Creating a Culture of Self-Care
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Psychologists are vulnerable to the effects of distress, which if left unchecked may lead to burnout, vicarious traumatization, and impaired professional competence. Smith and Moss (2009) provide a convincing call to action for the profession of psychology to give adequate attention to these important issues. This commentary adds to their excellent review and provides specific recommendations for individual psychologists for those who train graduate students, and for professional associations. A rationale is provided for the recommendations made and further guidance is provided for creating a culture of self-care in the profession of psychology. The importance of this approach as an ethical imperative is presented and strategies and recommendations are provided.

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Smith and Moss (2009) do an outstanding job of alerting psychologists to the need to be cognizant of the challenges of distress, burnout, and vicarious traumatization in our professional roles and the risk of impaired professional competence that may result if they are not adequately addressed. The role of ongoing self-care for psychologists is emphasized as a preventive strategy, but numerous data indicate the lack of a comprehensive and effective response by the profession of psychology, by national and state psychological associations, by educators and trainers, and by individual psychologists (cf. Baker, 2003; Schoener, 1999; Schwebel & Coster, 1998).

As Smith and Moss (2009) highlight, psychologists dedicate their careers to providing high-quality services to others in an effort to ameliorate their emotional distress, behavioral and relationship dysfunction, and a wide range of suffering in these individuals. Yet, failure to take adequate care of ourselves places psychologists at great risk of not being able to effectively carry out our professional duties. Several factors are suggested that contribute to this situation and that highlight the cause for concern:

- Psychologists may feel invulnerable to emotional and mental health difficulties as a result of the education and training received in assessment, diagnosis, and treatment, thus creating a professional blind spot regarding the risks and possible development of our own distress and impairment (Barnett, 2008).
- Many who decide to become mental health professionals have increased vulnerability to distress and impairment as a result of their family history, personal background, and motivations for entering the profession (O’Connor, 2001).
- The professional work of psychologists is often isolating. Many have very limited contact with colleagues and confidentiality obligations may result in an inability to vent or share the stresses of the day. Furthermore, the primary focus on clients’ functioning, issues, and needs may result in inattention to our own (Barnett, Johnston, & Hillard, 2006).
• The very nature of the work of psychologists is demanding, stressful, and potentially distressing. Clients often fail to improve or experience relapses, many clients suffer from chronic and debilitating conditions that are distressing to work with, clients may attempt or commit suicide, clients may become violent or assaultive, and concerns about ethics complaints and malpractice suits can be quite stressful (Laliotis & Grayson, 1985; Pope, Sonne, & Greene, 2006).

• Many psychologists who experience distress and perhaps even impaired professional competence may ignore these signs or just work through them and hope they will go away (Sherman, 1996). Others report professional embarrassment, feeling a need to be strong and not appear weak, and fear of loss of status or harm to their professional reputation as reasons for not seeking needed assistance (Barnett & Hillard, 2001).

Although Smith and Moss (2009) emphasize the need for actively confronting signs of distress, burnout, and impaired professional competence, it is vital that a preventive approach be adopted. It is recommended that a culture of self-care be created within the profession of psychology that emphasizes efforts to maintain psychological wellness at every phase of each psychologist’s career. Furthermore, those involved in education, training, and supervision must embrace this approach as well to help ensure that this culture of self-care is inculcated into our profession’s next generation. Once they leave training and move forward with their careers, today’s students and trainees will generally be on their own and not under the influence and watchful eyes of supervisors and faculty. Several important reasons for actively integrating this approach into the very fiber of our professional identities will be considered.

SELF-CARE AS AN ETHICAL IMPERATIVE
The APA Ethics Code (APA, 2002) makes very clear the need for psychologists, trainees, and students “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. 1062). Further, we are mandated to take corrective action when such difficulties are present (Standard 2.06, Personal Problems and Conflicts), such as by limiting the scope of our work, seeking consultation or supervision, or obtaining needed treatment. Adequate attention to ongoing self-care, the promotion of psychological wellness, ongoing self-awareness and self-reflection, and an avoidance of maladaptive coping strategies are all essential. They must be viewed as part of the essential roles and responsibilities of all psychologists.

Self-care is described as the application of a range of activities with the goal being “well-functioning,” which is described as “the enduring quality in one’s professional functioning over time and in the face of professional and personal stressors” (Coster & Schwebel, 1997, p. 5). In light of the vulnerabilities and risk factors common to psychologists and the challenging and stressful nature of our work, it is recommended that ongoing self-care be seen as a core competency for psychologists. As Barnett, Johnston, and Hillard (2006) state, “Self-care is not an indulgence. It is an essential component of prevention of distress, burnout, and impairment. It should not be considered as something ‘extra’ or ‘nice to do if you have the time’ but as an essential part of our professional identities” (p. 263). It is an essential professional activity for promoting ethical practice.

