




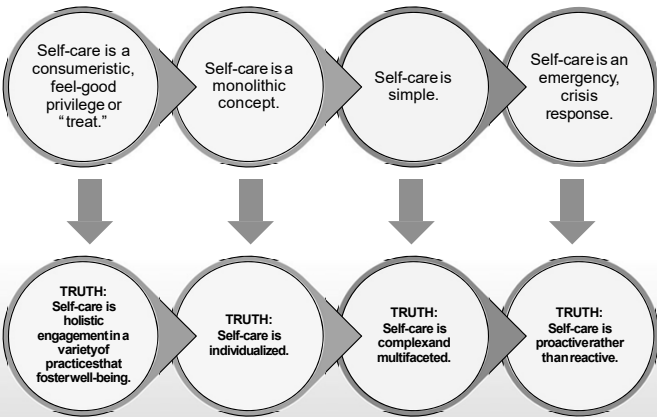
“...self-care in the context of psychology training is a contradiction. It is an explicit and implicit foundational training competency, yet it has no required coursework. Moreover, despite long-standing calls to create a culture of self-care during training and beyond, the literature suggests the field has not significantly moved in that direction.”

(Miller, 2022, p. 333-334)

TODAY' S AGENDA

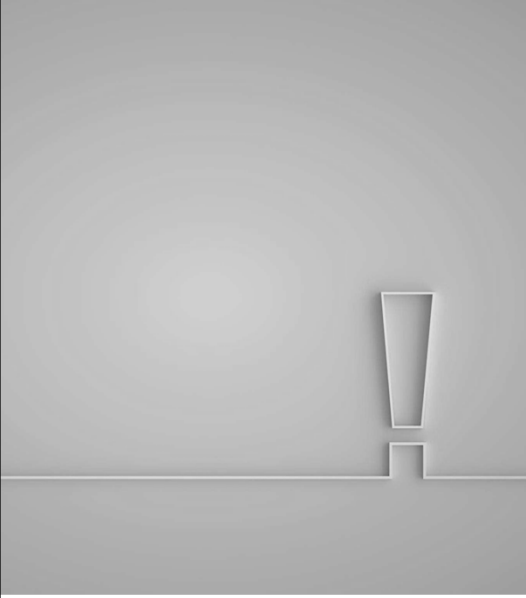
-  Part I: Where are you currently? **Self-assessment of personal and professional distress**
Self-assessment of current self-care regimen
-  Part II: The Research **Burnout, Vicarious Traumatization, and Problems with Competency**
Self-Care
-  Part III: Where do you go from here? **Suggested framework, strategies, and creation of a personalized self-care action plan**

MYTHS OF SELF-CARE



Self-Care	Self-Soothing
<p>Routine activities that contribute to our overall health and wellbeing on a longer-term basis.</p>	<p>Short-term activities that provide some relief from stress, anxieties, or poor health and wellbeing.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Taking prescribed or over-the counter medication properly. • Organizing your finances. • Maintaining positive connections with others. 	<p>Examples include:</p> <ul style="list-style-type: none"> • Having a bubble bath • Eating a comforting meal • Using journaling to process a difficult experience.
 <p>WATERLOO REGION Suicide Prevention Council</p>	

<p>Take a moment to remember a time when you recognized signs of distress in a friend, classmate, or family member. What were some of those signs?</p>	<p>Are you able to truly recognize when you are distressed, the level of distress, and its impact on you and your clinical care? And once you do identify your distress, do you know what to do about it?</p>
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Psychologists are no better at recognizing their own stress than non-psychologists, and in fact experience **significantly higher** levels of emotional distress as compared to their own self-perceptions and self-assessments of their distress levels!

PROFESSIONAL SOURCES OF DISTRESS

- Beginning internship
- Academic stressors
- Interpersonal stressors
- Stressors of research
- Stressors of clinical work

(Carter & Barnett, 2014)

PERSONAL SOURCES OF DISTRESS

Financial stress

Personal relationships

Health and well-being

Balancing

(Carter & Barnett, 2014)

ASSESS YOUR PROFESSIONAL DISTRESS

Rate each of the following for how distressing they are for you presently on a scale of 0-10, with 0 being not distressing at all and 10 being the most significant source of stress to you.

