

# The Relationship between Self-care Practices and Vicarious Posttraumatic Growth among Counsellors in Nairobi County, Kenya.

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## ABSTRACT

Vicarious posttraumatic growth in counselling professionals is becoming an increasingly interesting area of research and practice, owing to its influence on the quality of services counsellors deliver. The objective of this study was to examine the relationship between self-care practices and vicarious posttraumatic growth among counsellors in Nairobi County. The study adopted a quantitative, correlational research design in which a proportionate sample of 306 participants responded to a closed-ended questionnaire. The study results revealed a significant relationship between self-care practices and vicarious posttraumatic growth among the respondents. Predictive relationship established that practicing balanced self-care had a 1.73 times likelihood to experiencing higher levels of vicarious posttraumatic growth. The study made recommendations on how to achieve balanced self-care practices to optimize vicarious posttraumatic growth.

**Keywords**—: Self-care practices, vicarious posttraumatic growth, counsellors,

## INTRODUCTION

The study examined the relationship between self-care practices and vicarious post-traumatic growth among counsellors in Nairobi County, Kenya. The content presented in this article includes the study background, statement of the problem, the study objective, methodology, findings, conclusions, and conclusions.

### Background of the Study

The counselling field has exhibited rapid developments during the second half of the twentieth century. Part of the recent developments includes adopting a more integrative approach that addresses fragmentation processes and interventions that plague the psychotherapies and adopting a biopsychosocial approach that is more evolutionary and contextual (Gilbert & Kirby, 2019; Gilbert, 2019). Based on the observation by Skovholt (2016), the counselling profession has been recognized as both challenging and rewarding despite counsellors having played critical roles in helping people to transform their lives. Counsellors' daily activities involve working closely with individuals presenting with psychological distress and suffering from various mental health disorders. The counselling work relies upon relational and emotional capacities that are drawn upon during therapy sessions. Laverdière et al. (2019) observed that researchers and clinicians

have increasingly directed their attention toward examining the emotional toll that psychotherapy may impose upon mental health professionals and the impact of such work on the quality of their professional life. The detriment of such situation calls for steps to enable counsellors develop vicarious posttraumatic growth rather than sinking into vicarious trauma.

De Vries and Olff (2009) noted that as much as 80% of the general population will experience a traumatic event in their lifetime. As such, between 82% and 94% of clients seeking therapy are estimated to have experienced at least one trauma in their lifetime, while between 31% and 42% report symptoms of posttraumatic stress (Howard et al., 2022). Mental health practitioners are most likely to come into contact with persons who have experienced at least one traumatic event. Psychotherapy can be emotionally charged, intense and involves the therapists' empathic engagement in the pain of their client. According to Helm (2010), therapists may find it challenging to maintain professional distance when exposed to the potent content of their clients' traumatic experiences, despite having been taught the principles of psychotherapy, which include the importance of professional boundaries.

Mental health counsellors are at danger of getting vicarious or secondary trauma because to the number of traumatic experiences they are exposed to (Rayner et al., 2020). Williams et al. (2012) noted that "the incidence of trauma in the United States has become immense and pervasive, [and] mental health counsellors are inevitably indirectly exposed to demoralizing stories of trauma, dis-empowerment, and abuse" (p.133). Working frequently with individuals experiencing undue turmoil in their lives can negatively affect counsellors, particularly those not adequately engaged in self-care practices and techniques. Several terms are used in reference to the indirect exposure to trauma including "vicarious traumatization", "secondary trauma stress", "compassion fatigue" and "burnout". Such terms describe the negative impacts of indirect traumatic exposure on the health and well-being of health-care professionals. In a survey of 339 psychotherapists, Aafjes-van Doorn et al. (2020) found that, respondents who took the Vicarious Trauma Survey (VTS), majority reported feeling more tired, about one-third felt less competent in their professional skills, and half said they were less able to emotionally connect with their clients, compared to before the pandemic. Overall, nearly 63% of those surveyed reported moderate levels of vicarious trauma.

