

# Self-Care and Wellness for Psychotherapists & Trainees

Jeffrey E. Barnett, PsyD, ABPP  
Grace Homany, B.A.  
Loyola University Maryland

1

We have no conflicts of interest to disclose.

The opinions and views expressed in this presentation are original unless citations are provided. Today's presenters are not speaking on behalf of, or expressing positions of, any organization with which they are or have been affiliated.

2

## Learning Objectives

After attending this presentation participants will be able to:

1. Explain the role of self-care for maintaining professional competence and preventing burnout.
2. Explain self-care challenges at each stage of one's career.
3. Explain the steps to develop a personal wellness promotion plan.

3

## Self-Care

- Those actions and practices that help us to maintain our effective functioning and promote our wellness.
  - Self-care requires an awareness of one's experience and balance.
- Self-care is a skill and should be an integrative lifelong commitment.
- Self-care is imperative for providing ethical and competent care to clients.
  - Self-care is not a selfish or narcissistic act.
- Self-care is a core competency that must develop early in clinical training.

Baker, 2003; Barnett et al., 2007

4

Self-Care is the pursuit of wellness and balance in each of these areas:



### Emotional

Practicing emotional awareness, reflection, and honesty.



### Physical

Daily exercise, healthy diet, sleep routines.



### Spiritual

Religious practice, faith communities, belief systems.



### Relational

Engaging with social, familial, collegial connections.

**Psychologists are ethically obliged to uphold psychological wellness so as to provide appropriate care and prevent harm to clients.**

Barnett et al., 2007

5

## Common Challenges

- **Client factors:** client type, lack of progress, chronic conditions & relapse, crisis management, suicide attempts, violent & aggressive clients.
- Professional blind spots.
- Blurred boundaries, role reversal, abuse of trust, & the slippery slope
- Our role in therapeutic change.
- **Workplace factors:** administrative requirements, malpractice threats, work setting, professional isolation, financial pressure.
- Invisible line between personal and professional
- **Personal factors:** Caretaking roles, personal history, desire to solve problems and help others rather than self.

Cooper, 2010; O'Connor, 2001; Racusin, Abramowitz & Winter, 1981

6

## Distress

- The subjective emotional response an individual experiences in response to any of a number of challenges, demands, and stresses in one's life.
- Distress is something we experience to some extent regularly; distress is experienced on a continuum.
- Distress can manifest as vicarious traumatization when working with certain populations.
- Why would we overlook or ignore distress?

(Barnett, Johnston & Hillard, 2006).

7

## Burnout

© Original Artist  
Reproduction rights obtainable from  
www.CartoonStock.com



- The terminal phase of distress left unchecked.
- "A depletion or exhaustion of a person's mental and physical resources attributed to their prolonged yet unsuccessful striving towards unrealistic expectations, internally or externally derived" (Freudenberger, 1984; p. 223).
- Associated with mental and physical health problems.
- Characterized by:
  - Emotional exhaustion
  - Depersonalization
  - Loss of sense of personal accomplishment

Baker, 2003; Lee & Ashforth, 1993; Lee et al., 2011

8

## What Self-Care is NOT

- Something to start after you notice difficulties arising within your practice.
- Another item on a never-ending to-do list.
- Limited to expensive, time-consuming all-day retreats.
- An optional activity done only when all other work is complete.
- An activity that must be done in private or in isolation.
- Not a social (media) obligation.

9

## Maladaptive Coping Strategies

- Working longer hours, cutting the therapy hour to less than 50 minutes, or seeing multiple clients with no breaks in between.
- Taking fewer vacations, working on days previously requested off, allowing client contact at all hours.
- Sacrificing personal health needs such as sleep, exercise, or diet.
- Self-medicating: alcohol, drugs, food, caffeine, nicotine, other substances.
- Ignoring warning signs such as exhaustion, apathy, frustration, or illness in hopes these feelings will “solve themselves.”

10

## Self-Care as an Ethical Obligation

**Principle A: Beneficence & 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.

**Standard 2.03: Maintaining Competence:** Psychologists undertake ongoing efforts to develop and maintain their competence.

**Standard 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 determining whether they should limit, suspend, or terminate their work-related activities.

American Psychological Association, 2011

11

## Professional Competence

- **Competence:** The knowledge, skills, attitudes, & values needed to practice effectively and in accordance with prevailing professional standards and the ability to implement them effectively for the client's benefit.
- We can establish, maintain, expand, and lose competence.
- The goal is not exhaustive competence in every clinical area, rather adaptation, use of resources, and awareness of strengths and weaknesses in our professional competence.

