

The CAP Monitor

To serve the interests of the public and guide the profession of psychology.

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Self-Care: An Ethical and Professional Requirement

By Richard J. Spelliscy

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Self-care for psychologists is more than a personal issue; it is an ethical and professional requirement. "Self-care entails a myriad of strategies designed to address stressful working conditions as well as to ensure more sustainable well-being" (British Psychological Association, 2006). The College of Alberta Psychologists' Standards of Practice (2005) highlights the importance of psychologists addressing issues that could impair their professional judgment. In addition, other service organizations specifically reference self-care as an ethical imperative (American Counseling Association, 2005). This emphasis is based on both clinical and scientific evidence that the psychologist, like the treatment methodology, can directly impact treatment outcomes (Wampold & Brown, 2005).

Other concerns centre on the potential effects impaired clinical judgment can have on existing and future therapeutic relationships. Baker (2003) highlights that the historical distinction between self-awareness, self-regulation, self and others in our personal and professional lives is no longer relevant. "In reality these categories are somewhat arbitrary. Our mind, body and spirit; our connection with self and with others; and our professional selves... interact in infinitely complex ways" (p. 1).

The ethical codes of the American Psychological Association (APA, 2002) and the Canadian Psychological Association (CPA, 2000) directly speak to the issue of self-care. The APA's Code of Ethics (2002) encourages psychologists to be conscious "of the possible affect of their own physical and mental health on their ability to help those with whom they work" (p. 3). Standard 2.06 concerning Personal Problems and Conflicts is more directive and pragmatic:

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 duties.

The Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000) under Principle II: Responsible Caring - Competence & self-knowledge provides similar guidance. Specifically, psychologists should:

II.11 Seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others.

II.12 Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others (p. 17).

The College of Alberta Psychologists' Standards of Practice (2005) provides parallel direction within the context of impaired judgment under the rubric, Impaired Objectivity and Dual Relationships:

14(1) Psychologists shall not undertake or continue a professional relationship with a client when they know or should know that

their judgment is impaired due to mental, emotional or physiological conditions or as a result of pharmacological or substance abuse.

(2) If a condition referred to in subsection (1) develops after a professional relationship has been initiated, psychologists shall obtain professional assistance and determine whether they should limit, suspend or terminate the professional relationship.

(3) If it is necessary to limit, suspend or terminate the professional relationship, psychologists shall do so in an appropriate manner by notifying the client and assisting the client in obtaining services from another professional.

Psychologists, as a result, may risk professional sanction if they fail to address vulnerabilities that could lead to impaired practice. The above views are shared by the British Psychology Society (2006) in its Core Competencies in Clinical Psychology (CCCP). According to this CCCP guide, psychologists should demonstrate "high-level skills in managing a personal learning agenda of self-care, and in critical reflection and self-awareness..." (p. 2). Norcross and Barnett (2008) echo this belief that "self-care is (no longer)... restricted to intervention after professional competence has been compromised, it is a continuous, proactive process throughout our careers" (p. 23). As a result, self-care activities are more correctly viewed as part of maintaining competency and should be an integral part of continuous learning plans of psychologists. Norcross and Barnett reiterate that "psychologists can effectively

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Resources CAP Publications

Available on a cost-recovery basis from the College office as well as on our website:

- a) copies of CAP professional guidelines for psychologists (individually or as a package)
 - Addressing Recovered Memories
 - Advertising and Other Public Communication
 - The Use of Aversive Techniques in Behaviour Management
 - Child Custody Assessment
 - The Control and Use of Tests by Psychologists
 - Non-Discriminatory Practice
 - Release of Confidential Information: Special Issues in Client and Third Party Requests
 - Service Fees for the Provision of Copies of Client Files
 - Psychological Evaluations for Child Protection Decisions
 - Limits to Confidentiality and Consent for Services: Special Issues in Working with Minors and Dependent Adults
 - Dual Roles: Guidelines for Conducting Assessments and Providing Therapy with the Same Client
 - Supervisors and Registered Provisional Psychologists
 - Informed Consent: Ethical Guidelines, Principles and Standards
- b) "Status of Regulatory Documents in the Regulation of the Psychology Profession in Alberta"
- c) "Receiving Services from a Registered Psychologist..." (brochure)

On-Line Resources

The College's website at www.cap.ab.ca serves two purposes: communication with the public and communication with College members. The website is updated regularly and is a good source of information for everyone.

Other useful websites for CAP members:

- *Health Professions Act*, www.gov.ab.ca/qp
- Psychologists' Association of Alberta, www.psychologistsassociation.ab.ca
- Canadian Psychological Association, www.cpa.ca
- Association of State and Provincial Psychology Boards, www.asppb.org
- Office of the Information and Privacy Commissioner. www.oipc.ab.ca

Self-Care: An Ethical and Professional Requirement concluded

by Richard J. Spelliscy

avail themselves of multiple self-care strategies unencumbered by theoretical dictates tailored to their unique resources, vulnerabilities and environments" (p. 27). The authors also provide sage advice to psychologists in exploring self-care options, i.e., to "be broad, flexible and content sensitive in replenishing yourself" (ibid, p. 27). Their 12 self-care strategies are reported later in this issue of the Monitor. They are adapted from their *Guide to Psychotherapist Self-Care* (2007).

Summary

- Overall self-care for psychologists is an ethical and professional requirement.
- It is also an essential component to ensuring one is competent to engage in professional practice.
- Self-care is a process that is integral to a psychologist's ongoing continuing competence.