More than 20 years of research have established the reality of vicarious trauma, but the body of work on the positive impact, known as vicarious post-traumatic growth, is relatively small. In adopting the positive psychology perspective, there is a growing body of evidence testifying to the positive psychological changes that can result from people's struggle with stressful and traumatic experiences. Helping professionals describe growth as a change in worldview, being more expressive emotionally in personal relationships with a new-found purpose and meaning to the trauma work (Bartoskova, 2017). Moreover, about 70% of trauma counsellors describe a positive reaction to their traumatic exposure, such as living life more fully, treating others differently and with more kindness and being more expressive emotionally in their own personal lives.

Just as in the case of the posttraumatic growth (PTG) experienced by victims of trauma, a study in South Africa by Manning-Jones et al. (2017) observed that working with trauma victims, increased practical wisdom, benevolence, self-worth, acceptance of others and faith in and appreciation of the activities they undertake. Counsellors are likely to change life goals and perspectives, client-inspired hope, increase self-awareness, resourcefulness and presence during their work. Existing literature shows that counsellors may experience completeness, kindness, positive emotional expressions in their personal lives as a result of providing counselling services (Michalchuk & Martin, 2019). PTG has been found to enable counselling professionals to identify positive consequences of their work including witnessing clients' growth, greater personal strength, positive character changes, and spiritual growth (Melaki & Stavrou, 2023). These changes are consistent with the posttraumatic growth often experienced by direct trauma survivors, hence validating the claim that participants were exhibiting a vicarious form of posttraumatic growth.

The British Association of Counseling and Psychotherapy describe self-care as an ongoing process of caring for oneself; making a conscious effort to do things that maintain, improve and repair mental, emotional, physical and spiritual wellness. The World Health Organization (WHO) definition states that self-care refers to activities that individuals undertake with the intention of enhancing health, working toward preventing disease, limiting illness and restoring health that will be beneficial to the individuals in their personal as well as their professional lives (World Health Organization, 2021). Self-care in addition refers not only to an engagement in various practices but also to the development of a caring attitude even to oneself (Kissil & Niño, 2017). According to Colman et al. (2016), self-care is not a luxury, but a clinical and ethical imperative in the mental health professions and is thus important in the understanding of one's potential effectiveness of various forms of self-care practices. Self-care has been associated with greater well-being, higher levels of positive affect, flourishing, and clinical performance, compassion satisfaction and quality of life.

The subject of self-care has however received relatively scanty attention in available documentation, having been subsumed under the rubric of social support and active and avoidance coping strategies. Harrison and Westwood (2009) have, for example, categorized self-care strategies among mental health therapists into six domains. The physical domain covers healthy eating and exercise, while the mental (embrace continued education and mindful awareness), emotional -personal therapy and trusting relationships, spiritual – meditation, meaning and purpose in life), aesthetic -noting beauty in life, and finally work-life balance – covers maintaining a healthy equilibrium. Zahniser et al. (2017) contends that overall, engagement in career-sustaining behaviours is linked to a greater sense of personal accomplishment and a lesser tendency to depersonalize clients. In fact, experienced mental health practitioners, or those who might be called master therapists, refer to self-care as a key aspect of professional functioning. Self-care strategies have been reported to protect against secondary traumatic symptoms, burnout and mental illness, as well as enhance the likelihood of vicarious posttraumatic growth.

The lack of comprehensive research on psychotherapists' self-care practices signals the need for extensive research that examines how self-care informs VPTG. The examination of professional counsellors well-being is needed in the context of a continuously evolving and ever-challenging mental health service business. In the context of a rapidly changing and an ever-challenging mental health service industry, the unflinching discussion of the well-being of professional counsellors is warranted. While international studies yield results on the relationship between self-care and positive changes within counsellors, there are no available studies that have investigated this relationship among Kenyan counsellors. It is on this premise that the researcher seeks to undertake a study to establish the extent to which a significant relationship exists between self-care practices and VPTG among counsellors in this country. An increased awareness of these relational aspects could guide future trainings and support for promoting this vital mental health resource.