RESPONSIBILITY TO OURSELVES AND TO OTHERS
The stakes for psychologists are very high. Failure to adequately attend to self-care and the resultant impaired professional competence that may ensue place ourselves, our profession, and those we serve at risk. Psychologists suffering from burnout or other professional impairment as a result of distress allowed to progress unchecked over time may experience a loss of objectivity and engage in harmful boundary violations; experience depression, anxiety, or other mental health difficulties to include even becoming suicidal; become irritated by clients or disinterested in their issues and needs; and may engage in a wide range of maladaptive coping strategies to include self-medicating with alcohol and other substances. The effects of each of these can be seen to put psychologists at great risk of violating the most basic tenets of our ethics principles, beneficence and nonmaleficence, and for placing our clients at great risk of harm.

THE PERSONAL/PROFESSIONAL INTERACTION
Efforts to keep the challenges and stresses of our personal lives from impacting our professional work and efforts to keep the challenges and stresses of our professional work from impacting our personal lives and relationships are
most probably ineffective. No clear line of demarcation separates the personal from the professional. Psychologists and those in training to become psychologists are subject to all the same forces, challenges, influences, and difficulties as the general public. We may experience family crises, have to care for family members who are ill, experience financial difficulties, and suffer from health difficulties like everyone else. These factors may each impact us in our professional roles.

Furthermore, the challenges and stresses of the day-to-day work of a psychologist may create stresses that spill over into one’s personal life. Having a client attempt or commit suicide, dealing with a wide range of crises during the day, spending hours with managed care or insurance personnel in an attempt to receive reimbursement for services already authorized and provided, and experiencing emotional distress from clinical work with trauma patients each can leave us feeling frustrated, overwhelmed, stressed, or upset. Simply leaving it at the office is not typically a realistic option.

The personal and professional lives of psychologists and graduate students interact in other ways. Efforts to cope with work and/or personal stresses such as through self-medicating with substances will likely have an adverse impact over time on both our professional and personal functioning. Thus, it is hopefully seen that psychological wellness can only be achieved by thoughtfully addressing self-care in all aspects of our lives. Compartmentalization, avoidance, and denial are each ill-fated and will likely prove harmful to ourselves and to those we serve.

Creating a Professional Identity

In keeping with the ethical imperative for self-care and psychological wellness, each psychologist must take responsibility for ensuring the development of a professional identity that includes an active focus on ongoing self-care. Major responsibility for this falls on the shoulders of professional associations, training programs, clinical supervisors, and mentors. Many psychologists report that the issues of distress, impairment, burnout, and self-care were either briefly passed over or entirely ignored in their graduate training (e.g., Sapienza, 1997; Schoener, 1999). Clearly, this must change.

Smith and Moss (2009) suggest that an important future direction for the profession “may include educating psychology graduate students about signs of impairment and wellness behaviors early in their training” (p. 11). We concur and strongly believe that this must be taken further. We recommend that a focus on these issues and topics be integrated into each psychologist’s graduate education beginning at the first orientation session and continuing throughout every phase of our careers.

For graduate students, a culture of self-care must be established immediately. Unfortunately, it is so easy to plan to begin practicing self-care after comprehensive exams, after the dissertation has been defended, after internship, after licensure, and so on. The sequence of challenges never ends. There is no time like the present for beginning self-care. Graduate programs must offer students ongoing presentations on these topics, such as through formal coursework and regularly scheduled colloquia. It is essential that faculty participate in these activities as well and that faculty members are seen as healthy role models for promoting psychological wellness through their self-care activities and their active efforts to achieve a balance between their professional and personal lives. Similarly, by starting to develop self-care practices early in one’s career, this may be a way to turn those self-care practices into ongoing habits that last throughout one’s career. If individuals start early, we also will be more inclined to look to peers, faculty, and supervisors as role models and may develop connections and relationships that we can utilize to promote professional wellness throughout our careers.

Each student’s professional identity is formed during graduate school. During this time it is important to destigmatize attention to self-care, acknowledgment of personal vulnerabilities, the need to seek assistance and practice ongoing prevention, and the need to speak openly about such issues. In addition to inclusion in formal coursework and colloquia, peer support groups can be established and sanctioned by training programs to provide students (and faculty) with the needed support to actively discuss and address these issues. Furthermore, addressing these issues in a group format further normalizes each student’s experiences and the essential nature of practicing ongoing self-care to promote psychological wellness. The experience of distress must be seen as universal and not something to be ashamed of, to hide, or to minimize and avoid.

