phrases *good supervisor* and *bad supervisor* get thrown around quite often. Whether I was at my internship site or spending time with fellow cohort members, I was listening to my peers share stories about their frustrating, contentious and sometimes painful supervision experiences. Quickly, I realized my safe, supportive, and intellectually stimulating experiences with supervision may not have been the norm. It was this realization, along with the encouragement of the Thesis Research Committee, that led to the creation of *Caring for the Whole Clinician*.

### **Purpose of the Program Development Project**

The purpose of this thesis project was to create a supervision program utilizing yoga and dance/movement therapy principles that would support the holistic wellness of mental health professionals. The thesis aimed to answer the following questions: How can I develop a body-based supervision program for mental health professionals utilizing elements of dance/movement therapy and yoga? How can this body-based supervision program promote self-care using dance/movement therapy and yoga? Through the program development process, specific elements of clinical supervision were explored. Collaborators offered insight into the ways in which self-care and movement experiences could be incorporated into supervision sessions. Additionally, this project addressed the way supervisors approach self-care education for supervisees who work as creative arts therapists, counselors and psychologists.

### **Motivation for the Project**

As I started to experience exhaustion and increased anxiety during my first field placement as a dance/movement therapist-in-training, I realized that my personal self-care practices were no longer working. I wanted to investigate this phenomenon. Throughout my field placement and internship, group supervision had been a valuable and stable part of my evolving

self-care routine. These supervision experiences were so impactful that they have inspired me to pursue the facilitation of supervision as part of my career as a dance/movement therapist. The development of a supervision program was a fitting incubator for the marriage of my passions for yoga, dance/movement therapy and the holistic well-being of mental health professionals.

### **Value of the Project**

This program is intended for mental health professionals, a group of people who tend to describe the negative relationship between their stress levels and self-care (Mayorga, Devries & Wardle, 2015). Research points to the significance of incorporating self-care, stress-management and embodied awareness (Sletvold, 2014) of self and client into the supervision process; however, there remains an underdeveloped body of knowledge related to body-based approaches to clinical supervision and how such approaches relate to clinician self-care. The development of this body-based approach to group supervision that utilizes elements of yoga and dance/movement therapy outlines specific tools and techniques for the supervision process related to clinician self-care.

### **Theoretical Framework**

As a budding dance/movement therapist, I have spent the past two years learning about and developing my own approach to working with others. Like my therapeutic style, the theoretical framework used to build this body-based approach to clinical supervision and self-care is eclectic in nature, pulling from various counseling and dance/movement therapy theories.

My greatest dance/movement therapy influences are Marian Chace, Alma Hawkins, Mary Whitehouse and Irmgard Bartenieff. From Chace technique, I connect most with the principles of the circle formation, the use of symbolism and communal movement (Levy, 2005). Like Hawkins, I seek to facilitate experiences that support my clients on their paths toward self-

realization and discovery (Levy, 2005). When working with clients and in developing this program, I use open-ended guided imagery interventions with the intention of supporting others on such journeys. Chace, Hawkins and Whitehouse emphasize imagery as an essential component of the dance/movement therapy process. Whitehouse explains that giving in to the improvisational and spontaneous qualities of movement is a precursor to the surfacing of images from the unconscious (Levy, 2005).

Through my years of studying and teaching dance and yoga, I have developed a strong belief that the breath is our most powerful asset. Irmgard Bartenieff, who played a significant role in linking Laban Movement Analysis and dance/movement therapy, named Breath as the first Pattern of Total Body Connectivity (Hackney, 2002). In my work with clients and patients, I use the breath as an inroad to mindfulness practice, body-awareness and relaxation.

From a counseling perspective, Rogerian person-centered theory is at the heart of both my clinical work and of *Caring for the Whole Clinician*. Like Rogers (1989), I feel that it is the client who knows themselves best, a concept outlined in his “This Is Me” talk:

It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process. (p. 12)

Rogers emphasized the importance of providing a safe, authentic relationship through which others can access their own personal growth. It is Rogers’ belief that the mental health practitioner’s primary function is to support clients in connecting with and understanding their authentic, inner self (Ivey, D’Andrea, & Ivey, 2012). This is what I strive to provide for my clients, and this is what I believe is at the core of meaningful supervision experiences.

In addition to person-centered therapy, my theoretical framework has been greatly influenced by the Internal Family Systems (IFS) approach to counseling. IFS takes the perspective that an individual is comprised of many parts. The approach explains that intrapersonal and interpersonal problems occur when the wise part, the Self, is overwhelmed and taken over by another part, namely the exile, manager or firefighter (Cahill, 2015; The Center for Self-Leadership, 2017). “There are no ‘bad’ parts, and the goal of therapy is not to eliminate parts but instead to help them find their non-extreme roles” (The Center for Self Leadership, 2017, para. 1). IFS maintains that the Self should lead, and mindfulness, or experiencing life in the present moment, can help a client get there. One technique related to the cultivation of mindful awareness and inner family exploration is having the client close their eyes to pay attention to thoughts, feelings, memories and/or sensations and observe non-judgmentally (Cahill, 2015). Through recognition of the strength and innate wisdom of the Self, the client is encouraged to identify and release obstacles to leadership that stand in its way.

*Caring for the Whole Clinician* blends the aforementioned theories from counseling and dance/movement therapy within the framework of Yogic koshas. In his book, *Light on Life*, the late yoga master B.K.S. Iyengar delves into the five koshas, or sheaths of being in the yogic tradition. Iyengar described these koshas as subtle bodies, “like layers of an onion” (2005, p. 4). The five *koshas* include the physical body (annamaya kosha), the energetic body (pranamaya kosha), the mental/emotional body (manomaya kosha), the intellectual body (vijnanamaya kosha) and the blissful/spiritual body (anandamaya kosha). When I first learned about the koshas, I immediately thought of Internal Family Systems theory, and how we have various parts but one true Self. The koshas follow a similar construct, in that the layers are protecting and illuminating the divine light within us. Iyengar wrote “because most modern people have

separated their minds from their bodies and their souls have been banished from their ordinary lives, they forget that the well-being of all three (body, mind, and spirit) are intimately entwined like the fibers of our muscles” (2005, p. 23). The koshas provide a clear frame for developing a holistic self-care practice through clinical supervision.

### **Contribution of the Project**

This program contributes to the fulfillment of the need for a collaborator-informed group supervision program that utilizes a body-based approach to clinician self-care. A supervision program that incorporates both yoga and dance/movement therapy principles and techniques will contribute to the body of knowledge related to different modalities employed by supervisors intended for self-care of supervisees. Using yogic *koshas* as a framework, the development of this unique approach to group supervision highlights the biopsychosocial elements of dance/movement therapy and how those elements can be utilized within the supervisor-supervisee relationship. The development of this program provides specific examples of how an approach to supervision can combine yoga and dance/movement therapy through theory and practice.

## **Chapter Two: Literature Review**

The following literature review examines the prevalence of burnout in mental health professionals, the importance of self-care for mental healthcare providers, impact of supervisors on professional development of supervisees, clinician-focused supervision, dance/movement therapy and an introduction to the yogic kosha framework.

### **Burnout in Mental Health Professionals**

Skovholt, Grier and Hanson (2001) stated that counselor training “is predominantly other-focused...with relatively little attention given to care for the self” (p. 168). Due to this diminished focus on the self, there exists a shared understanding across the literature that burnout is a prevalent phenomenon for mental health professionals (Morse, Salyers, Rollins, Monroe-DeVita & Pfahler, 2012). For the purpose of this thesis, the term mental health professional refers to any individual who currently works in the field of mental health. Examples of mental health professionals include counselors, creative arts therapists, social workers, psychologists and students of the aforementioned professions. Those who work in the helping professions face a number of possible risks. First, mental health professionals may experience compassion fatigue, or the inability to recuperate and re-energize as a result of caring for and/or about another individual (Rothschild, 2006). Second, helpers are at risk of experiencing vicarious traumatization, or the phenomenon of reliving the client’s experience of trauma outside of the session (Rothschild, 2006). Compassion fatigue and vicarious traumatization are specifically trauma-related, whereas burnout is a more generalized phenomenon among the helping professions.

Burnout, as it has been defined, is a mental and physical depletion causing an erosion of one’s ability to perform their work (Freudenberger, 1974). When clinicians in the fields of

psychology and counseling experience the effects of burnout, the results can be unethical as well as detrimental to the wellbeing of both therapist and client. Skovholt (2012) has described two types of burnout as follows,

Two kinds of erosion are Meaning Burnout and Caring Burnout (Skovholt, 2008).

Meaning Burnout can arrive in different ways like the work is no longer interesting, not much client progress seems to occur, original motivations for the work have been satisfied. Caring Burnout is the erosion of our ability to attach with the next person in need. This is Caring Burnout. Either Meaning Burnout or Caring Burnout damages the practitioner's ability to do essential work. (p.139)

Many have identified factors that contribute to burnout in mental health professionals. Such factors include work setting dynamics (Lent & Schwartz, 2012), perceived failure to meet unrealistic expectations, and the use of therapy on significant others and friends (Watkins, 1983).

Counselors and clinicians are especially vulnerable when they place more emphasis on their client's well-being than their own (Skovholt & Trotter-Mathison, 2011). An example of this phenomenon exists within the framework of the therapeutic relationship between client and dance/movement therapist. One of the most valuable tools of the dance/movement therapist is somatic attunement to develop empathic understanding (Trif, 2010). This is the process whereby the therapist taps into the thoughts, feelings and body-felt sensations of the client to cultivate embodied empathy. However, Rothschild (2006) explains that unchecked somatic empathy – when the therapist is unable to differentiate between their own feeling states and those of their clients – can lead to vicarious traumatization and burnout.

Burnout is a common phenomenon across the mental health professions. Emerging clinicians are particularly at-risk to burnout for a variety of reasons including their

developmental phase, environmental/organizational factors and diminished professional support upon entering the field (Baker, 2003). Typically, when students in clinical psychology, counseling and creative arts therapies begin working with clients and/or patients, they receive both site and academic supervision based on their program requirements. Post-graduation, these new clinicians do not always continue to receive the same level of supervision. Despite the vast body of knowledge identifying its prevalence and etiology, mental health professionals continue to experience symptoms of burnout. And across the board, self-care is said to be the most effective prevention for professional burnout.

### **Self-Care for Mental Health Professionals**

For decades, researchers have uncovered, understood and promoted self-care as an essential component of the efficacy and wellness of mental health professionals (Skovholt, 2012). As it is the responsibility and ethical duty of the counselor to do no harm and benefit others (American Counseling Association, 2014), it is of the utmost importance that those in this group engage in self-care practices (Richards, Campenni & Muse-Burke, 2010).

**Self-care defined.** Self-care is discussed differently across professional fields. In the medical community, self-care has been defined as the process of providing attention to one's own physical and psychological wellness (Beauchamp and Childress, 2001). Psychologists and researchers Richards, Campenni and Muse-Burke (2010) defined self-care as “any activity one does to feel good about oneself. It can be categorized into four groups which include: physical, psychological, spiritual, and support” (p. 252). This delineation of self-care into separate parts has become widely accepted. Through her thesis project, dance/movement therapist Stephanie Terrell (2016) delineated six categories of self-care activities including physical, psychological, emotional, spiritual, relational and professional (Terrell, 2016). Uniquely, dance/movement

therapists have identified cultivating the spirit and nurturing creativity as essential components of self-care (D'Annunzio, 2014). Graduate school professors urge their students to engage in self-care practices to prevent burnout (Doran, 2014). Despite varying explanations, it is clear that mental health professionals emphasize the importance of taking care of oneself. There exists a vast body of knowledge related to the impact of self-care on stress levels and overall well-being.

**Yoga and self-care.** Research on body-based self-care in mental health professionals is weighted heavily toward the impact of mindfulness, meditation and yoga practices. Schure, Christopher and Christopher (2008) investigated the effects of mindfulness-based practices such as yoga on counseling students; results showed the significant impact yoga had on body awareness, increased energy and increased mental clarity and concentration. Research points to “the effectiveness of yoga in a variety of health and mental health-related contexts, including enhancement of stress management, coping capacity, and self-care strategies” (Brems, 2015, p. 61). Brems worked with university staff, faculty and graduate students to study the impact of yoga on stress in an academic environment. Findings from her study provide initial evidence that yoga as a self-care practice can have positive impacts on perceived stress and stress symptom reduction (Brems, 2015).

