Practice Innovations

© 2022 American Psychological Association
ISSN: 2377-889X

2022, Vol. 7, No. 4, 313–326
https://doi.org/10.1037/pri0000190

The New Self-Care: It's Not All About You

Jeffrey E. Barnett and Grace Homany
Department of Psychology, Loyola University Maryland

Clinical work as a mental health practitioner can be very rewarding and gratifying. It also may be stressful, difficult, and emotionally demanding for the clinician. Failure to sufficiently attend to one's own functioning through appropriate ongoing self-care activities can have significant consequences for the practitioner's personal and professional functioning to include experiencing symptoms of burnout and compassion fatigue that may result in problems with professional competence. The American Psychological Association (2017) ethics code mandates ongoing self-monitoring and self-assessment to determine when one's competence is at risk or already degraded and the need to then take needed corrective actions. Yet research findings demonstrate how flawed self-assessment is and that many clinicians will not know when assistance is needed or what support or interventions are needed. Instead, a communitarian approach to self-care is recommended. This involves creating and actively utilizing a competence constellation of engaged colleagues who assess and support each other on an ongoing basis. Recommendations are made for creating a self-care plan that integrates both one's independent self-care activities and a communitarian approach. The role of this approach for promoting ongoing wellness and maintaining one's clinical competence while preventing burnout and problems with professional competence is accentuated. The use of this approach as a preventive activity as well as one for overcoming clinician biases and self-assessment flaws is explained with recommendations provided for practical steps each mental health practitioner can take now and moving forward.

Clinical Impact Statement

This article addresses the important connections between clinical competence, threats to it, and the role of self-care for promoting ongoing clinical competence. The fallacy of accurate self-assessment of one's competence and self-care needs is addressed, and support is provided for a communitarian approach to self-care and the maintenance of competence.

Keywords: self-care, competence, ethics, communitarianism, competence constellations

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Perhaps the term *self-care* has been used so frequently in popular media and culture in recent years that, for many, it may have lost some of its meaning and original intent. The focus on self-care as self-indulgence, with an emphasis on activities such as massages, pedicures, facials, or bubble baths with scented candles and soft music while enjoying a glass of wine, has received significant attention in the media. A recent online search of "self-care in magazines" yields numerous entries under the term "self-care" including "25 Famous Women on Their Guilty Pleasures and Indulgences" along with other entries that include a focus on spa treatments with chocolate and wine, facials, retreats, "me time," and "just loving yourself!"

While each of these activities may possibly be components of an individual's overall self-care plan, none of them alone is seen as being sufficient. Further, considering self-care as self-indulgence may

This article was published Online First September 22, 2022.

Jeffrey E. Barnett https://orcid.org/0000-0003-0664-4168

We have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Jeffrey E. Barnett, Department of Psychology, Loyola University Maryland, 4501 North Charles Street, Baltimore, MD 21210, United States. Email: jbarnett@loyola.edu

imply selfishness, vanity, or shallowness on one's behalf and thus that this is an undesirable activity. As will be demonstrated, this depiction of self-care could not be further from the truth. The ongoing practice of self-care, when engaged in effectively, is essential to both one's personal wellness and clinical effectiveness. It is recognized that the many challenges, demands, and stressors in each practitioner's professional and personal lives may over time have a negative impact on their functioning, possibly resulting in clients receiving inadequate or even harmful care (American Psychological Association [APA], 2017; Baker, 2003).

The Need for Ongoing Self-Care

Self-care is a term used to refer to an approach to living that may include a set of attitudes and values and the use of a wide range of activities that help prevent burnout and problems with professional competence (Elman & Forrest, 2007; Rupert et al., 2015) as well as promote ongoing wellness and clinical effectiveness (Wise & Reuman, 2019). In fact, Wise et al. (2012) emphasized that "self-care is an ethical imperative as it relates to competence" and that one must "take an honest, compassionate, and unflinching look at the role of self-care and well-being in professional psychology" (p. 487) as well as in their individual lives. The ongoing practice of self-care is of relevance to each practitioner for a range of reasons.

Work-Related Issues

It has long been understood that while the work of mental health practitioners is often greatly rewarding, it can be quite demanding, stressful, and even emotionally depleting (Stevanovic & Rupert, 2004). There are numerous aspects of this work, to include clinical, administrative, and business issues, that can contribute to this occurring (Norcross & VandenBos, 2018). Clinical challenges and stressors may include clients who are noncompliant with treatment recommendations or who are inconsistent about keeping scheduled appointments, clients who do not improve and those who relapse or whose condition deteriorates, clients who are demanding or aggressive including those who may be threatening or assaultive, dealing with client crises after hours and between regularly scheduled appointments, and clients who are suicidal including those who attempt and complete suicide (Wurst et al., 2011).

Administrative challenges and stressors may include documentation and paperwork requirements, especially those mandated by insurance and managed care companies; having one's clinical records audited by an insurance or managed care company; and having reimbursement rates reduced and authorization requests denied. One may also experience difficulties with staff members to include them not carrying out required duties competently, engaging in unethical behavior, or abruptly discontinuing their employment (Wise & Barnett, 2016).

Those who practice in institutional or agency settings where they must function within a bureaucracy where significant demands are placed on them and they receive limited support from supervisors and colleagues may be at increased risk for experiencing burnout and thus problems with professional competence (Thompson et al., 2014). Additionally, as Rupert and Morgan (2005) have found, practitioners who experience less control over their work setting and who experience an excessive workload, to include spending more time on administrative tasks and paperwork, are also at greater risk of experiencing symptoms of burnout.

Being a practice owner or partner can yield significant benefits, financial and otherwise, but it may also bring numerous challenges and stressors (Barnett & Musewicz, 2022). These may include the ups and downs of referrals and one's caseload, the financial challenges of too few clients and the time demands of too many clients, having clients not pay their fees on time or at all, and being responsible for every aspect of one's practice including advertising and marketing of services, maintaining relationships with referral sources, responsibility for bills, and hiring and managing staff (Rupert et al., 2015). Additional stressors may include the fear, and actuality, of defending oneself against licensing board complaints and malpractice lawsuits. Even a frivolous complaint or lawsuit can be emotionally and financially taxing and a significant time drain to defend oneself against (Knapp et al., 2013).