- Dissertation/research work
- Time management
- Fulfillment of clinical requirements
- Student loans/financial constraints
- Competition among cohort
- Recent evaluation of your academic or clinical work
- Adjustment to a new location for internship
- Work with aviolent client
- Limited clinical training and/or feelings of clinical incompetence
- Client endorsing suicidality
- Documentation requirements for clinical work
- Professional organization/association responsibilities
- Adjustment to responsibilities, expectations, and environment of an intern
- Potential emotional isolation of clinical work
- Challenges/conflicts in supervision
- Cohort/peer relation problems
- Demands of faculty and/or supervisors
- Professional challenges related to personal diversity factors


(Carter & Barnett, 2014)

ASSESS YOUR PERSONAL DISTRESS

Rate each of the following for how distressing they are for you presently on a scale of 0-10, with 0 being not distressing at all and 10 being the most significant source of stress to you.

(Carter & Barnett, 2014)






- Romantic or marital difficulties
- Fatigue
- Guilt about not spending enough time with family/friends
- Pregnancy (which may include emotional, physical, or financial stress)
- Limited social outlets
- Illness or death of a family member or friend
- Financial difficulties
- Balancing role as a parent
- Role as caretaker or provider for family member
- Geographic separation from social support
- Experience/management of personal mental or physical illness or disability
- Difficulty staying in touch with friends or family members
- Household chores or responsibilities
- Relational difficulties with parents, siblings, or other family members
- Personal health
- Marital separation/divorce
- Personal life on hold during internship
- Limited time to spend with romantic partner/spouse
- Inadequate time for exercise and/or leisure time activities
- Pressure from friends and/or family to spend more time with them



REFLECTION QUESTIONS

- What are the most significant factors contributing to any current distress?

- Are there any common themes among the sources of stress you identified?

				
Professional Support	Professional Development	Life Balance	Cognitive Strategies	Daily Balance
I cultivate professional relationships with my colleagues.	I participate in activities that promote my professional development.	I spend time with people whose company I enjoy.	I try to be aware of my feelings and needs.	I take breaks throughout the workday.
I avoid workplace isolation.	I connect with organizations in my professional community that are important to me.	I spend time with family or friends.	I monitor my feelings and reactions to clients.	I take some time for relaxation each day.
I share work-related stressors with trusted colleagues.	I take part in work-related social and community events.	I seek out activities or people that are comforting to me.	I am mindful of triggers that increase professional stress.	I avoid overcommitment to work responsibilities.
I share positive work experiences with colleagues.	I find ways to stay current in professional knowledge.	I find ways to foster a sense of social connection and belonging in my life.	I make a proactive effort to manage the challenges of my professional work.	
I maintain a professional support system.	I maximize time in professional activities I enjoy.			

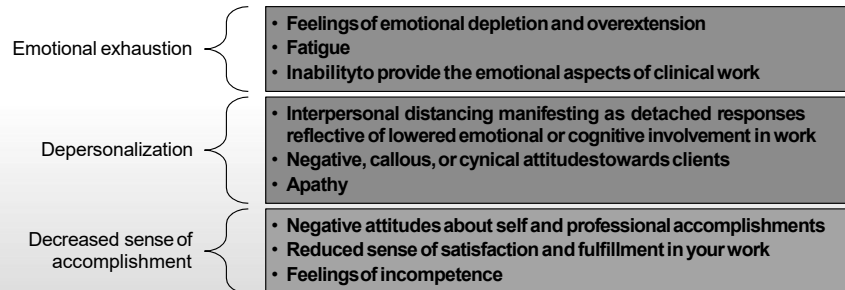
RATE EACH OF THE ABOVE STATEMENTS ON A SCALE OF 1 (NEVER) TO 7 (ALMOST ALWAYS)

(Dorociak, et al., 2017)