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Use of title

Registered members of the College are reminded that, with the change in the legislation governing the profession of psychology in Alberta to the Health Professions Act, there is a change to the "title" for regulated members. The term "chartered psychologist" is no longer recognized in Alberta. Psychologists should now refer to themselves, verbally and in writing, as "Registered Psychologists." The abbreviation is "R.Psych." Similarly, registered provisional psychologists should use the title "Registered Provisional Psychologist" (no abbreviation). For more detail, please review the Practice Bulletin entitled "Public Statements About Academic and Professional Credentials," found on the CAP website.

Frequently Asked Question in *Registration*

Question:

"How can I prepare for the Oral Examination in Psychology?"

Answer:

"The questions that will be asked and the suggested responses are provided in the Oral Examination Application Form. It is up to the examinee to review and become familiar with all documents referenced in the suggested responses and tailor them to their own experience. All referenced documents can be found on the College website at www.cap.ab.ca."

Examination Results

Examination for Professional Practice of Psychology

A total of 31 candidates wrote the EPPP examination between October 1, 2008 and January 5, 2009. Results were:

Pass: 64.5%
Fail: 35.5%

Oral Examinations

A total of 22 candidates undertook the oral examination in October. Results were:

Pass: 92.5%
Fail: 7.5%

EPPP APPLICATION CHANGE!

Provisional Psychologists should take note that the process for applying for writing the EPPP has changed! Please refer to the information on page 8 of this issue of The CAP Monitor for details.

Register Updates

New Members

Congratulations and welcome to the 33 new registered psychologists who have been added to the Register between **October 1 and December 31, 2008**.

Timothy Baragar	Hayli Stock
Kimberly Brodeur	Rose Ann Swanson
Annette Colangelo	Shelly Teske
Daelynn Fraser	Debra Wack
Jennifer Garinger	Katherine Waller
Cheryl Gilbert MacLeod	Mary Westcott
Kathleen Gingras	Brice Willis
Lyndsey Hampton	Michael Zwiers
Heather Heywood	
Eva F. A. Holden-Laarman	
Kathryn Holleran	
Nina Hornjatkevyc	
Deborah Hunter	
Jason Jordan	
Koreen Kerswell	
Megan McCormack	
Christine Mercure	
Treva Penney	
Cherie Peterson	
Veronique Pouliot	
Kathleen Robinson	
Kevin Ruddell	
Maria Schmid	
Jennifer Short	
Cindy Shyback	

Reinstatements

Registered Psychologists
Neta Howard
Patricia Hughes

Provisional Psychologist
Linda Forde

Questions?

You may direct your queries to the College through the "Contact Us" page on the CAP website: www.cap.ab.ca

Putting your question in writing reduces the likelihood that your query will be misinterpreted and allows us to provide you with the most clear response.

News & Announcements

Committee News

Credentials Evaluation Sub-Committee

Ali Al-Asadi reappointed as Panel Chair. Shirley Karseboom appointed as a new member.

Oral Examinations Committee

Sharon Blott appointed as a new member.

Publication Committee

Harvey Brink and Jim Canniff reappointed as members.

Council

Goodbye and Best Wishes to Barry Ashton who was a valued public member.

Thanks!

Each of the volunteers named in this section is very much appreciated - in fact, the work of the College could not continue without their active participation.

Opportunities to Get Involved—Volunteers Needed!

The College of Alberta Psychologists relies on member volunteers to effectively fulfill its mandate as a regulatory body.

If you wish to be considered for service on a College committee, please complete and submit the Application for Committee Service, which is available on the CAP website under the “Members Only” tab. Completed applications can be directed to the Registrar at the College office.

All committee appointments will be made by Council. Members who volunteer for committee service are expected to participate in at least 50% of the meetings or panel sittings.

CAP Communications Survey

YOUR VOICE IS IMPORTANT!

A survey about the College’s communication strategy is now available on-line!

Just click “Members Only” at the top of the homepage (www.cap.ab.ca), log in, and look for “CAP Questionnaire” on the left panel. It will only take a few minutes to complete.

If you prefer a paper format of the survey, please contact the College by phone at (780) 424-5070 / 1-800-659-0857 or e-mail at psych@cap.ab.ca.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!

The Ethics of Self-Care

by Jon K. Amundson & Associates, Independent Practice

Within the practice of professional psychology, there are foundational and functional domains of competency (Rodolfa et al., 2005). While the functional domains represent what we do specifically (i.e., intervention, assessment, consultation, teaching, research, supervision, or administration), the foundational domains pertain to how we ought to think generically (i.e., reflective practice/self-assessment, scientific knowledge/method, relationship skill, ethical/legal appreciation, cultural diversity, or systemic appreciation). Within the foundational domains exists the ethical imperative (Barnett et al., 2006) which is related to self-assessment and self-care. Drawing upon ethics and standards of practice, the professional psychologist is foundationally admonished to attend to themselves regarding not only assessment of their functional domains of competency - "What in practice am I prepared to do?" - but also their own state of mind.

By state of mind, we refer to "the Principle of Responsible Caring" in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000) where not only are we cautioned to mind our well-being:

II.11 Seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others,

But to also,

II.12 Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others.

In other words, self-assessment seems to mean not only "if in a less-than-professional state of mind, we ought to be sufficiently self-aware to get out"; but, better, to engage in self-care which would likely prevent such loss of competency in the first place.