More recently, the shift from in-person to online treatment has resulted in clinicians needing to make a rapid change in how professional services are provided, despite often feeling unprepared to do so (Glueckauf et al., 2018). Challenges include learning new technologies, the loss of in-person relationships and connections with clients, difficulties providing clients with needed care via online technologies, and the loss of daily incidental contacts with colleagues in the work setting and the support and meaningful connections associated with them

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

(Webster, 2020). Many practitioners now sit in front of a computer screen for hours each day and experience what Wiederhold (2020, p. 437) has termed "Zoom fatigue." Further, not being able to observe the client's entire body requires practitioners "to compensate by paying especially close attention to what was in their view," further adding to the stress and fatigue practitioners experience (Shklarski et al., 2021, p. 60).

Personal Issues

In addition to the many challenges and stressors in one's professional life, it goes without saying that mental health practitioners have personal lives as well. While practitioners hopefully experience much satisfaction and joy in their lives, over time, each practitioner may experience significant stressors, challenges, difficulties, and loss. Examples may include coping with health problems to include life-threatening illness for oneself and for loved ones, experiencing relationship difficulties and breakups, coping with loneliness, and managing financial difficulties (Barnett, 2008; Blustein, 2001).

Many practitioners are also coping with pandemic-related stressors and trauma such as the loss of in-person interactions and connections associated with physical distancing requirements, childcare and virtual learning challenges, living with the fear of becoming infected personally and for family members, caring for family members who are ill, and coping with loss and grief (Phillips et al., 2021), which Rosen et al. (2020) described as "a traumatic stressor" (p. 175) due to the widespread experience of "persistent fear; illness; social isolation; economic stress; resource loss; or the death of a family member, friend, or patient" (p. 174). As a result, many psychotherapists are finding it difficult to effectively assist clients to cope with pandemic-related trauma due to the deleterious impact of the psychotherapists' own pandemic-related trauma (Shklarski et al., 2021).

In addition to the trauma experienced by practitioners and their clients secondary to the COVID-19 pandemic, each may be impacted as well by other ongoing stressors such as political conflict, controversial legal rulings, mass shootings, and climate change. Additionally, practitioners may experience personal difficulties either independent of or in response to such life events and difficulties. One may experience difficulties such as depression, anxiety, grief, chronic pain, other health issues, and substance abuse disorders.

Data from the Centers for Disease Control and Prevention indicate adults in the United States experiencing a fourfold increase in rates of depression and anxiety between 2019 and 2021 (Terlizzi & Schiller, 2021). Additionally, the 2021 APA Work and Well-being Survey (APA, 2021) found that 59% of those surveyed were experiencing work-related stress that negatively impacted job performance, with symptoms of "physical fatigue, cognitive weariness, and emotional exhaustion (Para. 8)" reported, each of which are relevant to burnout and one's ability to perform one's duties competently.

Additionally, many mental health practitioners bring with them dispositions to experiencing emotional and other difficulties. Many have been caregivers or peace makers in their family of origin, and others seek to work through previously experienced emotional difficulties by entering this profession. O'Connor (2001) has pointed out

> a possible link between a history of abuse, alcoholism, or parentification in family of origin and a desire to enter a helping profession. Such a profession allows a continuance of the caretaking role, as well as the potential for mastery of chaotic environments, more generally. In essence, the mental health professional may be drawn to the role in part because they have been well prepared for it. A traumatic childhood may allow greater identification with the client and an opportunity to repair or master old wounds. (p. 346)

While this may not be true for every practitioner, it may be relevant for some, and attention to how one's personal history and early relationship patterns may create vulnerabilities or impact one's current functioning is of great importance.

The Interaction of the Professional and the Personal

It would be highly beneficial if one could leave work stressors (and traumas) at the office, not having them impact their personal lives. It is difficult to imagine one being able to compartmentalize the impact of events such as having a client complete suicide, being physically assaulted by a client, being notified that they are being sued for $3 million by a former client, or being audited for the past 2 years of services, so well as to not have these challenges impact one's emotional functioning, interpersonal relations, or even one's mood or sleep.

It also would be desirable for the challenges, difficulties, and losses in one's personal life to be kept from impacting their clinician roles and

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

responsibilities. Yet it seems difficult to conceive of how one would manage the effects of having a family member in intensive care on a ventilator or the death of a loved one, going through a difficult divorce and contested child custody battle, or even coping with one's own depression, and not have them impact one in their clinical roles. As Pipes et al. (2005) emphasized, there is no firm boundary between the personal and professional aspects of practitioners' lives. Despite any efforts to the contrary, they regularly interact with and impact each other, often compounding their effect on the practitioner. Because of this interconnectivity, the effects of coping with challenges in each aspect of a clinician's life will be present when functioning in the other aspect (Jiang et al., 2021).

Stress, Distress, and Burnout

Each practitioner regularly experiences distress: one's subjective emotional response to the many challenges, stressors, and demands in their lives, both personal and professional (Smith & Moss, 2009). While distress is experienced on a continuum and low levels of distress are part of the human condition, if not adequately addressed, over time the buildup of distress can lead to the development of burnout (Baker, 2003), a condition initially described by Freudenberger (1975), conceptualized as "a depletion or exhaustion of a person's mental and physical resources attributed to their prolonged yet unsuccessful striving toward unrealistic expectations, internally or externally derived" (p. 223). Burnout is characterized by the presence of emotional exhaustion, depersonalization (characterized by loss of empathy for clients and increased cynicism; Morse et al., 2012), and a loss of sense of professional accomplishment (Leiter & Maslach, 1988; Maslach et al., 2001). Each of these components exists on a continuum with no clear boundary that signifies that one is now burnt out, meaning that each individual may have different thresholds for different components. Therefore, burnout manifests differently for every clinician (Morse et al., 2012). Further, those practitioners who treat victims of trauma may be at even greater risk when facing unmanageable distress, finding themselves suffering from compassion fatigue or secondary traumatic stress and, as a result, experiencing many of the same symptoms for which they are treating their clients (Bride et al., 2007). These may include intrusive thoughts, flashbacks, nightmares, hypervigilance, and other symptoms of posttraumatic stress disorder that can negatively impact the practitioner in their personal life as well as in their professional roles and responsibilities (Galek et al., 2011).

Work-related challenges, demands, and stressors are not the only contributors to the development of symptoms of burnout. Factors in each practitioner's personal life must not be overlooked as these may be relevant to the practitioner's stress level. The professional self of the clinician is tasked with managing client relationships and upholding a certain level of expertise and ongoing support of clients in their role as a professional helper (Skovholt, 2001). Distress resulting from each aspect of a practitioner's life, to include pandemic-related stressors, may contribute to the development of burnout. The influence of mounting distress in one's personal and professional life may have a cumulative negative effect that increases over time. This interconnectivity has the potential to create a negative cycle that may be difficult to break. Because of the fragile balance between manageable and unmanageable levels of professional and personal stress, intentional and ongoing self-care routines to mitigate distress in both realms are essential for maintaining one's ability to function well in each domain (Barnett, 2008).