The use of positive self-care strategies such as personal psychotherapy can be emphasized as an important element
of ongoing self-care to be engaged in at different times throughout each psychologist’s career. It should not be stigmatized or seen as something to be avoided or only utilized when one is “sick.” Faculty who speak openly about their own struggles with maintaining a healthy balance between personal and professional demands and obligations, about the various types of distress they experience and how they work to address them, and about the value of ongoing self-care activities in their lives will play a key role in helping students to develop this healthy and realistic professional identity. Importantly, Dearing, Maddux, and Tangney (2005) found that faculty played a key role in students’ decisions to seek or not seek personal psychotherapy.

Graduate programs can also make other self-care opportunities available to students and encourage their active use. Examples may include offering mindfulness meditation classes, tai chi, massage, exercise classes, and even group walks. Modeling healthy dietary patterns and ensuring that students have access to healthy foods on campus are helpful as well. Further, it is recommended that training programs go far beyond just encouraging students to participate in ongoing self-care activities. The essence of our recommendations is that faculty, supervisors, and mentors create a culture of self-care that actively promotes these activities as essential for all students, trainees, and psychologists. Schools must put needed resources into self-care training and activities, integrate self-care opportunities into students’ schedules, and be flexible with regard to how students meet academic and training requirements based on their individual needs. In sum, educators, trainers, supervisors, and all others in the profession must not just “talk the talk,” we must “walk the walk” as well.

WHAT SCHOOLS ARE PRESENTLY DOING

In a survey of training directors, Schwebel and Coster (1998) found most efforts at addressing self-care and psychological wellness to be “one-shot experiences and not ongoing and integral to the entire graduate program” (p. 288). Reported obstacles to developing and implementing prevention programs included budgetary constraints and a reported lack of space in the curriculum.

A more recent survey of graduate students (Munsey, 2006) found that 85% of those surveyed reported that educational materials about self-care were not disseminated in their program, 63% reported that self-care activities were not sponsored by their program, and 59% reported that their program did not encourage or promote self-care. These data highlight the great need that still remains for actively integrating these activities into every student’s graduate school experience. These findings are perhaps even more sobering in light of training directors’ recommendations back in 1998 that graduate programs should require personal psychotherapy of all students, implement support groups that are available to all students, integrate self-care into clinical supervision, and ensure that well-functioning and the prevention of impairment be integrated into ethics and other professional issues courses (Schwebel & Coster, 1998).

A CALL TO ACTION

As Smith and Moss (2009) emphasize, the profession of psychology can learn from others. Formal structures need to be put in place so that in addition to efforts at prevention, when difficulties are experienced intervention can occur at the distress stage rather than wait until after impaired competence develops. For example, in the medical field there are support groups created in which students are able to meet on a regular basis to discuss personal and professional issues related to distress, burnout, and impairment. New standards for accreditation need to be promulgated to ensure that adequate attention to distress, impairment, burnout, and self-care is integrated into each graduate school’s curriculum. This focus should occur in all phases of training and in all settings to include practicum and externship sites, and it should be integrated into all clinical supervision. This can continue during internship and postdoctoral training.

For practicing psychologists the need for ongoing self-care and psychological wellness efforts remains of vital importance. The American Psychological Association; its graduate student organization, APAGS; APA’s many divisions; and state, provincial, and territorial psychological associations (SPTPAs) and their respective graduate student organizations must redouble their efforts to educate and inform psychologists and graduate students about these important issues. These efforts should not just be limited to practicing clinicians. Researchers, educators, and psychologists in all work settings and in all roles are vulnerable to the pernicious effects of distress, burnout,
and impairment. All psychologists must be informed about these issues through newsletters, e-mail lists, continuing education activities, convention programming, workshops, and the like. Researchers can view this as an important area to study and put their efforts into a better understanding of the nature, causes, and effective prevention and amelioration of distress, burnout and vicarious traumatization.

SPTPAs and their respective licensure boards can work together to draft changes to licensure laws so that ongoing continuing education about these issues will be mandated. At present, many psychologists are required to participate in continuing education activities in areas such as ethics, clinical supervision, and diversity issues to have their license renewed. Mandating a similar requirement for continuing education regarding distress, impairment, burnout, vicarious traumatization, and self-care in each licensure renewal cycle would at least provide psychologists with minimal exposure to these issues and would hopefully sensitize them to the importance of actively addressing them on an ongoing basis. Additionally, at present licensure laws in only two states (Maryland and Virginia) mandate the existence of a colleague assistance program that the licensure board may direct psychologists to (Barnett & Hillard, 2001). Replicating this in other jurisdictions should help make these programs more accessible to psychologists in need and would hopefully help encourage their active use. Finally, SPTPAs and their graduate student organizations can develop and offer support groups to their members, lead ongoing self-care activities, and share with each other their successes and failures. Innovative programs can easily be replicated by other associations rather than trying to create their own from scratch.

REFERENCES


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