Theories such as Orem's self-care theory emphasize the need for personal responsibility in well-being. Orem's theory postulates that self-care solely focuses on the undertakings instigated and executed by persons (for example, therapists) for their own well-being preservation. Orem (2001) defined self-care practices as activities that have to be initiated by the individual in order to sustain the wellbeing of self. Active self-care practice sustains human development and functioning. Such behaviours are learnt, and not only focus on requirements, but also generate stability amidst stressors, day-by-day undertakings, relaxation and time-out. Additionally, practising self-care activities promote and preserve human life, functioning and well-being. Another theory is the Organismic Valuing Theory by Joseph and Linley (2005, 2008). The theory is an integrative framework of posttraumatic growth grounded in an existential, humanistic and person-centred philosophy. It is governed by the fundamental premise that human beings are constantly striving towards higher levels of psychological functioning (Sanki & O'Connor, 2021). According to this

theory, humans have an innate ability to recognize what can significantly enhance their wellbeing. People constantly evaluate their experience, which motivates them to take action when they sense that it is not fulfilling their needs. According to Joseph and Linley (2008), the theory, when applied to one's cognitive experience following a traumatic event, can explain why some people appear unaffected and others negatively affected by the incidence, yet a third group demonstrates positive posttraumatic growth."

### **Statement of the Problem**

Counsellors and psychologists' daily activities involve working closely with individuals presenting with psychological distress and suffering from various mental disorders. Counsellors are tasked with helping their clients develop and evolve (Norcross & VandenBos, 2018). The routine exposure to traumatic content has immense negative effects on counsellors' overall decreased well-being, physical and mental health, and intimate relationships (Rizkalla & Segal, 2019). Counsellors' compromised well-being turn impede the quality of therapeutic relationships, service provision, and therapeutic outcomes (Delgadillo et al., 2018). Counsellors are expected to be empathic, understanding, and compassionate while controlling their emotional needs and responsiveness in dealing with their clients. While helping clients move towards well-being, practitioners can often overlook their own needs (Miller & Sprang, 2017). Most counsellors do not prioritize self-care can often be found at the end of a practitioner's to-do list hence indicating that it is not viewed as priority issue.

A few studies describe self-care and social support networks as important factors in preventing and alleviating vicarious trauma. Despite its immense importance in the welfare of counsellors, researchers and psychologists in Nairobi City County grant self-care relatively little attention. Yet, the value of empirical research focused primarily on the area of and role of self-care cannot be under estimated. Nairobi County is one of the most populace Kenyan Counties with a relatively higher number of counsellors handling a myriad of cases of traumatic nature. It is these important gaps that the study sought to fill by exhaustively examining self-care practices among counsellors within Nairobi City County and the extent to which they act as predictors of vicarious post traumatic growth.

### **Objective of the Study**

The objective of this study was to examine the relationship between self-care practices and vicarious posttraumatic growth among counsellors in Nairobi County, Kenya. The study's contextual scope was Nairobi City County. To achieve the study objective, the study was conducted among a sample of counselling professionals operating in Nairobi County using web-based, closed-ended questionnaires to collect and analyse quantitative data.

## **METHODOLOGY**

The study was founded on the positivist epistemology, thus, requiring the use of objective scientific methods and data to explain and understand phenomena. The research design for the study was quantitative, correlational survey design. Based on the definition by Taherdoost (2016), a correlational survey design investigates relationships between variables without the researcher controlling or manipulating any of them. The location of the study was Nairobi County, which harbours the capital city of Kenya. Nairobi County is one of the 46 counties in Kenya with a population of 4,397,073 covering an area of 696.1 km<sup>2</sup> (Kenya National Bureau of Statistics, 2019). The target population for the study was the 904 registered counsellors operating in Nairobi County (KCPA, 2023). Sample determination was done using Yamane's (1967) formula, which generated a sample size of 306 participants, including a 10% attrition.

Proportionate sampling was used to allocate the sample to various of fields of specialization. Proportionate sampling involves identifying different strata in a population and drawing a particular number of elements

from each stratum based on a given rate (Sharma, 2017). The sample size of 306 counsellors was distributed based on their percentages to the study. Once the sample was identified, random sampling technique was used to assign the participants to each category of KCPA’s registration statuses. The researcher employed a computer-based Random Number Generator to create a list of participants from each category (Papageorgiou, 2020).

