Who Cares? Barriers, Benefits and Resources in Colleague Assistance and Self-Care

APA Advisory Committee on Colleague Assistance (ACCA)

2009 APA Convention, Toronto, Canada
What you should do: Rx for Self-Care

- Exercise 30 minutes a day
- Get 8 hours of sleep every night
- Have a balanced case load
- Maintain work-life balance
- Monitor your stress-level
- Stay Connected with Friends

Any Questions??
What Are We Waiting For?

JUST DO IT.

Trademark of Nike, Inc.
Self-Care: Yeah, Yeah, Yeah, Yeah…

• **As Psychologists: What We Know**
  – The practice of Psychology is a uniquely stressful career
  – A balanced life enhances our personal and professional lives
  – Self-care is an ethical mandate
  – It’s beneficial to begin self-care practices early in our careers
Self-Care: Yeah, Yeah, Yeah, Yeah…

- **As Psychologists: What We Do:**
  - Put our clients’ needs above our own
  - Overextend ourselves
  - Minimize the impact of our clients’ distress on ourselves
  - Take our work home with us
  - View sleep as expendable
  - Plan to begin exercising, tomorrow
  - Engage in unhealthy coping strategies
Dilbert Consultation

MILT, YOU HAVE A WIFE AND KIDS. HOW DO YOU FIND TIME TO DO EVERYTHING YOU NEED TO DO?
Dilbert Consultation

I HAD TO GIVE UP A FEW THINGS, SUCH AS EXERCISING AND EATING HEALTHY FOOD.
Dilbert Consultation

by Scott Adams

THAT SOUNDS DANGEROUS.

NAH. THE KIDS ARE TRAINED TO USE THE DEFIBRILLATOR.
Psychologists’ Awareness of SPTA Colleague Assistance Programs

- Does your state province or territory have a colleague assistance program for psychologists?

(N = 465)
ACCA Mission

Threefold Mission:

1) Recognizing and investigating the unique occupational vulnerabilities of psychologists and their need for colleague assistance to promote effective coping strategies, wellness, prevention, & the ethical importance of healthy self-care

2) Promoting the development and continuation of state-level colleague assistance programs and peer assistance networks

3) Developing proper, informed relationships between state ethics committees, boards of examiners, and colleague assistance programs for the benefit of the professional and the public
## Personal & Professional Challenges: Degree of Disruption in Functioning

<table>
<thead>
<tr>
<th>Problem/Challenge since doctorate ($N = 437$)</th>
<th>At least “Somewhat”</th>
<th>“Not At All” or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Dealing with insurance/managed care</td>
<td>41%</td>
<td>33%</td>
</tr>
<tr>
<td>2) Overly challenging work-life balance</td>
<td>38%</td>
<td>27%</td>
</tr>
<tr>
<td>3) Physical health issues</td>
<td>21%</td>
<td>48%</td>
</tr>
<tr>
<td>4) Family issues</td>
<td>24%</td>
<td>40%</td>
</tr>
<tr>
<td>5) Burnout or compassion fatigue</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>6) Death, loss, or grief</td>
<td>20%</td>
<td>43%</td>
</tr>
<tr>
<td>7) Professional isolation or lack of social support</td>
<td>19%</td>
<td>54%</td>
</tr>
<tr>
<td>8) Anxiety</td>
<td>16%</td>
<td>48%</td>
</tr>
<tr>
<td>9) Intimate relationship issues</td>
<td>16%</td>
<td>58%</td>
</tr>
<tr>
<td>10) Finances or debt</td>
<td>15%</td>
<td>60%</td>
</tr>
<tr>
<td>11) Starting an independent practice</td>
<td>15%</td>
<td>65%</td>
</tr>
</tbody>
</table>
## Personal & Professional Challenges: Disruption in Functioning II