There is, however, regardless of these standards much in the literature on

disability and denial in psychologists. It is apparently more the rule than the exception that problematic behaviour is denied rather than addressed at the personal level. An abundance of research demonstrates not only the presence of problems (Brodie & Robinson, 1991; Figley, 1995; Sherman & Thelen, 1998), but greater vulnerability to stress/risk in psychologists than within the general population (Sherman, 1996). Hence, a call has been made for,

... a change in the culture of self-care in our field and an acculturation process or model for accomplishing it (Handelsman, Gottlieb, & Knapp, 2005).

This call for change is aspirational; the goal to attend to oneself as a means to attend to others. A Jungian once said to me that the tool of therapist is their self and, like any quality tool, must be attended to - "cleaned," "sharpened or tuned up," or "carefully protected," etc. However, much of the self-care discourse is cast in the light of impending dysfunction. For example, not only is there evidence that psychologists through the nature of their job are at greater risk for stress-related problems, but that psychologists have histories of pre-dispositional vulnerability. Pope (1994) and Pope and Feldman-Summers (1992) report that two of three female and one of three male mental health therapists report a history of physical or sexual abuse; and it is generally acknowledged that there is a far greater percentage of detrimental variables within personal histories of mental health professionals than the population at large. Hence, self-assessment has involved for the most part keeping a check upon the dark angels of our soul. In fact, Coster and Schwebel (1997) point out a vast literature on impairment exists,

... focusing upon prevalence (of impairment) (Good, Thoreson, & Shaughnessy, 1995; Guy, Poelstra, & Stark, 1989; Pope, 1987; Pope & Tabachnick, 1994; Thoreson, Miller, & Krauskopf, 1989); the availability of intervention resources in the psychological community (Abel, Osborn, & Warberg, 1995; Foreman, 1987; Menninger, 1991; Shoener, 1995;

Skorina, Bissel, & De Soto, 1990; Strasburger, Jorgenson, & Sutherland, 1992; Thoreson & Skorina, 1986); and the development of new interventions (Strasburger, Jorgenson, & Randles, 1990) (p. 5).

These somewhat gloomy concerns and perhaps unrealistic expectations for personal awareness and self-evaluation support promulgation of conceptual and idealistic goals. This friendly, open, sharing, and peer supportive environment that some envision (O'Connor, 2001) as early intervention or antidote to distress is, nonetheless, apparently yet to be realized (Barnett & Hillard, 2001; Sherman, 1996; Welch, 1999). Nonetheless, there is another way to think about self-assessment and competency; this is by beginning at the other end and thinking more about well-functioning or "best practice standards" psychologists.

While aspirational goals and the ideas of a supportive and kinder remedial professional world are inspiring, there is a more pragmatic dimension to the self-reflective or self-care admonition. When identifying practitioners admired in their role or function within professional psychology, it was discovered that aside from a high degree of professional investment, there were collateral components of interest or activity in their lives. Coster and Schwebel (1997) identify a number of individuals defined by peers as "well functioning, licensed professional psychologists in specialties of clinical, counseling or school" (p. 3). In their findings, they identify not only a plethora of activities within the professional context, i.e., things like supervision, peer support, affiliation with a graduate school or department, personal psychotherapy, or continuing education, etc., but also:

- presence of meaningful relationships with spouse/partner/family and friends and extra-professional relationship;
- activism within not only the professional but larger community and related institutional affiliation; and
- balance in the largest sense in one's life through social, cultural, or religious affiliation, avocational commitment,

The Ethics of Self-Care by Jon K. Amundson continued

health pursuit, physical activity, etc.

These commitments are referred to as “positive career sustaining behaviors” (Barnett et al., 2007). And, to the point here, are not simply pleasant suggestions but actual correlates of psychologists who are well thought of by their peers. Self-care then is not something that ought to be triggered by distress, stress, or burnout, but rather the antidote to such and the companionable behaviours of best-practice psychologists!

Psychologists are trained to sustain the pressure associated with deep human relationship: the stress, the success, the failure, the error, the correction, the joys and disappointments of being “super close” to people. In order to do this, they must maintain a degree of fitness - what we called earlier a particular state of mind. This ought not to be taken for granted or played off of as a natural talent. Like competency to run a marathon, training for professional endurance is necessary. To have the curious mind that can sustain human contact at high-level effectiveness requires sustenance. In fact, the curious, active, diversified, and sustained mind is the characteristic of the admired practitioner.

Dewey (1939) says that in our daily lives and professional work,

... grown ups permit themselves to become stale; they fall into ruts of experience and are contend with what happens in these ruts. To children the whole world is new: there is something thrilling to the healthy being in every contact and it is eagerly sought for, not merely passively awaited and endured. There is no single faculty call “curiosity”. Every single organ of sense and of motor activity is alive/active. It wants a chance to be active and it needs some object in order to act. The sum total of these outgoing tendencies constitutes curiosity. It is the basic ingredient in enlargement of experience and therefore a prime ingredient in the germs that are to be developed into reflective thinking

(p. 615).

When students ask me what would be most useful in order to become a psychologist, I generally respond by suggesting they go collect a lot of curious experiences. I suppose that I ought also to finish this article by suggesting that in self-reflection when we ask ourselves “what ought we to do to achieve best practice standards?” we may too admonish ourselves to engage in self-care through pursuit of curious experiences in the world at large.

Dr. Jon K. Amundson practices what he preaches.

