

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

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Advisory Committee on Colleague Assistance

# Advisory Committee on Colleague Assistance

- 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)

# 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).



# 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)



# 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)

# 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



**“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.”

**“Youngsters these days are SPOILED,  
apart from the triple-bypass, 5 divorces,  
4 estranged children and Cirrhosis,  
80-hour weeks never did ME any harm!”**



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



**“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

- (1) Career experience yields confidence
- (2) Benefits of personal therapy
- (3) Support of professional affiliations
- (4) Stability of relationship
- (5) Awareness of prof. boundaries
- (6) Own children enhances devel. Perspective
- (7) More authentic prof. competence
- (8) More flexible with prof. approach
- (9) Importance of diverse prof. activities
- (10) Not needing to have "all" answers
- (11) Achieved recognition in career
- (12) Awareness of strengths/limitations
- (13) More realistic goal setting
- (14) Less prof. feeling of responsibility
- (15) Better at emotional regulation

### PERSONALLY

- More secure financially
- Benefits of personal therapy
- Such support enhances sense of self
- Such support enhances sense of wellbeing
- Awareness of personal boundaries
- Joy & richness of own children
- More comfortable with self
- More flexible in personal connections
- More balance in personal life=harmony
- More tolerate of others
- Less need of recognition
- Comfortable with self
- More realistic goal setting
- Better at letting go
- Better at emotional regulation



## (B) BARRIERS

### PROFESSIONALLY

- (1) Accumulation of demands of profession
- (2) Isolation of profession - esp. if private practice
- (3) Redundancy of prof. routine
- (4) Cont'd exposure to traumatic events
- (5) Physical exhaustion/ fatigue
- (6) Accumulation of ongoing paper work
- (7) Distracted by family demands
- (8) Demand for more income
- (9) Slightly more illness & work time effected
- (10) Needs of parents take time from practice
- (11) More possible major transitions effect work  
(deaths/illness of clients, divorce, malpractice, etc.)
- (12) Accumulation of client demands/resistance
- (13) Lack of client appreciation
- (14) Want more from prof./is this all?
- (15) Non reciprocal intimacy in work

### PERSONALLY

- Less available to family/friends
- May have greater social needs
- Need for greater social variety
- Inadvertently trauma into personal
- Less energy for family
- Less interest for personal tasks
- Children feel less connected
- Family/children financial needs
- Income/family affected by health
- Parental stresses affect them/you
- Transitions effect work/income
- More self need or family apathy
- Need more from family/friends
- Want more from life in general
- 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)

# Challenges

- Perceived loss of power and responsibility arises from decision to move to retirement residence or smaller home. (This is rational but emotional)
- Relationships start to change (loss of family members, spouse, partner, friends)
- Work through problems and issues of a changing body
- Fear of aging (confronting negative stereotypes of aging)

# 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.)

# 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