Engaging in Self-Care

In mitigating the impacts of ongoing stressors on a clinician's personal and professional lives, self-care also helps prevent problems with professional competence that may arise when clinicians routinely provide professional services when exceptionally distressed or experiencing significant symptoms of burnout (Baker, 2003). The ongoing effective practice of self-care is essential for maintaining one's clinical competence (Barnett & Corcoran, 2018).

Self-Care and Clinical Competence

Professional competence has been defined by Haas and Malouf (2005) as possessing the knowledge, skills, attitudes, and values needed, and the ability to effectively access and implement them, for the benefit of the recipient of the professional service. The nature of professional competence in psychology is fluid. Necessary competencies will vary depending on where a clinician practices, the

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

needs of their clients, and the interventions they use. Competence is not a singular entity, but rather one's total ability to effectively access and apply their competencies in a given setting at a given time. Effective application varies just as necessary competencies do, changing depending on client factors, treatment needs, and the context of practice. Ongoing challenges and stressors in a clinician's life may impact their ability to access and implement their knowledge and skills, thus impacting their clinical competence and effectiveness (Barnett et al., 2006). Over the course of a career, competence waxes and wanes depending on significant life events, stressors, job changes, and how one chooses to respond (or fails to respond) to distress (Johnson et al., 2012). Given the many challenges and contextual factors that can impact professional competence, consistent maintenance of knowledge and skills, frequent assessment of competence, and engagement in a well-tailored self-care routine are keys to upholding professional standards (Epstein & Hundert, 2002).

The Fundamentals of Self-Care

Self-care is defined as a well-integrated routine with the multiple goals of promoting optimal functioning in practitioners, something Wise et al. (2012) described as thriving and flourishing, and helping to combat the deleterious effects of ongoing stressors in each clinician's life that may result in decreases in professional competence (Elman & Forrest, 2007). Well-rounded self-care need not be a complicated list of aesthetic appointments, vacations, or indulgent foods. Rather, effective self-care should be seen as a routine that is individualized to include activities that are relaxing, rejuvenating, enjoyable, and accessible (Norcross, 2000). An expensive spa vacation may be relaxing but may not in fact be an enjoyable form of self-care if it exacerbates financial worries or feels like a burdensome trip that must be taken to check a box next to "relaxation." Self-care routines ought to address realms of emotional, physical, relational, and spiritual functioning; each facet is an entity that needs nourishment and support (Ziede & Norcross, 2020). When evaluating self-care strategies, one should consider which of the facets of emotional, physical, spiritual, and relational well-being are addressed through their inclusion or exclusion of certain activities. Self-care should be feasible on a day-to-day or week-to-week basis and should not be an activity or event only to be engaged in once a year or even once a month. Consistent with the National Institute for Health and Care Excellence's (2022) guidelines for promoting wellness, a well-rounded self-care routine often includes ensuring adequate rest, a healthy diet, regular physical activity, and engaging in social interactions that are uplifting and enjoyable.

Self-care routines must also address both professional and personal stressors. Because of the interconnectivity, fragility, and fluidity that exists between the personal and professional spheres, no self-care routine is complete when only addressing one realm of functioning (Jiang et al., 2021). Self-care activities throughout the week may entail time spent with loved ones, exercise, practice of a hobby, or a relaxing evening routine. The goal of a strong self-care routine is to promote wellness and optimal functioning and mitigate the impact of ongoing stressors in one's work or personal life that may lead to deterioration in professional competence (Barnett et al., 2007). Self-care is both preventative and preservative. There is no self-care activity or adjustment that is too small or frivolous. Slight changes can have significant impacts on one's functioning, such as incorporating 2 to 3 mins of mindfulness meditation or relaxation exercises into breaks between client appointments or taking a walk outside during one's lunch break. Of course, larger changes such as initiating a regular exercise routine, entering personal psychotherapy, or pursuing new activities that bring greater meaning and joy to one's life are also possible and ought to be incorporated into one's ongoing routines with the goal of sustainability in mind (Wallace et al., 2010).

Self-care is not just a list of activities practitioners enjoy and appreciate; rather, it is an attitude and approach to living that allows one to function at their best while acknowledging their boundaries and maintaining their mental and physical health (Wise & Reuman, 2019). Because the necessary actions to understand personal needs and limits will change over time, self-care routines must change across the different phases of one's life and career as personal and professional duties, responsibilities, and needs change and evolve. For example, the self-care needs of a graduate student are significantly different than their self-care needs several years later as they may be managing the many demands of establishing and running a practice while perhaps raising a family (Wise & Barnett, 2016). Each practitioner will make use of different activities and actions within their self-care plan to prevent and respond to the unique array of stressors they experience (Dorociak et al., 2017). These

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

adjustments over time require awareness of changing needs and a firm understanding of how effective one's current self-care strategies actually are.

Practitioners should be alert to potential pitfalls and challenges that arise when creating and implementing a self-care routine. It is at times alarmingly easy to develop a pattern of engaging in negative or maladaptive coping practices (Barnett, 2008). These may include procrastination and avoidance of engaging in self-care activities, denying or ignoring the presence of stress and distressing emotions, and self-medicating with various substances (e.g., alcohol, food). Other maladaptive coping practices during times of stress may manifest professionally as scheduling clients back-to-back without scheduling needed breaks throughout the day, failure to schedule vacation days or time off, not setting limits on client contact outside of work hours, and skipping meals during the workday. Some of these habits may reflect what Wise and Reuman (2019) described as the "myth of invincibility" through which practitioners hold unrealistic expectations of themselves, assuming they are immune to the struggles their clients face (p. 131). These maladaptive habits may be the result of conscious decisions in the face of ongoing stressors or may develop slowly over time outside of one's awareness, but they often offer tempting short-term solutions to more deeply rooted imbalances. Intentionally integrating smaller, positive self-care activities into one's daily routines will allow for habits that are more sustainable and more effective.

