Psychologists' Pursuit of Wellness Across the Life Span – Benefits and Barriers to Self-Care Practices

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Advisory Committee on Colleague Assistance

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- Threefold mission:
  - Recognizing and investigating the unique occupational vulnerabilities of psychologists and their need for colleague assistance
  - Promoting the development and continuation of state-level colleague assistance programs and peer assistance networks
  - Developing proper, informed relationships between state ethics committees, boards of examiners, and colleague assistance programs for the benefit of the professional and the public

Self-Care Benefits & Barriers: Graduate Students Early Career Psychologists (ECP)

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Graduate Students and ECP

- Self-Care
- Self-Care Benefits
- Self-Care Barriers
- Anecdotes From Students & ECP
- What Can Be Done
- Take-home Points

Self-Care

"The Moral Imperative"

(Carroll, et al., 1999)

If you don't practice self-care, you risk harming the client

"The Ethical Imperative"

(Baker, 2007)

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Self-Care in the Literature

- It is the integration of physical, cognitive, emotional, play, and spiritual elements.

- APAGS Guide to Self-Care adds "safety and security" and separates play into "social" and "relational" self-care.

- Within the literature, self-care activities are often categorized as intrapersonal work, interpersonal support, professional development & support, and physical/recreational activities (Carroll, et al., 1999).

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Self-Care Benefits

- Promotes psychological and physical health and well-being (Williams-Nickelson, 2006)

- Prevents, manages disease, injury or trauma (Williams-Nickelson, 2006)

- Decreases stress, depression (APAGS, 2006)

- Increases capacity for empathy; improves immunologic functioning; lower levels of anxiety & depression (Schure, Christopher, & Christopher, 2008)

- Protects therapist by reducing occupational hazards (e.g., burnout, secondary trauma); models healthy behavior; protects client by reducing risks of ethical violations (Porter, 1995)

- Self-esteem grows out of self-care processes (Faunce, 1990), which is crucial for students & EC psychologists

- Taking time to maintain friendships enhances health & quality of life (APAGS, 2006)

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Self-Care Barriers

- Must do it all to get ahead (Williams-Nickelson, 2006)

- May seem self-serving (Carroll, et al., 1999); made to feel guilty (Faunce, 1990)

- Faculty and peers may question level of academic and professional dedication (Williams, 2001)

- Lack of awareness of needs (Barnett & Sarnel, 2005)

- Don't know how to do it (Sapienza & Bugental, 2000)

- Belief that our training insulates us from risk (Barnett, Baker, Elman, & Schoener, 2007)

- Not incorporated into training (Tart, 1992; Williams, 2001), and therefore, developing psychology trainees may not realize the risks and pitfalls of professional life (Podrygula, 1994, as cited in Fuselier, 2003)

- Emphasis on disease and problems, not prevention (Fuselier, 2003)

- Not believing in our own ideas and theories enough to model/live a wellness lifestyle (Fuselier, 2003)

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Examples of Barriers from Students & ECP

- Expectations - workaholism rewarded
- Power differentials
- It takes a lot of hard work and discipline
- You can be your own barrier

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"You look far too relaxed. Around here you're expected to stress for success."

- Reinforcements for staying late

- Based on what was modeled, "I didn't think psychologists should care for themselves; I thought we were supposed to be martyrs."

"My grad school experience felt toxic and the message was that to be a psychologist, you must be a workaholic."

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"What do you mean you need to find a balance between work & family? We consider you part of our family."

- "You shouldn't have kids while you're in grad school."
- "You shouldn't have time to watch TV; I certainly don't."
- "5 hours of sleep a night is normal."

What Can Be Done?

- Just as the Feminist Therapy Institute's Code of Ethics includes self-care guidelines (Carroll, Gilroy, & Murra, 1999), APA could mandate it as part of the training of healthy and ethical psychologist

- Supervisors and professors could model it

- Carroll, et al. advocate for curriculum changes, mandated student therapy and new models for supervision

- Create an expectation that self-care is part of our identity as psychologists (Barnett, et al., 2007)

- Continuing education credits could be offered for participation in self-care (Porter, 1995)

Take Home Points

- It's our duty as professionals to take care of ourselves; it's an ethical imperative (Baker, 2007).