<table>
<thead>
<tr>
<th>Problem/Challenge since doctorate ((N = 437))</th>
<th>At least “Somewhat”</th>
<th>“Not At All” or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12) Academic or research pressures</td>
<td>12%</td>
<td>73%</td>
</tr>
<tr>
<td>13) Depression</td>
<td>11%</td>
<td>61%</td>
</tr>
<tr>
<td>14) Vicarious Trauma</td>
<td>9%</td>
<td>67%</td>
</tr>
<tr>
<td>15) Personally traumatic event (e.g., natural disaster)</td>
<td>9%</td>
<td>76%</td>
</tr>
<tr>
<td>16) Discrimination (e.g., age, ethnicity)</td>
<td>9%</td>
<td>76%</td>
</tr>
<tr>
<td>17) Ethical issues (e.g., dual relationships)</td>
<td>4%</td>
<td>79%</td>
</tr>
<tr>
<td>18) Retirement</td>
<td>7%</td>
<td>84%</td>
</tr>
<tr>
<td>19) Licensing Board or Ethics complaint</td>
<td>3%</td>
<td>92%</td>
</tr>
<tr>
<td>20) Addictive/compulsive behaviors (excluding alcohol &amp; drugs)</td>
<td>2%</td>
<td>93%</td>
</tr>
<tr>
<td>21) Alcohol or other substance abuse</td>
<td>2%</td>
<td>96%</td>
</tr>
</tbody>
</table>
# Coping Responses I: Professional Support

<table>
<thead>
<tr>
<th>Response to Challenge (N = 430)</th>
<th>Helped at least “Somewhat”</th>
<th>Never Used/Tried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talked to a colleague</td>
<td>91%</td>
<td>7%</td>
</tr>
<tr>
<td>Received psychotherapy</td>
<td>45%</td>
<td>35%</td>
</tr>
<tr>
<td>Received formal supervision</td>
<td>26%</td>
<td>49%</td>
</tr>
<tr>
<td>Took psychotropic medication</td>
<td>18%</td>
<td>68%</td>
</tr>
<tr>
<td>Talked to a physician</td>
<td>15%</td>
<td>55%</td>
</tr>
<tr>
<td>Contacted/used EAP</td>
<td>2%</td>
<td>91%</td>
</tr>
<tr>
<td>Contacted/used CAP</td>
<td>1%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Complexity of Self-Care

There is no one model of self-care for all, integrating self-care should not be one more stress, nor are we to be fearful but instead use facts to help us flourish.

Reflect on what unique values are meaningful to you
See later Assessment on Self-Care (Bridgeman, 2008)

Explore factors that contribute to your feelings of rewarding engagement professionally and personally

Our unique self-care process is not in isolation of ongoing issues

It is a sign of wisdom not weakness to do self-assessments, access assistance, use coping strategies, sustain wellness & to know our needs change throughout our life and career.
Coping Responses II: Self-Care

<table>
<thead>
<tr>
<th>Response to Challenge (N = 430)</th>
<th>Helped at least “Somewhat”</th>
<th>Never Used/Tried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintained balance between personal &amp; professional lives</td>
<td>75%</td>
<td>4%</td>
</tr>
<tr>
<td>Sought support from friends/peers</td>
<td>69%</td>
<td>6%</td>
</tr>
<tr>
<td>Participated in hobbies</td>
<td>67%</td>
<td>9%</td>
</tr>
<tr>
<td>Increased amount of exercise</td>
<td>63%</td>
<td>10%</td>
</tr>
<tr>
<td>Sought support from family</td>
<td>61%</td>
<td>13%</td>
</tr>
<tr>
<td>Used spiritual resources</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>Spent more time/effort on work</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td>Reduced Clinical Load</td>
<td>30%</td>
<td>37%</td>
</tr>
<tr>
<td>Went to a “body worker” (e.g., massage therapist, DC)</td>
<td>24%</td>
<td>52%</td>
</tr>
<tr>
<td>Used self-help books/materials</td>
<td>25%</td>
<td>42%</td>
</tr>
<tr>
<td>Sought spiritual or religious guidance</td>
<td>12%</td>
<td>70%</td>
</tr>
<tr>
<td>Avoided work-related tasks</td>
<td>10%</td>
<td>47%</td>
</tr>
<tr>
<td>Stopped working</td>
<td>5%</td>
<td>80%</td>
</tr>
<tr>
<td>Attended self-help or 12-step program</td>
<td>4%</td>
<td>87%</td>
</tr>
<tr>
<td>Entered inpatient psych/drug/alcohol program</td>
<td>&lt; 1%</td>
<td>95%</td>
</tr>
</tbody>
</table>
The Wisdom of Self-Care