Developing a Personal Self-Care Plan

Developing and assessing the ongoing effectiveness of a self-care plan requires several steps that integrate skills of social, emotional, spiritual, and personal awareness. Practitioners should first consider existing stressors within their personal and professional life and how these stressors manifest and impact their daily functioning. Next, one should acknowledge the self-care practices currently being utilized and consider where additional or different actions may be beneficial. One may also acknowledge the presence of any unhealthy practices currently used for coping with stress and examine alternative or additional strategies that may better serve their needs at this stage. After identifying existing stressors, symptoms of mounting distress, and current self-care practices, one should consider what their current self-care routine lacks and address areas where a change in routine, additional support, or alternative practice would be worth integrating. While forming these plans, consultation with colleagues and peers can be an invaluable resource. Those who interact with a clinician frequently and understand the stressors they face both professionally and personally can provide much needed insight into areas that may require heightened attention or specifically tailored self-care initiatives. Additionally, those colleagues and peers are indispensable in assessing the efficacy of one's self-care plan once it has been created and implemented. If clinicians are honest and forthcoming about the practices they cultivate, the impact (or lack thereof) of their self-care strategies ought to be observable. When self-care strategies are no longer alleviating or preventing mounting distress, one's trusted colleagues may be the first to observe a decline in functioning and recommend additional adjustments.

All too often, erroneous preconceptions of self-care may inhibit the development and implementation of an effective self-care plan. For example, clinicians may believe self-care is not necessary for their optimal functioning (it is!) or that a single event or activity, such as an annual vacation, is sufficient (it is not!). Additionally, there is no "perfect balance" to be found in one's professional life, in one's personal life, or between the two. Balance is an aspirational goal that can guide one's self-care efforts, but it may look different at different points in one's career as demands, needs, and goals change (Barnett, 2008).

Working toward balance in one's professional life can help prevent burnout through actions such as diversifying one's caseload, work schedule, or professional commitments (Stevanovic & Rupert, 2004). For example, rather than spending 30 to 40 hours each week providing individual psychotherapy with one type of client, one may diversify their client mix and their professional activities to include spending a certain portion of their time providing group therapy, conducting assessments, providing supervision or consultation, teaching, offering continuing education workshops, and other professional activities. Personal life balance is of course also essential and may include time spent between personal obligations and responsibilities, time with family and friends, and activities (both individual and with others) that one finds relaxing or enjoyable. Again, flexibility in responding to changing needs and preferences is important as one strives toward the goal of balance.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

To be sustainable, a self-care plan must fit into one's existing obligations and the many demands on one's time throughout each day. It is important to consider all requirements (including commute time, hours in the office, meals, necessary errands, and sleep) and all preferred self-care activities (e.g., exercise, social gatherings, family activities, hobbies) when creating one's schedule. Keeping in mind the many ways most schedules are tentative at best and that many unplanned demands, challenges, and crises frequently arise, scheduling oneself at less than 100% productivity would be prudent. Consistent with this recommendation, Norcross and VandenBos (2018) advised practitioners to "work under capacity (90%) so that emergencies, family demands, and self-care can be routinely accommodated" (p. 119).

Self-Care as the Fulfillment of One's Ethical Responsibilities

The aspirational general principles of the Ethical Principles of Psychologists and Code of Conduct (APA, 2017) provide a common set of values intended to guide the decision-making and conduct of all psychologists. In General Principle A, beneficence and nonmaleficence, it states that "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)". This guidance acknowledges the connection between one's physical and mental health and their clinical competence. This is more clearly articulated in the enforceable Ethical Standard 2.06, personal problems and conflicts, which states,

> (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 duties. (p. 5)

Additionally, Ethical Standard 3.04, avoiding harm, requires psychologists to "take reasonable steps to avoid harming their clients/patients . . . and others with whom they work, and to minimize harm where it is foreseeable and unavoidable (p. 6)". Thus, it should be clear that each practitioner must take appropriate steps to ensure that their own functioning does not result in problems with professional competence that may cause harm to those they serve in their professional roles.

Challenges With Following the Requirements of the APA Ethics Code

The requirement that one knows, or should know, when personal problems have a significant likelihood of causing problems with professional competence (Ethical Standard 2.06a) places a responsibility on the individual practitioner to engage in ongoing self-monitoring and assumes that practitioners can and will accurately self-assess so that they will then be able to take corrective actions as described in Ethical Standards 2.06b and 3.04. This obligation is so important that self-reflection and self-assessment are considered core competencies for psychologists (Hatcher et al., 2013). Unfortunately, numerous studies have found that individuals overall are very ineffective at self-assessment, including the assessment of one's own competence (e.g., Dunning et al., 2004, 2003). This is found to be true even when individuals are not impacted by ongoing challenges and stressors that impede one's functioning (Davis et al., 2006). Additionally, Dunning et al. (2003) highlighted how this limited ability to accurately self-assess one's functioning and clinical effectiveness is further degraded by increases in the presence of distress. Perhaps of greatest concern is the fact that those whose competence is most degraded are likely to be the least accurate in self-assessment, typically overestimating their abilities and functioning (Hodges et al., 2001; Kruger & Dunning, 1999). It appears that as one's competencies are degraded by the effects of distress, burnout, and secondary traumatic stress, one of the competencies being degraded is the ability to accurately self-assess (Dunning et al., 2003). Each of these challenges with self-assessment is found among trainees and practicing health professionals, including psychologists (Walfish et al., 2012), with little correlation found between these individuals' self-assessments and external ratings (Davis et al., 2006; Eva et al., 2004). These shortcomings of self-assessment underscore the importance of the feedback and insight one may glean from a trusted group of colleagues and peers, in regard to both one's ongoing functioning and in the development of one's self-care plan.

An additional layer of concern pertains to the fact that even when practitioners become or are made

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

aware of problems with professional competence, they are likely to blame them on "bad luck or uncontrollable circumstances" or they "will ignore performance problems or attribute them to fleeting circumstances" (Johnson et al., 2012, p. 559). Beyond the objective dangers of self-assessment, psychologists are human and prone to the same self-serving biases and illusory optimism that may befall anyone in the face of life's challenges (Johnson et al., 2012; Mezulis et al., 2004). Self-serving biases cause individuals to attribute performance problems to fleeting circumstance (Mezulis et al., 2004), and illusory optimism leads one to believe they are immune to misfortune (Johnson et al., 2012). Thus, difficulties exist in having practitioners be responsible for their own professional functioning and for their own ongoing self-monitoring and self-assessment of their functioning.

After becoming licensed to practice their profession independently, oversight of practitioners' functioning and effectiveness is virtually nonexistent and generally limited to one's own self-assessment (Roberts et al., 2005). Short of having a licensing board complaint or malpractice suit filed against them, practitioners may go through their entire career, as Dunning et al. (2003) stated, being "blissfully unaware of their own incompetence" (p. 83).