- There needs to be a culture change and self-care must be modeled, taught, and skills practiced beginning at the graduate school level (Elman, 2007).

- Professors and supervisors must communicate that self-care practices are respected just as much as hard work (Elman, 2007).

- Learning to do it now, paves the way for healthy habits throughout a person's career (Dearing, Maddux, & Tangney, 2005).

- Self-care practices need to be addressed on the individual and systemic levels (Baker, 2007) and the field needs to devote resources and attention to the issue of self-care, including and beginning at the graduate school level (Schoener, 2007).

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Mindful Midlife or Muddled Mixture?

Self Care & Psychologists' Strengths and Struggles

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Overview & Ethical Imperative

- Most psychologists know practicing wellness is essential.

- Principle A of our APA Ethics Code states:
  - "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)

Psychologists Have Limits Too: Research Examples

- Despite the gains in acceptance of self-care, current research (Chard, 2005) reports:

  - 74% of psychologists experience personal distress
    - 32% from job stress
    - 23% related to illness in family
    - 63% family/relationship (O'Connor,1998)
    - 21% financial issues
    - Economic uncertainty highest stress (Stevanovic & Rupert, 2004)

  - Overall 32% report bouts of depression or "burnout" and 37% felt their life stressors compromised client care.

Beliefs & Barriers

- We know what to do, so why not do it?

    – Stigma
    – Shame (I should know better)
    – Limited time
    – Putting others first, etc.

- These all contribute to not reaching out for support &/or assistance.

The Wisdom of Self-Care

Current emphasis on promotion of balance for our clients (& thus ourselves):

- importance of prevention
- advent of positive psychology
- awareness of benefits of resilient/ protective-like qualities & mind/body connection

These all point to the maintaining of wellness as not only acceptable, but wise, & reaching out as not shameful but smart!

Level of Burnout & Satisfaction

- Psychologists tend to score in the middle range for burnout & report high levels (94%) of career satisfaction (Rupert & Morgan, 2004 & Stevanovic & Rupert, 2004).

- 74-89% would again choose psychology as a career (Walfish, et al,1991).

- Careers congruent with one's values = less burnout (Mashlach, 2008).

Do Psychologists Differ at Varied Life/Career Phases?

- When is mid life? Consensus states between ages 40-60 years, with a generous latitude of 10 years at either end of the spectrum

- Mid career/midlife don't always coincide

- Little research on midlife - like middle childhood sandwiched between more compelling early and late life stages

Clouding of Midlife/Crisis?

Western societies describe midlife crisis as:

- Time of dramatic self-doubt

- Passing of youth

- Imminence of old age

- Elliot Jaques coined the term "midlife crises" from client based symptoms of: increase in anger, questioning, limitations, exhaustion, lost opportunities, sexual changes, boredom, etc; (International Journal of Psychoanalysis, 1965)

- In contrast, Indian, Samoan, and Kenyan cultures for example venerate middle age & later life.

Effects of Who Studies Whom?

- Margie Lachman (2001) 10 yr. midlife study from diverse perspectives & Ryff & Setzer's work (1996) yield more nuanced & balanced view which shatters our cultural perspective.

- Increased sense of control over work, finances & marriage reported for those in midlife (Lachman, 2004).

- Middle age is when many are "on top of their game, no longer driven, but now the drivers" (Neugarten, 1964).

- Yes, contradictions exist: at 40 first child/or grandchild, true changes, limitations, ailing parents, children leave. Yet, also time for reflection, integration & new opportunities.

Is The New 40 Age 30?

- Over 2/3 report feeling 10 years younger than actual age, (Lachman, 2004). Is this due to more healthy life styles and emphasis on balance?

- Or just marketers' potential for profits going beyond youth-obsession to aging boomers that has yielded more choices and attention?