**THE RESEARCH ON BURNOUT,
VICARIOUS TRAUMATIZATION, AND
PROBLEMS WITH COMPETENCY**

DEFINING ELEMENTS OF BURNOUT

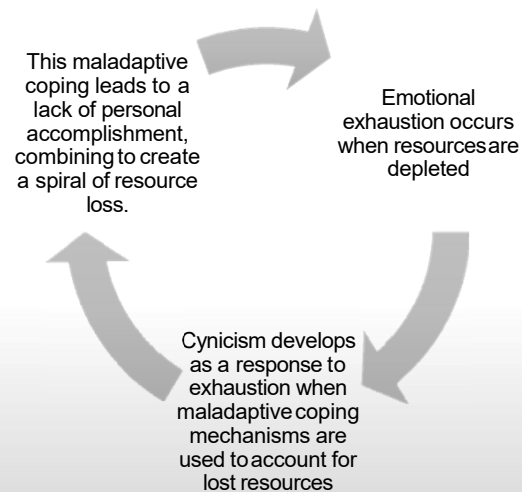
- “a psychological syndrome in response to chronic interpersonal stressors on the job”



(Barboza-Wilkes, Le, & Resh, 2023; Carter & Barnett, 2014; Collins & Cassill, 2022)

CONSERVATION OF RESOURCE (COR) THEORY OF BURNOUT

Barboza-Wilkes, Le, & Resh, 2023



OBSERVABLE SYMPTOMS & RATES

- Personal distress symptoms
For example, fatigue, insomnia, physical exhaustion, weight loss, irritability, boredom, excessive risk-taking, increased substance use, family and relationship difficulties
- Engagement in substandard practices of care
- Up to 67% of licensed clinicians may have high levels of burnout
- Over 70% of psychology graduate students reported stressors that inhibited optimal functioning
This increased from 59 % in 1992
Clinical psychology trainees are an at-risk population, with many showing clinically significant symptoms of depression and anxiety.

(Carter & Barnett, 2014; Warlick et al., 2021)

RI SK FACTORS FOR BURNOUT

Human service work	Personal characteristics (external locus of control and low self-esteem)	Organizational factors (lack of resources or control)	Putting a client's needs above one's own
Intrinsic high sensitivity levels	Feelings of isolation from the solitary nature of the work	The strain of monitoring personal emotions in the face of client pain	Vulnerabilities stemming from personal history
Self-critical perfectionism (feeling never good enough)	Workplace setting (agency vs private practice)	Managed Care responsibilities (paperwork, limitations)	Client Population

(Warlick et al., 2020; Collins & Cassill, 2022)

DI VERSI TY FACTORS & BURNOUT

- Sexism, racism, discrimination, microaggressions, and inequities can all influence the experience of burnout and often overlap
- LGB students reporting higher mistreatment specific to sexual orientation had an 8x higher probability of burnout as compared to heterosexual students
- Disability status further increases burnout risk
- Younger generations of women are also at higher risk of burnout
- Proposal for studies to consider adaptation burnout: a potential outcome of marginalized groups having to constantly adapt to the non-marginalized groups

(Barboza-Wilkes, Le, & Resh, 2023; Wolbring & Lillywhite, 2023)

EFFECTS OF BURNOUT



Negatively correlated with jobsatisfaction



Staff absenteeism and declining performance



A variety of physical and mental health problems (headaches, muscular pain, depression)



Increased risk of impairment



Lower quality of patient care (per client and clinician)

Poor treatment outcomes
Increased patient dropoutrates
Lower patient satisfaction withservices

(Warlick et al., 2020; Collins & Cassill, 2022)

SECONDARY TRAUMATIC STRESS & VICARIOUS TRAUMATIZATION

- Secondary traumatic stress: behavioral and emotional consequences of exposure to the trauma of others, such as clients
Often mirror PTSD symptoms similar to those of their clients, including intrusion, avoidance, and hyperarousal
- Vicarious traumatization: the cumulative transformative effect of working with trauma populations on self and personal identity; involves pervasive, long-lasting shifts in inner experience, needs, and world beliefs
- There is a consistent link between a provider's personal trauma history and increased occurrence of secondary traumatic stress
- There is also a link between history of specific traumatic events and disruptions to specific beliefs (e.g., sexual abuse and beliefs that one is not safe alone)
- There is no association between personal trauma and development of burnout

(Leung, Schmidt, & Mushquash, 2022)

OCCUPATIONAL VULNERABILITY FOR PSYCHOLOGISTS

- As psychologists, our vulnerability to occupational stress comes from the interaction between particular aspects of our work and various aspects of who we are and our current life circumstances.
There is no shame in acknowledging this vulnerability, but there is danger in ignoring it.
- Psychologists, women in particular, have significant rates of past trauma/ACEs in comparison to professionals in other fields.
69.93% of female psychologists
32.85% of male psychologists
- Many psychologists filled the 'caretaker' role within their family of origin, making psychology feel like a natural fit.