This unawareness is especially troublesome in light of the APA ethics code's emphasis on personal responsibility for ongoing self-assessment of one's ongoing competence. The ethics code takes a rather individual-focused approach to ethical decision-making, judgment, and accountability. There is no mention of a need to monitor, or to regularly seek input from, colleagues regarding one's level of functioning or effectiveness, requirements that are included in the codes of ethics of the American Counseling Association (2014), the National Association of Social Workers (2021), and the American Nurses Association (2015) and that have been recommended for inclusion in the next revision of the APA's Ethical Principles of Psychologists and Code of Conduct (Johnson et al., 2012). It seems reasonable to suggest that setting the bar at having a complaint filed against oneself is not in keeping with the aspirational general principles of the APA ethics code that recommend that each practitioner seek to help others, not harm them, and to fulfill their obligations to those they serve (beneficence, nonmalfeasance, and fidelity, respectively).

One might contend that Ethical Standard 2.06, personal problems and conflicts (APA, 2017), addresses these concerns by requiring each practitioner to engage in ongoing self-monitoring of their functioning to ensure that challenges, stresses, demands, and losses in their lives (what this ethical standard describes as "personal problems") do not negatively impact their functioning. Yet, as has been described, practitioners lack the ability to accurately self-assess, potentially placing themselves and their clients at significant risk over time. The APA ethics code and state licensing laws focus on the individual practitioner's ability to monitor their own functioning and effectiveness. While this approach of benign neglect may seem to be sufficient when practitioners are at their best and functioning competently and effectively, during times of difficulty and distress, it appears that the recipients of professional services are protected by investigations and possible sanctions that occur after a complaint has been filed. There appear at present to be no enforceable standards focused on the prevention of the harm and negative consequences that may occur as a result of a lack of adequate attention to, and effective assessment of, self-care needs in the face of ongoing professional and personal challenges, stresses, and difficulties (Johnson & Barnett, 2011).

A Focus on Communities of Colleagues

Understanding that there is significant risk associated with operating in isolation and exclusively relying on self-assessment, some scholars have urged a pivot toward a communitarian ethos within the culture of professional psychology (e.g., Johnson et al., 2012). Communitarianism prioritizes values of reciprocity and trust and emphasizes the need for a community to remain responsive to the needs and well-being of its members (Etzioni, 1998). A communitarian approach accepts that individuals cannot be fully competent or function at their best alone (Johnson et al., 2012). Beyond being well functioning, communitarianism requires awareness of one's vulnerability during times of distress and expects the community to continue supporting individuals when their functioning falters. As MacIntyre (1999) explained, "I must be able to trust you and rely on you, not only in the routine transactions of everyday life, but also and especially when I am something of a burden and a nuisance, by reason of my disabilities" (p. 110). Embracing a communitarian culture within professional psychology would encourage transparency

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

when clinicians experience distress as the community would offer support and resources to address their struggles, as well as provide a network of colleagues through which one could gain assistance in developing, implementing, and reviewing self-care strategies to manage their distress.

The creation of a communitarian ethos requires an intentional shift from a reliance solely on oneself to self-assess and determine what assistance, if any, is ever needed to active, ongoing engagement with colleagues and peers (Johnson et al., 2014). Deliberate engagement requires recognition of the need for continuous assessment of competence and acknowledgment of both the inadequacy of practitioners' abilities to self-monitor and self-assess and the great benefit active engagement with colleagues can provide. The reliance on colleagues that communitarianism encourages of clinicians offers an important alternative to the clear limitations of the focus on individual responsibility and self-assessment articulated in the APA ethics code.

Creating and sustaining peer support groups to foster a community of competent colleagues embraces the literal meaning of competence that involves individuals striving together for professional success and fulfillment (Wise & Reuman, 2019) and upholds a value of personal and professional accountability within the field of psychology. Active and ongoing use of one's competence constellation can assist practitioners to better understand and actualize their needs regarding personal and professional growth. Formation of peer support networks should begin early in graduate training when one's professional identity and many habits are developed, fostered by collaborative program culture (Shen-Miller et al., 2011). Johnson et al. (2014) recommend starting acculturation to communitarian practices early in the training experience, broadening the conversation around competence from an individual responsibility to an obligation upheld by one's community of colleagues and fellow trainees. There are many different forms that peer support networks may take, from in-person meetings or shared-office colleagues to professional association or agency listservs and virtual consultation groups (Canady et al., 2020; Shklarski et al., 2021). The COVID-19 pandemic has expanded the ways in which virtual spaces can be used as a means for maintaining connections with colleagues and peers (Shklarski et al., 2021).

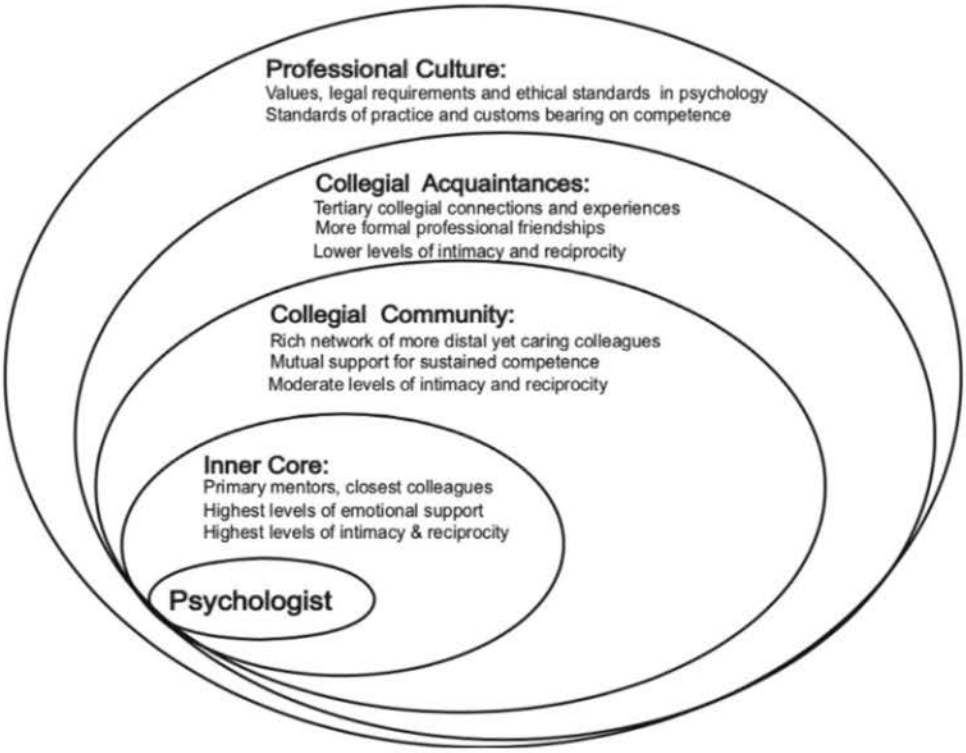
One conceptualization of peer support networks, known as a competence constellation, has been articulated by Johnson et al. (2013). One's competence constellation is described as "the cluster of relationships a professional has with people who take an active interest in and action to advance the individual's well-being and professional competence" (Johnson et al., 2013, p. 347). These networks are divided into strata that range from an intimate inner core of one's closest colleagues to more distal peers and workplace friends to professional acquaintances engaged with less regularity, all conceptualized within the professional culture that guides the legal and ethical standards these relationships seek to uphold. A visual representation of the layered organization of competence constellations is offered in Figure 1.