Mid Career Differences?

- Experienced/mid career therapists are more flexible & better able to cope with the stresses of psychotherapy work (Hellman et al, 1987)

- Mid career psychologists report less exhaustion & less depersonalization of clients (Rupert & Morgan, 2005), & more intrinsic satisfaction

- They are proactive in fulfilling their passions specifically by learning new strategies or refining ongoing ones

Gender Effect Stevanovic & Rupert, 2007

- Female psychologists made greater use of relational "career-sustaining behaviors"
  - Reflect on positive experiences
  - Time in personal therapy
  - Seek case consultation
  - Time with friends & family, etc. exhibiting a more positive, strength-based resilience approach that nurtures interconnectedness, empathic bridging, yielding a potent relational competence (Jordan, 2001, Bridgeman, 2003)

PSYCHOLOGISTS' PERSONAL & PROFESSIONAL BENEFITS & BARRIERS FOR MID-CAREER SELF CARE:

(A) BENEFITS

PROFESSIONALLY	PERSONALLY
(1) Career experience yields confidence	More secure financially
(2) Benefits of personal therapy	Benefits of personal therapy
(3) Support of professional affiliations	Such support enhances sense of self
(4) Stability of relationship	Such support enhances sense of wellbeing
(5) Awareness of prof. boundaries	Awareness of personal boundaries
(6) Own children enhances devel. Perspective	Joy & richness of own children
(7) More authentic prof. competence	More comfortable with self
(8) More flexible with prof. approach	More flexible in personal connections
(9) Importance of diverse prof. activities	More balance in personal life=harmony
(10) Not needing to have "all" answers	More tolerate of others
(11) Achieved recognition in career	Less need of recognition
(12) Awareness of strengths/limitations	Comfortable with self
(13) More realistic goal setting	More realistic goal setting
(14) Less prof. feeling of responsibility	Better at letting go
(15) Better at emotional regulation	Better at emotional regulation

PROFESSIONALLY	PERSONALLY
(1) Accumulation of demands of profession	Less available to family/friends
(2) Isolation of profession - esp. if private practice	May have greater social needs
(3) Redundancy of prof. routine	Need for greater social variety
(4) Cont'd exposure to traumatic events	Inadvertently trauma into personal
(5) Physical exhaustion/ fatigue	Less energy for family
(6) Accumulation of ongoing paper work	Less interest for personal tasks
(7) Distracted by family demands	Children feel less connected
(8) Demand for more income	Family/children financial needs
(9) Slightly more illness & work time effected	Income/family affected by health
(10) Needs of parents take time from practice	Parental stresses affect them/you
(11) More possible major transitions effect work (deaths/illness of clients, divorce, malpractice, etc.)	Transitions effect work/income
(12) Accumulation of client demands/resistance	More self need or family apathy
(13) Lack of client appreciation	Need more from family/friends
(14) Want more from prof./is this all?	Want more from life in general
(15) Non reciprocal intimacy in work	More intimate needs personally or less able to respond

Hallmark Ronnestad & Skovholt Study (2003)

Longitudinal study of 100 therapists at 6 phases:

1 = lay helper

2 = student

3 = advanced student

4 = novice professional

5 = experienced professional (mid career)

6 = senior professional

Therapist Mid-Career Results

Phase 5 "experienced professionals" held that:

- An integration/consolidation happens where you "throw out the clutter"
- Role becomes congruent with one's self perceptions for authentic competence
- More coherence in prof. & personal self
- "Little tolerance for lack of close fit, strong need for work to be compatible with sense of self."

More Benefits of Mid-Career

- Mid-career psychologists report better ability to:
  - regulate their emotions, and
  - handle professional challenges

- Still feel they are growing

- Can better separate roles of friend, parent or spouse

- Learn through reflection of both professional and life experiences

In Their Own Words? Mid-Career Psychologists:

- "I learned all the rules… modified the rules, used rules to let me go where I wanted to go… lately I'm not talking much in terms of rules"

- "I have a better sense of boundaries and blame myself less"

- "When the session is over I can leave it there"

Pearls of Practice

- Process of letting go of "over-responsibilities" assists in regulation of emotions

- This assists in minimizing total absorption in client work. Instead of immediately going on to next session, one can refocus attention to better:
  - Engage with next client which allows for "refreshed & stimulated" feelings instead of "exhaustion & depletion."

