

## Chapter 17

# CREATING AND USING STRATEGIES FOR SELF-CARE

The theme of personal responsibility runs through this book. We cannot escape responsibility for what we choose to say and do or for those times we choose to remain silent and do nothing. We cannot hand over this responsibility to an ethics code, the law, our colleagues, our government, our employer, an insurance company, a professional association, or any other source outside ourselves. Few of us can fulfill this responsibility if we are personally drained, overwhelmed, or demoralized.

We recommend creating strategies for self-care as early as possible in your education, training, and practice. "Promoting self-care during training is likely to provide a foundation for career sustaining self-care practices that prevent burnout in later professional life" (Pakenham, 2015, p. 145). Neglecting an ethic of self-care early on can drain the enthusiasm, joy, resilience, and meaning out of a career. It can undermine our competence and hurt our ability to practice ethically. It can sink us in discouragement, compassion fatigue, and burnout.

### PAYING ATTENTION TO THE SELF

Psychotherapy is demanding work. It can leave us physically, emotionally, and spiritually drained. Even doing related tasks while not doing psychotherapy—writing chart notes, requesting authorizations and prior approvals, billing insurance companies, returning phone calls between sessions, sending a

second bill to insurance companies after receiving notification that they never received the first bill we sent, filling out disability claim forms, sitting on hold while waiting to ask the insurance company why it is now saying that we used the wrong code on the second bill we sent when that is exactly the code it told us to use when we called before sending in the first bill, trying to figure out why the microphone suddenly goes silent during Zoom therapy sessions, and trying to find time to consult about a suicidal patient who does not seem to be responding to therapy—can run us ragged.

In the midst of these demands, paying attention to the self is crucial. An occupational hazard that trips up too many of us is failing to stop and pay attention when we become too exhausted, too discouraged, too frustrated, too sad, too angry, too disillusioned, or too cynical. We try to plow ahead, pushing aside the awareness that we are hurting. Instead of trying to understand and do something about what's gone wrong in our lives, we try to ignore it. Or explain it away. Or self-medicate. Or assume there is nothing we can do.

Good strategies for self-care include reminders to stop and ask ourselves if we are hurting and, if we are, to ask ourselves why and what we can do about it. Actively looking for red flags that we may not be taking good care of ourselves can be helpful. The next section discusses a few of these red flags.

### WHAT HAPPENS WHEN SELF-CARE IS NEGLECTED

Neglecting self-care can have corrosive consequences for the therapist and therapy. Every psychologist is unique in important ways, does work that is unique in important ways, and experiences the effects of neglecting self-care in a personal way. Yet some common themes appear. Each of the following may be a result of, aggravated by, or a reflection of neglecting self-care, though each, of course, can have other causes.

#### Disrespecting Clients

When work is overwhelming, therapists may fail to treat their clients with dignity and respect (see Chapter 4), talking about them in ways that are disparaging, degrading, and belittling. They may complain about how unmotivated, ungrateful, selfish, insensitive, dishonest, lazy, and generally undesirable their clients are. They may grow harsh, judgmental, and rejecting. They may lose empathy, kindness, and connection. They may distance and dehumanize their clients, referring to them only by labels. They may tell jokes about their clients, invent demeaning nicknames for them, and ridicule them in other ways.

### Disrespecting Work

Depleted and discouraged through lack of self-care, therapists may trivialize or ridicule their work. They may call therapy a charade, fraud, or joke. They may view their work as empty, ineffective, and meaningless. They may start showing up late for sessions, skip some scheduled sessions altogether, or fail to return clients' telephone calls.

### Making More Mistakes

Despite our best efforts, we all make mistakes. Openly admitting our mistakes and correcting them or addressing the problems they cause is one of our ethical responsibilities as therapists. But self-neglect can hurt our ability to do our work. We may begin making more and more mistakes. We find ourselves accidentally double-booking clients, forgetting appointments, calling a client by the wrong name, misplacing charts, or locking ourselves out of our own office.