Not only has he acquired facility with a couple of languages, and held a black belt in martial arts, he has also written and published on and taught fly fishing, skied 90 km with 10,000 other skiers in race in Sweden, and paddled from Molokai to Oahu.

In addition, he competes in marathon and outrigger canoe racing at national and international levels of competitions. Aloha!

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New Application Process: Examination for Professional Practice in Psychology (EPPP)

The EPPP process has changed. Effective from November 17, 2008, candidates are no longer required to submit the Professional Examination Service (PES) application form and the lilac scannable application form to the College. Candidates are only required to submit the College of Alberta Psychologists (CAP) administration application form and the administrative fee of \$170.00 to the College. Once the application is received and processed, the College will send the candidate a letter with instructions on how to apply for the EPPP exam online. This application form is available on the College website <www.cap.ab.ca> under "Register as a Psychologist."

The Association of State and Provincial Psychology Boards (ASPPB), with the assistance of PES, has developed an online application system (PsyIMS System) to register for the EPPP. When a candidate receives notification from the College that he/she is eligible to apply for the exam, he/she may proceed with the online application process outlined in the letter from the College. Within 48 hours of completing the application form

and submitting the examination fee, the candidate will receive an "authorization-to-test" letter by e-mail. This letter will contain the information needed to schedule the examination. The candidate will then be able to call a toll-free number, which will be provided, to schedule the examination at a nearest Prometric testing centre.

The scannable application form will still be available for those candidates who do not have access to the online system. Due to the cost of maintaining parallel processing systems, an additional fee of \$50.00, payable directly to PES, is required from those candidates who choose to use this scannable application form rather than the online form.

Candidates must take the EPPP within 60 days of the date on the "authorization-to-test" message provided by PES. If they do not take the exam within this 60-day period, they will be removed from the eligibility list. Candidates will then be required to complete a new CAP administration application form, pay the administrative fee of \$170.00, and complete the EPPP online application

process again as outlined above.

The PsyIMS System will automatically dispatch an e-mail to inform candidates that their score is available on the PsyIMS candidate webpage for their viewing only. These scores are available approximately every two weeks. The College will also send a letter advising candidates of their exam score.

Candidates may apply for the oral examination as soon as they have received their pass score from PES. If a candidate does not pass the examination, he/she will be required to submit a new CAP administration application form to the College, pay the administrative fee of \$170.00, and begin the application process again as outlined above.

Please contact Shenade Finnestad with any questions about this new process at s.finnestad@cap.ab.ca

PRACTICE PERMIT RENEWAL FOR 2009/10 FISCAL YEAR!

Members should receive their application to renew their Practice Permit for the upcoming 2009/10 fiscal year in early February. The Health Professions Act requires the College to issue practice permits for members. Without a valid practice permit, members cannot engage in the practice of the profession. If you have not received your application by the end of February, contact the college office immediately! To ensure your application for renewal is processed in a timely and efficient manner, please note the following:

- a **completed** Application for Renewal of Practice Permit **must be completed and received** at the College office **by March 31st**.
- Members will be asked to complete a declaration regarding criminal record on the application.
- Members must also provide evidence that they maintain professional liability insurance in an amount of at least \$1,000,000. We do not require a copy of your insurance documents; rather, members must fill out a portion of the renewal application regarding their insurance. *Members may have adequate coverage from an agency or institution that they work for. However, members who also engage in private practice must maintain liability insurance for work engaged in outside of the agency or institutional setting.*
- A **late fee** of \$100 will be assessed to all renewal applications received after March 31, 2008. The College office mails the renewal application forms no later than the 1st of week of February each year. If you have not received your notice by the end of February, you should call the office to follow-up. If you have a change of address, please contact the college office immediately to request a new practice.

Also look for a pilot of the Continuing Competence Program declaration with the 2009/10 Application for Renewal of Practice Permit.

Self-Care as Ethical Imperative

by John C. Norcross, Ph.D., and Jeffrey E. Barnett, Psy.D.

Portions of this article were adapted with permission from Leaving It at the Office: A Guide to Psychotherapist Self-Care (Guilford Press, 2007).

Positive ethics focuses the psychologist on constantly striving to achieve the highest ethical standards of our profession (Barnett, 2007). It eschews efforts to do the minimum, to get by, to avoid negative outcomes. It is guided by a series of aspirational virtues that we strive to achieve throughout our careers (Knapp & VandeCreek, 2006).

These virtues include:

- ◆ beneficence: doing good and providing maximum benefit to those psychologists serve
- ◆ nonmaleficence: avoiding exploitation and harm of patients and those associated with them
- ◆ fidelity: being faithful to the explicit and implicit obligations psychologists have to their clients
- ◆ autonomy: promoting each client's independence of us over time and not creating increased dependence on us through our actions
- ◆ justice: providing fair and equal treatment, and access to treatment, to all individuals
- ◆ self-care: providing adequate attention to our own physical and psychological wellness so that we are effectively able to implement the preceding virtues (Beauchamp & Childress, 2001).

In this article, we address the latter ethical imperative: self-care. Our principal aims are first, to remind busy psychologists of the personal and professional need to tend to their own psychological health, second, to review the ethical principles and standards associated with self-care, and third, to outline 12 evidence-based methods to do just that.

The Paradox and the Irony of Self-Care

Suppose you came upon a man in the woods working feverishly to saw down a tree. "What are you doing?" you ask. "Can't you see?" comes the impatient reply. "I'm sawing down this tree." You exclaim: "You

look exhausted!" "How long have you been at it?" The man replies: "Over five hours, and I'm beat! This is hard work." You inquire: "Well, why don't you take a break for a few minutes and sharpen that saw? I'm sure it would go a lot better." The man replies emphatically: "I don't have time to sharpen the saw. I'm too busy sawing!"