• Pope and Vasques (2005): “the goal is not simply to survive, but to thrive in practice and as psychotherapists”
  – Achieving optimal wellness/functioning, not just avoiding burnout

• Current emphasis on promoting balance for our clients (and thus for ourselves):
  – Importance of prevention & relational connectedness
  – Advent of positive psychology
  – Awareness of benefits of resilient/protective-like qualities and mind/body connection

• These all point to maintaining wellness as not only acceptable, but wise, & reaching out as not shameful, but smart!
## Benefits of Self-Care for Psychologists: Professional & Personal

<table>
<thead>
<tr>
<th>Professional</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Career experience yields confidence</td>
<td>More secure financially</td>
</tr>
<tr>
<td>(2) Benefits of personal therapy</td>
<td>Benefits of personal therapy</td>
</tr>
<tr>
<td>(3) Support of professional affiliations</td>
<td>Support enhances sense of self</td>
</tr>
<tr>
<td>(4) Stability of relationship</td>
<td>Support enhances sense of wellbeing</td>
</tr>
<tr>
<td>(5) Awareness of professional boundaries</td>
<td>Awareness of personal boundaries</td>
</tr>
<tr>
<td>(6) Children enhances developmental Perspective</td>
<td>Joy &amp; richness of own children</td>
</tr>
<tr>
<td>(7) More authentic professional competence</td>
<td>More comfortable with self</td>
</tr>
<tr>
<td>(8) More flexible with professional approach</td>
<td>More flexible in personal connections</td>
</tr>
<tr>
<td>(9) Importance of diverse professional activities</td>
<td>More balance in personal life = Harmony</td>
</tr>
<tr>
<td>(10) Not needing to have “all” answers</td>
<td>More tolerate of others</td>
</tr>
<tr>
<td>(11) Achieved recognition in career</td>
<td>Less need for recognition</td>
</tr>
<tr>
<td>(12) Awareness of strengths/limitations</td>
<td>Comfortable with self</td>
</tr>
<tr>
<td>(13) More realistic goal setting</td>
<td>More realistic goal setting</td>
</tr>
<tr>
<td>(14) Less professional feeling of responsibility</td>
<td>Better at letting go</td>
</tr>
<tr>
<td>(15) Better at emotional regulation</td>
<td>Better at emotional regulation</td>
</tr>
</tbody>
</table>
Self-Care Promotes Flourishing Personally & Professionally

- **Builds resilience** – Prevents disease, injury or trauma
- Protects our quality of caring
- Promotes psychological and physical health and well-being
- Increases capacity for empathy
- Improves functioning of immune system
- Protects therapist by reducing occupational hazards (e.g., Burnout)
- Models healthy behavior for clients
- Protects client by reducing risks of ethical violations
- Self-esteem grows out of self-care processes
Psychologists looking at ourselves through a psychological lens: Barriers to Self-Care

- Cognitive distortions
- Limiting beliefs
- Role conflict
- Low self-efficacy
- Denial
- Repression
- Unresolved issues
- Family of origin
- Over-identification with role function
Self-Care Barriers