Competence constellations provide a buffer against diminished competencies, declining mental health, and trouble with specific clients, all of which help ensure ethical practice is maintained (Johnson et al., 2013). The multilayered structure of competence constellations allows for ongoing reciprocal support in the professional sphere and encourages vulnerability, honesty, and transparency among participating members (Johnson et al., 2013). The mutually beneficial relationships created through one's competence constellation provide a buffer against the deleterious effects of professional isolation and offer a key element of Wise and Reuman's (2019) concept of flourishing professionally by encouraging psychologists to create and sustain positive relationships. Within competence constellations, colleagues can provide a range of support including access to an emotional outlet, a useful resource for brainstorming challenging cases, offering practical advice, and providing insight into managing general stressors of the profession (Barnett & Corcoran, 2018).

Because individuals cannot accurately self-assess and need colleagues to assist them in providing accurate feedback, these supportive and caring relationships are essential for preventing the development of problems of professional competence that may result from the experience of burnout as well as for promoting one's ongoing wellness and even flourishing that are associated with maintaining high levels of competence (Wise & Reuman, 2019). To make the most of the relationships that encourage practitioners to share openly about their experiences and struggles, clinicians must be open and make use of the feedback and support provided by colleagues within their constellations. Upholding these relationships across one's professional career will help ensure that individuals meet their ethical obligations to clients and

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Figure 1
The Competence Constellation Model



Note. From "The Competence Constellation Model: A Communitarian Approach to Support Professional Competence," by W. B. Johnson, J. E. Barnett, N. S. Elman, L. Forrest, and N. J. Kaslow, 2013, *Professional Psychology: Research and Practice*, *44*(5), p. 349 (https://doi.org/10.1037/a0033131). Copyright 2013 by American Psychological Association.

provide competent and effective professional services (Johnson et al., 2013). The maintenance of these relationships, specifically among members of one's innermost layer of their competence constellation, will take the form of regularly scheduled meetings and consultations. These meetings may occur in a variety of settings (e.g., in person over coffee, speaking while taking a walk together, or via telephone or video conferencing). During these meetings, members may share relevant and timely celebrations or struggles. Normalizing this honest and transparent sharing and support within one's constellation provides space for the necessary support and feedback to be offered as well (Norcross & VandenBos, 2018).

As previously mentioned, stressors fluctuate throughout one's life, and inevitably some time periods will be more challenging or stressful than others. The ongoing and active use of one's competence constellation provides colleagues a context in which to better track changes in each other's functioning. As different challenges practitioners face throughout their careers and personal lives arise, through open and honest sharing with one's competence constellation, constellation members may provide the support, insight, and accurate feedback needed to determine when additional assistance or intervention are needed and when adjustments to one's work requirements should be made.

Developing one's competence constellation also requires self-reflection as individuals must consider their present needs as well as professional aspirations, goals, and desires as they consider how their network may grow over time (Johnson et al., 2013). Throughout one's career, the members of each layer of the competence constellation may shift in response to changing roles, needs, and clinical

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

interests. These evolutions ought to be anticipated as one advances professionally. The nature of these constellations encourages continuous learning from peers and colleagues as insight and expertise are shared through reciprocal support and interaction (Wise & Reuman, 2019). It is hoped that each practitioner will see the need for the development and ongoing active use of a competence constellation as a means of fulfilling their ethical obligation to maintain competence, acknowledging that only through a communitarian approach of mutual appraisal and support can ongoing competence be maintained, the risk of problems with professional competence be minimized, and thriving and flourishing personally and professionally be achieved.

Recommendations

Given the necessity of a well-rounded self-care routine in addressing the inevitable distress and possible burnout and trauma clinicians may experience throughout their career and understanding the need for ongoing supportive professional relationships to assess the efficacy of one's self-care routine and the maintenance of one's competencies, the following recommendations are made.

- Accept the need for ongoing self-care as a fulfillment of one's ethical obligations, eschewing a view that it is a sign of weakness, selfishness, or self-indulgence or that it can be done independently; active engagement with colleagues is essential.
- Develop and implement a wellness-promotion plan, actively utilizing the input of trusted colleagues. Be sure this plan includes self-care activities relevant to one's emotional, physical, relational, and spiritual wellness.
- Consider the purpose of self-care routines as both prevention measures and to address the inevitable difficulties that arise in the professional and personal aspects of life.
- Develop a competence constellation with caring and supportive colleagues. Explicitly agree that these relationships will include intentional, open, and honest sharing; mutual support; confidentiality of communications; and recommendations made based on the other's and their clients' best interests. Actively utilize an inner core as well as others in more distal layers of this constellation. This sharing and relationship building ought to be modeled for other colleagues, supervisees, and students as well.
- While not relying on oneself solely, engage in ongoing self-assessment and self-monitoring. Endeavor to share the outcomes of these self-assessments with members of one's competence constellation, sharing openly, honestly, and nondefensively and without minimizing or denying difficulties.
- Remain alert to one's level of distress as well as any developing signs of burnout or secondary traumatic stress. Keep in mind that early intervention is consistent with one's ethical obligations to maintain competence and not risk harming clients.
- Remain alert to the use of maladaptive coping strategies, actively utilizing colleagues for accurate feedback, ongoing support, and recommendations for alternative coping practices.
- Strive for balance in one's professional activities and within one's personal life, as well as in the interaction between the two. Be flexible and make modifications as needs and circumstances change.
- Remain open to additional resources beyond one's competence constellation such as the potential value and benefit of personal psychotherapy when experiencing difficulties or struggles.
- Utilize tele-mental health technologies to extend one's reach so that one's competence constellation is not limited geographically or by COVID-related restrictions on in-person interactions.

