

The Pennsylvania

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Psychologist

VOLUME 83, NUMBER 8

SELF-CARE

LET US
SPEAK OF
THINGS
THAT
MATTER

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CREDIT
FOR THIS
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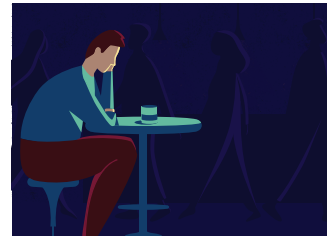
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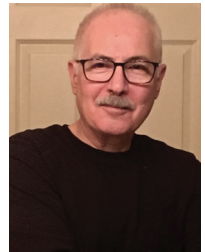
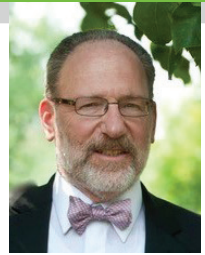
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INTRODUCTION TO SPECIAL ISSUE ON SELF-CARE: LET US SPEAK OF THINGS THAT MATTER

SAMUEL KNAPP, EdD, ABPP; JEFF STERNLIEB, PhD; SANDY KORNB�ITH, PhD



Being a healer is a noble profession (we may call it God's work), filled with joy, satisfaction, and pride. If they had the opportunity, most psychologists would choose the same career again. However, being a healer also has a high emotional cost, often not discussed among us or hidden from others.

Being a healer is a noble profession (we may call it God's work), filled with joy, satisfaction, and pride. If they had the opportunity, most psychologists would choose the same career again. However, being a healer also has a high emotional cost, often not discussed among us or hidden from others.


Self-care initiatives try to reduce work-related emotional pain and improve worker effectiveness and satisfaction. Its importance has increased as the COVID-19 pandemic exacerbated the stress on all health care workers. Work-related stress has especially increased among psychologists, given the extraordinary demand for mental health services.

Self-care is more than just a nice thing that psychologists should do for themselves: It is an ethical mandate. Patient outcomes depend, in part, on the well-being of their psychotherapists. For example, Delgadillo et al. (2018) found that psychotherapists with high scores on burnout had poorer patient outcomes than psychotherapists with low scores on burnout. Also, Barzilay et al. (2022) found that suicidal patients who had psychotherapists with good emotion-regulation skills had fewer suicidal thoughts than suicidal patients who had

psychotherapists with poor emotion-regulation skills.

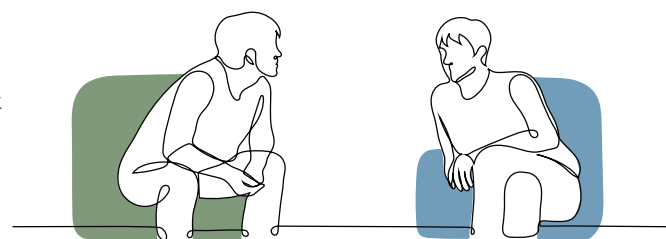
Although self-care helps psychologists become better at helping others, self-care has another dimension in that psychologists have intrinsic worth and deserve the opportunity to pursue life satisfaction. The ancient admonition to "love your neighbor as yourself" (Leviticus 9:18; Mark 12:31) implies that people should love themselves.

These articles are designed to give a voice to the pain of psychologists who heal others. This pain is often hidden because of secrecy caused by shame and unrelenting standards for high conduct. Although high standards are important, they degrade us without self-compassion (see the article on Psychologists and Shame). Our knowledge of psychological processes does not always protect us from emotional distress. The pain is so intense that sometimes it could lead a psychologist to suicide (see the article on *Suicide Among Psychologists*). Nevertheless, these burdens become manageable if we acknowledge them openly, seek the support of others, and take steps to improve our lives (see the article on *Comprehensive Self-Care*).

For comments on these self-care articles or self-care in general, please feel free to contact the authors (Samuel Knapp at samuelknapp52@yahoo.com, Sander Kornblith at skornblith@gmail.com, or Jeff Sternlieb at jsternlieb@comcast.net). 

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PSYCHOLOGISTS AND SHAME

SAMUEL KNAPP, EdD, ABPP; JEFF STERNLIEB, PhD; SANDY KORNBLITH, PhD



During our discussions, we (the authors) shared our sadness over the death of a colleague by suicide, and we asked what could have brought him to this end. Inevitably among the various possibilities (and with no indication that we are correct), we speculated about shame's role for anyone in taking their own life.

Trying to imagine the experience of shame led us to share our particularly shameful experiences as adolescents or young adults. Significantly, we could easily tap into the emotions of these experiences, which were private until that conversation. Perhaps shame is the least discussed and most personal of our emotions. This secrecy may give shame its great power.