**Dance/movement therapy and self-care.** Dance/movement therapy (DMT) is defined as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (American Dance Therapy Association, 2014). In its very essence, DMT is a holistic and eclectic form of therapy that utilizes movement as an assessment tool, an inroad to building and maintaining the therapeutic relationship and as intervention. Dance/movement therapy aims to help clients cultivate healthy synergy of mind, body and spirit. In a blog post, dance/movement therapist

Emily D'Annunzio collected and shared a variety of anonymous definitions of the work we dance/movement therapists do:

We are notorious for splitting the mind from the body. DMT requests that we involve our physical selves into a self-reflective process that so often stays cognitive. When that process remains in the cognitive, we have more opportunity to hide, manage, articulate, masquerade, and compartmentalize those emotions/triggers/thoughts/expressions.

However, when we request the body is involved, we expose a more vulnerable or authentic part of the trauma that may need healing or be addressed. (Anonymous, 2014)

While from the dance/movement therapist's perspective, incorporating the body in work with others is essential to the healing and growth processes, there are risks involved. As mentioned earlier, dance/movement therapists can be especially vulnerable to unchecked somatic empathy, burnout and vicarious trauma.

The literature contains examples of self-care programs for mental health professionals that utilize dance/movement therapy. For her thesis project, Amanda Abeling (2015) developed a body-based program to prevent burnout in mental health professionals. Her program addressed the following goals: "increase body-awareness, deepen internal connection, expand body part movement, and make a body connection with visual artwork" (Abeling, 2015, p. 39).

Additionally, in completing her heuristic study, Lynn Chapman (2013) developed a personal wellness practice utilizing three dimensions and six specific dance/movement therapy-based practices or tools. She outlined an eight-step process that led to the development of this personal wellness practice that could be adopted and/or revised by other clinicians. Her writing referred to the field of dance/movement therapy as being founded on holistic principles and honoring the body-mind connection (Chapman, 2013). She postured that "a DMT-based wellness practice

may improve one's overall wellness and support the development of self-efficacy as a professional" (Chapman, 2013, p. 39).

### **Clinician-Focused Supervision**

*Caring for the Whole Clinician* has its roots in self-care, dance/movement therapy, yoga philosophy and clinician-focused supervision. Within the context of this program development project, the term supervision refers to the experience of personal and professional growth of a supervisee(s) through the facilitation by a supervisor. Supervision is defined as the "process of facilitation of one's capacity to work responsibly, empathically and beneficially with a client who is the focus of a shared concern" (Payne, 2008, p. 2). Clinician-focused supervision can be understood as having its focus on countertransference and emotional processing on the part of the clinician (Rubinstein, 1990). Supervision that emphasizes the development of the clinician forms a bridge between supervision and therapy through its emphasis on supervisee self-care.

Across fields of counseling, clinical psychology and creative arts therapy, many have written about the various approaches to supervision that emphasize the well-being of mental health professionals. Research points to the significance of incorporating self-care, stress-management and embodied awareness (Sletvold, 2014) of self and client into the supervision process. Two subcategories of clinician-focused supervision that focus on the self-care of the supervisee are person-centered supervision and wellness-focused supervision.

**Person-centered supervision.** Like Rogerian person-centered counseling theory, "person-centered supervision assumes that the supervisee has the resources to effectively develop as a counselor" (Smith, 2009, p. 3). Person-centered supervision frames the supervisor

as a collaborator, not an expert, who provides supervisees with an environment of safety and freedom to engage fully in their own experiences (Lambers, 2000).

**Wellness-focused supervision.** Self-care and wellness are intimately related (Coster & Schwebel, 1997; Richards, Campenni & Muse-Burke, 2010). Wellness has been defined as a “multidimensional state of being, describing the existence of positive health in an individual as exemplified by quality of life and a sense of wellbeing” (Corbin & Pangrazi, 2001, p. 1).

Wellness-focused supervision programs have been implemented and evaluated to reveal positive impacts on overall wellness of counselors in training. From their study, Meany, Davis and Lindo (2016) concluded when trainees or counseling student interns are immersed in wellness-focused supervision, they may be more likely to improve or maintain their wellness.

### **Supervisor Impact on Professional Development of Supervisees**

A major component of effective clinical supervision is supervisee professional development. Positively impactful supervisors demonstrate respect for their supervisees through professionalism, genuine interest and empathy, empower supervisees by setting high yet attainable expectations and recognizing strengths, and model appropriate boundaries with supervisees and with regard to work-life balance (Barnett, Youngstrom & Smook, 2002; Falender, Shafranske & Ofek, 2014). Supervisees describe the emphasis on safety, the instillation of confidence in supervisee, attentiveness, sharing clinical experiences and providing words of encouragement as desirable attributes in a clinical supervisor (Barnett et al, 2002). Barnett et al. concisely package the responsibilities and expectations of a great supervisor:

By communicating knowledge and interest and enthusiasm for a trainee’s professional and personal development with a focus on his or her specific goals, by investing time, energy and commitment, by communicating positive regard, high expectations, and a

sense of respect, and by supporting supervisees in a challenging, safe and responsible environment, we can ensure that the mark we leave on our students and our field is one of which we can be proud. (2002, p. 230)

The aforementioned characteristics of an effective supervisor are encouraged and promoted across fields of social work, creative arts therapies, counseling and clinical psychology.

### **Dance/Movement Therapy and Supervision**

Just as master's and doctoral students of counseling, psychology and other creative arts therapies, dance/movement therapists-in-training are required to receive supervision from seasoned practitioners in their specific field. In dance/movement therapy supervision, movement is not a prerequisite, meaning it may or may not be utilized (Payne, 2008). The literature makes note of dance/movement therapy supervision programs that utilize movement and are geared toward expressive arts therapy trainees.

Dita Judith Federman and Lee Bennett Gaber (2008) created an approach to supervision that follows a four-phase process: verbal focusing, movement warm-up, Authentic Movement and sharing. Their approach aims to promote a meaningful supervision experience for supervisees that allows for imagination, creativity and insight into their own appreciation of the clinical process (Federman & Gaber, 2008). In her supervising of dance/movement therapists, Wendy Wyman-McGinty utilizes Authentic Movement to guide supervisees in differentiating between internal feeling states, developing a keen sense of kinesthetic empathy and attunement, and approaching client material in a non-defensive manner (Payne, 2008).

Italy's Art Therapy Italiana (ATI) dance/movement therapy program utilizes Laban Movement Analysis, Bartenieff Fundamentals, Kestenberg Movement Profile and Authentic Movement processes during supervision (Govoni & Pallaro, 2008). Specific techniques and

methods used in the ATI program include observation and reflection of supervisees' movement by the supervisor, role-playing of client material and Authentic Movement. The aforementioned uses of dance/movement therapy principles in supervision are cited from programs intended for novice dance/movement therapists and trainees.

In a phenomenological study focused on Korean expressive arts therapy students' lived experiences of movement-based supervision, researcher Kyung Soon Ko (2014) outlined the structure of a supervision session as follows:

Each session in the present study consisted of a simple structure, including: check-in, movement, visual arts exploration, verbal sharing, and a closing ritual. After an initial check-in, each session built consensus around a subject that participants agreed to explore through movement and visual arts. The movement intervention was spontaneously chosen by the supervisor based on reflections upon an emergent theme from group sharing. (p. 146)

The article describes specific movement-based interventions used during the supervision process such as body scanning, non-verbal leading and following exploration, embodiment of various themes and feelings, performance and creating a group body sculpture (Ko, 2014). Similarly, *Caring for the Whole Clinician* offers an opportunity for new clinicians in the fields of counseling, psychology and creative arts therapies to experience elements of DMT through supervision with an emphasis on clinician self-care.

### **Yogic Koshas as a Framework for Self-Care**

The ancient yogic text called *Taittiriya Upanishad* introduces the Pancha Kosha Viveka, or the Discrimination of the Five Sheaths of human existence (Krishnananda, 2018). According to yogic philosophy, we are all comprised of five layers of being called koshas (Iyengar, 2005). I

like to use the image of a Russian nesting doll (Iyengar, 2005; Pacheco, 2016). The largest doll, or the outermost layer is the physical body, or annamaya kosha. Working inward, we have the energetic body, or pranamaya kosha, the mental/emotional body, or manomaya kosha, the intellectual body, or vijnanamaya kosha, and finally, the blissful/spiritual body, or the anandamaya kosha at the center (Iyengar, 2005; Pacheco, 2015). These koshas represent all the parts of ourselves, from our skin to our souls. Yoga teacher and writer Rebecca Pacheco explains that while the “chakras capture and conduct your vitality up and down your body’s central axis or spinal column...the koshas protect this light and radiate it outward” (2015, p.124). When all five koshas are well nourished, and when there is communication from outer to inner and vice versa, we function as an integrated and balanced human being (Iyengar, 2005).

**Yogic koshas as they relate to dance/movement therapy principles.** The following elements of dance/movement therapy have been incorporated into *Caring for the Whole Clinician* to support the exploration and development of body-based self-care practices in supervisees within the framework of the koshas.

**Body awareness.** One of the most commonly addressed movement goals by the dance/movement therapist is the facilitation of body awareness. Body awareness is the act of paying attention to internal bodily cues and sensations and understanding where and how the body is moving through its environment. Terrell (2016) explains that the first step in developing a self-care practice is cultivating body awareness to identify and address one’s needs. *Caring for the Whole Clinician* uses two dance/movement therapy interventions to address body awareness as it relates to self-care: body part warm-up and body scan.

First, the use of a body part warm-up to cultivate body awareness directly relates to the annamaya kosha, or the physical layer of consciousness. The improvisational body part warm-up

and integration is used across settings and populations by dance/movement therapists. Introduced by Marian Chace, the warm-up provides a container for individual and group exploration of movement repertoire, increased self-awareness through therapist-provided reflection and a physical integration of the body parts (Levy, 2005). Second, the body scan serves as an inroad for clients, as well as supervisees, to expand their awareness of body-felt sensations and internal processes. Although body scans are widely used in yoga, meditation and various body-based practices, dance/movement therapists have identified five tasks that can be achieved with the body scan: establish curiosity, identify and track physical sensations, translate into communicable language, recognize patterns and establish new awareness (Hindi, 2012). Variations of the body scan are incorporated throughout the entire *Caring for the Whole Clinician* supervision program to emphasize the importance of body awareness.

**Shape Flow.** Laban Movement Analysis (LMA) is a detailed and codified language used to observe, discuss and describe movement concepts such as Effort, Space, Shape, Body Action and Group Relationships (Hackney, 2002; Moore, 2014). Laban's Shape Flow relates to the mover and the mover's shifting, internal body part relationships. Hackney (2002) describes Shape Flow as being about sensing one's own body with oneself or the world. She describes the phenomenon as having the ability to be in touch with one's inner world and uses the example of adjusting the body to get comfortable (Hackney, 2002). Bartenieff and Lewis (2002) provide another explanation of Shape Flow:

The earliest identification of the primary shapes can be seen in the baby's amoeba-like movements that go toward or away from the body center. The continuity, flux or flow in the movements, already has a shape quality, Shape Flow, as the body hollows and bulges, shrinks and grows with breathing. (p. 85)

In *Caring for the Whole Clinician*, Shape Flow is explored within the context of the pranamaya kosha, or the energetic layer of being. According to yogic philosophy, the pranamaya kosha is influenced by and shifts with the breath. When the pranamaya kosha is disregarded or uncared for, we may be disconnected from our sense of self, feel ungrounded or feel energetically stuck (Pacheco, 2016). Both Laban's Shape Flow and the pranamaya kosha are intrinsically connected to one's sense of self and are explored in tandem in *Caring for the Whole Clinician*.

**Embodiment.** Embodiment has been defined as the “bodily phenomena, in which the body as a living organism, its expressions, its movement, and interaction with the environment play central roles in the explanation of perception, cognition, affect, attitudes, behavior, and their interrelations” (Koch & Fischman, 2011, p. 60). Additionally, Koch and Fischman (2011) describe embodiment theory as follows:

Embodiment theory holds that human meaning grows from our organic, sensorimotor, and emotional transactions with the world. Our bodily-felt movements lead us to discover the environment precisely according to the nature of our anatomy. (p. 61)

Dance/movement therapists utilize embodiment as an inroad to empathy as well as intervention with clients to increase self-awareness and self-acceptance. There are endless applications of embodiment as it relates to the complex reality that is human emotion. The concept of embodiment can be easily linked with the manomaya kosha or mental/emotional layer of being. Within the context of *Caring for the Whole Clinician*, embodiment is used in a variety of ways, including to deepen one's own understanding of an emotion and throughout the program as a tool for cultivating empathy for others in the group.