### Lacking Energy

If we do not take care of ourselves, we can run out of energy and find ourselves without sources of rest and renewal. We wake up tired, barely find the will to drag ourselves out of bed and to work, fight to stay awake during a session, wonder how we will ever make it through the rest of the day, leave work—*finally!*—too exhausted to do anything fun, and head to bed only to start the grim and grinding routine all over again.

### Becoming Anxious and Afraid

If we fail to care for ourselves, we may fall victim to fear and anxiety. We begin to doubt that we are up to dealing with the uncertainties, challenges, demands, and stresses of practice. What if our referral sources all dry up and our current clients terminate? Did we bungle that last assessment, wind up with the wrong diagnosis, and miss crucial aspects? Did we say the wrong thing when responding to a suicidal crisis, and will that person commit suicide before the next session? What if that agitated client becomes violent during a session? What if someone files a malpractice suit?

### Using Work to Block Out Unhappiness, Pain, and Discontent

If we neglect our self-care and our lives lack joy, meaning, and fulfillment, one self-defeating response is to try to lose ourselves and our painful feelings in work—wall-to-wall work. More and more clients, projects, and responsibilities

crowd our lives until we lack free time to reflect on our lives, spend time alone apart from work, or face how lost, empty, anxious, afraid, or hopeless we are. Some therapists work long hours and revel in it, finding great joy and fulfillment, but the pattern here is different. Filling the time with work brings little to nourish the self—it only distracts us from an unfulfilling life. Excessive work is only one of the destructive coping strategies (others are abusing food, alcohol, and drugs) that we use to block out what happens when self-care is neglected.

### Losing Interest

Neglecting self-care can lead to an empty professional life that no longer brings excitement, joy, growth, meaning, and fulfillment, and as a result, we may lose interest in it. We no longer feel committed to the work or connected to our clients. We go numb and try to get by on automatic pilot. We go through the motions, forcing ourselves to do as good a job as we can. Our heart is no longer in it.

## MAKING SURE THE STRATEGIES FIT

A good fit is as important in self-care strategies as it is in clothes. Making or buying clothes that fit our friends, or that fit the "average" person, or that match the most popular sizes won't help most of us find clothes that fit well. Using self-care strategies that are lifesavers for our colleagues may make us miserable. What sustains, replenishes, and gives us meaning as individuals may flow far from the mainstream. Few of us would tell someone who has found happiness, significance, and contentment in choosing a solitary monastic life with vows of silence and poverty, "You know, you really ought to get out and socialize more and find ways to earn some money so that you'll have a nest egg you could rely on. I know you'd feel better about yourself and have a better life! It's worked for me and so many others!"

Listening to ourselves, experimenting, being honest with ourselves about what does and does not work are part of creating self-care strategies that fit us as individuals. Although there is no one-size-fits-all to any self-care strategy, here are a few of the challenging areas that many therapists contend with in making sure that they are taking good care of themselves.

### Isolation vs. Connection

Solo practice can isolate us. We spend our days in our office. Especially if we work long hours, we can lose touch with friends, colleagues, and the world beyond our office. Even during "free" time when no patient is scheduled,

there are always charts to update, bills to prepare, work-related telephone calls to make, and so on. Some therapists find it helpful to place strict limits on the time they spend in the office and schedule activities that bring them out of isolation. Creating ways to stay connected to others is a basic self-care strategy for many therapists.

### Monotony vs. Variety

Even when we limit our time with clients to, say, 30 to 35 hours a week, spending so much time seeing clients can be too much for some therapists. Some find work to break up their days and provide variety like teaching a course, consulting, leading a supervision group, getting active in local, state, regional, or national professional organizations.