12

## Problems with Professional Competence

- Decline in ability to effectively utilize and implement existing knowledge and skills.
- This decline is a gradual process with several contributing factors.
- Impairment may only be evident in hindsight.
- Self-monitoring is a poor method of assessing competence; the most impaired individuals are often least likely to consider themselves impaired (Kruger & Dunning, 1999).
- Declining competence or impairment will look different for each clinician, consider a sliding scale on the continuum between factors contributing to burnout and impairment.

13

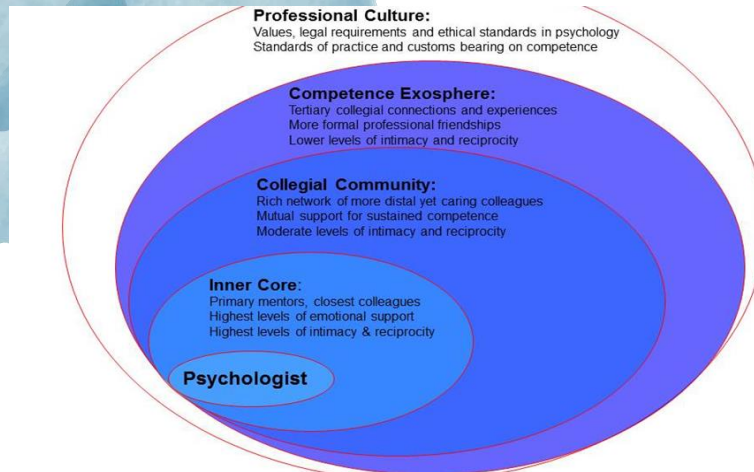
## A Collaborative Culture

- The ethics code emphasizes personal responsibility requiring self-monitoring, self-awareness, and ongoing self-assessment, BUT existing literature highlights how ineffective we are at self-monitoring and self-assessment.
- If our competence is declining, compromised, or impaired, how are we supposed to uphold competent self-assessment?
- We must create a collaborative culture of self-care, with a network of competent colleagues and reliable mentors and/or supervisors who model appropriate behavior and are invested in our capacity to thrive.

Johnson et al., 2012; 2013

14

## The Competence Constellation



15

## Challenges Across the Career

### » Graduate Clinicians

Balance classes, dissertation, internship, finances, clients, social life.

### » Early Career Psychologists

Starting a practice, a family, a job, repaying loans, growing a client base and professional network.

### » Mid-Career Psychologists

Raising a family, running a practice, saving for retirement, supervisory roles, seeking tenure.

### » Late Career Psychologists

Retirement planning, declining health, ongoing professional commitments.

16



## Self-Care in the Graduate School Environment a crucial & challenging developmental phase

- Graduate clinicians may believe self-care is something to develop once they have established themselves professionally; too often self-care practices are developed too late.
- Professional identities developed in graduate school include routines of practice. These routines ought to include professional self-care.
- Graduate students may see clients in a variety of settings, so fostering ongoing competence is an important facet of their growth and development.
- Graduate students have resources available, from cohort-members, to faculty advisors, supervisors, and campus wellness programs. There are many support systems available to access and integrate into a well-rounded self-care routine.
- Graduate students should be encouraged to make use of campus resources, work collaboratively, and create a culture of self-care modeled by their faculty & advisors.

17

## Developing Your Self-Care Strategy

### ● Self-Monitoring

Be aware of your emotions and reactions. Be honest about your needs. What are your warning signs?

### ● What's working?

What do you find enjoyable, relaxing, or rejuvenating? When are these things accessible? Who do you enjoy them with?

### ● What's missing?

Are there personal or professional areas where you'd like more support? What feels difficult? What feels easy? How often do you try something new?

### ● What can I change?

What are maladaptive coping strategies you fall back on? What do/ don't you control in your personal/ professional environment?

18

## Creating a Self-Care Plan

- Write a list of the challenges, demands, difficulties and stressors in your life at present.
- Write out your warning signs of the negative effects of stress and distress you have experienced at different times.
- Write a list of resources in your life that may be of use to you in coping with your identified stressors -Identify current and future resources in this list. Plan ahead and remember to make use of the people you identify.
- Write out the self-care activities you presently are using and then the additional ones you might add. Include activities you no longer use, you may want to revisit them in the future.
- Construct a time budget of a week. Consider your fixed expenses (sleep, meals, commutes, hours at the office, time for grocery shopping/ essential errands), use the remaining time budget to input expenses that are optional but desirable to you (social commitments, alone time, volunteering, religious commitments, free-time).
- Pad your time budget to remain operating around 80% capacity, this will allow you the flexibility to handle unplanned events or emergencies that may otherwise require sacrificing planned activities.

19

## Self-Care Plan

- Fill in all your mandatory time requirements and activities such as sleep, mealtimes, personal hygiene, transportation time to and from work, work hours, etc. Include time for self-care activities such as exercise, hobbies, etc.
- Make a list below of all your optional and desired activities and use of time such as date night, attending religious services, doing volunteer work (remember not to over-schedule yourself), etc.
- Fill in your optional activities. These can change each week.
- Make changes to the time budget as circumstances dictate. Don't steal time from your mandatory activities to add more optional ones in your week.