**Laban's Space Effort.** Laban's Space Effort qualifies how one gives attention to space, either directing or indirecting. Directing space implies a single focus, channeling and pin-

pointedness, while indirecting space suggests multi-focus, flexible attention and all-encompassing awareness (Bartenieff & Lewis, 2002; Hackney, 2002). Dance/movement therapists have used Laban's Space Effort to inform movement-based interventions with clients for decades. The Space Effort is distinct from the other three Effort elements – Weight, Time and Flow – in that consciousness plays a larger role in its activation (Bartenieff & Lewis, 2002). In *Caring for the Whole Clinician*, a Space Effort experiential is coupled with the vijnanamaya kosha, or the intellectual layer of being. Laban characterized Space Effort as being qualified by attention, related to thinking and orienting either specifically or generally (Bartenieff & Lewis, 2002). Additionally, Laban identified Space Effort as being related to the question: In what manner do I approach the space? (Bartenieff & Lewis, 2002). The vijnanamaya kosha and Laban's Space Effort both emphasize the connection between thoughts and actions.

***Authentic Movement.*** Janet Adler's Discipline of Authentic Movement involves a Mover and a Witness (Adler, 2002; Cahill, 2015). The process emphasizes the Mover's building of awareness to sensations, inner impulses and energies from the unconscious in the comfort and safety of the Witness (Cahill, 2015; Federman & Gaber, 2008). Janet Adler (2018) described that,

Authentic Movement, compassionate witnessing of movement becoming conscious, is a process grounded in the relationship between a mover and a witness. Different teachers of Authentic Movement offer their evolving perspectives in unique and diverse ways. The Discipline of Authentic Movement, a mystical practice centered in the development of embodied witness consciousness, is one way in this growing field of exploration. (para.

1)

Authentic Movement emphasizes the development and externalization of consciousness by both mover and witness referred to as the “inner witness” (Adler, 2018, para. 1). After movement is complete, the Mover and Witness engage in intentional and thoughtful speech to bridge the experience from body to consciousness (Adler, 2018). Due to its deeply intimate nature, the process of sharing and observing the unfolding of one’s own unconscious can evoke all types of emotions. Oftentimes, the experience can be spiritual for both the Mover and the Witness. Elements from Authentic Movement are paired with the innermost anandamaya kosha, or blissful/spiritual layer of being within the *Caring for the Clinician* framework.

### **Conclusion**

Although there are a few existing examples, the literature is lacking detailed descriptions of body-based approaches to supervision that emphasize clinician self-care. *Caring for the Whole Clinician* meets this need by offering a seven-session supervision program comprised of dance/movement therapy and yoga elements to help new clinicians identify and attend to their whole selves through the exploration of holistic self-care practices. The following chapter describes the process used to develop this framework for self-care and supervision for mental health professionals.

## **Chapter Three: Model and Process**

This chapter will describe the theory approach logic model, explain the purpose and usefulness of the Delphi Method and highlight significant aspects of the process of developing the program.

### **Theory Approach Logic Model**

I used a theory approach logic model for the purpose of developing this program. A logic model (see Appendix A) is a way to represent and visualize the relationship between current resources, activities or experiences and outcomes the program developer hopes to achieve (W.K. Kellogg Foundation, 1998). The specific components outlined in the logic model are as follows: resources/inputs (i.e. staff, facilities, time, funding, etc.), activities (i.e. products and services) outputs (i.e. number of classes, participation rates, hours of service, etc.), outcomes (individual changes in behavior, knowledge, attitude, etc.), and impact (system or community level changes) (W.K. Kellogg Foundation, 1998). Regarding design and planning, “a logic model serves as a planning tool to develop program strategy and enhance your ability to clearly explain and illustrate program concepts and approach for key stakeholders, including funders” (W.K. Kellogg Foundation, 1998, p. 5).

A theory approach logic model emphasizes big picture ideas that contributed to the conceptualization of the program (W.K. Kellogg Foundation, 1998). This type of logic model helps developers and stakeholders alike clearly identify how and why the program will work (W.K. Kellogg Foundation, 1998). The theory approach logic model provides details about the beginning of the program and has proved to be “most useful during program planning and design” (W.K. Kellogg Foundation, 1998, p. 9). This approach fit best with my program development thesis project for a few different reasons. First, I entered the process with the

experience and literature-based understanding of the vulnerability of the mental health professional population related to burnout. Second, the program is influenced by both disciplines of dance/movement therapy and yoga and the overarching idea that the two practices can marry within the frame of a supervision program for mental health professionals. Lastly, the program development process involved spending time and energy with collaborators to create a basis of understanding of where this program is beginning in terms of identified need and relationship between supervision and self-care.

### **Collaborators**

For the purpose of creating this self-care supervision program, I worked with six mental health professionals as collaborators who were currently or had very recently been seeing clients/patients. The collaborators comprised a group of three advanced graduate student interns working toward their doctorate in clinical psychology (PsyD), one recently graduated dance/movement therapist, one psychologist and one board certified dance/movement therapist. All of the collaborators identified themselves as supervisees and two of the collaborators also identified as supervisors. Exact ages of collaborators were unknown, but all were over the age of 25 and under the age of 40. All six collaborators were female.

### **Recruitment Procedure**

Collaborators were recruited from my internship site as well as the Columbia College Chicago professional network through emails and personal conversations. The recruitment email included information about the nature of the program development process, a detailed description of the responsibilities of a collaborator and an attached collaborator agreement (see Appendix B) outlining my intentions, expectations and goals. Interested collaborators were

directed to print, sign and return the collaborator agreement in order to receive the first questionnaire.

### **Setting**

While the program itself is intended to be one that can adapt to many spaces, group interviews with collaborators were held in a movement studio at Columbia College Chicago as well as via Skype at collaborators' home offices. Questionnaires were completed at homes and professional workplaces based on collaborator schedule and availability.

### **Ethical Considerations**

There are some ethical considerations regarding the safety, anonymity and crediting of collaborators and collaborator input involved in this program development project. First, all collaborators were asked to sign an agreement (see Appendix B) outlining the purpose, procedures and options related to anonymity and crediting of ideas. This agreement asked collaborators if they would like to remain completely anonymous or receive a collaborator credit for the program. In keeping with confidentiality, all information gathered throughout the process was stored using initials only on my password protected laptop. Additionally, supervisees and supervisors were interviewed in two separate groups with the intention of reducing any potential power differential.

### **The Delphi Method**

Information was gathered using questionnaires and group interviews following the Delphi method, a technique for gathering qualitative data aimed at gaining consensus among experts (Hsu & Sandford, 2007). I conducted and implemented three rounds of this method, beginning with a questionnaire round sent via email (see Appendix C) to gain a clearer idea of the group's current experience and understanding of the role supervision currently plays in their lives. Round

Two took the shape of two group interviews split by collaborator type (supervisor and supervisee) to decrease risk of any power differential. The Round Three questionnaire was also sent via email.

Information gathered during each round of the Delphi method was analyzed throughout the collaborative process. Questionnaire responses and interview narratives were synthesized and simplified into a consensus after each round of analysis that was then incorporated into the theory approach logic model for program development (Hsu & Sandford, 2007). The completed theory approach logic model for the program is included as Appendix F.

### **Round One of the Delphi Method**

To begin, all collaborators were asked to read through, sign and return the Collaborator Agreement (Appendix B) sent to them via email. After doing so, the collaborators were sent the Round One Questionnaire (Appendix C). Supervisees were asked to respond to nine multi-part questions while supervisors were asked to reply to the same questions plus one additional supervisor-specific question. The first questionnaire asked collaborators to reflect on their experiences as supervisors and supervisees. The first set of questions revolved around whether or not the collaborators had ever experienced body-based supervision, what it was like if they had and if they had not, what they thought it could have offered them. Additionally, the collaborators were asked about their definition of self-care and whether they have brought self-care into the supervision process. Supervisors were asked whether or not they facilitate body-based experientials in their supervision sessions, how and why or why not. Lastly, collaborators were asked about the specifications of the program including the ideal number of sessions, length of

each session, ideal number of participants and preferred setting. All collaborators filled out the questionnaire and returned it back via email.

Once all completed questionnaires were returned, I created one document with all collaborator responses. Collaborator answers were disidentified and listed under each question. Then, I read through all responses for each question in order to understand whether or not the group had reached consensus. If there were major discrepancies, I re-worded the question with more specificity and asked the new question during Round Two.

Round One of the Delphi method paved the pathway for the collaborative program development process. Responses from Round One questions provided the group with a baseline of where it was coming from and what aspects of the program required more or less time to flesh out. Four of the six collaborators had never experienced body-based supervision. Among those four, consensus was reached that body-based supervision could provide opportunities for better insight into somatic symptoms related to clinical experiences and further processing of their own reactions to challenging situations with clients. Further, collaborators used similar language when identifying their own definitions of self-care. From their responses, I was able to create one comprehensive definition for the purposes of developing this program: Self-care is the process of mindfully identifying one's needs (emotional, mental, physical, and/or spiritual) and engaging in an experience that allows one to reset, recuperate, reconnect to Self. Collaborators described self-care as a mindful practice that can provide feelings of relaxation, rejuvenation and/or a sense of filling up.

Additionally, all six collaborators shared that they had brought self-care into the supervisory experience either as a supervisor or supervisee. Five collaborators described this as a verbal process, while one collaborator identified having been led through guided imagery, given

space for meditation and movement, as well as seeing self-care modeled by their supervisor. Three of the collaborators described a need to feel comfortable with one's supervisor first before bringing self-care into the relationship. The group reached a consensus around the reasons they brought self-care into supervision, including asking for guidance around preventing stress and burnout. A few more examples of group consensus from Round One of the Delphi method are as follows: 1. A supervision program that integrates or expects self-care as part of it is useful. 2. A body-based approach to supervision can increase personal wellness which includes emotional, mental, physical, psychological, social and spiritual health. 3. *At least* six, one-hour sessions should comprise this body-based supervision program for mental health professionals.

With regard to the specifications of the program, collaborators felt it necessary for the program to include anywhere from 4-12 sessions. One collaborator emphasized that there might be a need for more sessions if the group had little to no established somatic practice. All collaborators agreed that there ought to be enough sessions in order for participants to learn about the koshas and practice new body-based self-care skills. When asked about the ideal length of time for each session, collaborators responded with a range of answers from 45-120 minutes, dependent on the size of the group. Ideal group size was again described with a range of responses from 3-10 group members dependent upon the preference and experience of the facilitating supervisor. Lastly, collaborators provided a range of possible settings for the program including dance/yoga studios to private offices.

Heading into the Round Two group interviews, there were a few major aspects of the program that lacked clarity and group consensus. First, the target population and setting of the program were still unclear. *Who would these supervisees be and where would they receive this supervision?* Second, the number of sessions was still undecided. *How many sessions comprise*

*this body-based supervision program and how long is each session?* Lastly, the session structure had not yet been discussed. *What does each session of this supervision program look like?*

## **Round Two of the Delphi Method**

Collaborators were split into two groups (supervisors and supervisees) for Round Two interviews. The reasoning behind the division was twofold. First, the collaborators' availability varied greatly and the entire group was unable to participate at once. Second, I intended to diminish any power differential that might exist between supervisor and supervisee collaborators. Due to scheduling difficulty, the Round Two group interviews were conducted in two separate manners. The first interview (with supervisors only) was conducted via Skype, while the second interview (with supervisees only) was conducted in-person in a movement studio at Columbia College Chicago. Both interviews (see Appendix D) utilized the same interview questions (save four supervisor-only questions) and were video-recorded for post-interview analysis and interpretation.

Round Two group interview questions attempted to flesh out the details of the body-based supervision program for mental health professionals. The first set of questions asked collaborators to reflect on their personal experiences of supervision to construct a clearer picture of what supervisees want and need from body-based supervision. The second set of questions aimed to clarify who the program is intended for and where it will take place. The third set of questions intended to clarify the program's structure (i.e. length of each session, number of sessions, format, frequency, resources, etc).

Each interview lasted for approximately two hours. I took notes throughout the process, marking down the essence of each collaborator response in real time. Due to the time constraint, I asked collaborators to respond only if they had a thought or reflection that was different from

what had already been said. If they agreed with a fellow group member, I asked them to use a collaborator-suggested hand gesture to signify their like-mindedness. After the interviews were completed, I reviewed each video and typed out collaborator responses underneath each question in a document. For responses that were similar amongst multiple collaborators, I tallied the number of collaborators who were in agreement next to the statement. This tally system allowed me to more clearly understand what opinions had the greatest consensus.