(ACCA, n.d.; Carter & Barnett, 2014)

OCCUPATIONAL VULNERABILITY FOR PSYCHOLOGISTS: ASPECTS OF THE PERSON

Personal History

- Why did you enter this field? Your specialty?
- Constant negotiation between empathy and overidentification; objectivity and arrogance

Life Circumstances

- Life happens to all of us, be it trauma, illness, grief, marriage, divorce
- Known vulnerabilities, physical or psychological (these can also be sources of strength, but do need to be acknowledged/addressed)

(ACCA; n.d.)

OCCUPATIONAL VULNERABILITY FOR PSYCHOLOGISTS: ASPECTS OF THE SITUATION

Cultural and Social Context

Health care system and climate, stigma, etc.

Psychotherapy Relationship

Vicarious traumatization, countertransference

Role Demands

Various and rapidly shifting

Work Setting

Community mental health; clients with SPMI; amount of control

Universality of Vulnerability

ALL psychologists are vulnerable to occupational stress – there is no shame in acknowledging vulnerability, but there is danger in ignoring or denying it.

(ACCA; n.d.)

**BUT THIS
WON'T HAPPEN
TO ME...RI GHT?**



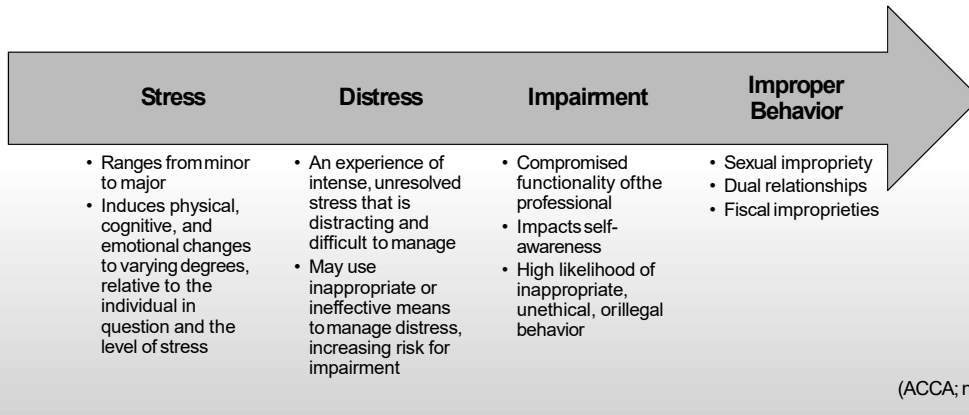
74.3 % of therapists reported experiencing distress, and 36.7% believed their experience of distress negatively impacted the quality of their clinical care.



85% of professionals endorsed the belief that it is unethical to work when distress is hindering your ability to do so effectively, yet almost 60% admitted to doing it.

(Carter & Barnett,2014)

**THE IMPACT OF STRESS ON PROFESSIONAL
FUNCTIONING: THE STRESS-DI STRESS- I MPAI RMENT
CONTINUUM**



WARNING SIGNS OF PROBLEMS WITH PROFESSIONAL COMPETENCE



Incomplete or substandard documentation or clinical paperwork



Fatigue or difficulty concentrating during therapy or testing sessions



Arriving late or leaving early, before all of the day's required responsibilities are completed



Ongoing interpersonal difficulties with peers, colleagues, faculty, or supervisors



Blurring or violating boundaries (e.g., sharing increasingly more about yourself or increasing your use of touch with clients)



Unprofessional or negligent practice (e.g., failing to make legally mandated reports, inappropriate relationships with clients)

(Carter & Barnett, 2014)

THE RESEARCH ON SELF-CARE

HOW DO YOU DEFINE SELF- CARE?

