

Got Self-Care?

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Some unique qualities of psychologists and aspects of practice make adequate, ongoing self-care essential for all of us. Seeing ourselves primarily in the role of caregiver makes it difficult at times to realize

- Psychologists are susceptible to all the same stressors and life challenges as others and we are equally at risk for mental health difficulties as is the general population.
- Our training as mental health professionals does not make us immune to, or less at risk for, distress, burnout, and impairment.
- Due to the very nature of our work, we may be at increased risk for developing emotional disorders, substance abuse, and other forms of impairment (Orr, 1997).

There may also be risk factors associated with the type of individual who is drawn to a career as a psychologist:

- Those who have been in treatment themselves
- Those with a great need to help others.

Working with those with chronic difficulties or difficult diagnoses, not seeing patients improve despite our best efforts, and crises such as patient suicides, all may contribute to the stressful nature of our work. Additionally, we may experience secondary, or vicarious traumatization, (Perlman & Saakvitne, 1995) because of work with victims of trauma and abuse.

Distress, the emotional response to ongoing demands, challenges, stressors, and losses in our lives, can have a cumulative effect and possibly lead to impairment of our functioning and effectiveness if left unchecked. In one study of a national sample of psychologists (Guy, Poelstra, & Stark, 1989), nearly three quarters of those surveyed reported experiencing distress in the preceding three years. More significant, over a third acknowledged a concomitant reduction in quality of patient care and nearly 5% reported providing inadequate treatment because of their distress. In another study, Pope, Tabachnick, and Keith-Spiegel (1988) found 62% of psychologists working when too distressed to be effective.

The issue of distressed/impaired psychologists is of such importance that it has specifically been included in the *General Principles* of the newly revised **APA Ethics Code** (APA, 2002). As an aspirational ideal that all psychologists must strive toward throughout their careers, Principle A: Beneficence and Non-maleficence, states “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” (p. 3).

What must we do?

An ongoing program of self-care is both a professional obligation and a personal right (Baker, 2003). Self-care is not a luxury; it is something we owe to our patients and ourselves. Here are some basics of preserving health, stability, happiness, and effectiveness.

Be aware of your own signs of distress. Do you begin wishing patients would cancel appointments or drop out of treatment? Are certain patients irritating you? Are you finding your work less rewarding? Are you becoming bored, uninterested, anxious, fatigued, or impatient? Have you begun arriving late, missing, or canceling appointments?

Take a personal inventory. Become aware of these and other warning signs so you can take action before distress leads to impairment of your clinical effectiveness or adversely impacts your personal life and relationships.

Take preventative steps. Develop a program of ongoing self-care and strike a balance between your professional and personal lives and among various activities. This can include taking regular breaks during the day; adequate exercise, diet, and sleep; engaging in non-psychology relationships and activities, meditation, journaling, personal psychotherapy, peer supervision groups, hobbies, travel, and involvement in professional association or civic association activities. If relevant for you, attend to your spiritual or religious side.

Manage your caseload effectively by being aware of your limitations. Have appropriate expectations of yourself and acknowledge your limits. Don't try to do it all, pace yourself, and ask for help. Avoid professional isolation.

Avoid negative coping practices. The use of alcohol and other substances may alleviate symptoms of distress temporarily, but will likely only add to difficulties over time and hasten the onset of impairment. Overeating or self-medicating with food also tends to be ineffective. Avoidance and denial also may appear to work temporarily, but will likely compound difficulties as time passes.

Seek assistance when necessary. Working harder is not necessarily the answer. At times, we must accept the futility of trying to do it all alone and seek collegial support or the assistance of other mental health professionals.

References available on request