The information gathered from Round Two interviews helped paint a more vivid picture of what collaborators appreciated about past supervisory experiences, what they felt was missing and what they hope this program can provide to future mental health professionals. Overall, collaborators felt that their favorite supervisors have been supportive, validating and empathic. They have been the mentors who urged them to venture outside their comfort zones while making it clear that they would be there to guide them through the ups and downs. They integrated dance/movement therapy and counseling theory, used role play/demonstrations and guided further case conceptualization to feed their intellectual growth. Other phrases associated with positive supervisory experiences included *trust, safety, transparency, recognition of personal identity and clinical identity, didactics, working through and together*.

Supervisor-collaborators were asked two questions about their supervisory style. Specifically, supervisors answered the following questions: 1. What energy do you give off as a supervisor? 2. How do you meet your supervisees with spiritual generosity? The two supervisor-collaborators shared their own self-reflections that included a few similarities. Both supervisors shared that their energy is warm and authentic. Additionally, they agreed that they can meet their supervisees with spiritual generosity by asking about and addressing supervisee needs and goals and by explicitly addressing self-care in session.

Collaborators identified what they felt had been missing from past supervision experiences. Some of the most common missing pieces included space for supervisee self-disclosure/emotional responses to clinical experiences, respect for supervisee time, supervisor self-awareness/recognition of mistakes and boundaries in general. Additionally, collaborators explained that organization, consistency and educational challenge were missing from their less than desirable supervisory experiences.

During Round Two interviews, collaborators contributed to a detailed discussion about potential program participants (i.e. who would benefit most from the program), what the arc of the program looks like and the specific elements of each session. The group agreed that the clinicians best suited for this body-based supervision program are post-master's level/advanced doctoral students. Through their discussion, collaborators identified this group as the target population due to the lack of support these new clinicians receive as they enter into the field.

Next, collaborators were asked about the overall structure of the program. As the framework for the program is based on the five yogic koshas, I asked the group whether the program should stick to a set flow from outer to inner koshas, or, if the specific kosha should be decided upon each week based on what the group or individual needs. Collaborators identified positives and negatives for each option. The structured format may be more rigid or restrictive yet would allow the supervisee(s) to know what they are signing up for. The unstructured format provides more flexibility for both the supervisor and supervisee(s) and aligns more with the clinician-focused approach to supervision. However, taking the time to attune to supervisees to decide which kosha to focus on would take time away from the actual session. After weighing the positives and negatives, the group decided that for a group format, there should be an overall structure for supervisors to follow to reduce confusion and promote buy-in from supervisees. For

an individual supervision format, the kosha can be chosen based on what the supervisee needs or has experienced that week.

To build some understanding of supervisor preference, supervisor-collaborators were asked about the ways they structure their own group and individual supervision sessions. They both shared ways in which they take direction from students by asking them to bring in case presentations, discussion questions and topics they would like to learn more about. Additionally, both supervisors identified that their sessions typically begin with administrative and/or organizational tasks to get those out of the way before diving into clinical supervision.

Collaborators reached an agreement on specific details related to the format of the program. Most collaborators concluded that the supervision program should run for seven sessions with one week between each session. This format provides room for an introduction session, one session for each kosha, and an integration/conclusion session. Group will meet every two weeks to provide time for integration of previously learned information and preparation for the next session. For the group supervision format, each session should be two hours, while the individual sessions should be at least one hour. Collaborators also helped solidify an outline for each session: check-in and guided meditation/visualization, DMT & yoga warm-up related to specific kosha, processing using guiding questions related to kosha, introduction to next week's kosha, closing ritual. Finally, collaborators identified resources the program will need to function smoothly. Resources included options for seating (cushions, yoga blocks, chairs, blankets/bolsters), privacy, sound machines, program manual, photos/visual representations for each kosha, and readings related to each kosha.

### **Round Three of the Delphi Method**

During the final round of the information gathering process, collaborators responded to a brief questionnaire (see Appendix E). Once again, I compiled all collaborator responses into a single document to identify themes and whether or not consensus had been reached. The questions reflected areas or pieces of the program that needed further clarification. Round Two interviews led to consensus that the program be geared toward new professionals who have completed their master's-level programs. Additionally, the majority of collaborators concluded that this program should begin with a structured Level One series of seven sessions (Intro/Orientation, Physical Kosha, Energetic Kosha, Mental/Emotional Kosha, Intellectual Kosha, Blissful/Spiritual Kosha, Conclusion/Integration). The Round Three questionnaire asked collaborators if they agreed with this structure and why or why not. All six collaborators supported the seven-session structure and agreed that the introduction and conclusion sessions would provide a sufficient frame within which to incorporate psychoeducation around the koshas and how they correspond with therapeutic principles and self-care.

Next, collaborators were asked to rank a list of potential program goals based on potential success and application. Rankings ranged from one to five with one being the most potential success and application as perceived by the respondent. To discern the most fitting program goals, I found the average ranking for each listed goal. The top three goals as identified by the collaborators were as follows:

1. To create a supervision experience that supports the self-care and professional development of supervisees
2. To educate supervisees about the five yogic koshas and how they relate to self-care
3. To help supervisees develop holistic self-care practices

During Round Two of the Delphi method, it was decided that one way this program would bridge the gap between the specific kosha of each session and the processing of client information is by providing a list of prompts for the supervisor to use during processing. The Round Three questionnaire asked collaborators to describe other ways to bridge the session's theme to the processing portion of supervision. The most common idea provided by collaborators was to offer both an introduction to next session's kosha as well as homework (i.e. reading, task, question) at the end of the current session. Additionally, the supervisor could incorporate next session's kosha into the closing ritual at the end of each session.

Additionally, the final questionnaire aimed to fill in any holes that still existed within the outline of the program manual that was created during Round Two. By the end of the group interviews, the manual included the following elements:

- Purpose of Program
- Resources/Materials Needed
- 7 session outlines, each with the following components:
  - Overview of the kosha(s)
  - Script for introduction/check-in
  - Script for 3 possible experientials (categorized by level of supervisor experience/comfort)
  - Prompts/Questions for discussion/processing material from client sessions
  - Script for closing ritual

In their responses, collaborators emphasized including an explanation of the importance of self-care and its relevance to supervision and self-care within the manual's Purpose of Program section. Collaborators also suggested including a few elements to help with flow and integration

of the program. One collaborator suggested an ice-breaker or warm-up activity to help supervisees get to know other group members. Another collaborator suggested incorporating a visual art or craft component that could represent the cumulative learning and self-reflection throughout the supervision program. This piece of art or symbol could be taken when the process is done.

Finally, collaborators were asked to rank potential names for the program in order of best fit, one being the best fit and six being the worst fit. Once again, to discern the most fitting program name, I found the average ranking for each one listed. The top three potential program names were as follows:

1. Caring for the Whole Clinician: A Body-Based Approach to Self-Care and Supervision
2. Caring for the Whole Clinician: An Embodied Approach to Self-Care and Supervision
3. Caring for the Whole Clinician: Supervision and Embodied Self-Care for Mental Health Professionals

It is worth noting that the final name of the program was directly informed by the top-ranking choice. However, throughout the writing process, the word *approach* was changed to *framework* to more clearly describe the additive and supplementary nature of the program. In and of itself, *Caring for the Whole Clinician* does not describe how the facilitating supervisor is meant to guide supervisees through the processing of clinical material. Rather, it describes the frame that exists around the processing portion of supervision to achieve the goals agreed upon during Round Three of the Delphi method.

## Chapter Four: The Program

### **Caring for the Whole Clinician: A Body-Based Framework for Self-Care and Supervision**

*Caring for the Whole Clinician* is a body-based framework for self-care and supervision for mental health professionals. With its focus on clinician wellness, the program combines elements of dance/movement therapy, clinical supervision and koshas, or layers of being, in yogic philosophy. *Caring for the Whole Clinician* aims to provide clinicians with a safe environment to process clinical experiences as well as the tools for developing an embodied approach to a personal self-care routine. Through guided, body-based experiences and discussions, the program encourages clinicians to explore the interrelated processes of professional development and clinician self-care.

Before every commercial plane takes flight, passengers are reminded to put their own oxygen mask on before assisting others. The program is rooted in the common idea that we cannot care for others unless we first care for ourselves. Despite its current trendiness, the concept of self-care is one that is crucial to the growth and professional development of mental health professionals. *Caring for the Whole Clinician* recognizes the importance of self-care for clinicians and utilizes a holistic approach to clinical supervision that addresses the mind, body and spirit. Using the lens of yogic koshas, the program asks supervisees to explore each layer of their being (physical, energetic, mental/emotional, intellectual and blissful/spiritual) – to understand their professional identity and self-care needs in a new, embodied way.

### **About the Author**

Hello! My name is Aliza Roth and I am a master's level dance/movement therapist and counselor residing in Chicago, Illinois. Currently, I am a counselor and site supervisor with a non-profit organization that provides individual and group therapy to students and families enrolled in Catholic schools in Chicago. Previously, I completed my field placement at a psychiatric hospital where I led dance/movement therapy groups and conducted mental health assessments across all units with a variety of populations.

After graduating from the University of Wisconsin-Madison's Dance Department, I knew I wanted to use my passion and knowledge of movement to help others. I completed my 200-hour yoga teacher training program and delved deeper into mindfulness and yogic philosophy through teaching. Shortly thereafter, I became one of the founding facilitators at Rooted Self Expression Center, a Chicago-based start-up offering creative arts sessions for adults that emphasized self-discovery and interpersonal connection. I realized that if I wanted to help others on a deeper level, I would need to go back to school. Through my experience in the Dance/Movement Therapy and Counseling program at Columbia College Chicago, I have been able to incorporate yoga and mindfulness into my therapeutic style.

### **Why was the program developed?**

Over the past few years, I have experienced multiple types of supervision in both individual and group formats. Each of these supervision experiences has allowed me to dive deeper into my

understanding of myself as an evolving clinician. Although each experience was unique, each supervisor expressed interest in my professional development as well as my continued practice of self-care. This was done in various ways including providing time and space to process personal reactions to clinical situations, incorporating guided movement and meditation experiences and psychoeducational lessons.

Through discussions with fellow dance/movement therapy and counseling students as well as co-interns in other counseling and PsyD programs, I quickly learned that this type of supervision was not universal. Peers shared with me their difficulties and frustrations with supervision experiences and I began to wonder: How can I blend my passions for yoga, dance/movement therapy and self-care to serve the needs of emerging clinicians? *Caring for the Whole Clinician* was born.

### **How was the program developed?**

For the purpose of creating *Caring for the Whole Clinician*, I worked with six mental health professionals as collaborators who were currently or had very recently been seeing clients/patients. The collaborators comprised a group of three advanced graduate student interns working toward their doctorate in clinical psychology (PsyD), one recently graduated dance/movement therapist, one psychologist and one board certified dance/movement therapist. All of the collaborators identified themselves as supervisees and two of the collaborators also identified as supervisors.

Information was gathered using questionnaires and group interviews following the Delphi method, a technique for gathering qualitative data aimed at gaining consensus among experts (Hsu & Sandford, 2007). I conducted and implemented three rounds of this method, beginning with a questionnaire round sent via email (see Appendix C) to gain a clearer idea of the group's current experience and understanding of the role supervision currently plays in their lives. Round Two took the shape of two group interviews split by collaborator type (supervisor and supervisee) to decrease risk of any power differential. The Round Three questionnaire was also sent via email.

Information gathered during each round of the Delphi method was analyzed throughout the collaborative process. Questionnaire responses and interview narratives were synthesized and simplified into a consensus after each round of analysis that was then incorporated into the theory approach logic model for program development (Hsu & Sandford, 2007).

### **Who is the program for?**

*Caring for the Whole Clinician* is geared toward post-master's level mental health professionals and advanced doctoral students. This particular group is particularly at-risk to burnout due to the lack of sufficient professional support upon entering the field. Typically, when students in clinical psychology, counseling and creative arts therapies begin working with clients and/or patients, they receive both site and academic supervision based on their program requirements. Post-graduation, these new clinicians do not always continue to receive the same level of

supervision. Therefore, *Caring for the Whole Clinician* aims to offer professional support for this group of mental health professionals.