- Lack of awareness of needs (Barnett & Sarnel, 2005)
- Emphasis on disease & problems, not prevention
- Must do it all to get ahead (Williams-Nickelson, 2006)
- May seem self-serving - made to feel guilty (Carroll et al., 1999; Faunce, 1990)
- Faculty and peers may question level of academic and professional dedication (Williams, 2001)
- Don’t know how to do it (Sapienza & Bugental, 2000)
- Believe our training insulates us from risk (Barnett et al., 2007)
- Not incorporated into training (Tart, 1992; Williams, 2001)
- Not believing in our own ideas and theories enough to model/live a wellness lifestyle (Fuselier, 2003)
## Barriers to Psychologists’ use of Colleague Assistance & Self-Care

**How much of a barrier? (N = 427)**

<table>
<thead>
<tr>
<th>Perception</th>
<th>At Least “Somewhat”</th>
<th>“Not At All”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>40%</td>
<td>39%</td>
</tr>
<tr>
<td>Privacy and/or confidentiality concerns</td>
<td>25%</td>
<td>58%</td>
</tr>
<tr>
<td>Don't know about available resources</td>
<td>19%</td>
<td>70%</td>
</tr>
<tr>
<td>Shame, guilt, or embarrassment</td>
<td>18%</td>
<td>60%</td>
</tr>
<tr>
<td>Lack of motivation, energy, or interest</td>
<td>18%</td>
<td>59%</td>
</tr>
<tr>
<td>Can not afford (financial constraints)</td>
<td>18%</td>
<td>66%</td>
</tr>
<tr>
<td>Minimization or denial of issues</td>
<td>17%</td>
<td>57%</td>
</tr>
<tr>
<td>Fear of loss of professional status</td>
<td>15%</td>
<td>71%</td>
</tr>
<tr>
<td>Worry about what could happen</td>
<td>15%</td>
<td>69%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>14%</td>
<td>72%</td>
</tr>
<tr>
<td>Discouragement or hopelessness</td>
<td>11%</td>
<td>74%</td>
</tr>
<tr>
<td>Fear of licensing board actions</td>
<td>6%</td>
<td>88%</td>
</tr>
</tbody>
</table>
Continuum of Stress

Stressor(s) $\rightarrow$ Distress $\rightarrow$ Impairment $\rightarrow$ Improper Behavior

- Prevention
- Intervention
- Sanction
The Myth of Invincibility

- Meeting the needs of others at the expense of self
- Stress is perceived as something to be overcome rather than reduced
- A perceived expectation with which most of us unconsciously indentify
The Myth of Invincibility

- Observed “invincibility” behaviors:
  - Impose unrealistic expectations upon self
  - Work harder and longer hours to offset guilt or shame
  - Push ourselves to the limit without knowing or clearly identifying the nature of our limitations
  - Avoidance of asking for help
  - Self-sacrifice in relation to idealized standards/demands: perfectionism

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Stress-Vulnerability Process

Stressors ➔ Coping Resources ➔ Self-Regulation Loop

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Self-Regulation Process

Choose to act (or not act) and in what way

Steady State: Stressors ≤ Coping Resources

Decreased Stress

Reflect, notice, and pay attention

Stressors > Coping Resources

Support, Flexibility, change engaged

Recovery

Early warning signs noticed

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Stress-Vulnerability Process

- Stressors
  - Ethical Violations
  - Substance Abuse
  - Depression/Anxiety
  - Burnout
  - Psychological Impairment
  - Compromised Client Care

- Coping Resources

- Symptoms

- Conditions
  - Diminished Judgment
  - Dysfunction Intersection

Self-Regulation Loop

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“You look far too relaxed. Around here you’re expected to stress for success.”
Wellness & Self-Care: Moral & Ethical Imperatives

• APA Ethics Code – Principle A:
  – “Psychologists strive to be aware of the possible effect of [our] own physical and mental health on [our] ability to help those with whom [we] work.” (APA, 2002, p. 3)
  – Awareness is an important first step towards wellness

• Pursuit of Wellness:
  – **Wellness** is “the enduring quality in one’s professional functioning over time and in the face of professional and personal stressors” (Coster & Schwebel, 1997)

• Self-Care:
  – Self-care practices are necessary to maintain optimal wellness in the face of occupational and personal stress
  – If you don’t practice self-care, you risk harming clients
Helper as Sufferer: What increases psychologists’ risk?