	SUN	MON	TUES	WED	THURS	FRI	SAT
12:00am							
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							

20

## Secrets to Success

- Consider personal psychotherapy.
- Participate in peer support groups, colleague assistance programs, and regular consultation and/or supervision.
- Challenge your “have-to’s.”
- Get comfortable saying “no.”
- Avoid the comparison trap.
- Show yourself the empathy you show your clients. Use skills beyond session for yourself too.
- Understand that balance is an aspirational moving target but keep working towards it (flexibly). Be forgiving and be honest with yourself and your network of support. Understand that no human is an island, and you are a work in progress.

21

## References

- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. (2002, amended effective June 1, 2010 and January 1, 2017). <https://www.apa.org/ethics/code/>.
- Baker, E. K. (2003). Caring for ourselves as psychologists. *The Register Report*, 28, 7-10.
- Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38, 603-612.
- Barnett, J. E., Johnston, L. C., & Hillard, D. (2006). Psychotherapist wellness as an ethical imperative. In L. VandeCreek & J. B. Allen (Eds.), *Innovations in clinical practice: Focus on health and wellness* (pp. 257-271). Professional Resources Press.
- Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155-163. doi:10.1007/s10615-007-0091-7
- Cooper, N. (2010). A Closer Look at Distress, Burnout, Stressors, and Coping in Psychologists Today. Unpublished Doctoral Dissertation. Loyola University Maryland.
- Fruendenberger, H. J. (1984). Impaired clinicians: Coping with burnout. In P. A. Keller & L. Ritt (Eds.), *Innovations in clinical practice: A source book* (Vol 3., pp. 223-227). Professional Resource Exchange.
- Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress*, 28, 83-91.
- Huprich, S. K., & Rudd, M. D. (2004). A national survey of trainee impairment in clinical, counseling, and school psychology doctoral programs and internships. *Journal of Clinical Psychology*, 60, 43-52.

22

## References cont'd.

- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist*, 67(7), 557-569.
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2013). The constellation competence model: A communitarian approach to support professional competence. *Professional Psychology: Research and Practice*, 44(5), 343-354.
- Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology*, 77(6), 1121-1134.
- Lee, R. T., & Ashforth, B. E. (1993). A further examination of managerial burnout: Toward an integrated model. *Journal of Organizational Behavior*, 14, 3-20.
- Lee, J., Lim, N., Yang, E., & Lee, S. M. (2011). Antecedents and consequences of three dimensions of burnout in psychotherapists: A meta-analysis. *Professional Psychology: Research and Practice*, 42, 252-258.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as psychotherapists. *American Psychologist*, 42, 993-1006.
- Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and wellbeing for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice*, 43(5), 487-494.

23

## Self-Care Plan

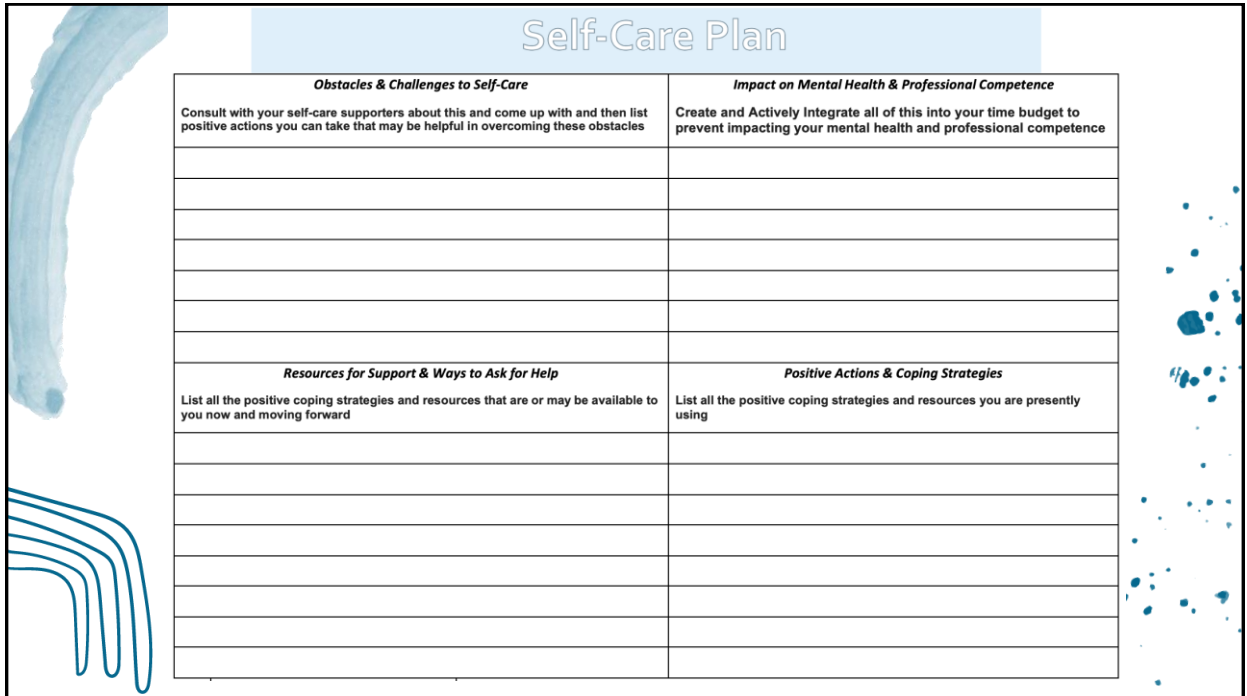
### Professional Challenges/ Demands/Stressors