The study used the Self-Care Assessment Worksheet (SCAW) and the vicarious posttraumatic growth (PTG) inventory to collect data from the sample of counsellors. A pre-test was populated among 31 participants to test the instrument validity and reliability. The test results coincided with Ibrahim et al.’s (2021) study that had confirmed the content validity of the content of the SCAW. Cadell et al. (2015) conducted a discriminant analysis using Confirmatory Factor Analysis and found that the difference of the chi-square statistics between the constrained and standard models is significant ( $\chi^2 > 3.84$ ,  $df = 1$ ,  $p > 0.05$ ), indicating high validity. The SCAW has a reliability of 0.75 (Ibrahim et al., 2021). The test-retest reliability analysis by Weekes (2014) using correlation analysis confirmed that the SCAW is a reliable instrument. The results for each domain of the SCAW were 0.83 (physical care), 0.78 (psychological care), 0.79 (emotional care), 0.91 (spiritual care), 0.79 (work/professional care), and balance (0.79).

A web-based questionnaire was used to collect data from the selected participants. The email was sent to the KCPA administrator to populate it to the counselling professionals in Nairobi County. Data collected was entered into the Statistical Package of Social Sciences (SPSS version 25), which played a key role in compiling and analysis of data to make it relevant. The data analysis process involved use of the SPSS commands to generate descriptive and inferential statistics.

Throughout the study, the researchers complied with the ethical requirements of scientific research, including, institutional authorizations (Tangaza University and NACOSTI), informed consent, confidentiality, and data safety.

## FINDINGS

The findings section presents the study results of analysing the relationship between self-care practices and vicarious posttraumatic growth among counsellors in Nairobi County, Kenya. The results presented in this chapter include the response rate, reliability statistics, participants’ demographic characteristics, and the analysis of the relationship.

### Response Rate

The study’s response rate was 72.2%. Out of the possible 306 respondents targeted, 81.4% ( $n = 249$ ) counsellors had responded to the online questionnaire by the end of the participation period, 9.2 percent ( $n = 28$ ) were considered spoiled due to being incomplete. The remaining 72.2 percent ( $n = 221$ ) were incorporated into the study.

### Sociodemographic Characteristics

TABLE 1 PARTICIPANTS’ SOCIODEMOGRAPHIC CHARACTERISTICS

Variables	Frequency	Percent
Respondent’s age categories		
21-30 years	21	9.5
31-40 years	70	31.7
41-50 years	81	36.7



51-60 years	42	19
61-70 years	7	3.2
Respondent's gender		
Male	66	29.9
Female	155	70.1
Respondent's highest educational level attained		
Form IV	2	0.9
Diploma/Bachelor	148	67
PG Diploma/Masters	69	31.2
PhD	2	0.9
Respondent's religious affiliation		
Christian	214	96.8
Islamic	6	2.7
Hinduism	1	0.5
Respondent's highest professional training		
Diploma/Higher Diploma	31	14
Undergraduate	128	57.9
Postgraduate	62	28.1
Respondent's years of work experience		
Under 5 years	35	15.8
6-10 years	60	27.1
11-15 years	47	21.3
Above 16 years	79	35.7

The frequency of respondents aged 41-50 years was higher at 36.7% (n = 81) compared to the respondents aged 21-30 years at 9.5% (n = 21), 31-40 years at 31.7% (n = 70), 51-60 years at 19% (n = 42) and 61-70 years at 3.2% (n = 7). Concerning the gender distribution, the frequency of female respondents was higher at 70.1% (n = 155) as opposed to male counterparts at 29.9% (n = 66). With reference to the respondent's years of work experience, the respondents who had worked for over 16 years were higher at 35.7% (n = 79) as against those who have worked for less than 5 years at 15.8% (n = 35), 6-10 years at 27.1% (n = 60), and 11-15 years at 21.3% (n = 47) being the minority.

### Relationship between Self-Care Practices and Vicarious Posttraumatic Growth

The study's aim was to analyse the relationship between self-care practices and vicarious posttraumatic growth of counsellors in Nairobi City County. The first step of the analysis was to generate descriptive statistics, including mean, standard deviation, skewness, and kurtosis to understand the dataset. Thus, the researcher analyzed the mean, standard deviation, skewness and kurtosis for each self-care practice. Table 1 indicates the distribution of the respondent's scores on SCAW.