As you read further, we invite you to think about times when you felt shamed or ashamed (these may be different processes) and consider making these all-too-accessible memories less of a secret to yourself and possibly to even one or two others in your community. If you cannot discuss these with a trusted colleague, consider writing about that experience. It has been said in Alcoholics Anonymous communities that one is only as sick as one's secrets.

Consider this situation, which is a composite based on the real-life experiences of several psychologists:

Dr. Washington felt proud of herself yesterday. She had high standards for herself and believed she met them. She showed empathy toward her patients and listened carefully and respectfully to them, and they reciprocated with appreciation and gratitude. She was a well-respected member of a consultation group and looked forward to sharing her successes with others in the group.

Today was not such a good day. A particularly difficult patient was highly insulting and personal in her attacks. Dr. Washington knew about therapy-interfering behavior and the importance of validating the valid, reframing the situation as a problem in treatment not as a problem patient, and redirecting the conversation constructively (Chapman & Rosenthal, 2016), but this patient was just too harsh. Dr. Washington let anger slip into her voice, although she recovered her emotional balance quickly. Later that night, while reflecting (or ruminating) on the day, she felt she had failed to live up to the high standards she set for herself. She wondered what the other group members would say if they saw her acting this way. She did not think she could discuss this incident with them. Dr. Washington felt ashamed of herself.

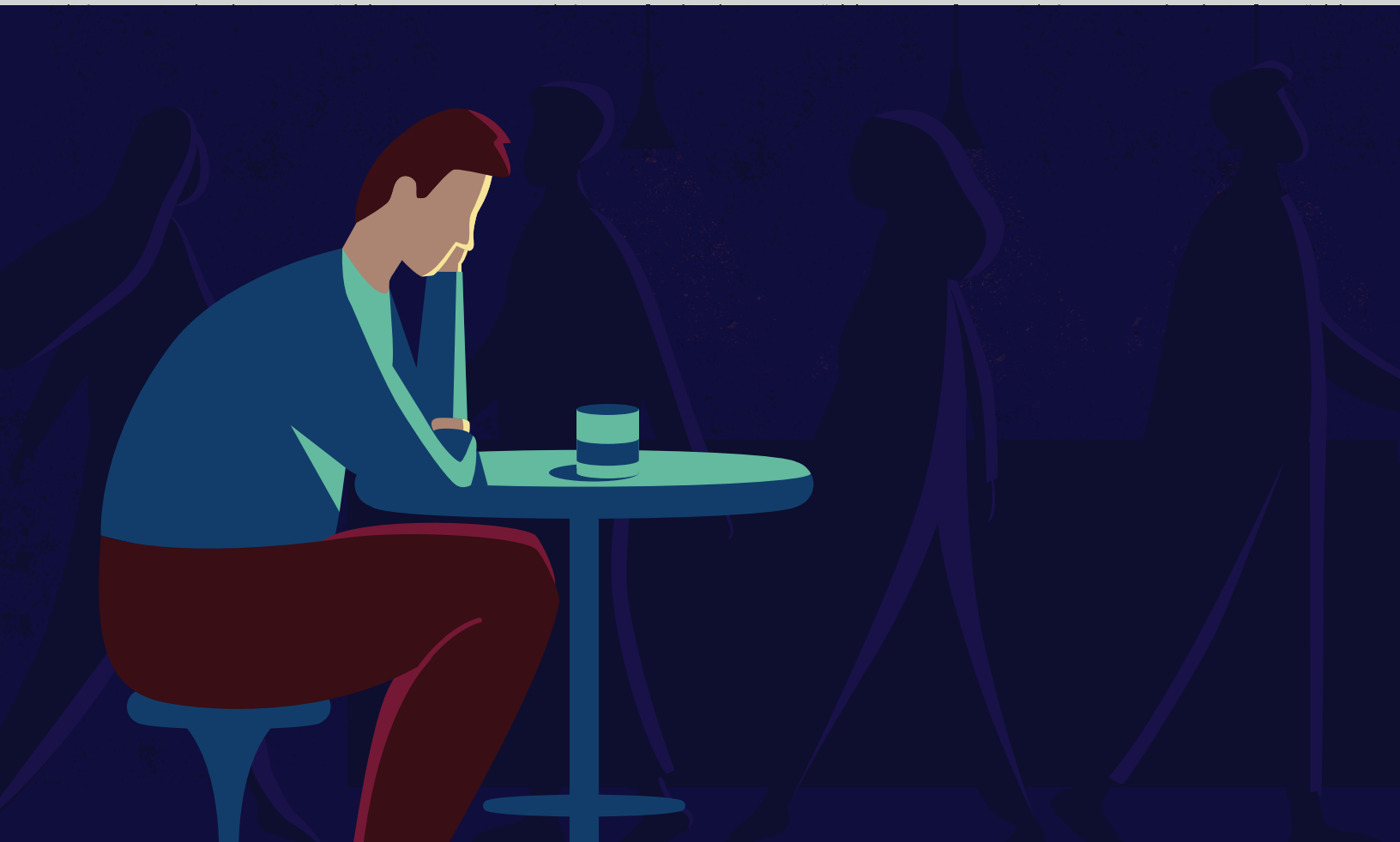
Psychotherapy is an emotional contact sport; the participants will likely get bruised. No psychotherapist is immune from experiencing fear, disgust, anger, or lust during psychotherapy. Dr. Washington might feel guilt or shame because she violated a valued norm of conduct for psychotherapists.