- **Motivations for becoming a psychologist**
  - Some enter profession with known physical or psychological vulnerabilities
    - Family of origin issues – Childhood trauma or abuse reported in 33% - 66% of female mental health professionals

- **Challenging and intense nature of our work** and our therapeutic relationships may increase the risk for stress, distress, and impairment

- Role identification as helper

- Professional/ clinical responsibility for clients

- Empathic engagement as helping professionals
Pay Attention to Early Warning Signs: The Harbingers of Distress

- Perfectionism and excessive rumination
- Keeping excessive work hours (50+)
- Emotional/physical exhaustion
- Sleep disturbance
- Anxiety/depression/ anger directed toward self
- Irritability/angry outbursts
- Feeling guilty when taking time off
- Financial pressures
- Inability to take on additional tasks
- Feelings of helplessness/ loss of control
Stress and Early Warning Signs: The Harbingers of Distress

- Professional disillusionment/ cynicism
- Chronic partner/ clinic conflict
- Having to address and resolve ethical dilemmas
- Malpractice litigation/ legal difficulties
- Significant other conflict
- Separation/divorce
- The dysfunction junction: the intersection of our vulnerabilities with a dysfunctional environmental/ interpersonal context
Self-Care = Wellness + Resilience + Mind/Body Health

- Emotional/Psychological Self-Care
- Physical Self-Care
- Spiritual Self-Care
- Intellectual Self-Care
- Relational/Social Self-Care
- Workplace/Professional Self-Care
Promoting Self-Care in Professional Psychology

- Normalizing Culture of Self-Care in Psychology
  - Open discussion of occupational stress, distress, temptations, via training programs and in PAs
- Training/Teaching/CE about self-care, professional burnout, vicarious traumatization, compassion fatigue, boundary management
- Establish and maintain professional connections that offer an opportunity to discuss the specific nature and stressors of your work
- Tap into peer consultation – consult, consult, consult
- Early self-referral before actionable violations have occurred
Personal Action Plan for Self-Care

• Give yourself permission to make personal and professional self-care a priority today, not tomorrow
• Early and honest identification of your psychological and physical health
• Adopt a long-range perspective, recognizing it’s a moving target and you will have different needs at various stages of your career
• Acquire a therapeutic professional coach/therapist to help you metabolize stress
• Resist the temptation to isolate. Identify sources of social support and use them. Increase interaction with family members and peers.
Personal Action Plan for Self-Care

• Focus on what you can control
• Develop realistic and reasonable expectations about work and your capabilities at any given time
• Pay attention to emotional data
• Engage in activities that balance work, rest & play
• Find time for activities that are personally restorative such as walking with a friend, going to the farmers market, exercising, pleasure reading, massage, looking at the sunset
• Take regularly planned vacations or appropriate breaks from work in which you are being “fed”
Personal Commitment?

• Care for the caretakers
• Tailor a plan that meets your individual circumstances and needs
• What works for you?
• Just do it!
Self-Care Assessment

Balance, Boundaries & Benevolence:
The Complexities of Psychologists’ Self-Care, Coping & Wellness - Bridgeman, 2008

• Even experts need support and reminders. As psychologists, and experts in the field of human behavior, we show wisdom not weakness by integrating healthy self-care strategies into our regular schedules by periodically assessing our level of wellness, and by accessing assistance when needed.

• This informal assessment will assist in assessing your needs throughout the various phases of your personal and professional development, so you can due diligence with respect to your self & family, your clients and the ethics of our profession.

Copies of this 3 page assessment are available to take with you.