- A review of the literature results in more than 75 similar and overlapping definitions, with no single definition used broadly.
- “ a multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being” (p. 326)

Note that this occurs before impairment is observed

(Dorociak et al., 2017)

FOUNDATIONAL PRINCIPLES

- Surviving vs flourishing
When *surviving*, we maintain a 'barely good enough' status quo and fixate on preventing the negative.
When we aspire to *flourish*, we emphasize resilience-building attitudes and practices that reflect an overarching positive orientation.
- The act of ***intentionally*** choosing our self-care plan over time, and being willing to change attitudes and practices as they become unworkable
- The concept of ***reciprocity***, the process of dynamic exchange of beneficial lifestyle attitudes and practices between psychologist and client
- Use of self-care strategies that are ***integrated into*** rather than added onto our already busy lives.

(Wise, Hersh, & Gibson, 2012)



SELF- CARE AS PREVENTION

Engagement in self-care is associated with:

- Greater well-being
- Lower levels of stress and negative affect
- Higher levels of positive affect
- Flourishing
- Self-rated academic and clinical performance
- Compassion satisfaction
- Quality of life

(Posluns & Gall, 2020)

SELF- CARE AS AN ETHI CAL OBLIGATI ON

PRI NCI PLE A: BENEFI CENCEAND NONMALEFI CENCE

ETHI CAL STANDARD 2 . 06 : COMPETENCE, PERSONAL PROBLEMS AND CONFLICTS

“Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.” (APA, 2016)

- (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 activities.

SELF- CARE AS AN ETHICAL OBLIGATION

STANDARD 2.03, MAINTAINING COMPETENCE

“Psychologists undertake ongoing efforts to develop and maintain their competence.”

“self-care is an implicit and explicit ethical imperative that can be employed to avoid impairment and protect the public”

(Miller, 2022, p. 334)

STANDARD 3.04, AVOIDING HARM

- “Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.”

SELF- CARE AS A COMMUNITY RESPONSIBILITY

- Research suggests that individual competence should be continually validated by colleagues and systems, supporting your own self-monitoring
This highlights the challenges inherent in self-assessment
- This supports a community responsibility that holds professionals responsible for monitoring their own level of burnout while remaining responsive to the wellbeing of other psychologists.
- If a psychologist suspects that another is experiencing an ethical violation, they are to bring that to the attention of that individual per APA Ethics code.
- Promotion of self-care amongst your peers and coworkers, and emphasizing the importance of self-care practices with anyone that you supervise

(Collins & Cassill, 2022)

WHY DO PEOPLE STRUGGLE TO ENGAGE IN SELF-CARE?

Attachment to unhealthy behaviors

Lack of motivation to change

Difficulty deciding when to adopt a healthy lifestyle

Difficulty maintaining healthy behavior over time

Difficulty integrating self-care across conditions (multi-morbidity)

Inadequate response to symptoms and/or not knowing the right time to seek help

Life events that interact with illness to interfere with healthy behavior

(Riegel et al, 2021)

BARRIERS FOR PSYCHOLOGISTS

TO GENERAL SELF-CARE

- Finances
- Time
- Feelings of guilt and selfishness
- Learned habits
- Workload
- Culturally based beliefs or norms

TO SEEKING PERSONAL THERAPY

- Feelings of embarrassment
- Concern about stigma
- Challenges remaining anonymous in small or tight-knit communities
- Concern that one would be reported for unethical behavior if they fail to follow a personal therapist's recommendations

SELF-CARE STRATEGIES FOR MENTAL HEALTH PROFESSIONALS

Take what works and leave the rest!

PREFACE TO CREATING A SELF-CARE ACTION PLAN

- Recognize that *there is no perfect self-care plan*. Your plan will be different from that of others and will change as your life/stress/job role/etc. changes.
- Remember that this is behavior change – and we are EXPERTS in behavior change!
- Honestly consider what your barriers to success are and how to address them.

SIX SELF-CARE DOMAINS FOR MENTAL HEALTH PROVIDERS



AWARENESS



BALANCE



FLEXIBILITY



PHYSICAL
HEALTH



SOCIAL
SUPPORT



SPIRITUALITY

(Posluns & Gall, 2020)

WHAT IS AWARENESS?