TABLE 2 LEVELS OF SELF-CARE PRACTICES

Variable	Mean & Std. dev	Skewness	Kurtosis
Physical self-care	.376 ± (SD:.485)	.517	-1.748

Psychological self-care	.561 ± (SD:.501)	-.046	-2.016
Emotional self-care	.443 ± (SD:.498)	.229	-1.965
Spiritual Self-care	.443 ± (SD:.498)	.229	-1.965
Professional workplace self-care	.443 ± (SD:.498)	-.248	-1.956

Table 2 shows the descriptive statistics of the respondent’s scores on self-care assessment worksheet. The means and standard deviations show that there was a low variation of the responses that the participants selected. Skewness values range between -2 and +2, showing that the distribution was normal. Kurtosis values are negative, indicating that a shape flatter than normal. All the distributions except for psychological self-care are less than -2, which indicates that the distribution is too flat.

The study’s examination of the relationship between total self-care practice and total VPTG among the respondents generated a dot diagram, which indicates a linear distribution of the values along the curve. The distribution of the scores is as indicated in Figure 1.

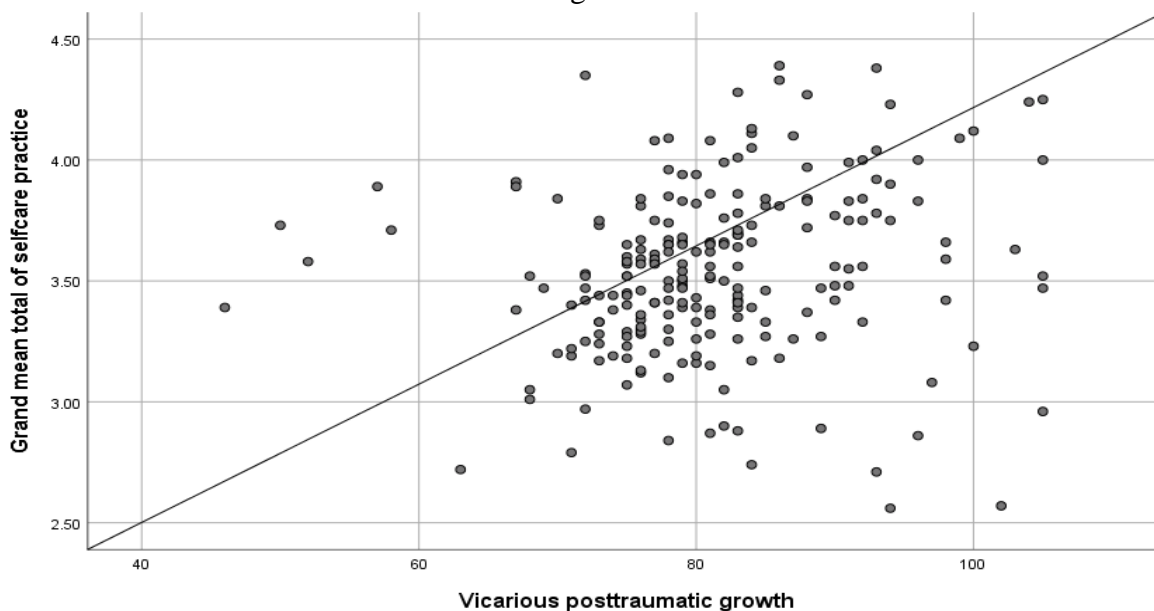


Fig. 1 Relationship between total self-care practices and total VPTG

Figure 1 shows a visual representation of how the total scores for each variable relates with each other. There is a positive insignificant relationship between self-care practices and vicarious posttraumatic growth among the respondents. Furthermore, the examination of the relationship between total self-care practice and total VPTG among the respondents indicated that emotional self-care and spiritual self-care exhibited a significant distribution.

TABLE 3 COEFFICIENT TEST OF LINEAR RELATIONSHIP BETWEEN SELF-CARE RELATIONSHIP AND VICARIOUS POSTTRAUMATIC GROWTH

	Vicarious posttraumatic growth	
Self-care practice	$\chi^2$	Sig.
Physical self-care	0.005	0.071
Psychological self-care	0.161	0.922

Emotional self-care	22.265	0.000
Spiritual Self-care	18.036	0.000
Professional workplace self-care	4.893	0.087

Note. Table presenting the contingency coefficient test of linear relationship between dimension of self-care practices and vicarious posttraumatic growth.