Now impose that identical encounter onto a typical practicing psychologist. You see the psychologist working feverishly evaluating, treating, and assisting patient after patient. "What are you doing?" you ask. "Can't you see?" comes the impatient reply. "I'm helping distressed patients." You exclaim: "You look exhausted!" "How long have you been at it?" The psychologist replies: "Over five hours, and I'm beat! This is hard work." You inquire: "Well, why don't you take a break for a few minutes and replenish yourself? I'm sure it would go a lot better." The psychologist replies emphatically: "I don't have time to replenish myself. I'm too busy!"

That is the paradox of self-care: no time to sharpen the saw! The tale, incidentally, comes from Stephen Covey's (1989, p. 287) The 7 habits of highly effective people. It is so easy to see and diagnose it in other people; it is so hard to get off the treadmill ourselves.

Existential-humanistic psychotherapists Sapienza and Bugental (2000, p. 459) put the self-care paradox bluntly: "Many of us have never really learned how to take the time to care and to nourish ourselves, having been trained to believe that this would be selfish.... Nor have most psychologists taken the time to develop compassion for themselves, and compassion for their wounds."

Not that psychologists oppose self-care; far from it. Instead, we are busy, multitasking professionals dedicated to helping others but whom frequently cannot locate the time to help ourselves. Clients, families, paperwork, colleagues, students, and friends frequently assume priority. The ideal balance of caring for others and for ourselves tends to favor

the former.

The point segues into the irony of psychotherapist self-care: Not availing ourselves of what we provide or recommend to clients. We oftentimes feel hypocritical or duplicitous - suggesting to others that they work less, exercise more, renew themselves, and so forth - while we do not take our own advice. How often do we sit with patients encouraging them to "relax and take a vacation," while calculating our lost therapy revenue and airfare and concluding we can't afford to take the time away from the office right now (Penzer, 1984)?

A representative example from one of our workshop participants: "I had the ergonomic person here yesterday for an analysis in my office thanks to back pain that signals something negative to me. When I had to answer her questions about my amount of work, vacation, etc., it was embarrassing! How could I possibly with a good conscience give a talk on stress management when I behave as I do?" (On a positive note, the person optimistically concluded that "I'm assuming the universe is sending me needed messages and that your reminder e-mail about self-care is yet another.")

It is easier to be wise and mature for others than for ourselves. If you are still feeling a little hypocritical, sheepish, or guilty about not practicing what you preach, then join us and the crowd. We are far more adept at recommending self-care to others than practicing it ourselves, as our families and friends will readily attest. We are in no position to moralize.

Mental health professions frequently enter the profession out of a great desire to help others in a meaningful way. Most clinicians acknowledge the gratification they experience in assisting others to overcome challenges in their lives. Yet, this focus on the needs of others complicates our balancing act: effectively caring

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for ourselves while caring for others. Without our own ongoing self-care, we become increasingly more limited in our ability to effectively assist others. It is vital to strike a balance between ongoing self-care and our caring for others

Psychotherapists frequently comment on the cruel irony of giving to clients what they deprive their families. One psychotherapist (Penzer, 1984, p. 54) notes the dissonance of “spending several hours a day playing Uno, Checkers, and War in the name of play therapy and coming home in the evening and casting my children’s requests aside in the name of fatigue.” Another colleague was conducting psychotherapy with a harried middle-aged father one evening and focusing on the father’s need to spend more time with his son and daughter. Alas, the therapist was seeing patients four evenings a week and ignoring his own young children! Many psychotherapists will candidly admit to giving more time, energy, and devotion to their practices than to their spouses, children, or themselves (Penzer, 1984). Take thine own medicine.

Just as being a lawyer does not necessarily make one more honest and being a physician does not necessarily make one healthier (Goldberg, 1992), so too does being a psychotherapist not make one automatically more proficient at self-care. In fact, tis frequently the converse in a profession in which people enter “to help others.”

The Ethics of Self-Care

Almost every ethics code of mental health professionals includes provisions about the need for self-care. (Not the ethics code of psychiatry, by the way)

The 2002 version of the APA ethics code, for example, instructs psychologists to maintain an awareness “of the possible effect of their own physical and mental health on their ability to help those with whom they work” (p. 1062). Awareness is a critical first step, but much more is needed. Awareness alone, to paraphrase Freud, is like providing a starving person with only a dinner menu.

Standard 2.06 (Personal Problems and

Conflicts) goes on to state (p. 1063):

- (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 duties.

The American Counseling Association’s (2005) Code of Ethics, for another example, enjoins counselors to “engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (p. 9). Further, the Code states “Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment....” (p. 9).

Such ethics standards focus on existing problems and conflicts, which certainly represents sage advice. But a broader interpretation would be to prevent such circumstances from even occurring (Barnett, 2007). Self-care is not restricted to intervention after professional competence has been compromised; it is a continuous, proactive process throughout our careers.

Without attending to our own care, we will not be adequately able to help others and prevent harm to them. Psychotherapist self-care is a critical prerequisite for competent patient care. In other words, self-care is not simply a personal matter but also an ethical necessity, a moral imperative (Carroll, Gilroy, & Mura, 1999). We gently urge you to challenge the morality of self-sacrifice at all costs and to consider the indispensability of self-care.