### **Program Goals**

The program intends to address the following goals:

- To create a supervision experience that supports the self-care and professional development of supervisees
- To educate supervisees about the five yogic koshas and how they relate to self-care
- To help supervisees develop holistic self-care practices

### **Theoretical Frameworks**

**Dance/Movement Therapy.** Dance/movement therapy (DMT) is defined as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (American Dance Therapy Association, 2014, para. 1). In its very essence, DMT is a holistic and eclectic form of therapy that utilizes movement as an assessment tool, an inroad to building and maintaining the therapeutic relationship and as intervention. Dance/movement therapy aims to help clients cultivate healthy synergy of mind, body and spirit. The following major elements of dance/movement therapy are emphasized in the program:

- *Body awareness*
- *Breath and shape flow*
- *Embodiment*
- *Laban’s Effort space*
- *Authentic Movement*

**Yogic Koshas.** According to yogic philosophy, we are all comprised of five layers of being called koshas. I like to use the image of a Russian nesting doll (Iyengar, 2005; Pacheco, 2016). The largest doll, or the outermost layer is the physical body, or annamaya kosha. Working inward, we have the energetic body, or pranamaya kosha, the mental body, or manomaya kosha, the intellectual body, or vijñanamaya kosha and finally, the blissful body, or the anandamaya kosha at the center. These koshas represent all the parts of ourselves, from our skin to our souls. Yoga teacher and writer Rebecca Pacheco explains that while the “chakras capture and conduct your vitality up and down your body’s central axis or spinal column...the koshas protect this light and radiate it outward” (2015, p.124). When all five koshas are well nourished, and when there is communication from outer to inner and vice versa, we function as an integrated and balanced human being (Iyengar, 2005).

## **Structure of Program**

The 14-week program is comprised of seven sessions, which are outlined as follows:

Session One: Orientation

Session Two: Annamaya (Physical) Kosha

Session Three: Pranamaya (Energetic) Kosha

Session Four: Manomaya (Mental/Emotional) Kosha

Session Five: Vijnanamaya (Intellectual) Kosha

Session Six: Anandamaya (Blissful/Spiritual) Kosha

Session Seven: Integration

**Timing and frequency.** This program manual outlines seven group supervision sessions. There are no rigid guidelines with respect to duration of each session for a few reasons. First, collaborator responses to the question of session length were varied. However, they all expressed the need to allot more time for larger groups to accommodate the processing of clinical experiences. Facilitating supervisors are encouraged to set session length based on the size of the supervision group. Additionally, *Caring for the Whole Clinician* can easily be adapted for individual supervision, and timing and frequency would depend upon the site requirements and/or needs of the supervisee. Second, many supervisors and supervisees in the field of dance/movement therapy work multiple jobs and are likely to need flexibility with regard to session length to accommodate their busy schedules. Finally, each of the middle five supervision sessions include three different body-based experientials. This provides the facilitating supervisor with the flexibility to choose how many experientials to include based on the session length of their version of the program. Group sessions should occur every other week to allow participants time to process, integrate and reflect upon information gathered during the previous session.

## **For the Facilitating Supervisor**

**Prerequisites for facilitation.** The facilitating supervisor using this program manual must be a Board Certified Dance/Movement Therapist (BC-DMT). The reasons for this prerequisite are threefold. First, BC-DMT supervisors have both the necessary training and sufficient clinical experience to be able to guide new clinicians through this 14-week supervisory experience. Second, a facilitating supervisor with a BC-DMT credential will promote participation from new dance/movement therapists seeking licensure. Lastly, as this is the pilot version of the program, there are places throughout seven sessions where the supervisor is asked to improvise and rely upon their supervisory style and prior training. It is my hope that evaluation of the program will provide more specific details for the facilitating clinician which may then be adapted for those other than BC-DMT supervisors.

**Space and materials.** As *Caring for the Whole Clinician* is a body-based framework for clinical supervision, there are a few things for the facilitating supervisor to keep in mind. First, the environment must be large enough to allow each supervisee sufficient space to move. Second, the supervision room should have very little furniture, perhaps only the chairs or cushions used during discussion and verbal processing. The following is a list of materials the facilitator should obtain before the first session:

- Chairs/Cushions (as many as there are clinicians)
- Do Your Om Thing by Rebecca Pacheco (as many copies as there are clinicians)
- Light on Life by B.K.S. Iyengar (as many copies as there are clinicians)
- Self-Care for Dance/Movement Therapy Interns by Stephanie Terrell (accessible through [www.dmtselfcare.com](http://www.dmtselfcare.com))
- Journals/Paper
- Writing Utensils (pens/pencils)
- Color Image of Koshas

## SESSION ONE: ORIENTATION

### Introductions:

- Name
- Point in educational/professional journey
- Place of work
- What brought you to *Caring for the Whole Clinician*?

### Experiential: Meet the Group/Meet your Koshas

Set up by standing in a circle.

**Script:** Let's get to know each other using the koshas as our guide. I will read off a list of statements. When you hear a statement that is true for you, please take one step into the center of the circle. Make eye contact with others who stepped forward. Return to your place in the circle.

- I have felt physically exhausted at work.
- I depend on caffeine to remain alert throughout the day.
- Sometimes, I feel like I'm on autopilot.
- I have been forgetful.
- I have zoned out during session.
- I don't get enough sleep.
- I've been eating more unhealthy foods lately.
- I feel stressed on a daily basis.
- I have snapped or exploded at a friend/family member/co-worker.
- I have used food to mask or avoid my emotions.
- I have needed to "catch my breath" more than usual.
- I have been more anxious than usual these days.
- I have felt jealous of others (while scrolling through social media or in real life).
- I have felt bored.
- I have gotten lost in existential thought.
- My thoughts have sounded a lot like "me, me, me" lately.

Take note of how many times you stepped forward. While many complex factors work together to influence our answers to these questions, a higher number of steps forward may indicate that we need to increase or expand our self-care practice. Over the course of the next 14 weeks, we will learn about and practice various approaches to self-care, or ways to prevent these experiences related to burnout.

### Overview: What is *Caring for the Whole Clinician*?

*Caring for the Whole Clinician* is a body-based approach to self-care and supervision for mental health professionals. With its focus on clinician wellness, the program combines elements of dance/movement therapy, clinical supervision and koshas, or layers of being, in yogic philosophy. *Caring for the Whole Clinician* aims to provide clinicians with a safe environment to process clinical experiences as well as the tools for developing an embodied approach to a

personal self-care routine. Through guided, body-based experiences and discussions, the program encourages clinicians to explore the interrelated processes of professional development and clinician self-care.

Before every commercial plane takes flight, passengers are reminded to put their own oxygen mask on before assisting others. The program is rooted in the common idea that we cannot care for others unless we first care for ourselves. Despite its current trendiness, the concept of self-care is one that is crucial to the growth and professional development of mental health professionals. *Caring for the Whole Clinician* recognizes the importance of self-care for clinicians and utilizes a holistic approach to clinical supervision that addresses the mind, body and spirit. Using the lens of yogic koshas, the program asks supervisees to explore each layer of their being (physical, energetic, mental/emotional, intellectual and blissful/spiritual) – to understand their professional identity and self-care needs in a new, embodied way.

### What is Self-Care?

As mental health professionals, we know how crucial it is to take care of ourselves. We have all experienced the physical, emotional, mental, intellectual and spiritual difficulties that stem from a lack of self-care. It is our responsibility to practice our own self-care so we can ethically serve our clients and patients to the best of our abilities.

**Discuss:** Think about your own self-care practice now. What are the first few words that come to mind when you think about your own self-care? What does self-care mean to you? How do you know your self-care is effective? What types of self-care do you engage in regularly?

### What are the Five Koshas?

According to yogic philosophy, we are all comprised of five layers of being called koshas. I like to use the image of a Russian nesting doll (Iyengar, 2005; Pacheco, 2016). The largest doll, or the outermost layer is the physical body, or annamaya kosha. Working inward, we have the energetic body, or pranamaya kosha, the mental body, or manomaya kosha, the intellectual body, or vijnanamaya kosha and finally, the blissful body, or the anandamaya kosha at the center. These koshas represent all the parts of ourselves, from our skin to our souls. Yoga teacher and writer Rebecca Pacheco (2015) explains that while the “chakras capture and conduct your vitality up and down your body’s central axis or spinal column...the koshas protect this light and radiate it outward” (p.124). When all five koshas are well nourished, and when there is communication from outer to inner and vice versa, we function as an integrated and balanced human being (Iyengar, 2005).

### Prompts for Processing Clinical Experiences:

**Script:** Although we have all experienced clinical supervision at our sites and within our graduate programs, our experiences are vast and varied. They range from client-focused to clinician-focused and everything in between. During our time together, we will be processing our reactions, responses and countertransference to client material through the lens of yogic koshas. We will use prompts to help guide our discussion.

- When sharing your clinical experiences, take note of your physical sensations, body movements, images, memories and feelings about the material.
- When listening to others, do the same – notice your physical sensations, body movements, images, memories and feelings about the material.

Homework:

- Annamaya Kosha Readings: p.123-127, *Do Your Om Thing* by Rebecca Pacheco; p.21-64, *Light On Life* by B.K.S. Iyengar

Closing Ritual:

**Script:** Let's stand in a circle. We will always begin and end our sessions in a circle. If you feel comfortable to do so, I invite you to close your eyes for a final scan of your koshas. Begin by taking a few deep breaths and turning your attention to the outermost layer of your being, the physical body. What color is this outer layer? What texture is it? Slowly, turn your attention now to the next layer, the energetic body. What color is this layer? What texture? Take a deep, nourishing breath. Moving inward, begin to notice your mental or emotional body. What thoughts are on your mind? Watch those thoughts float past you as you send them on their way. What color is this layer? Next, turn your attention to the next layer, the intellectual body. What color is this layer? What texture is it? Finally, turn your attention toward your innermost layer closest to your true Self. This is the blissful layer. What color is it? What texture? When you are ready, begin to zoom out like a drone flying further and further away from your koshas. Notice each distinctive layer. See your koshas as they are, whole, interconnected, glowing. Ask yourself, "How am I feeling right now?" When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by sharing our personal awarenesses with the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## SESSION TWO: ANNAMAYA (PHYSICAL) KOSHA & BODY AWARENESS

### Overview: Annamaya Kosha

The annamaya kosha, or the physical body, is also known as the food-apparent sheath. It is the outermost layer of our being. This kosha is comprised of skin, bones and muscles. It is what other people see when they look at us. It is external. When the annamaya kosha is disregarded or uncared for, we may experience weight gain or loss, muscle soreness, and disease of the physical body.

### **Brainstorm: How do we nourish the annamaya kosha?**

- Take five minutes to write down all of the ideas offered by supervisees.
- Other ways: asana practice (physical yoga poses), exercise, massage, eating healthy foods, hygiene

### Experiential One: Meet Your Annamaya Kosha/Guided Body Scan

**Script:** Find a comfortable position on the floor, either sitting or lying down. We will be here for five minutes. Feel one long line with your head, neck, and trunk in alignment. Close your eyes, withdrawing your awareness from the sights and sounds around you. Bring your full attention to your physical body. Notice your breath. Now, turn your awareness to the bottoms of your feet. Your toes. The tops or arches of the feet. How do your feet feel right now? Bring to mind all that your feet do for you. Getting you from point A to point B. Supporting you in walking, running jumping, dancing. In your mind, thank your feet for all that they allow you to do, to accomplish from day to day. Take a few deep breaths, with every exhale, sending love and gratitude to your feet. \*Move up the body using the same format i.e. acknowledging the body part, assessing how it feels in the present moment, identifying how it supports you, sending love and gratitude to the specific body part, ending with the head/face (V. Martinez, adapted from personal communication, June 2015).

### Experiential Two: I am/You are (Mindfulness and Body Awareness)

Set up in pairs. If there are an uneven number of supervisees, there can be one group of three.

**Script:** One partner will be Partner A and the other will be Partner B. If I say “A, you are,” Partner A will proceed to make statements about Partner B’s physical appearance or observable behavior. An example could be “You are sitting cross-legged.” Another might be “You have brown eyes.” If I say “A, I am,” Partner A will make statements about their own physical appearance or observable behavior. An example of this might be “I am looking at my partner” or “My hands are clammy.” The same prompts apply for partner B, “B, you are” and “B, I am.” When one prompt is given, statements should be made continuously with as little hesitation as possible until the next prompt is given (K. Larsen, adapted from personal communication, August 2017).

### Experiential Three: Body Part Warm-Up

Set up standing in a circle.

**Note to facilitator:** This experiential is meant to be improvisational. Feel free to use your own experience leading body part warm-ups to inform your facilitation. You may feel like leading the group in a Chacian warm-up and use your observation and reflection skills to move from one body part to the next. Read the group. Perhaps a guided warm-up is best today. Music is up to you!

Prompts for Processing Clinical Experiences:

- What clinical experiences make you feel most comfortable in your own skin?
- What happens in your physical body when you are working with a particular client?
- What have you been embodying as a clinician lately?
- What do you wish to embody as a clinician?