Table 3 shows physical self-care (p=0.071), psychological self-care (p=0.922), and professional workplace self-care (p=0.087) did not have a significant relationship with VPTG. On the other hand, emotional self-care (p=0.00) and spiritual self-care (p=0.00) had a significant linear relationship with VPTG.

This study was guided by two hypotheses, a null and alternate hypothesis. Pearson correlation test was conducted to ascertain whether there is relationship among the two variables. The findings of a two-tail test are shown in Table 3.

TABLE 4 TWO TAIL TEST BETWEEN SELF-CARE PRACTICES AND VPTG

Correlations			
		Grand mean total of self-care practice	Vicarious posttraumatic growth
Grand mean total of self-care practice	Pearson Correlation	1	.176**
	Sig. (2-tailed)		0.009
	N	221	221
Vicarious posttraumatic growth total	Pearson Correlation	.176**	1
	Sig. (2-tailed)	0.009	
	N	221	221

Note. \*\*. Correlation is significant at the 0.01 level (2-tailed). R = .176 \*\* p = 0.009.

Table 4 shows r=0.176 which shows a positive relationship between the variables. With this finding the Null hypothesis is nullified and Alternate hypothesis that asserted a possible relationship between the variables accepted. The scores indicate that an increase in one variable results to an increase in the other variable.

Binary logistic regression was conducted to test the predictability of practicing balanced self-care on higher level of VPTG.

TABLE 5 BINARY LOGISTIC REGRESSION TESTING THE PREDICTABILITY OF BALANCED SELF-CARE PRACTICES AND VPTG.

Estimates predictable parameters									
		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
Step 1 a	VPTG	.547	.254	4.649	1	.031	1.728	1.051	2.841
	Constant	-1.453	.652	4.965	1	.026	.234		

a. Variable(s) entered on step 1: Classification (Levels) of VPTG.



As shown on Table 5, findings indicate that practicing balanced self-care is a predictor of higher VPTG (AOR: 1.73; CI 95%: 1.051-2.841.  $p = 0.031$ ). This implies that the balanced self-care has the 1.73 times likelihood of predicting experiencing higher level of vicarious posttraumatic growth.

## DISCUSSIONS

According to the key findings of the study, there existed significant positive correlations within the dimensions of self-care. The significant associative impacts within the self-care dimensions signified an automatic increase in other self-care dimensions when one of the self-care dimensions was enhanced through associated practices. The study key findings were consistent with research conducted by Zahniser et al. (2017) which state that self-care served to safeguard against harmful stress inherent impact while enhancing great personal well-being and improved self-reported progress. The assertions by Zahniser et al. (2017) were consistent with the study arguments that a counsellor who is strong-willed towards improving a specific self-care dimension as a professional support system was capable of preserving the sustained awareness of their reactions and needs with a high susceptibility towards engaging in further self-care practices. This implied that causal and effect relationship existed within and between the variables.

Therefore, encouraged self-care among counsellors could result in significant positive results towards other self-care practices due to the trickle-down effect associated with being committed to a particular self-care practice. For instance, the study key findings indicated a very strong correlation between spiritual self-care practices and emotional self-care practices ( $r = .652$ ;  $p = 0.01$ ). The interpretation established that the strong associative impact between emotional self-care practices and spiritual self-care practices meant that counsellors that invested in cultivating their spiritual life reaped massively from enhanced mental health benefits which were considered an indicator for improved personal wellbeing. The findings reflect the tenets of Linley and Joseph's Valuing Theory, which state that human beings are constantly striving towards higher levels of psychological functioning by adopting activities that enhance that wellbeing. Based on the evaluation of their experience, they get motivated to execute actions that can enhance their experience (Joseph & Linley, 2008). It seems that the participants evaluated their vicarious posttraumatic growth and sensed that whatever they were doing was not fulfilling their needs, which motivated them to adopt particular self-care practices to improve their psychological functioning and wellbeing.