In common parlance, people often interchange the words guilt and shame. However, researchers commonly distinguish between them. Although both are self-conscious emotions and involve the violation of a social norm, shame is more

pernicious than guilt. When an offender feels guilty, they will focus on concrete, discrete mistakes and usually apologize or attempt to repair the damage. When an offender feels shame, they believe something is intrinsically wrong with them. They will often hide, sink into the wall, withdraw, or otherwise try to escape from public exposure (Tangney et al., 1996). Confidence and objectivity are diminished as vulnerability and fear of losing status may grow. The similarities and differences between shame and guilt are shown in Table 1.

Table 1: Guilt and Shame

Guilt	Shame
Violation of a valued social norm Negative self-conscious emotion	
The offender feels bad because of an identifiable act or series of actions.	The offender feels bad because the violation reflects a severe, global, and stable deficit in their character.
The offender attempts to repair the harm done and reestablish connections with others.	The offender withdraws, avoids, hides, or otherwise removes themselves from others.



The incident punctured Dr. Washington's confidence as a psychotherapist. If Dr. Washington were to feel guilty, she would likely bring up her slip to her consultation group, reflect on what happened to her, try to learn from it, and find ways to repair her relationship with her patient. However, because Dr. Washington feels shame, she is unlikely to tell her consultation group about her therapeutic misstep. This perceived need for secrecy may be one of the most disabling parts of shame. It could be a one-dimensional drive to escape the scrutiny and condemnation of others. The secret might become like a ghost to Dr. Washington that could haunt her and threaten her if it were to be revealed. She fears others may think less of her if they learn her secret. Its power lies in the risk of revealing the secret and the expected loss of acceptance, respect, and validation from peers and one's network.

Shame can also occur as part of a

mixture of interacting feelings, thoughts, and behaviors. The emotional soup may include the associated emotions of anger, self-disgust (Cassello-Robbins et al., 2019; Knapp & Sternlieb, 2012), and other painful emotions. Shame may occur due to a maladaptive schema of unrelenting standards where one expects oneself to be perfect or beyond reproach (Simpson et al., 2019). Those who feel shame may ruminate or try to suppress their painful thoughts. Shame may demoralize them and make it harder for them to face daily challenges as they feel more vulnerable.

High standards only uplift us if they are combined with self-compassion. Without self-compassion, high standards can bring us down. Highly judgmental attitudes toward oneself are associated with symptoms of psychopathology, including, at the extreme, thoughts of suicide. "The more you judge the worse you feel" (Barcaccia et al., 2019, p. 33). Having learned

psychotherapy in an era in which the work of Carl Rogers was especially influential, Dr. Washington learned the importance of the core conditions: unconditional positive regard, empathy, and authenticity toward our patients. However, Rogers did not see these as just elements of good psychotherapy but as actions and attitudes that reflect good mental health in all relationships and, by implication, should also apply to the private lives of psychotherapists (Rogers & Stevens, 1967).

How can Dr. Washington reduce her feelings of shame? The first step may be to acknowledge and accept her feelings and stop avoiding or suppressing them. As Sternlieb has written, "You must be it to see it," and you must "name it to tame it." Accepting the feelings and describing them to ourselves may be the first step. Then, she needs to "share it to bare it" (2013, p. 21) and talk about her feelings with nonjudgmental and supportive peers or supervisors.

With secrets, we need to make what is private a little less private. Sharing our vulnerabilities with others may help forge deep connections and understanding. As the French philosopher Gaston Bachelard wrote, “What is the source of our suffering? It lies in the fact that we are hesitant to speak . . . It was born in the moments when we accumulated silent things within us” (etrieved from Cullen, n.d., <https://thewritespot.us/marlenecullenblog/when-we-accumulated-silent-things-within-us/>).

Effectively dealing with her feelings may require self-compassion or the recognition that we are all human—we will make mistakes; we do better when we focus on the moment (not ruminate on what we did in the past) and learn to forgive ourselves. Self-compassion requires humility, striving to see oneself accurately, and being receptive to helpful feedback. Humility can be liberating because it frees us from the self-imposed obligation to be perfect. If Dr. Washington were to share her insecurities and errors in front of her consultation group, it might unlock a door for others. It might demonstrate that she perceives the consultation group as a safe space and give others the security to share their self-doubt and mistakes.