Homework:

- Self-Care Challenge: Find three ways to nurture your annamaya kosha. Feel free to reference p. 10-11 in *Self-Care for Dance/Movement Therapy Interns* by Stephanie Terrell for ideas. Reflect on each practice of self-care in your journal.
- Pranamaya Kosha Readings: p.128-130, *Do Your Om Thing* by Rebecca Pacheco; p.65-105, *Light On Life* by B.K.S. Iyengar

Closing Ritual:

**Script:** Let's stand in our circle. If you feel comfortable to do so, I invite you to close your eyes for a final check-in with the annamaya kosha. Begin by taking a few deep breaths and turning your attention to the outermost layer of your being. Your skin. Your muscles. Your joints. Allow your physical body to speak as you listen. What is it saying? How does it feel? Perhaps more than one craving or desire is coming to the forefront. Try to clarify one for now. One message or request from the annamaya kosha. When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by transforming these personal awarenesses into offerings for the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## **SESSION THREE: PRANAMAYA (ENERGETIC) KOSHA & SHAPE FLOW**

### **Check-in:**

- Discuss homework, i.e. any findings, reflections, realizations from nourishing the annamaya kosha.

### **Overview: Pranamaya Kosha**

The pranamaya kosha, or the energetic body, is also known as the air-apparent sheath. In Sanskrit, prana means life force. The pranamaya kosha is influenced by and shifts with breath. It governs biological processes from breathing to digestion to blood circulation. Pacheco writes about the pranamaya kosha as the window of our home, the physical body. It lets light and fresh air into the body. When the pranamaya kosha is disregarded or uncared for, we may be disconnected from our sense of self, feel ungrounded or feel energetically stuck. Pranayama, or breathing techniques in yoga, are devoted to replenishing and revitalizing the second sheath.

### **Brainstorm: How do we nourish the pranamaya kosha?**

- Take five minutes to write down all of the ideas offered by supervisees.
- Other ways: acupuncture, homeopathy, breathing exercises (pranayama), sunlight (ultimate source of prana)

### **Experiential One: Meet Your Pranamaya Kosha**

**Script:** Find a comfortable position on the floor, either sitting or lying down. We will be here for a few minutes. Bring your full attention to the point between your nostrils and feel yourself breathe. Simply notice the breath. There is no need to adjust or change it. It flows naturally, in and out. Gradually your breath will flow more slowly, smoothly, and quietly. Be aware of the energy pulsing through your body. It's making your heart beat, your lungs expand and contract, the blood course through your veins, your stomach gurgle. The force orchestrating this movement—not your physical body itself—is your pranamaya kosha (Johnsen, 2018).

### **Experiential Two: Guided Breathing Exercise**

**Script:** Now, we will practice a few different pranayama, or breathing techniques, that are designed to revitalize the pranamaya kosha. *Prana* means breath and *ayama* means to extend or draw out; the two together mean breath control or extension.

#### **1. Savitri Pranayama (Goddess of Solar Harmony)**

The Savitri ratio is 2:1:2:1 and can be practiced with different counts to achieve different physical and energetic effects. This pranayama is typically performed in an upright seated position, but can be performed in savasana, or lying down on one's back, for relaxation. We will practice the Savitri ratio in a 6:3:6:3 count, inhaling through the nose for six counts, exhaling through the nose for three counts.

#### **2. Nadi Shodhana Pranayama (Alternate-Nostril Breathing)**

This practice of alternating the breath between the right and left nostrils is known to purify the energy passages, or nadis, that carry prana throughout the body. Studies have shown that alternate-nostril breathing can decrease blood pressure and improve mental focus (Levine, 2015).

Find a comfortable seat. We will begin by creating Vishnu Mudra, or the gesture of universal balance in yoga. Extend all five fingers. Then, bring the middle and pointer fingers to touch the base of the thumb. Close the right nostril with the thumb. Inhale through the left nostril and then close it with the ring finger. Open the right nostril and exhale slowly through it. Inhale through the right nostril then close it. Open the left nostril and exhale slowly through it. That completes one cycle. We will repeat this cycle five times.

### **3. Kapalabhati Pranayama (Breath of Fire or Skull-Shining Breath)**

Kapalabhati Pranayama energizes and activates the sympathetic nervous system. It can be used to wake up when you are feeling foggy or lethargic. Kapalabhati practice is used to strengthen and tone the diaphragm and abdominal muscles, cleanse the respiratory system and release toxins. Begin by taking a full cycle of breath. Inhale again and begin exhaling by quickly pulling in the lower abs to force air out in short spurts. Your inhalation will be passive between each active, quick exhalation. We will continue for 30 exhalations. I will cue the last 10 breaths followed by three slow, deep cycles of breath in through the nose and out through the mouth.

#### Experiential Three: Exploring Shape Flow

**Script:** The breath is intrinsically related to a concept in Laban Movement Analysis called Shape Flow Support. As we breathe, we grow and shrink in three dimensions. In the Vertical Dimension, we can lengthen and shorten. In the horizontal dimension, we can widen and narrow. And in the sagittal dimension, we can bulge and hollow. Let's explore each of these.

Begin by standing tall with your weight evenly distributed across both feet. Feel ears stacked over shoulders stacked over hips. We will begin by exploring the breath in the vertical dimension. As you inhale, reach both arms overhead, energy shooting out of the fingertips. As you exhale, bend at the elbows and bring the arms down by your sides. We will do this 10 times. Next we will explore breathing in the horizontal dimension. Place the hands on the lowest ribs with elbows pointing outward. As you inhale, breathe into the palms of your hands and feel the lungs widen. As you exhale, gently press the hands toward one another as you feel the lungs narrow to the midline. Repeat this 10 times. Next, we will practice breathing in the sagittal dimension, forward and back. Place one palm on the belly and the back of the other hand on the back. As you inhale, feel the belly and back bulging and molding into each hand. As you exhale, feel the belly and back hollowing toward the spine. Repeat 10 times. Lastly, bring the hands back down to the sides, palms facing front. Close the eyes and begin to breathe in all dimensions, vertical, horizontal and sagittal. Feel the breath expanding up and down, side to side, backward and forward. Repeat 10 times and as you are ready, slowly and mindfully open the eyes.

#### Prompts for Processing Clinical Experiences:

- Reflect on the past two weeks. What energy have you been bringing to your sessions?
- How does your pranayama kosha shift when working with different clients?
- What unhealthy behavior/stuck energy do you want to change with relation to your clinician self?

### Homework:

- Self-Care Challenge: Find three ways to nurture your pranamaya kosha. Reflect on each practice of self-care in your journal.
- Manomaya Kosha Readings: p.130-133, *Do Your Om Thing* by Rebecca Pacheco; p.107-146, *Light On Life* by B.K.S. Iyengar

### Closing Ritual:

**Script:** Let's stand in our circle. If you feel comfortable to do so, I invite you to close your eyes for a final check-in with the pranamaya kosha. Begin by taking a few deep breaths and turning your attention to this second layer of your being. Your breath. The blood flowing through your veins. Allow your energetic body to speak as you listen. What is it saying? How does it feel? Perhaps more than one craving or desire is coming to the forefront. Try to clarify one for now. One message or request from the pranamaya kosha. When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by transforming these personal awarenesses into offerings for the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## **SESSION FOUR: MANOMAYA (MENTAL/EMOTIONAL) KOSHA & EMBODIMENT**

### Check-in:

- Discuss homework, i.e. any findings, reflections, realizations from nourishing the pranamaya kosha.

### Overview: Manomaya Kosha

The manomaya kosha is known as the mental or emotional sheath. This layer is comprised of our thought processes or the contents of our minds (Pacheco, 2015). The manomaya kosha processes sensory input and responds reflexively. It holds our feelings, memories, fears, likes and dislikes. When we neglect the manomaya kosha, we may feel like our emotions control us. When we nourish the manomaya kosha, we recognize, feel and express our feelings in healthy ways.

### **Brainstorm: How do we nourish the manomaya kosha?**

- Take five minutes to write down all of the ideas offered by supervisees.
- Other ways: mantra meditation, chanting, acts of service, asana, therapy, spending time with those we love

### Experiential One: Meet Your Manomaya Kosha

**Script:** Find a comfortable standing or seated position. We will be here for a few minutes. I invite you to close your eyes to help you tune into your inner world. Begin by taking a few deep breaths, slow and even inhales and exhales. Begin to bring your attention to any sensations you feel – body temperature, muscle tension. Notice the position of your body in space. Are you moving, ever so slightly? Notice if there is a color or image that begins to enter your mind’s eye. Let it grow, expand, transform. Ask yourself the question, how am I feeling right now in this moment? Perhaps an emotion comes to mind right away. Or, perhaps, it is more difficult to pin down. Take your time. What thoughts pop into your head? Acknowledge each one in real time and send it on its way. Come back to the breath. Start to deepen your inhales and exhales. Slowly, mindfully flutter the eyes open and re-enter the space. The floor is open for anyone who would like to share about that experience.

### Experiential Two: Stream of Consciousness Journaling & Affirmations

**Script:** We will now engage in stream of consciousness journaling for 10 minutes. There is no right or wrong way to do this. The only recommendation I will make is to keep your pen moving for the entirety of the session. If nothing comes to mind, feel free to write “I can’t think of anything” or something similar over and over again. You are writing about your thoughts in the present moment. Your feelings, body sensations, images and feelings in the present moment. I will give you a 15 second warning when we are nearing the end of the session. Begin.

Now, read through your writing. It could be that you were very nice to yourself. More often though, our unfiltered thoughts can be relatively harsh. Below your journaling, find a new line. Write down three affirmations. Three things that are true and that you believe about yourself. Affirmations, in our case, take this form: “I am \_\_\_\_\_.” Three things you are. When you have finished, please put your pen down so I know.

**Note to facilitator: Wait until everyone is done writing.**

Let's find our circle. One at a time, if and as you feel comfortable sharing, please embody your affirmation, with or without words. You may use a static posture, movement or a combination. When you are finished, the others in the group will witness you and offer what they see in your movement.

### Experiential Three: What Do You Need Right Now?

**Script:** Let's practice taking cues from our manomaya kosha right now. Ask yourself the question, "What do I need right now?" Take as much time as you need to tune inward and find an authentic answer to the question. Maybe you need something from the group. Or, maybe you need to do something yourself.

**Note to facilitator:** If the group needs more direction, you might offer to go first, modeling vulnerability.

### Prompts for Processing Clinical Experiences:

- How do you want to feel as a clinician? How do you want to feel?
- What types of people/places/activities nurture and balance your manomaya kosha?
- What does it look like when you feel balanced?

### Homework:

- Self-Care Challenge: Find three ways to nurture your manomaya kosha. Feel free to reference p. 12-14 in *Self-Care for Dance/Movement Therapy Interns* by Stephanie Terrell for ideas. Reflect on each practice of self-care in your journal.
- Vijnanamaya Kosha Readings: p.134-137, *Do Your Om Thing* by Rebecca Pacheco; p.147-186, *Light On Life* by B.K.S. Iyengar; p. 17-19, *Self-Care for Dance/Movement Therapy Interns* by Stephanie Terrell

### Closing Ritual:

**Script:** Let's stand in our circle. If you feel comfortable to do so, I invite you to close your eyes for a final check-in with the manomaya kosha. Begin by taking a few deep breaths and turning your attention to this third layer of your being. Just as we did earlier, notice your body sensations. The quality of your breath. The pace of your heartbeat. Notice movements, memories, images, feelings and thoughts. Allow your mental/emotional body to speak as you listen. What is it saying? How does it feel? Perhaps more than one craving or desire is coming to the forefront. Try to clarify one for now. One message or request from the manomaya kosha. When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by transforming these personal awarenesses into offerings for the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## SESSION FIVE: VIJNANAMAYA (INTELLECTUAL) KOSHA & EFFORT SPACE

### Check-in:

- Discuss homework, i.e. any findings, reflections, realizations from nourishing the manomaya kosha.

### Overview: Vijnanamaya Kosha

Vijnana means the power of judgment or discernment. The vijnanamaya kosha is also known as the intellectual body. It distinguishes us from all other animals. It contains all functions of the higher mind such as our conscience and will. If we neglect the vijnanamaya kosha, we may become lethargic, lack inspiration, have low energy and/or feel the urge to run away. We may also have a hard time deciding, thinking for ourselves, being creative and/or maintaining an ethical code.

### **Brainstorm: How do we nourish the vijnanamaya kosha?**

Take five minutes to write down all of the ideas offered by supervisees.

- Other ways: contemplation, reading, lively discussion/debate, learning, self-study

### Experiential One: Meet Your Vijnanamaya Kosha

**Script:** Find a comfortable standing or seated position. We will be here for a few minutes. I invite you to close your eyes to help you tune into your inner world. Begin by taking a few deep breaths, slow and even inhaled and exhaled. Lift your awareness higher inside your skull. Sense the part of your awareness that consciously made the decision to participate in this exercise and right now is commanding you to sit still and complete it. It recognizes the value of expanding your self-awareness and compels you to get up early in the morning to do your hatha postures and meditation, even though lazing in bed might be more pleasant. This is your vijnanamaya kosha (Johnsen, 2018).