List all your current challenges, stressors, and demands in your professional life and how they are impacting or affecting you


### Personal Challenges/ Demands/Stressors

List all your current challenges, stressors, and demands in your personal life and how they are impacting or affecting you

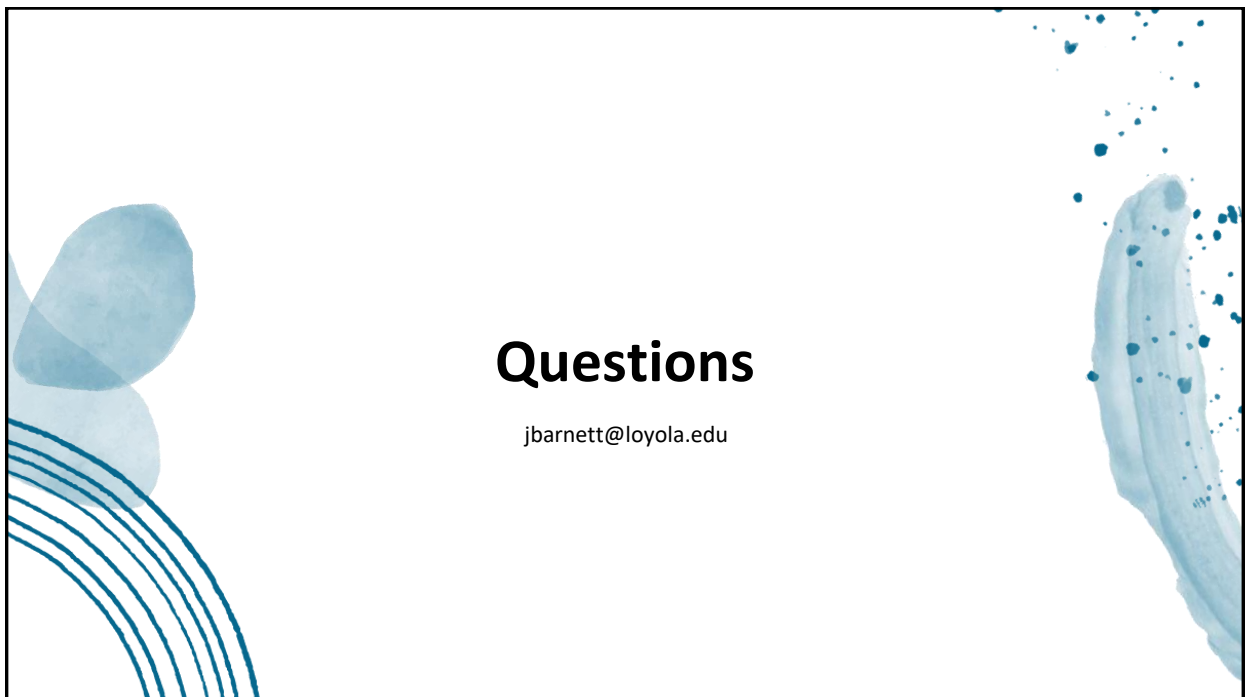

24



## Self-Care Plan

<b>Obstacles &amp; Challenges to Self-Care</b>	<b>Impact on Mental Health &amp; Professional Competence</b>
Consult with your self-care supporters about this and come up with and then list positive actions you can take that may be helpful in overcoming these obstacles	Create and Actively Integrate all of this into your time budget to prevent impacting your mental health and professional competence
<b>Resources for Support &amp; Ways to Ask for Help</b>	<b>Positive Actions &amp; Coping Strategies</b>
List all the positive coping strategies and resources that are or may be available to you now and moving forward	List all the positive coping strategies and resources you are presently using

25



# Questions

jbarnett@loyola.edu

26