

Psychological Wellness and Self-Care as an Ethical Imperative

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Why Self-Care?

- Distress
- Burnout
- Vicarious Traumatization
- Burnout
- Impaired professional competence

Distress

- Distress: The subjective emotional response an individual experiences in response to any of a number of challenges, demands, and stresses in one's life (Barnett, Johnston, & Hillard, 2006).

Burnout

- Burnout: What Baker (2003) describes as “the terminal phase of therapist of distress” (p. 21).
- Emotional exhaustion, depersonalization, and a decreased sense of accomplishment.

- Freudenberger (1984) described burnout as “a depletion or exhaustion of a person’s mental and physical resources attributed to his or her prolonged, yet unsuccessful striving toward unrealistic expectations, internally or externally derived (p. 223).

Vicarious Traumatization

- Vicarious traumatization (secondary traumatic stress, compassion fatigue, co-victimization) described by Figley (1995) and others.
- Clinicians who work with victims of trauma are at increased risk of this developing.

- Symptoms include intrusive thoughts and images related to the client's disclosures, avoidant responses, physiologic arousal, somatic complaints, distressing emotions, and addictive or compulsive behaviors that may adversely impact one's competence.

Competence

- The knowledge, skills, attitudes, and values needed to practice effectively and in accordance with prevailing professional standards.
- Establishing, maintaining, and losing competence.
- Competence, its natural decay, and what we can do about it.

Impaired Professional Competence

- Distress left unchecked may result in an impaired ability to effectively utilize and implement our knowledge, skills, and abilities.
- May be a gradual process and fall on a continuum.
- The line between distress and impairment may only be seen in the rearview mirror.

Impaired Competence in Practice

- Seventy five percent of psychologists acknowledged experiencing distress in the previous three years, 36.7% acknowledged that it adversely impacted the quality of care provided to clients, and 4.6% acknowledged that care provided was inadequate as a result of distress experienced (Guy, Poelstra, & Stark, 1989).

- Similarly, Pope, Tabachnick, and Keith-Spiegel (1897) found 59.6% of mental health clinicians surveyed acknowledging working when too distressed to be effective.
- Yet, 85% of them acknowledged that doing so was unethical.

Why?

- Personal Factors and Vulnerabilities.
- Professional Factors and the nature of our work.
- Professional Blind Spot.
- The invisible line between personal and professional.
- Psychotherapist as major component in therapeutic change.

Work Factors

- Work Factors: Setting, client type, lack of progress, chronic conditions and relapses, on-call schedules, crises, suicide attempts, violent and aggressive clients, managed care, administrative requirements professional isolation, fear of malpractice claims and ethics complaints, difficulties collecting fees, etc.

Personal Factors, Vulnerability, blind spots, and risk factors

- Personal Factors: Family, health, financial, relationship, mental health, substance abuse, and related issues.
- Each of these can impact our current functioning and psychological wellness and must be appropriately addressed to avoid a negative impact on our functioning and on the quality of care we provide our clients.


Challenges Throughout the Career

- Graduate students: The impossible situation. Practice good self-care, but do a great job on every assignment, turn them in on time, do research, see clients, make money, have a life, ...
- Early career: starting a practice or career and starting a family. Expectations and time pressures.
- Mid career: Raising a family, finances, running a practice, seeking tenure, (divorce, remarriage, blended families?), etc.
- Later career: Raising a family, caring for aging parents, retirement planning, declining health, etc.

Who Becomes a Psychologist?

- Dysfunctional motivators (Guy, 1987).
- History of emotional, physical, or sexual abuse, family dysfunction, and substance abuse in up to 50% of all psychologists (Racusin, Abramowitz, & Winter, 1981).
- Continuation of primary caretaker role and potential for mastery of chaotic environments (O'Connor, 2001).

Blind Spots

- Highly educated, experts in understanding emotional functioning, relationships, and psychopathology.
 - We provide treatment to others.
 - We're the professionals, not the patients!
 - Focusing on others' issues and needs (and not our own).
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What Does the APA Ethics Code Have to Say about all this?

- Principle A: Beneficence and Nonmaleficence: “Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (p. 1062).

Standard 2: Competence

➤ 2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence (p. 1063).

➤ 2.06 Personal Problems and Conflicts

- (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
- (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related activities. (p. 1064)

The Self-Care Imperative

- Self-care as an ethical imperative.
- Self-care and psychological wellness.
- The role of self-monitoring and self-awareness.
- Maladaptive coping strategies.
- Attending to our emotional, physical, and spiritual needs.
- Positive career sustaining behaviors.

The Role of Awareness

- Self-reflection on an ongoing basis.
- Honesty about the impact of stressors on our functioning and wellness.
- Know your personal warning signs – boredom, anger, daydreaming, wishing you were somewhere else, ending sessions early, arriving late, missing or canceling appointments, feeling fatigued, loss of enjoyment, low motivation, impaired sleep, self-medicating.

Integrate Self-Care into your Daily Life

- Barnett and Sarnel (2003) recommend:
- Make adequate time for yourself.
- Do things you enjoy.
- Take care of yourself physically and spiritually.
- Say NO!
- Don't isolate yourself.
- Keep in mind that self-care is a good thing.

- Watch out for warning signs, such as violating boundaries, self-medicating, wishing patients would not show up, finding it difficult to focus on the task at hand, boredom, fatigue, missing appointments.
- Watch out for distress, burnout, and impairment in your colleagues.
- Conduct periodic distress and impairment self-assessments and seek help when it is needed.
- Focus on prevention.
- Make time for self-care!

- Seek out personal psychotherapy.
- Use colleague assistance programs.
- Participate in peer support groups.
- Accept that you're human, in need of assistance, and a work in progress.
- Don't try to be perfect, to have it all, or to do it all. Know your limits and be realistic.
- Strive for balance (a moving target and aspirational goal at best)

➤ Now, go have some fun, take a walk, visit a museum, spend time with friends, take a nap, relax, enjoy what Boston has to offer,

and be sure to get to every interesting presentation and event at the convention, get all the CE credits you need for the year, get the most out of every minute, be sure to exercise each morning, ...