### Experiential Two: Dimensional Scale

**Script:** Dance/movement therapists often use Laban's dimensional scale to help clients find organization of thought, physical stability and orientation in space. Let's try it together. Raise your right arm directly overhead to point high, then pass through center and reach down to the ground while bending your knees. Come back to center. Direct your right arm across the body directly to your left, and then open the arm out directly to your right. Come back to center. Finally, direct your right arm back behind you and then through center to the furthest point directly in front of you. Let's try that again. And now on the left.

**Note to supervisor:** It is recommended to have supervisees face one direction and that you mirror them while teaching the scale.

### Experiential Three: Space Exploration (Jungian Thinking)

**Script:** In Laban Movement Analysis, there are four effort elements: weight, space, time and flow. These elements can be interpreted within the Jungian framework. Effort space is related to cognitive processes encompassed in the vijnanamaya kosha. Let's explore the two polarities of Laban's space: directing and indirecting. Let's begin by lining up side by side at one end of the room. When I say "go," move directly to the other side of the room. Go. This time, find another

way of moving directly across the length of the room, incorporating different body parts. Go. Now, we will explore moving indirectly across the room. Go. And again, try out new ways of moving back across the room using different body parts. Go. What did it feel like to move directly? Indirectly? What did each remind you of? What is your preference?

Prompts for Processing Clinical Experiences:

- What feeds your intellectual layer as a clinician?
- Think about the interventions you used with clients over the past two weeks. How did you decide to use those interventions?
- How do you learn about your clients in session?

Homework:

- Self-Care Challenge: Find three ways to nurture your vijnanamaya kosha. Feel free to reference p. 17-19 in *Self-Care for Dance/Movement Therapy Interns* by Stephanie Terrell for ideas. Reflect on each practice of self-care in your journal.
- Anandamaya Kosha Readings: p.137-141, *Do Your Om Thing* by Rebecca Pacheco; p.187-225, *Light On Life* by B.K.S. Iyengar

Closing Ritual:

**Script:** Let's stand in our circle. We always begin and end our sessions in a circle. If you feel comfortable to do so, I invite you to close your eyes for a final check-in with the vijnanamaya kosha. Begin by taking a few deep breaths and turning your attention toward your intellectual layer. Your inner teacher. The one who knows. Allow your vijnanamaya body to speak as you listen. What is it saying? How does it feel? Perhaps more than one craving or desire is coming to the forefront. Try to clarify one for now. One message or request from the vijnanamaya kosha. When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by transforming these personal awarenesses into offerings for the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## **SESSION SIX: ANANDAMAYA (BLISSFUL/SPIRITUAL) KOSHA & AUTHENTIC MOVEMENT**

### Check-in:

- Discuss homework, i.e. any findings, reflections, realizations from nourishing the vijnanamaya kosha.

### Overview: Anandamaya Kosha

The anandamaya kosha is known as the blissful or spiritual layer. It is the kosha closest to the Self. We notice the anandamaya kosha when we witness others sparkle or glow when they are doing something they love or are in love. When the anandamaya kosha is cared for, we are aligned with our soul's desire, our authentic selves. When we do not actively nurture the anandamaya kosha, we may feel lost, like our purpose in life is unclear.

### **Brainstorm: How do we nourish the anandamaya kosha?**

- Take five minutes to write down all of the ideas offered by supervisees.
- Other ways: devotional practice/prayer, connecting to the universe or higher power, believing in goodness in self/others, through mindful experiencing of art/music, acts of service that connect us to other beings, opening our hearts to unity with others, our higher power and ourselves, selfless love

### Experiential One: Meet Your Anandamaya Kosha

**Script:** Center your awareness in your heart. Relax deeply; keep breathing smoothly and evenly. Now, taking as much time as you need, allow yourself to settle into a state of complete tranquility. Buried deep in that inner peace is a sense of purest happiness. This is not an emotional euphoria, though as you leave this state it may pour out of you as a sense of great joy and gratitude. It is a space of perfect contentment, perfect attunement, and abiding stillness. There is no sense of lack, or fear, or desire. This is your anandamaya kosha (Johnsen, 2018).

### Experiential Two: Authentic Movement Exploration

**Script:** There is an approach to body-based counseling born from dance/movement therapy called Authentic Movement. There is a mover and a witness. For our purposes, I will be the witness and you will all be movers. Movers begin with their eyes closed. They do not choose to move. They are moved by their spirit, or within our framework, the anandamaya kosha. Movers are tasked with remaining present, tracking images, movements, thoughts, sensations and feelings. We will move for 10 minutes. I will sound the singing bowl to signal the end of the movement portion of the experience. Then, we will come back to our circle. Each mover will have the choice to share some of what they remember from their movement journey using the present tense (i.e. "I am sitting on the ground rocking back and forth with my arms wrapped around my chest"). Then, the witness will reflect what she saw using the present tense as well.

### Experiential Three: Dance Party

**Note to supervisor:** Blast some dance music and get a dance party going! This experiential is intended to allow supervisees the time and space to tap into their bliss. Remind supervisees that there is no right or wrong way to do this.

Prompts for Processing Clinical Experiences:

- How do you connect to your spirit?
- How can we meet our clients with spiritual generosity?
- How do you follow your own bliss?

Homework:

- Self-Care Challenge: Find three ways to nurture your anandamaya kosha. Feel free to reference p. 15 in *Self-Care for Dance/Movement Therapy Interns* by Stephanie Terrell for ideas. Reflect on each practice of self-care in your journal.
- Integration Reading: p.227-266, *Light On Life* by B.K.S. Iyengar; p. 5-9, *Self-Care for Dance/Movement Therapy Interns* by Stephanie Terrell

Closing Ritual:

**Script:** Let's stand in our circle. If you feel comfortable to do so, I invite you to close your eyes for a final check-in with the anandamaya kosha. Begin by taking a few deep breaths and turning your attention to the kosha closest to your Self or your soul. The spiritual, blissful layer. This is the kosha that shines with your inner light. Allow your spirit to speak as you listen. What is it saying? How does it feel? Perhaps more than one craving or desire is coming to the forefront. Try to clarify one for now. One message or request from the anandamaya kosha. When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by transforming these personal awarenesses into offerings for the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## SESSION SEVEN: INTEGRATION

### Check-in:

- Discuss homework, i.e. any findings, reflections, realizations from nourishing the anandamaya kosha.

### Five Koshas Meditation by Linda Johnsen

**Script:** Sit comfortably with your head, neck, and trunk in a straight line. Sit upright without straining. You'll feel both alert and relaxed. Close your eyes, withdrawing your awareness from the sights and sounds around you. Bring your full attention to your physical body. Be aware of your head and shoulders, chest and waist, back and abdomen, arms and legs. This is your annamaya kosha. Bring your full attention to the point between your nostrils and feel yourself breathe. Gradually your breath will flow more slowly, smoothly, and quietly. Be aware of the energy pulsing through your body. It's making your heart beat, your lungs expand and contract, the blood course through your veins, your stomach gurgle. The force orchestrating this movement—not your physical body itself—is your pranamaya kosha. Shift your awareness into your brain. Pay attention to the part of your awareness that's regulating your sensory input and motor output. This is the part of you that notices your nose is itching and orders your hand to scratch it. It notes that you're uncomfortable sitting in one position for so long and wants you to move your legs. It generates the reflexive mental chatter that continually fires through your mind. This is your manomaya kosha. Lift your awareness higher inside your skull. Sense the part of your awareness that consciously made the decision to participate in this exercise and right now is commanding you to sit still and complete it. It recognizes the value of expanding your self-awareness and compels you to get up early in the morning to do your hatha postures and meditation, even though lazing in bed might be more pleasant. This is your vijnanamaya kosha. Center your awareness in your heart. Relax deeply; keep breathing smoothly and evenly. Now, taking as much time as you need, allow yourself to settle into a state of complete tranquility. Buried deep in that inner peace is a sense of purest happiness. This is not an emotional euphoria, though as you leave this state it may pour out of you as a sense of great joy and gratitude. It is a space of perfect contentment, perfect attunement, and abiding stillness. There is no sense of lack, or fear, or desire. This is your anandamaya kosha. Now simply be aware of your own awareness. The pure consciousness that is having this experience lies beyond this experience. It is your true inner Self, your immortal being. Rest in your own being for as long as you can hold your attention there. Return your attention to your breath. Breathe slowly, smoothly, and evenly. Open your eyes. Take a moment to relax and absorb this experience before you get up (Johnsen, 2018, para. 25).

### Personal Self-Care Planning

Set up by drawing an outline of the five koshas on a large piece of drawing paper and hang on the wall. Give everyone a different colored marker.

**Script:** We have made it to our final session. You have learned all about the five koshas, how they influence your personal and professional lives, and how they can be used as a framework for self-care practice. You have also tried out some new self-care techniques over the past few months. When you are ready, come to the wall and write or draw some of the ways you nourished your koshas. Once you have made your contributions, find your seat and reflect on all of the different ways we have nourished our koshas as a group. \*After everyone is finished,

facilitate discussion around the following questions: How will I continue my journey inward? Which self-care practices will I continue and which will I let go of? How can I work toward integration of all five koshas?\*

Prompts for Processing Clinical Experiences:

- Allow all five koshas to guide what you bring to supervision today.

Closing Ritual:

**Script:** Let's stand in our circle. If you feel comfortable to do so, I invite you to close your eyes for a final check-in with all five koshas. Begin from the outside and work inward, taking as much time as you need before moving onto the next kosha. How does each layer feel right now? Reflect on the past few months – on all that you've learned. What are you taking with you? When you are ready, slowly and mindfully open your eyes and bring your awareness to the others in the space. \*When everyone has their eyes open\* We will close our time together by transforming these personal awarenesses into offerings for the group to take or leave as they need. When it is your turn, please share your offering verbally, "I offer blank to the group" and non-verbally with a movement or gesture. \*After entire group has shared\* Thank you everyone for sharing. We will close with three deep breaths, inhaling through the nose and exhaling through the mouth.

## Chapter Five: Discussion

As the unique purpose of this thesis project was to develop a body-based approach to self-care and supervision, the program has not yet been implemented. Therefore, I cannot identify the program's outcomes or successes. The following discussion will include guidelines for implementation, program limitations, ideas for evaluation and suggestions for variations on the program.

### Implementation and Limitations

In its current format, *Caring for the Whole Clinician* is meant to be implemented by a board certified dance/movement therapist (BC-DMT). The program is geared toward post-master's level mental health professionals and advanced doctoral students due to the high levels of stress these individuals experience combined with the lowered levels of support they receive post-graduation. The seven-session program would ideally be completed over a 14-week period to provide supervisees time to process and integrate information gathered the previous week.

The program does not identify rigid guidelines with respect to duration of each session for a few reasons. First, collaborator responses to the question of session length were varied. However, they all expressed the need to allot more time for larger groups to allow time for all those who need to process clinical experiences. Second, many supervisors and supervisees in the field of dance/movement therapy work multiple jobs and are likely to need flexibility with regard to session length to accommodate their busy schedules. Finally, each of the middle five supervision sessions include three different body-based experientials. This provides the facilitating supervisor with the flexibility to choose how many experientials to include based on the session length of their version of the program.

The program is not without its limitations. The first possible limitation relates to the theoretical nature of the logic model for program development. Although many of the individual pieces of the program such as the guided meditations and breathing techniques are supported by scientific research and ancient philosophy, the program as a whole has never been implemented in the timeframe, setting and for the population for which it was written. Therefore, the program can only be evaluated for its strengths and weaknesses after it has been fully implemented.

A second limitation is that the program must be implemented by a BC-DMT. Due to the improvisational and body-based experientials that exist within the program, only a dance/movement therapist can facilitate *Caring for the Whole Clinician* in the way that it has been developed. There are notes within the program manual that use language specific to dance/movement therapy including references to dance/movement therapy theory and interventions. This limitation may end up discouraging non-dance/movement therapist supervisees from committing to the program due to licensure and certification guidelines. For example, individuals working toward their Doctorate in Clinical Psychology are required to receive supervision from a psychologist. Despite interest from advanced PsyD student collaborators, the necessity of having a dance/movement therapist supervisor might inhibit the reach of *Caring for the Whole Clinician*.