### Fatigue vs. Limits, Rest, and Renewal

How much time do you need between clients: 5, 10, or 15 minutes? How many clients can you see in a row without needing a longer break of at least an hour or more? How many clients can you see in the course of a day without feeling so tired that the quality of your work falls off as the day goes on? Therapists differ greatly in these areas. Some work four consecutive 50-minute sessions with a 10-minute break between each, take an hour off for lunch, and return for another four consecutive sessions without any lapse in enthusiasm or competence. Others can do their best work with no more than five clients each day. Knowing and respecting our personal limits is a key aspect of self-care. Some consider 25 to 30 client-hours a week to be full time because of the additional hours needed to keep clinical records, return telephone calls, and so on.

Part of self-care in this area is learning what workload we can handle well and creating a schedule that matches that workload. The focus must remain on the amount of work that we can do well, not the amount that we feel we should do, or used to be able to do, or that some of our colleagues do. Sometimes the top number of hours that we can do good work with clients conflicts with the number of hours we need to do therapy in order to pay the bills, develop our practice, or please our employer.

Effective self-care strategies not only influence our patterns of breaks—everything from the breaks we take between sessions to our vacations—but also emphasize activities, attitudes, and approaches that help us recover from fatigue, that replenish and renew us on a daily basis.

### The Sedentary Life vs. Physical Activity and Exercise

Psychological assessment and therapy are usually—not always—done while the client is sitting (or lying down) and the clinician is sitting, neither of them

moving around much. For many therapists, self-care includes making time for moving, stretching, and physical exercise. Physical exercise is a major self-care strategy for many therapists, not only for its physical benefits and the break it provides from work, but also for its psychological benefits (see, e.g., Chan et al., 2019; Ensari et al., 2015; Gaitan-Sierra & Hyland, 2014; Hays, 2002; Klaperski et al., 2019; Lefferts et al., 2019; Ludyga et al., 2020; Morris et al., 2019; Rebar et al., 2015; Wang et al., 2014).

### The Dispirited Life vs. Nurturing the Spirit

If a psychology practice does not provide us with enough physical movement and exercise, it may also fail to nurture the life of the spirit. Setting aside time for meditation, prayer, and other spiritual or religious practices can be an important aspect of self-care for some therapists. Others find that such diverse activities as reading or writing poetry, hiking through the woods, playing or listening to music, sitting on a riverbank, acting in or viewing a play, or watching a sunset helps nourish their spiritual lives. For many, these experiences often bring a sense of awe, peace, joy, and transcendence.

### The Unsupported Life vs. Support Networks

Graduate schools and internships place us in a network of professors, supervisors, administrators, and other students. Facing a challenge, we can talk it over with teachers and classmates. Our clinical work is closely monitored, and we receive feedback, ideas, suggestions, and guidance. When we start an independent practice or begin work in an agency that tends to be unsupportive and isolating, the responsibility to create that support network falls to us. What are some important components of a support network? This is not an exhaustive list but here are 10 important components:

#### 1) *Supervision, Consultation, and Additional Training*

Find or create resources for talking over your work, expanding your knowledge and skills, and continuing to grow as a psychologist. Is there someone you would like to hire to provide you with supervision or consultation? Understanding how *supervision* and *consultation* are defined under state laws and regulations is crucial. They tend to differ in terms of who is primarily responsible for clinical care and decision-making. Would you like to create a peer-consultation group? What continuing education courses, workshops, and other activities would help you update your knowledge, improve your skills, and expand your areas of competence? What local, state, national, or international organizations could provide you with information and support? Consider what sources of support you as a unique individual will need to practice effectively.

**2) Accountant**

Find an accountant you trust to help review your business plans, look at your current financial resources, and advise you on tax matters. They will be able to discuss issues such as the pros and cons of incorporation, what expenses will be deductible, which records and receipts you'll need to keep for tax purposes and compare the relative financial merits of a home office, a separate office shared with one or more clinicians, or a separate office for you alone.

**3) Billing/Bookkeeper**

Many practitioners do their own billing and bookkeeping. If you choose this route, you might look into software programs that can help with these tasks. Other clinicians prefer not to take on this additional administrative task. Instead, they hire an individual or company to do their bookkeeping and billing. Some communities have services that specialize in this area for psychotherapists or for health-care providers more generally. Check with colleagues in your community for recommendations.

