



## Embracing Wellness/Prevention for Psychologists: Bold or Boring?

Diane L. Bridgeman, Ph.D., CLASP Executive Committee Member

We all know the drill. We encourage our clients to reduce stress in their lives by eating nutritious foods, getting adequate sleep, exercising regularly, and adding joyful moments to seek balance. As psychologists, particularly those who work in disaster mental health, we're also highly vulnerable to stress and susceptible to common developmental and career challenges: financial, relationship, career, and child rearing issues, lengthy graduate programs (Tomazinis, 2005), malpractice threats, political concerns, aging parents, retirement considerations, etc. Provided their understanding of the apparent risks and consequences of stress, why are psychologists loath to fully embrace wellness strategies? Can we establish consensus that accepting this support is a show of strength and wisdom, not a sign of weakness? Clearly, our responsibility to our clients ethically requires that we mind our own wellness.

Our professional guilds have demonstrated incredible foresight by establishing preventive efforts through CPA's Colleague Assistance and Support Program (CLASP) and APA's ACCA program. Specifically, CPA pioneered colleague support with the 1993 Santa Clara Psychological Association pilot program. The current CPA CLASP Executive Committee is building on this foundation.

A recent APA presentation on models of colleague assistance (Chard, 2005) reports that the rate of impairment for psychologists at some point in their careers is 60%. Seventy-four percent experienced personal stress which included job stress (32%), illness in family (23%), marital problems (20%), and financial problems (21%). Overall, 32% of psychologists reported depression or burnout. From a sample of 800 psychologists, 29% reported suicidal feelings during their career and 4% had attempted suicide. Secondary trauma has been found to lower the quantity and quality of interactions with clients. Further, 37% of psychologists state that their life stressors had decreased the quality of client care.

Psychologists are savvy about how to stay healthy, yet "we're some of the worst at actually following through on it" (Pratt, 2004). Why is

this the case? According to O'Connor (2002), "there's quite a bit of pressure on psychologists to walk the walk, to be a competent person who doesn't have problems and who has all the answers." The current CLASP committee, borrowing from this precautionary principle, will encourage colleagues to strengthen coping skills during periods of stress and to reduce the impact of future stress by taking regular wellness assessments and consulting self-care guidelines from its website. CLASP's intent is also to remove the obstacles to developing and maintaining the healthy balance we encourage in our clients.

A consilience of psychology and public health contributes to wellness/prevention for ourselves and our clients. The emergence of positive psychology (*i.e.*, Seligman, 1998, 2002; Ryff's Psychological Well-Being Scale, 1996), strength-based theories and



research on resilience (Garmezy, 1985; Grotberg, 2000; Hiew, 2000; Bridgeman, 2003), and work on compassion fatigue, all point to the value of practicing prevention (Figley, 2002; Pope, 2005; Bridgeman 2004, 2005 *see* downloadable guidelines at <http://www.sccredcross.org/?zone=&id=31&sid=>).

The APA has led the way toward prevention through its public service and public interest programs such as “Warning Signs,” “ACT-Adults & Children Together Against Violence,” “Road to Resilience,” and the recent “Mind/Body” connection program which brings together research that links stress to quality of life ([www.apahelpcenter.org](http://www.apahelpcenter.org)).

CLASP is uniquely situated to borrow from these programs, building on positive psychology, prevention, and normalizing developmental needs across the life span to emphasize the importance of wellness check-ups for ourselves and our clients. Such stigma reduction, along with collegial consensus, likely will increase psychologists’ use of CLASP. A health-promoting approach is less inclined than an impairment emphasis to threaten psychologists and to prompt self-imposed criticism.

By employing models of compassion, fatigue prevention, and resilience, CLASP can help to protect psychologists during times of challenge and lessen the impact of negative experiences. This timely extension beyond critical incidents may well advance our field in an effective and responsible direction. For more information, see the evolving CPA CLASP website at <http://www.cpaclasp.org>.

Chard, K. (2005). “Models of Colleague Assistance”, APA convention presentation.

Full references available upon request.



*Diane Bridgeman, Ph.D., Red Cross instructor, is in private practice, was 2003 MBPA President, received its 2001 “Outstanding Psychologist” award, and chairs its public service and disaster response committees. Previously a university lecturer/researcher, her publications include the book, “Prosocial Development” (Academic Press). She recently presented at the International Congress of Psychology, in Beijing, China, and is a long-time volunteer/trainer of APA’s public service projects.*