The key findings of the study established that there were contingency coefficients significant relationship between higher level of emotional self-care practices and higher level of vicarious posttraumatic growth ( $p = 0.00$ ). The result was consistent with the findings in the study conducted by Sadeghpour et al. (2020) which state that vicarious posttraumatic growth relates with personal strength, appreciation of life, new possibilities, spiritual change, and relating to others was attributed to positive and significant variations in emotional self-care ability. These statements shared similarities with the study's findings regarding the Pearson correlation test which revealed a positive strong correlation between emotional self-care and VPTG. The study by Sadeghpour et al. (2020) and Deaton (2020, p.2) relates vicarious posttraumatic growth with positive psychological changes that include "being more expressive emotionally in personal relationships, and a newfound purpose and meaning to the trauma work" which was a dependable unit of information applicable to the current study's key findings. Therefore, counsellors that were highly susceptible towards maintaining a compassionate and positive view of self and capable of positively negotiating internal and external demands to cope with tough situations, calm their nervous system, and boost their mood would experience high levels of vicarious posttraumatic growth after exposure.

On the other hand, the study's key findings found out that there was a significant linear relationship between the higher levels spiritual self-care and higher level of vicarious posttraumatic growth ( $p = 0.00$ ). The key

finding shared similarity with the study by Deaton (2020, p.5) that confirmed spiritual change or spirituality as “a domain acknowledging an individual’s experience of positive change through an existential lens” and was an area recognized for its posttraumatic growth. This was consistent with this study’s key finding regarding Pearson correlation test that revealed a positive and strong correlation between levels of spiritual self-care and VPTG. Positive changes in Nairobi Counsellors’ view of spirituality included changes in cognitive schemas since most of them indicated to strengthen their increased sense of intimacy, control, and finding meaning in the emotional context (Deaton, 2020). The finding’s understanding is that there was a very strong positive correlation between spiritual self-care practices and emotional self-care practices ( $r = .652$ ;  $p = 0.01$ ) as emphasized by Deaton (2020). Spirituality was acknowledged as a therapeutic resource capable of enhancing vicarious posttraumatic growth.

Finally, the implication of the study’s findings suggested that the higher the levels of self-care, the higher the VPTG. In terms of predictive relationship, this study found that practicing balanced self-care had a 1.73 times likelihood to experience higher levels of vicarious posttraumatic growth. Study findings by Sawyer (2023), Kinsella et al. (2020) as well as Trowbridge and Mische-Lawson (2016) acknowledged that mindfulness had the capacity for developing professional practice placement and enhancing a balance in self-care practices. Therefore, a balance in self-care practices strengthened the capability towards accepting present moments, enhanced the counsellors’ capacity for concentration and attention, and increased the professionals’ self-regulation capacities hence enabling a possession of greater compassion and self-awareness (Sawyer, 2023). Cuartero and Campos-Vidal (2019) confirmed that balanced practicing of professional and personal self-care reduced the levels of compassion fatigue and increased levels of satisfaction among practitioners hence would be considered beneficial to Nairobi Counsellors. As a validation, research findings were consistent with the study’s hypothesis testing results which found evidence to reject the null hypothesis and assert that there was a significant relationship between self-care practices and vicarious posttraumatic growth among Nairobi County counsellors.

## CONCLUSIONS

The findings on contingency coefficients signified a positive relationship between higher level self-care practices and posttraumatic growth among the counselling professionals in the study region. Remarkably, there was a significant relationship between higher level of emotional self-care practices and higher level of vicarious posttraumatic growth. Also, higher levels of spiritual self-care had a significant relationship with higher level of vicarious posttraumatic growth. The two dimensions of emotional self-care and spiritual self-care demonstrated a strong and positive between dimension correlations which can explain their significant influence on higher-level posttraumatic growth among counsellors in Nairobi County. Also, a balance in self-care practices resulted in increased likelihood to experience higher level posttraumatic growth. Therefore, the higher the level of self-care practices, the higher the level of posttraumatic growth among counsellors.

## RECOMMENDATIONS

1. The counselling professionals/practitioners in Nairobi County should engage themselves more in self-care practices to enhance their personal strength and resilience required for their improved health and wellbeing in the profession.
2. The counselling discipline/industry should consider providing opportunities for counsellors to practice self-care.
3. Counsellor training/educational institutions should integrate sensitization activities into education facilities could increase the likelihood of practicing self-care practices for professionals with less than 16 years’ work experience and who might be young in age (fresh from learning institutions).
4. Policymakers should formulate policies encouraging reduced vulnerability, spiritual advancement,

and religious competency within the counselling practice and also be integrated into education establishments' curriculum.

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