**4) Psychopharmacology Resources**

Unless you are able to prescribe medications, find someone skilled in psychopharmacology who will work collaboratively with you and your patients. Some patients, of course, do not need psychotropic medications, and others may come to you already taking medications prescribed by someone else. You may wish to refer some patients to a psychopharmacologist with prescription authority for an evaluation to see if medications might be helpful.

**5) Emergency, Hospital, Safety, Legal, and Other Resources**

What are the emergency, inpatient, and day treatment settings, homeless shelters, interpersonal violence shelters, food banks, legal aid, immigration, asylum, and similar services available in your community? How much do they cost, and what are their admission criteria? Visit them, and introduce yourself to the staff and administration. Find out about their policies and procedures. For hospitals, find out whether you are eligible for staff privileges. If one of your clients needs hospitalization or other crisis services, you will be familiar with available options and the necessary steps for each.

**6) Mandatory and Discretionary Reporting Resources**

Find the contact information for the agencies to which you would file mandatory or discretionary reports of such matters as suspected child abuse or elder abuse. There may be times when you are unsure of whether you are obligated to file a report. One source of consultation you can draw on at such times is the agency to which you would file the report. You can call and, without disclosing any identifying information about the actual people involved, provide the agency with a hypothetical situation and ask if such a fact pattern falls under the duty to

report. Be sure to document that consultation as one of the steps you took to decide whether to report. You may also call your attorney, your licensing board, or your professional liability carrier for guidance.

**7) Attorney**

We recommend finding an attorney experienced in mental health issues in your jurisdiction as early as possible in your career. He or she can review your forms, policies, and procedures; answer your questions about legal requirements and pitfalls, and be a telephone call away if you are in the midst of responding to an urgent situation and need legal advice. Some state or provincial psychological associations may offer an attorney consultant as part of the membership services.

**8) Personal Relationships**

Good relationships can be key to our sense of well-being. An absence of good friends (and the time to spend with them) or spending too much time in toxic relationships can lead to burnout. Feminist Jean Baker Miller (1988, 1991) described the qualities and dynamics of relationships that make us feel understood, valued, and more alive. Judy Jordon (1997) emphasized the importance of a sense of connection. "Ruptures" in our important personal or work relationships can be devastating. Seymour Sarason (1974) looked at the social environment that we find or create for ourselves and emphasized the "psychological sense of community," (p. 157) that feeling that one is part of a larger dependable and stable structure (see also Nistor et al., 2015; Ray et al., 2019).

**9) Maintaining Health**

Moving from a graduate school environment that often includes a student health service and health coverage to suddenly being out on our own in independent practice or in organizational employment that offers little or no health coverage makes it easy to neglect our health and medical needs. It becomes our responsibility to find affordable health-care coverage well matched to our individual needs and a competent physician whom we trust. Colleagues and local insurance brokers may be good sources of information.

**10) Managing Stress**

Therapists may experience periods of extreme unhappiness and distress. Some of the themes in Chapter 6: *Competence, Humility, and the Human Therapist*, are worth reviewing here. In one national study of therapists' accounts of their own experiences as therapy patients (Pope & Tabachnick, 1994), of the 84% of the therapists who had been in therapy, 61% reported experiencing at least one episode of what they termed clinical depression, 29% reported having felt suicidal, and 4% reported having attempted suicide.

Practice itself may be stressful. In another national study of practicing therapists (Pope & Tabachnick, 1993), 97% reported fearing that a client would commit suicide, 91% reported fearing that a client would get worse, 89% reported fearing that client would attack a third party, 88% reported fearing that colleagues would be critical of their work with a patient, 86% reported fearing that a client would need clinical resources that are unavailable, 83% reported fearing being attacked by a patient, and 18% reported having been attacked by a patient. Over half reported having been so afraid about a client that it affected their eating, sleeping, or concentration. About 12% reported that a client had filed a formal complaint (e.g., about malpractice or licensing) against them. Over 3% had obtained a weapon to protect themselves from a patient.