- Having knowledge about what it means to be a mental health professional, including understanding the risks for and symptoms of burnout and professional impairment

Realistic expectations of the nature of the work we do and how to assess its effectiveness

- Noticing and reflecting on one's internal and external experiences and monitoring one's own needs

This awareness is a conscious and continuous process

“the more self-aware a practitioner is, the more likely they are to recognize and attend to their needs” (p. 5)

(Posluns & Gall, 2020)

STRATEGIES TO INCREASE AWARENESS

MINDFULNESS MEDITATION

- Staying in the moment and focusing on the here and now while practicing ways to act in a non-judgmental fashion

You can take short mindful moments!

- Can be combined with progressive muscle relaxation or other breath retraining protocols
- Consider conducting emotional self-scanning when reviewing your schedule for the day

MINDFULNESS BASED STRESS REDUCTION

- Emphasizes formal meditative practices in the form of mindful sitting, walking, yogic stretching, and loving-kindness meditation, along with informal practice in nonjudgmental and purposeful moment-to-moment awareness of one's thoughts, emotions, sensations, and behaviors of everyday life

(Dattillio, 2015; Wise, Hersh, & Gibson, 2012)

STRATEGIES TO INCREASE AWARENESS

ACCEPTANCE & COMMITMENT THERAPY



Increases psychological flexibility by facilitating what one finds most meaningful in life, despite the natural pain and distress that occur daily



Rather than reducing stress or symptoms, the goal is to "let go of the control agenda" in order to live a more vital and fulfilling life

- "mental health professionals who can intentionally function in accordance with their life values and redirect thoughts and emotions in dealing with psychosocial stressors are better able to acquire flexibility in coping and strengthening their life satisfaction" (Dattillio, 2015, p.397)

(Dattillio, 2015; Wise, Hersh, & Gibson, 2012)

STRATEGIES FOR BALANCE

- Leisure activities
What are they, and are you engaging in them regularly?
- Non-work related passions and relationships
Avoid making your self-esteem contingent on work or work performance.
- Varied work activities
What kind of work do you find fulfilling?
- Professional and personal boundaries
Remember to take breaks!
- USE. YOUR. PTO!
- Practicing gratitude
The overall balance of positive to negative emotions consistently predicts our subjective well-being!
- Time management
- Consider limiting media intake

(Norcross & Phillips, 2020; Posluns & Gall, 2020)

STRATEGIES FOR FLEXIBILITY

- Effective (and flexible) coping strategies
- Attitude of openness and adaptability
- Setting and reappraising goals
- Realistic self-expectations
"We psychologists bear a heavy burden of perfectionistic expectations that we must be unusually happy, wise, and empathic for others in order to feel we are 'true' professionals."
(Norcross & Phillips, 2020, p. 62)
- Cognitive reappraisal
Linked to better well-being
- Self-compassion and acceptance
Helps recognize and address professional limitations
- Professional development
Recommended for therapist self-care

(Norcross & Phillips, 2020; Posluns & Gall, 2020)

PHYSICAL HEALTH

- Health professionals significantly underestimate the importance of lifestyle for mental health; physical health may serve as a protective factor against burnout
- Exercise and diet (+ hydration) are equally critical components of self-care
Medical students who exercise reported less exhaustion and greater professional efficacy, as well as lower burnout rates and higher quality of life

- Sleep hygiene
44% of psychotherapists suffer from insomnia

Insufficient sleep linked to exhaustion and low professional efficacy, higher levels of stress, and clinical levels of burnout

Sleep deprived folks tend to choose less demanding challenges and tasks, and therefore may not be providing best care

(Posluns & Gall, 2020; Walsh, 2011)

SOCI AL SUPPORT

PERSONAL

- Promotes life balance!
- Family and friends
- Personal psychotherapy

Avoid isolation and allow yourself to **take** care while **giving** care!

PROFESSIONAL

- Individual or group supervision
- Peer consultation
- Mentors/advisors
- University faculty
- Professional associations

The goal is maintaining professional connections within which you can discuss specific stressors of your work!