Convergence of Science and Practice

The person of the psychotherapist is inextricably intertwined with treatment success. We know, scientifically and clinically, that the individual practitioner and the therapeutic relationship contribute to outcome at least as much as the particular treatment method. When not confounded with treatment, so-called therapist effects are large and frequently exceed treatment effects (Wampold, 2001, p. 200). Meta-analyses of therapist effects in psychotherapy outcome average 5% to 9% (Crits-Christoph et al., 1991; Wampold, 2001). A study estimated the variability of outcomes attributable to psychotherapists in a managed care setting involving 6,146 patients and 581 therapists. About 5% of outcome was due to therapist effects; 0% was due to specific treatment (Wampold & Brown, 2005). Despite impressive attempts to experimentally render individual practitioners as controlled variables, it is simply not possible to mask the person and the contribution of the therapist.

That contribution of the individual therapist also entails the creation of a facilitative relationship with a patient. The therapeutic relationship, as every half-conscious practitioner knows in her bones, is the indispensable soil of the treatment enterprise. Best statistical estimates are that the therapeutic relationship, including empathy, collaboration, the alliance, and so on, accounts for approximately 10% of psychotherapy outcome (Norcross, 2002). That rivals or exceeds the proportion of outcome attributable to the particular treatment method.

Suppose we asked a neutral scientific panel from outside the field to review the corpus of psychotherapy research to determine what is the most powerful phenomenon we should be studying, practicing, and teaching. That panel (Henry, 1998, p. 128):

would find the answer obvious, and empirically validated. As a general trend across studies, the largest chunk of outcome variance not attributable to preexisting patient characteristics involves individual therapist differences and the emergent therapeutic relationship between patient and therapist, regardless of technique or school of therapy. This is the main thrust of three decades of empirical research.

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Here is a quick clinical exemplar to drive the point home. It derives from a thought experiment (*gedankenexperiment*) we use in our clinical workshops. We ask participants, "What accounts for the success of psychotherapy?" And then we ask "What accounts for the success of your personal therapy?" The prototypical answer is "Many things account for success, including the patient, the therapist, their relationship, the treatment method, and the context." But when pressed, approximately 90% will answer "the relationship."

As a final illustration, we would point to studies on the most informed consumers of psychotherapy - psychotherapists themselves. In two of our studies in the United States and Great Britain, hundreds of psychotherapists reflected on their own psychotherapy experiences and to nominate any lasting lessons they acquired concerning the practice of psychotherapy (Norcross et al., 1988, 1992). The most frequent responses all concerned the interpersonal relationships and dynamics of psychotherapy: the centrality of warmth, empathy, and the personal relationship; the importance of transference and counter-transference; the inevitable human-ness of the therapist; and the need for more patience in psychotherapy. Conversely, a review of published studies that identified covariates of harmful therapies received by mental health professionals concluded that the harm was typically attributed to distant and rigid therapists, emotionally seductive therapists, and poor patient-therapist matches (Orlinsky, Norcross, Ronnestad, & Wiseman, 2005).

All of this is to say that science and practice impressively converge on the conclusion that that the person of the clinician is the locus of successful psychotherapy. It is neither grandiosity nor self-preoccupation that leads us to psychotherapist self-care; it is the incontrovertible science and practice that demands we pursue self-care.

5 Fundamental Lessons

Our decades of researching, writing, teaching, and practicing psychologist self-care have taught us five fundamental

lessons. When we ignore these lessons, our colleagues, students, and workshop participants fail to eagerly embrace a sustainable plan of self-care.

First, offer self-care principles or strategies, as opposed to specific techniques. Effective psychotherapist self-care is characterized by a complex, differential pattern of strategies. These strategies or principles represent an intermediate level of abstraction between concrete techniques and global theory. There are literally thousands of self-care techniques (e.g., meditation, assertion, dream analysis, vacations), and Lord knows, we cannot agree on a single theory (e.g., psychoanalysis, cognitive, systemic, narrative); however, research increasingly reveals that we can agree on broad principles. Given the diversity of individual preferences and available resources, we recommend broad strategies as opposed to specific techniques.

If a colleague is plagued by occupational anxieties, the research suggests that the strategies of healthy escapes (reciprocal inhibition) and helping relationships may well prove effective. Once the strategies are identified, then the individual practitioner can discover for herself the available and preferred techniques for implementing these strategies; for instance, massage, exercise, and meditation for healthy escapes and peer support groups, clinical supervision, and more frequent contact with friends for helping relationships. The focus should be squarely placed on broad strategies, which you then adapt to your own situation and preferences (Norcross, 2000).

Research on self-care and coping has directed us to a second lesson: go broad instead of deep. There are appreciable outcome differences between various psychotherapist self-care strategies, but the effect of any single strategy is rather modest. The 12 self-care strategies recommended in a following section, for example, are demonstrably more effective than the passive strategies of, say, wishful thinking, self-

blame, and substance abuse (Norcross & Abooun, 1994). At the same time, there is no single self-care strategy so outstandingly effective that its practice alone would ensure an ability to conquer distress. These findings suggest to us, as they have to others, that possessing a particular skill in one's arsenal is less important than having a variety of self-care strategies. Seasoned practitioners have extended valuable lessons from their clinical work to their personal lives: avoid concentration on a single theory and promote cognitive and experiential growth on a broad front.