Anger was another major theme of the study. For example, 83% reported anger at a client because of unpaid bills, 81% reported anger at a client who was verbally abusive at them, and 46% reported having become so angry at a patient that they did something that they later regretted.

Effective self-care strategies take realistic account of both how stressful doing therapy can be and how distressed we can become. What resources can we develop for coping with the stresses of our work? How can we address our own distress, seek professional help if we need it, and become aware if we reach a point of being too distressed or impaired to work effectively? Our own personal psychotherapy can play a key role for many of us. Norcross (2005) noted that for therapists "The prevalence of personal therapy varies systematically with theoretical orientation. Psychoanalytic clinicians have the highest rates (82% to 100%) and behavior therapists the lowest (44% to 66%) in the United States" (p. 841). Orlinsky et al. (2011), in a study of personal psychotherapy among psychologists, counselors, social workers, psychiatrists, and nurses in six countries, found that "87% of the overall sample embarked on personal therapy at least once: 94% of analytic/psychodynamic therapists, 91% of humanistic therapists, 73% of cognitive-behavioral therapists, 82% of the novice therapists to 89% of senior therapists" (p. 828). For some, personal therapy is not only a resource for dealing with stress and problems but a key part of training and professional development (Bennett-Levy, 2019; Rabu et al., 2019).

### 11) Self-Care Strategies for BIPOC<sup>1</sup>

For Black, Indigenous, and People of Color (BIPOC), self-care also requires an understanding of how oppression impacts the self and creating ways to actively resist internalizing negative and inhumane messages about you and

<sup>1</sup> This list is adapted from "Surviving and Resisting Hate: A Toolkit for People of Color" by Hector Y. Adames and Nayeli Y. Chavez-Dueñas (2017). [© copyright Adames & Chavez-Dueñas] It is available online at [www.icrace.org](http://www.icrace.org).

your community. The following list is not exhaustive but are some self-care ideas for you to consider:

- As a BIPOC, a form of self-care is to connect with individuals, communities, and organizations that affirm your humanity.
  - Having a healthy cultural suspicion or cultural mistrust (having a guarded stance toward individuals and institutions until they have earned your trust, taking time to build relationships with new colleagues) is considered a psychological strength for BIPOC (see Adames & Chavez-Dueñas, 2017; Boyd-Franklin, 2006; Whaley, 2001; White & Cones, 1999). Cultural mistrust can be considered as a form of self-care since it has allowed BIPOC to survive and thrive during times of stress throughout history.
- Systemic oppression may make many BIPOC believe that they must constantly work in order to prove their self-worth. However, making time for joy and pleasurable activities in and of itself is an act of liberation which can lead to a life that is fulfilling. As Audre Lorde reminds us, "Caring for myself is not self-indulgence, it is self-preservation" (1988, location 1702).
- There are times when the impact of racism and institutional oppression may lead you to feel overwhelmed and exhausted. During those times self-care includes giving yourself permission to experience what injustice naturally evokes in you. All feelings are acceptable including anger. Honor your feelings and remember that productive anger has led to positive change for BIPOC.
- The ultimate act of self-care for BIPOC is to resist internalizing oppression by knowing that the system does not get to determine your worth, dignity, and humanity. You are inherently valuable and your life matters.

### THE NEED FOR CHANGE

Self-care strategies that support, strengthen, deepen, replenish, and enliven may, less than a year later, become a senseless obligation, distraction, and waste of time. Therapists who focus on the subtle, sweeping, and profound changes in their clients' lives can overlook changes in their own lives and how these changes can affect self-care needs and strategies. Effective self-care includes paying attention to the ways in which our needs for self-care can change over time, calling us to change course and create new strategies.