(APA Practice Organization, 2009; Posluns & Gall, 2020)




SPIRITUALITY

- " 'a search for the sacred' in one's life that encompasses aspects of connection with self, others, and the divine, as well as purpose and ultimate meaning." (Posluns & Gall, 2020, p. 9)
- While this can refer to more formal spiritual beliefs and activities like prayer, the two main practices investigated are mindfulness and making meaning in work
- "[meaning making] encourages practitioners to situate their stressors within their overarching values and belief system, recall their purpose of working in this field, and connect with the transcendent or the ultimate meaning of their work." (Posluns & Gall, 2020, p. 10)
- 3 components of meaning-making:
 - Positive reappraisal**
 - Engaging in meaningful work**
 - Setting goals with life purpose**

Posluns & Gall, 2020)

CREATING A
PERSONALIZED SELF-
CARE ACTION PLAN

Types of Self-Care

Physical  Sleep Stretching Walking Exercise Nutrition Yoga	Emotional  Stress Management Coping Skills Compassion Therapy Journaling	Social  Boundaries Support System Positive Social Media Communication Friends	Spiritual  Time Alone Meditation Prayer Nature Sacred Space
Personal  Hobbies Creativity Goals Identity Authenticity	Space  Safety Healthy Environment Stability Clean Space	Financial  Saving Budgeting Money Management Paying Bills Boundaries	Work  Time Management Work Boundaries Breaks

BlessingManifesting

**CREATING
YOUR SELF-
CARE ACTION
PLAN**

Remember, effective goals are:
Specific
Measurable
Achievable
Relevant
Time-Limited

For each of the areas below, identify:
(a) one thing you most want to improve,
and (b) your goal for improving in that
area.

- Physical Self-Care**
- Psychological/Emotional Self-Care**
- Personal/Social Self-Care**
- Professional Self-Care**
- Spiritual Self-Care**

**FINAL THOUGHTS
ON YOUR SELF-
CARE PLAN**

01

Self-care is a habit built like any other – through engagement in repeated behaviors within a stable context. What repeated behaviors will work for you?

02

Remember to REWARD yourself when you succeed!

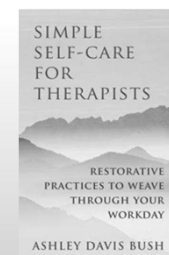
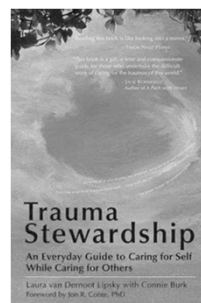
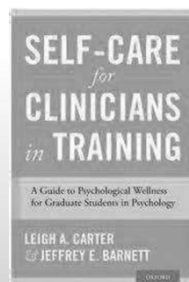
03

Consider using a standardized self-assessment of stress or burnout to regularly and objectively monitor your wellness.

“sustainable psychologist self-care must build from (and repeatedly return to) an abiding acknowledgement of being truly human. When psychologists more readily realize the false demarcations between themselves and their clients, self-care becomes not only an ethical imperative but a humanistic one as well... Sustainable self-care and enhanced well-being are not free. But we must ask ourselves what comes at a higher cost: maintaining a status quo that promotes a sense of mere survival or mindfully exerting the effort, creativity, and time it takes to practice the art and science of self-care in the service of flourishing and living a life of sustainable well-being... **‘if not now, when?’**”

(Wise, Hersh, & Gibson, 2012, p. 492)

RESOURCES FOR FURTHER DEVELOPMENT





**QUESTIONS OR
COMMENTS?**

ADDITIONAL SELF-CARE RESOURCES

- <https://www.theatlantic.com/health/archive/2015/10/internet-self-care/408580/>
- <https://tinybuddha.com/blog/45-simple-self-care-practices-for-a-healthy-mind-body-and-soul/>
- <https://lifehacker.com/why-self-care-is-so-important-1770880812>
- Self-Care Worksheet (used today): https://global-uploads.webflow.com/600754479f70fb2c4d356be6/63e413ae8552d12d3b60b225_Self%20Care%20Worksheet%20Template.pdf
- Emergency Self-Care Worksheet: <https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/emergency-self-care-worksheet.pdf>
- My Maintenance Self-Care Plan Worksheet: <https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/my-maintenance-self-care-worksheet.pdf>
- <https://www.apaservices.org/practice/ce/self-care>
- <https://dmh.mo.gov/media/pdf/self-care-finding-time>

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