## **Evaluation**

As the development of this program involved identifying goals, resources, and other specific aspects of *Caring for the Whole Clinician*, the most appropriate approach to evaluation would focus on gathering outcomes to help understand the merits of the program for future use and impact (Cruz, 2004). Specifically, a formative evaluation process focusing on supervisee attitudes, learning and feedback would help to create a clear, well-rounded picture of the

program to inform further implementation (Cruz, 2004). Qualitative data would be collected using an open-ended survey distributed upon program completion. Examples of survey questions are as follows: 1. How would you rate your overall experience as a supervisee in *Caring for the Whole Clinician* (on a scale from dissatisfied to satisfied)? 2. How would you describe your overall wellness before participating in *Caring for the Whole Clinician*? After? 3. How would you describe your self-care routine before participating in *Caring for the Whole Clinician*? After? 4. What did you appreciate most about the program? 5. How could this program be improved?

### **Future Ideas**

In the future, *Caring for the Whole Clinician* can expand and transform in myriad ways. And that, in my opinion, is the whole point. This program was developed to find a new way to marry principles of dance/movement therapy and yoga, through the supervision process, all while addressing the importance of clinician self-care. *Caring for the Whole Clinician* was written with flexibility and adaptability in mind. I will now offer a few ideas for adaptations of the program.

This program can be thought of as Level One. These seven sessions include a large educational and introductory component to the languages of yogic koshas and dance/movement therapy and serve as the foundation for a body-based self-care practice for clinicians. Experientials in this pilot program are approachable (i.e. guided meditations, body scans, basic movement improvisations) by all no matter the comfort level of the supervisee with yoga or movement. Perhaps future iterations could function as Level Two and Level Three. Level Two might include a second set of body-based self-care practices for supervisees to try out in session and either take or leave as they like. Finally, Level Three could function as a medium through

which to use newfound body awareness and self-care skills. It might not have as detailed a script or outline for the supervisor and could be more supervisee-led (i.e. supervisee chooses which kosha to focus on that day) to encourage the integration of knowledge gained from previous levels of the program.

Another idea for future implementation and further development is to adapt session scripts and experientials for an approach to individual supervision. Although the program as it exists can be fairly easily adjusted by seasoned supervisors to accommodate for individual sessions, a written, individualized version of the program could create less work for the already busy facilitating supervisor.

Finally, it is my hope to one day create a version of *Caring for the Whole Clinician* that can be easily utilized by non-dance/movement therapist supervisors across the helping professions. It would be unethical for anyone other than a dance/movement therapist to facilitate the supervision program due to its reliance on basic understanding of Laban Movement Analysis, integration of dance/movement therapy theory and experience using movement-based interventions. However, in the future, I would like to collaborate with non-dance/movement therapist supervisors to adapt the movement experientials so they can be facilitated safely, ethically and effectively.

Right now, *Caring for the Whole Clinician: A Body-Based Framework for Self-Care and Supervision* is like a newborn baby. It has left the womb and is in need of nourishment and love, learning and growth, attention and intentional care. Just like the infant, the program is undoubtedly unique and does not yet know the scope of its impact on the world. *Caring for the Whole Clinician* will continue to grow and evolve along with the clinicians it reaches throughout its future iterations. I am hopeful as I set out as a guide for and witness of its process.

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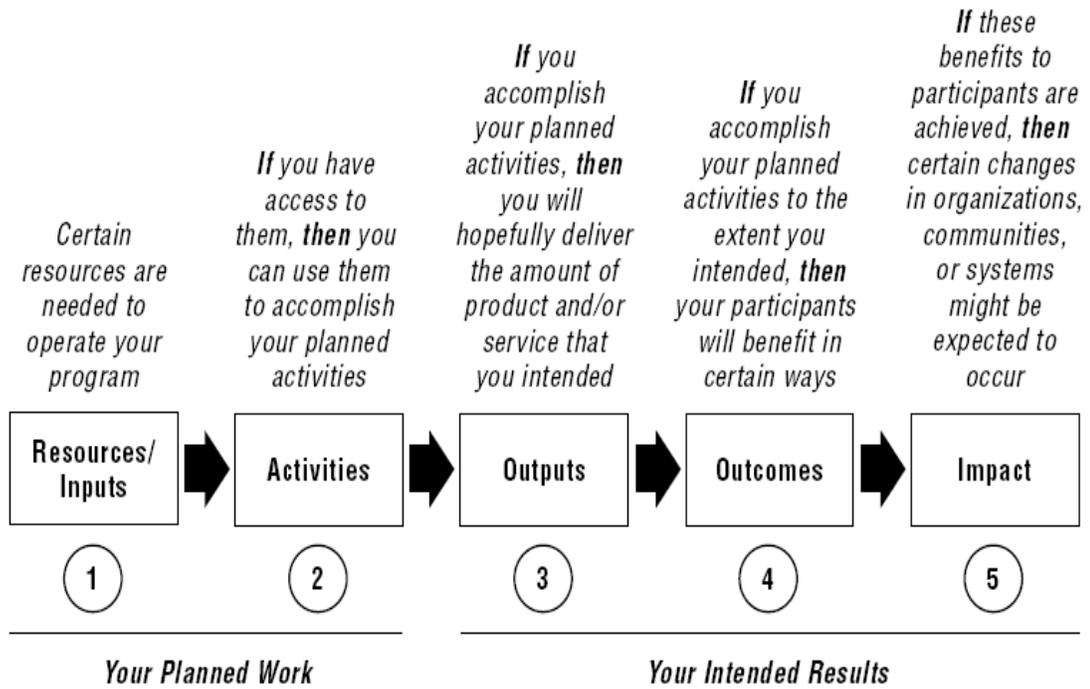
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## Appendix A. Logic Model



(W.K. Kellogg Foundation, 1998, p. 3)

## Appendix B. Collaborator Agreement

I, \_\_\_\_\_, agree to collaborate with Aliza Roth on her program development which seeks to answer the following questions: How can I develop a body-based supervision program for mental health professionals utilizing elements of dance/movement therapy and yoga? How can this body-based supervision program promote self-care using dance/movement therapy and yoga? The locations/organizations that this program is being developed for will not be named - rather, they will be described in the final thesis. My role as a collaborator involves the sharing of my expertise and personal experience as a professional working in my field for group consensus. I understand that Aliza Roth will own the intellectual property of the developed program.

I understand that my involvement in this project will consist of completing two questionnaires and one, 2-hour movement workshop/group interview which will take place during the week of Sunday, June 24, 2018. I will complete the Doodle Poll in the recruitment email to provide my availability for that week.

Aliza's commitments to all collaborators:

- Aliza will be on time to the movement workshop/group interview.
- Aliza understands that a collaborator may need to rescind participation even after agreeing to the collaborator role.
- Aliza commits to receiving all feedback from collaborators on her interpretation of their responses.
- Aliza will compensate each of her collaborators with a gift card to any movement-based class of their choosing.

Please choose one of the following:

I wish to have my name included as a collaborator for the final product and/or further publications.

I do not wish to have my name included as a collaborator for the final product and/or further publications.

Collaborator Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Developer Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix C. Round One Questionnaire

### *Round One Questionnaire*

Collaborator Name: \_\_\_\_\_

#### **For Supervisors and Supervisees**

**1.** Are you currently receiving, or have you received clinical supervision in the past that utilized body-based or experiential aspects in the supervision process? (Y/N)

**1. a)** If Yes, what types of body-based/experiential aspects were utilized?

**1. a. i)** When did you receive this type of body-based supervision?

**1. a. ii)** Where did you receive this type of body-based supervision?

**1. a. iii)** How did you know you were receiving body-based supervision?

**1. b)** If No, what did you need that body-based supervision might have provided?

**1. b. i)** How did you know you needed to incorporate the body?

**2.** What is your definition of self-care?

**2. a)** How do you know you are engaging in self-care?

**3.** As a supervisor and/or supervisee, have you brought self-care into the supervision process?

(Y/N)

**3. a)** If Yes, what types of self-care were addressed?

**3. a. i)** Through what experiences were the above types of self-care addressed?

**3. a. ii)** When did you bring self-care into the supervision process?

**3. a. iii)** Where did you bring self-care into the supervision process?

**3. a. iv)** Why did you bring self-care into the supervision process?

**3. b)** If No, what types of self-care would you address in the supervision process?

**3. b. i)** Through what experiences would you address the above types of self-care?

**3. b. ii)** Why would you address those types of self-care?

4. Do you think that a supervision program that integrates or expects self-care as part of it is useful? (Y/N)

4. a) If Yes, what is useful about it?

4. b) If No, why not?

5. For the purpose of this study, wellness is defined as a multi-faceted state of being in good emotional, mental, physical, psychological, social and spiritual health. What impact do you think a body-based approach to clinical supervision may have on your personal wellness?

6. How many sessions should comprise this body-based supervision program for mental health professionals?

6. a) Why?

7. Based on your experience, what is the ideal length of time for each body-based supervision session?

7. a) Why?

8. Based on your experience, what is the ideal number of participants in a body-based supervision program for mental health professionals?

8. a) Why?

9. What types of settings are best-suited for a body-based supervision program?

9. a) Why?

### **Supervisors Only**

10. As a supervisor, do you currently bring or have you brought body-based or experiential aspects to the supervision process?

10. a) If Yes, what types of body-based/experiential aspects did you bring?

**10. a. i)** Why do/did you provide this type of body-based supervision?

**10. a. ii)** Where do/did you provide this type of body-based supervision?

**10. a. iii)** What was your rationale or theory behind providing body-based supervision?

**10. b)** If No, what types of body-based experiential aspects might have benefitted your supervisees?

## Appendix D. Round Two Group Interview Questions

### *Round Two Group Interview Questions*

1. Reflect on your favorite supervisor/supervision process. What stuck with you? What did you take with you when you left those sessions?
2. What experiences make you feel nourished?
3. What about supervision has made you feel most comfortable in your own skin?
4. When you feel stuck as a clinician, how do you use/did you use supervision to get unstuck?
5. What feeds your intellectual layer in supervision?
6. What have you felt was missing from supervision?
7. **What energy do you give off as a supervisor?**
8. **How can you meet your supervisees with spiritual generosity?**
9. Who is this program meant for/who can benefit from this program?
10. Can this program be modified for different populations and settings?
11. **As a supervisor, how do you typically structure group supervision?**
12. **How do you typically structure individual supervision?**
13. Does the program follow a cycle from outer kosha to inner kosha OR does the supervisor/group/supervisee choose the kosha to focus on that session?
14. How often are the sessions?
15. What are your thoughts on the structure of the individual sessions?
16. How long is each session?
17. What resources are needed?

## Appendix E. Round Three Questionnaire

### Round Three Questionnaire

Collaborator Name \_\_\_\_\_

1. Round Two interviews led to consensus that the program be geared toward new professionals who have completed their master's-level programs. Additionally, the majority of collaborators concluded that this program begin with a structured Level 1 series of 7 sessions (Intro/Orientation, Physical Kosha, Energetic Kosha, Mental/Emotional Kosha, Intellectual Kosha, Spiritual Kosha, Conclusion/Integration). Do you agree with this 7-session structure? Why or why not?

2. Please rank the *potential* goals of this program from 1, or most potential success/application to 5, or least potential success/application:

\_\_\_ To create a supervision experience that supports the self-care and professional development of supervisees

\_\_\_ To help supervisees develop holistic self-care practices

\_\_\_ To educate supervisees about the 5 yogic koshas and how they relate to self-care

\_\_\_ To increase body awareness/self-awareness

\_\_\_ To decrease burnout in new mental health professionals

3. One way this program will bridge the gap between the specific kosha of each session and the processing of client information is by providing a list of prompts for the supervisor to use during processing. What are other ways to bridge the session's theme to the processing portion of supervision?

4. The program manual will include the following elements:

- Purpose of Program
- Resources/Materials Needed
- 7 session outlines, each with the following components:
  - Overview of the kosha
  - Script for introduction/check-in
  - Script for 3 possible experientials (categorized by level of supervisor experience/comfort)
  - Prompts/Questions for discussion/processing material from client sessions
  - Script for closing ritual

What is still missing?

5. Please rank the following names in order of “fit” for the program we have worked toward developing (1 = best fit, 6 = worst fit):

\_\_\_ Caring for the Whole Clinician: Body-Based Supervision for Mental Health Professionals

\_\_\_ Caring for the Whole Clinician: Supervision and Embodied Self-Care for Mental Health Professionals

\_\_\_ Caring for the Whole Clinician: Embodied Self-Care through Supervision

\_\_\_ Caring for the Whole Clinician: Embodied Self-Care and Supervision

\_\_\_ Caring for the Whole Clinician: A Body-Based Approach to Self-Care and Supervision

\_\_\_ Caring for the Whole Clinician: An Embodied Approach to Self-Care and Supervision

## Appendix F. Program Flow Diagram

### Body-Based Framework for Self-Care and Supervision