References

American Counseling Association. (2014). *2014 ACA code of ethics*. https://www.counseling.org/resources/aca-code-of-ethics.pdf

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. https://www.nursingworld.org/coe-view-only

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. http://www.apa.org/ethics

American Psychological Association. (2021). *The American workforce faces compounding pressure: APA's work and well-being survey results*. https://www.apa.org/pubs/reports/work-well-being/compounding-pressure-2021

Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

American Psychological Association. https://doi.org/10.1037/10482-000

Barnett, J. E. (2008). Impaired professionals: Distress, professional impairment, self-care, and psychological wellness. In M. Herson & A. M. Gross (Eds.), *Handbook of clinical psychology* (Vol. 1, pp. 857–884). Wiley & Sons.

Barnett, J. E., & Corcoran, K. (2018). Competence, ethical practice, and going it alone. *Psychotherapy Bulletin*, *53*(4), 16–23. https://societyforpsychotherapy.org/competence-ethical-practice-and-going-it-alone/

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, *38*(6), 603–612. https://doi.org/10.1037/0735-7028.38.6.603

Barnett, J. E., Johnston, L. C., & Hillard, D. (2006). Psychotherapist wellness as an ethical imperative. In L. VandeCreek & J. B. Allen (Eds.), *Innovations in clinical practice: Focus on health and wellness* (pp. 257–271). Professional Resources Press.

Barnett, J. E., & Musewicz, E. A. (2022). Training to begin a private practice. In M. Prinstein (Ed.), *The portable mentor: Strategies for early career psychologists* (3rd ed., pp. 329–347). Cambridge University Press. https://doi.org/10.1017/9781108903264.018

Blustein, D. L. (2001). The interface of work and relationships: Critical knowledge for 21st century psychology. *The Counseling Psychologist*, *29*(2), 179–192. https://doi.org/10.1177/0011000001292001

Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, *35*(3), 155–163. https://doi.org/10.1007/s10615-007-0091-7

Canady, B. E., Weisenmuller, C., Luzier, J., & Lawrence, C. (2020). Systemic support for rural psychologists: Potential roles of colleague assistance programs. *Journal of Rural Mental Health*, *44*(4), 252–258. https://doi.org/10.1037/rmh0000162

Davis, D. A., Mazmanian, P. E., Fordis, M., Van Harrison, R., Thorpe, K. E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. *JAMA*, *296*(9), 1094–1102. https://doi.org/10.1001/jama.296.9.1094

Dorociak, K. E., Rupert, P. A., & Zahniser, E. (2017). Work life, well-being, and self-care across the professional lifespan of psychologists. *Professional Psychology: Research and Practice*, *48*(6), 429–437. https://doi.org/10.1037/pro0000160

Dunning, D., Heath, C., & Suls, J. M. (2004). Flawed self-assessment: Implications for health, education, and the workplace. *Psychological Science in the Public Interest*, *5*(3), 69–106. https://doi.org/10.1111/j.1529-1006.2004.00018.x

Dunning, D., Johnson, K., Ehrlinger, J., & Kruger, J. (2003). Why people fail to recognize their own incompetence. *Current Directions in Psychological Science*, *12*(3), 83–87. https://doi.org/10.1111/1467-8721.01235

Elman, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice*, *38*(5), 501–509. https://doi.org/10.1037/0735-7028.38.5.501

Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *JAMA*, *287*(2), 226–235. https://doi.org/10.1001/jama.287.2.226

Etzioni, A. (1998). The responsive communitarian platform: Rights and responsibilities. In A. Etzioni (Ed.), *The essential communitarian reader* (pp. 25–39). Rowan & Littlefield.

Eva, K. W., Cunnington, J. P. W., Reiter, H. I., Keane, D. R., & Norman, G. R. (2004). How can I know what I don't know? Poor self assessment in a well-defined domain. *Advances in Health Sciences Education*, *9*(3), 211–224. https://doi.org/10.1023/B:AHSE.0000038209.65714.d4

Freudenberger, H. J. (1975). The staff burnout syndrome in alternative institutions. *Psychotherapy: Theory, Research, & Practice*, *12*(1), 73–82. https://doi.org/10.1037/h0086411

Galek, K., Flannelly, K., Greene, P., & Kudler, T. (2011). Burnout, secondary traumatic stress and social support. *Pastoral Psychology*, *60*(5), 633–649. https://doi.org/10.1007/s11089-011-0346-7

Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E. L. (2018). Survey of psychologists' telebehavioral health practices: Technology use, ethical issues, and training needs. *Professional Psychology: Research and Practice*, *49*(3), 205–219. https://doi.org/10.1037/pro0000188

Haas, L. J., & Malouf, J. L. (2005). *Keeping up the good work: A practitioner's guide to mental health ethics* (4th ed.). Professional Resource Press/Professional Resource Exchange.

Hatcher, R. L., Fouad, N. A., Grus, C. L., Campbell, L. F., McCutcheon, S. R., & Leahy, K. L. (2013). Competency benchmarks: Practical steps toward a culture of competence. *Training and Education in Professional Psychology*, *7*(2), 84–91. https://doi.org/10.1037/a0029401

Hodges, B., Regehr, G., & Martin, D. (2001). Difficulties in recognizing one's own incompetence: Novice physicians who are unskilled and unaware of it. *Academic Medicine*, *76*(10, Suppl.), S87–S89. https://doi.org/10.1097/00001888-200110001-00029

Jiang, X., Topps, A. K., & Suzuki, R. (2021). A systematic review of self-care measures for professionals and trainees. *Training and Education in Professional Psychology*, *15*(2), 126–139. https://doi.org/10.1037/tep0000318

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Johnson, W. B., & Barnett, J. E. (2011). Preventing problems of professional competence in the face of life-threatening illness. *Professional Psychology: Research and Practice*, *42*(2), 285–293.

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist*, *67*(7), 557–569. https://doi.org/10.1037/a0027206

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2013). The constellation competence model: A communitarian approach to support professional competence. *Professional Psychology: Research and Practice*, *44*(5), 343–354. https://doi.org/10.1037/a0033131

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., Schwartz-Mette, R., & Kaslow, N. J. (2014). Preparing trainees for lifelong competence: Creating a communitarian training culture. *Training and Education in Professional Psychology*, *8*(4), 211–220. https://doi.org/10.1037/tep0000048

Knapp, S., Younggren, J. N., VandeCreek, L., Harris, E., & Martin, J. N. (2013). *Assessing and managing risk in psychological practice: An individualized approach* (2nd ed.). The Trust.