The third lesson we have learned over the years is to emphasize the interdependence of the person and the environment in determining effective self-care. The self-care and burnout fields have been polarized into rival camps. One camp focuses on the individual's deficits - the "fault, dear Brutus, is in ourselves" advocates - and correspondingly recommends individualistic solutions to self-care. A second camp focuses on the systemic and organizational pressures - the "impossible profession with inhumane demands" advocates - and naturally recommends environmental and social solutions. We have learned to value both camps and adopt an interactional perspective that recognizes the reciprocal confluence of person-in-the-environment. The self is always in a system.

When conceptualizing the self-in-a-system, we repeatedly point to the unique motives, family of origins, and underlying psychodynamics of mental health professionals. What drives a person to concern himself with the dark side of the human psyche? What is it that compels certain people to elect to help those who are suffering, wounded, or dysfunctional? Assuredly they are a "special sort" since the average person prefers to downplay the psychic sufferings of fellow humans and avoid extensive contact with troubled individuals.

The question of motivation - Why did I (really) become a psychotherapist?

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The Ethics of Self-Care by Jon K. Amundson concluded

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- is obviously not a simple or entirely conscious one. To be sure, the altruistic motive "to help people" is one cornerstone of the vocational choice, but it is incomplete. It begs the deeper questions. Why is "helping people" of utmost concern for you? What makes it a deeply satisfying experience? Of all the helping careers - assisting the homeless, saving the environment, rendering public service, teaching the uneducated, tending to physical ills - why this career as a psychotherapist? Even the most saintly among us is moved by a complex stew of motives, some admirable and some less so, some conscious and some less so. Psychotherapists frequently report that they only come to realize the reasons they chose their discipline well into their careers or during the course of intensive personal psychotherapy (Holt & Luborsky, 1958).

The failure to consider the individual motives, needs, and vulnerabilities of the particular psychologist brings us to the fourth lesson: tailor self-care to the individual practitioner. Much of the well-intended practical advice on self-care bandied about feels hollow and general. One-size-fit-all treatments never accommodate many people, be it our clients or ourselves. We have learned - and repeatedly relearned - that sustainable self-care must occur in the context of, and be responsive to, the emotional vulnerabilities and resources of the individual clinician.

One size definitely does not fit all of us. A complex matrix of interacting variables - family background, training experiences, characterological vulnerabilities, sociodemographic diversity, professional discipline, personal values, practice setting, theoretical orientation, ad infinitum - reciprocally determine the eventual "distress" of the clinician. Similarly, what works for one of us in self-care - more contact with professional colleagues or more vacations - may well backfire for another of us. Finally, what works well at one point in one's career may not be as effective at another. Changing circumstances, needs, and preferences must be considered.

A fifth and final lesson: embrace self-care both at the office and away from the

office. One way to leave distress at the office is to enhance functioning at that same office. Not to frantically squeeze 10 hours of work into eight hours and then expect to retreat peacefully to a safe haven elsewhere, for instance. Another way to leave distress at the office is to enhance one's life outside the office: Enjoying your relationships, participating in healthy escapes, renewing your spirituality, for instance, so that you are fully charged for the onslaught of intense contact with challenging clients. The upshot is that a balanced and comprehensive plan for your self-care as a psychologist will require a dual focus: in your workplace and outside your workplace.

The Myth of the Invulnerable Psychologist

At this point in our article (and in our workshops), psychologists frequently nod their head in agreement but then attempt to convince themselves with the "But that's not me" defense. Other practitioners, they argue, may confront professional distress and a paucity of self-care, but not me. We characterize this constellation of responses the myth of the invulnerable psychologist.

Decades of cumulative research rebut any illusion of invulnerability. The risks of practitioner distress are real, bordering on the "norm." One study (Pope, Tabachnick, & Keith-Spiegel, 1987) found 59.6% of mental health professional's surveyed acknowledged "working when too distressed to be effective" even though many of them acknowledge knowing that doing so is unethical. Another subsequent study (Guy et al., 1989) found that 74.3% of 318 psychologists reported experiencing substantial personal distress during the previous three years. Of those, 36.7% stated that it decreased the quality of patient care.

APA's Colleague Advisory Committee has promulgated a Stress → Distress → Impairment → Improper Behavior continuum. Not all distress leads to impairment, of course, but the research suggests that it frequently does. Each of us, all of us, is vulnerable to distress leading to impairment.

12 Self-Care Strategies: A Précis

Although research on psychologist self-care has not progressed to the point where randomized controlled trials (RCTs) have been conducted, there is a robust and growing body of empirical research. The research results, generated by diverse methodologies and numerous investigators, converge on 12 effective self-care strategies for psychologists (Norcross & Guy, 2007). And these same strategies probably prove effective for ordinary people as well; contrary to rumor, psychologists are people too. Below we outline these 12 strategies (see Norcross & Guy, 2007, for amplification and self-care checklists for each).