Benefits of Experience/Concepts of Skovholt (2004)

- Master therapists report this refocusing as a "boundaried generosity"

- Recalibrating is important so that the quality of the therapist/client alliance is not diminished from one client to the next

Refining Attunement in Mid-Career

- The length of time in practice & varied experiences of mid-careers contribute to a "contextual sensitivity"

- A process of abstracting or generalizing knowledge which Ronnestad & Skovholt (2003) refer to as "contextually sensitive knowledge development"

- A process that they state leads toward the attainment of wisdom

Cycles of Caring

- Skovholt's "cycle of caring" is the therapist's embracing of empathic attachment, active involvement & felt separation

- Therapists' must hold the client's feelings, be involved, then separate & go on to do this many times over

Trusted Vulnerability

- Relational competence is developed when "trusted vulnerability" (Bridgeman, 2007) is supported

- Where mutually empathic relationships & attunement can empower one's growth personally & professionally

- This is similar to the "cycle of caring's boundaried generosity" as described above (Skovholt, et al.)

Resilient Caring

- Since caring is a primary emotion for effective therapists:

  – What can or should we do to protect our ability to provide authentic caring?

  – Especially after many years of practice as psychotherapists?

Protecting Gift of Caring

- According to Skovholt (2004), if we are unable to care to the extent we are capable of, then:

  – our gift of caring is diminished &

  – our disillusionment of not getting back the richness from caring further erodes the degree to which we can continue to care

Self Care Promotes Flourishing Personally & Professionally

- In conclusion, protecting our quality of caring by integrating ongoing self-care is vital!

- Let's refocus self care away from just avoiding burnout but toward living well personally & professionally.

- As Pope & Vasques (2005) state, "the goal is not simply to survive but to thrive in practice & as psychotherapists."

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Graying versus Growing

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Baby Boomers

- 75 Million Baby Boomers turning 60

- As psychologists our role is to provide services and shape healthcare and social policy

View of Aging

- There tends to be a one sided view:

    - it is a period of decline,
    - significant chronic illness,
    - loss of meaningful roles

(Schaupp,2008)

Need For New Vision

Need to stimulate new vision of aging where aging adults do not struggle to cling to a youth-oriented culture when one's physical body is moving in a different direction.

Role Transitions and Role Loss

- These changes emerge as we approach 60.

- An individual sees oneself through the roles of grandparent, senior advisor, community leader, and retiree.

"….aging had to have some value or we would not live so long…."

(Jung, 1971)

"....the message is clear ---

plan,

plan,

plan…"

(Cantor 2008)

"….flourishing mental health means to have strong and close relationships; to be proud of one's self; determined about where one is going; to see purpose in one's life; and to keep one's health good, both physically and mentally…."

(Frederickson & Losado, 2005)

Psychological Challenge

- Learning to accept vulnerability and ask for help – we have been raised in a society of independence and youth-oriented

- Accept dependency that comes with physical limitations

- Psychologically, conflicts arise around issues of loneliness

Issues As We Age

- Our health
- Coping with the stress of a practice
- Finances
- Maintaining our competencies
- Awareness of cognitive decline
- Increase in fatigue level
- Adhering to the code of ethics (closing a practice, selling it, record transfers, etc.)

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Five Areas for a Healthy Lifestyle

- Resiliency Skills

- Self-Management and Self-care

- Connection with Others

- Skills Acquisition

- Conflict Resolution

Helping Oneself and One's Family

▲ Ask for support from others

▲ Find out about local support (State PA's)

▲ Engage in healthy behaviors

▲ Establish or reestablish routines

▲ Give yourself time to adjust to new phase

▲ Become knowledgeable about what to expect as we age