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology*, *77*(6), 1121–1134. https://doi.org/10.1037/0022-3514.77.6.1121

Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior*, *9*(4), 297–308. https://doi.org/10.1002/job.4030090402

MacIntyre, A. (1999). *Dependent rational animals: Why human beings need the virtues*. Open Court Press.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*(1), 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Mezulis, A. H., Abramson, L. Y., Hyde, J. S., & Hankin, B. L. (2004). Is there a universal positivity bias in attributions? A meta-analytic review of individual, developmental, and cultural differences in the self-serving attributional bias. *Psychological Bulletin*, *130*(5), 711–747. https://doi.org/10.1037/0033-2909.130.5.711

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, *39*(5), 341–352. https://doi.org/10.1007/s10488-011-0352-1

National Association of Social Workers. (2021). *Code of ethics of the national association of social workers*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics

National Institute for Health and Care Excellence. (2022). *Depression in adults: Treatment and management* (NICE guideline NG222). https://www.nice.org.uk/guidance/ng222/chapter/Recommendations#principles-of-care

Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice*, *31*(6), 710–713. https://doi.org/10.1037/0735-7028.31.6.710

Norcross, J. C., & VandenBos, G. R. (2018). *Leaving it at the office: A guide to psychotherapist self-care* (2nd ed.). Guilford Press.

O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice*, *32*(4), 345–350. https://doi.org/10.1037/0735-7028.32.4.345

Phillips, L. A., Thompson, T. J., Edelman, S. A., & Ruiz, T. U. (2021). Independent mental health providers' experience in initial months of the COVID-19 pandemic. *Practice Innovations*, *6*(4), 209–220. https://doi.org/10.1037/pri0000153

Pipes, R. B., Holstein, J. E., & Aguirre, M. G. (2005). Examining the personal-professional distinction: Ethics codes and the difficulty of drawing a boundary. *American Psychologist*, *60*(4), 325–334. https://doi.org/10.1037/0003-066X.60.4.325

Roberts, M. C., Borden, K. A., Christiansen, M. D., & Lopez, S. J. (2005). Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice*, *36*(4), 355–361. https://doi.org/10.1037/0735-7028.36.4.355

Rosen, C. S., Glassman, L. H., & Morland, L. A. (2020). Telepsychotherapy during a pandemic: A traumatic stress perspective. *Journal of Psychotherapy Integration*, *30*(2), 174–187. https://doi.org/10.1037/int0000221

Rupert, P. A., Miller, A. O., & Dorociak, K. E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice*, *46*(3), 168–174. https://doi.org/10.1037/a0039297

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice*, *36*(5), 544–550. https://doi.org/10.1037/0735-7028.36.5.544

Shen-Miller, D. S., Gus, C. L., Van Sickle, K. S., Schwartz- Mette, R., Cage, E. A., Elman, N. S., Jacobs, S. C., & Kaslow, N. J. (2011). Trainees' experiences with peers having competence problems: A national survey. *Training and Education*

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

in Professional Psychology, *5*(2), 112–121. https://doi.org/10.1037/a0023824

Shklarski, L., Abrams, A., & Bakst, E. (2021). Navigating changes in physical and psychological Spaces of psychotherapists during covid-19: When home becomes the office. *Practice Innovations*, *6*(1), 55–66. https://doi.org/10.1037/pri0000138

Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Allyn & Bacon.

Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice*, *16*(1), 1–15. https://doi.org/10.1111/j.1468-2850.2009.01137.x

Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and sources of stress of professional psychologists. *Psychotherapy: Theory, Research, & Practice*, *41*(3), 301–309. https://doi.org/10.1037/0033-3204.41.3.301

Terlizzi, E. P., & Schiller, J. S. (2021). *Estimates of mental health symptomatology, by month of interview: United States, 2019*. National Center for Health Statistics. www.cdc.gov/nchs/data/nhis/mental-health-monthly-508.pdf

Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burnout. *Journal of Mental Health Counseling*, *36*(1), 58–77. https://doi.org/10.17744/mehc.36.1.p61m73373m4617r3

Walfish, S., McAlister, B., O'Donnell, P., & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, *110*(2), 639–644. https://doi.org/10.2466/02.07.17.PR0.110.2.639-644

Wallace, S., Lee, J., & Lee, S. M. (2010). Job stress, coping strategies, and burnout among abuse-specific counselors. *Journal of Employment Counseling*, *47*(3), 111–122. https://doi.org/10.1002/j.2161-1920.2010.tb00096.x

Webster, C. (2020). Fear of falling: Impressions from working through a global pandemic and thoughts on burn-out. *Journal of Child Psychotherapy*, *46*(3), 289–295. https://doi.org/10.1080/0075417X.2021.1891558

Wiederhold, B. K. (2020). Connecting through technology during the coronavirus disease 2019 pandemic: Avoiding "Zoom fatigue". *Cyberpsychology, Behavior, and Social Networking*, *23*(7), 437–438. https://doi.org/10.1089/cyber.2020.29188.bkw

Wise, E. H., & Barnett, J. E. (2016). Self-care for psychologists. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *APA handbook of clinical psychology: Vol. 5. Education and profession* (pp. 209–222). American Psychological Association. https://doi.org/10.1037/14774-014

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice*, *43*(5), 487–494. https://doi.org/10.1037/a0029446

Wise, E. H., & Reuman, L. (2019). Promoting competent and flourishing life-long practice for psychologists: A communitarian perspective. *Professional Psychology: Research and Practice*, *50*(2), 129–135. https://doi.org/10.1037/pro0000226

Wurst, F. M., Kunz, I., Skipper, G., Wolfersdorf, M., Beine, K. H., & Thon, N. (2011). The therapist's reaction to a patient's suicide: Results of a survey and implications for health care professionals' well-being. *Crisis*, *32*(2), 99–105. https://doi.org/10.1027/0227-5910/a000062

Ziede, J. S., & Norcross, J. C. (2020). Personal therapy and self-care in the making of psychologists. *Journal of Psychology*, *154*(8), 585–618. https://doi.org/10.1080/00223980.2020.1757596

Received June 9, 2022
Revision received August 5, 2022
Accepted August 15, 2022 ■

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.