1. Valuing the Person of the Psychotherapist. Self-care begins with self-awareness and personal commitment. Assess your self-care as you would a patient's. Identify your vulnerabilities and sabotages. Writing, journaling, logging, or self-monitoring can track your progress. Secure honest feedback from loved ones and coworkers. Build on your successful self-care as opposed to simply adding new items onto the list. Make self-care a priority, not an indulgence.
2. Refocusing on the Rewards. Re-experience the privileges of the profession. Notice the life rewards associated with clinical work. Feel the career satisfaction. Practice the mental set of gratitude. Recall Emerson's words: "It is one of the most beautiful compensations of life that no man can sincerely try to help another without helping himself."
3. Recognizing the Hazards. Begin by saying it out loud: Clinical work is a demanding and often grueling enterprise. Affirm the universality of occupational hazards by sharing with colleagues. Beware the classic stressors of the "impossible profession": emotional isolation, distressing patient behaviors, inhumane working conditions, physical exhaustion. Practice acceptance of the inevitable

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- stressors. Cultivate self-empathy. Adopt a team approach.
4. **Minding the Body.** Don't overlook the biobehavioral basics. Protect your sleep. Insist on bodily rest. Secure adequate nutrition and hydration during the day. Engage in regular physical exercise. Arrange for contact comfort and physical gratification. In your quest for sophisticated self-care, return again and again to the physical fundamentals.
 5. **Nurturing Relationships.** Cultivate a support network at the office: Clinical colleagues, supervision groups, clinical teams, office staff, community professionals, and mentors. Equally important, secure nurturance away from the office: spouse/partner, family members (including pets), friends, spiritual advisors, and Colleague Assistance Programs. Ask yourself repeatedly, "Who has my back?" Expectedly, psychotherapists find help relationships both deeply satisfying and highly effective for self-care.
 6. **Setting Boundaries.** Maintain boundaries (a) between self and others as well as (b) between professional life and personal life. During the day, schedule breaks, restrict caseload, refuse certain clients, insist on a livable income. Consider the 90% rule: only schedule up to 90% of desired hours to allow time for emergencies, family demands, and self-care. Balance client desires and self-preservation by saying "no" to patients, such as no shows, late cancellations, unpaid bills, and non-emergency intrusions in your life. Demarcate a boundary between work and public with a transition ritual.
 7. **Restructuring Cognitions.** Monitor internal dialogue by your preferred method. Identify corrosive expectations about your performance as a clinician; for example, "I must be successful with my patients practically all of the time," "I should not have problems; after all, I am a psychologist!" Manage problematic counter-transference reactions by self-insight, self-integration, empathy, anxiety management, and conceptualizing ability. Be gentle with yourself; shed the heavy burden of perfectionism that psychologists carry.
 8. **Sustaining Healthy Escapes.** Beware the prevalent unhealthy escapes of substance abuse, isolation, and sexual acting out. Practice absorbing errands and healthy diversions away from the office, e.g., travel, hobbies, humor, relaxation, exercise. How do you play? Restore yourself with vital breaks, days off, personal retreats, vacations, and mini-sabbaticals.
 9. **Creating a Flourishing Environment.** Harness the power of your work environment, thereby avoiding the fundamental attribution error (FAE) that your distress is solely your fault. Take an environmental audit of practice setting/office. Evaluate your work environment in terms of six key dimensions: work load, control, reward, sense of community, respect, and similar values. What is unsatisfactory and what can be done? High work demands plus high constraints is a toxic combination. Enhance the comfort of your work safety, privacy, lighting, ventilation, furniture, and aesthetics.
 10. **Undergoing Personal Therapy.** Practice what you preach by seeking personal psychotherapy. Confront your resistances not to pursue personal treatment. Return to personal psychotherapy periodically throughout the lifespan without shame. Supplement psychotherapy with self-analysis. As an alternative, obtain an annual satisfaction checkup. Integrate with other forms of self-development, such as creative arts, meditation training, yoga.
 11. **Cultivating Spirituality and Mission.** Reclaim your "mission" in life and in entering the profession. Cultivate wonder at the human spirit; it will enable you to pull hope from hell. Connect to the spiritual sources of your hope and optimism regarding behavior change. Confront squarely your own yearnings for a sense of transcendence and meaning. Become a citizen-therapist by merging your vocation with social activism. Let your life speak - manifest your core values in and outside the office.
 12. **Fostering Creativity and Growth.** Strive for adaptiveness and openness to challenges - the defining characteristics of passionately committed psychologists. Involvement in diverse professional activities (e.g., psychotherapy, assessment, teaching, research, supervision) balances your workload and expresses the full array of skills. Attend clinical conferences, read literature, and form study groups to access the life springs of continued education. Expect a lifetime of struggle for awareness and growth; self-renewal is an ongoing process, not a CE workshop.

In Closing

Self-care is a personal challenge and ethical imperative that every psychologist - literally, every one - must consciously confront. That challenge can be surmounted by attending to the fundamental lessons gleaned from research and experience: Psychologists can effectively avail themselves of multiple self-care strategies unencumbered by theoretical dictates tailored to their unique resources, vulnerabilities, and environments. Be broad, flexible, and context-sensitive in replenishing yourself.

In advancing this argument, we are aware of two seemingly contradictory messages. On the one hand, we remind you of the ethical imperative of self-care - you should. The "you should" is our explication of the compelling research and experience that you should replenish yourself, in whatever forms and varieties that succeed for you, because it enhances you as a person and as a professional. On the other hand, we also advance a conflicting message of chill out and flexibility. The "chill out" is that we do not provide a set of universal prescriptions for self-care or demand that you must partake in specific techniques. As psychologists (and as people), we are inundated with the tyranny of the shoulds. The resolution to this apparent contradiction, like most dialectics, is to discover an internal self-care balance that accommodates both the ethical imperative and your personal preferences.

Our ardent hope in this article is that we have gently, collegially reminded you that our lives are works in progress and that you

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can practice self-care wholeheartedly, bringing your self fresh to each moment, each patient, and each day. You - and your clients - deserve no less.

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