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SUICIDES AMONG PSYCHOLOGISTS

SAMUEL KNAPP, EdD, ABPP; JEFF STERNLIEB, PhD; SANDY KORNBLITH, PhD



Several years ago, a psychologist friend of ours died of suicide. We were shocked and saddened. I (Samuel Knapp) had talked to him the day before he died, and it never occurred to me that he had suicidal thoughts. He told me he was stressed, and I wanted to talk longer, but he said he had to end the call to complete some errands. We promised to talk later, but the next day he was dead. I asked myself if I could have done more to learn about his inner turmoil or what kept him from confiding in me. This profound sense of loss strengthened our resolve to keep writing about, presenting, and discussing self-care among psychologists.

Our friend, we hold you dear to our hearts as we write this article.

Being a health care professional incurs a higher-than-average risk of suicide. According to prevailing theories of suicide, exposure to painful and provocative events, such as witnessing, being a victim of, or participating in the sufferings of others, increases the risk of suicide. Health care professionals, by necessity, witness the suffering of others.

This exposure is believed to reduce an individual's natural fear of death through habituation to suffering (Joiner et al., 2009). In addition, the risk of suicide is higher among those with easy access to the means to kill themselves (Klonsky et al., 2021). So, those health care professionals who can prescribe medications may have access to life-ending medications and know which combinations of medications will be fatal. Although few psychologists can prescribe medications, psychologists experience trauma and violence vicariously through their patients.

Gathering accurate data on suicides by health care professionals is difficult for several reasons dealing with data collection and analysis. Nonetheless, the best data we have are from the National Violent Death Data Bank. Looking at the data from 2003 to 2018, Li et al. (2022) found that psychiatrists had the highest rate of suicide among health care professionals, followed by nonpsychiatric physicians, dentists, psychologists, veterinarians, and pharmacists in that order. There are worries that the suicide rate for all health care professionals may increase as the stress related to their work continues to grow.

During this period, psychologists averaged about 16 suicides per 100,000, which appears to be slightly higher than what is found in the population in general. Most of the psychological suicide decedents were male, and most were unmarried. Firearms were the most common method of suicide among psychologists, and psychologist suicides were more common in southern and western states. The factors related to



psychologist suicides parallel factors related to suicides in the population in general. Suicides occur more often among those who lack social support, which may explain the high rate of suicide among unmarried psychologists. Also, any profession with a large percentage of older White males among its ranks is likely to have a high rate of suicide, given that older White males are more likely to die of suicide than any other demographic group in the United States. This factor may explain, at least partially, the high rates of suicides among psychiatrists. Although the rates of suicidal ideation among older White males are lower than the rates of suicidal ideation among other demographic groups in the United States, older White males are more likely to attempt suicide by using a firearm, which increases the risk of death because 90% of suicide firearm attempts result in death, compared to between 3% and 8.5% for all means of suicide combined (Conner et al., 2019; Han et al., 2016). Firearms account for 50% of all suicides, although only 5% of all suicide attempts (Wang et al., 2020). Suicides are more common in southern and western states, probably reflecting the higher rate of firearm ownership in those states (Kegler et al., 2022).

However, epidemiological studies and aggregate data can take us only so far in understanding suicide. Every suicide is a significant loss that reflects the deep suffering of the decedent and inflicts great pain on the survivors. Although psychologists are vicariously exposed to high rates of trauma, they presumably know more about suicide, its antecedents, and ways to prevent it. Nevertheless, this knowledge does not protect every psychologist from suicide. Theoretically, our rate of suicide should be far lower than that of the population in general, yet it is not. Perhaps we have the all-too-human tendency to see what others need to do but fail to do that ourselves.


Why does our knowledge of psychology fail to protect us from suicide? Are we in a state of denial in which we underestimate the impact of our work on us or overestimate our resilience and resources available to handle these stressors? Like

lifeboat drills, we must raise awareness that we are all vulnerable to unforeseen risks. Then we may determine what steps to take when we feel overwhelmed or encounter a terrifying or shaming crisis.

Being a service provider involves a paradox in which service to others may obscure awareness of the need to care for ourselves. Excessive self-sacrifice is one of the maladaptive schemas highly correlated with professional burnout (Simpson et al., 2019).

Alternatively, perhaps we are too quick to condemn ourselves. Have we lost a sense of self-compassion? Does our drive for excellence morph into unrelenting standards and unforgiving perfectionism? Are we too quick to collapse into shame? Being a psychologist is no protection from making mistakes, becoming vulnerable, or misbehaving. Feeling guilt or remorse over a past action followed by prosocial efforts to patch up our relationships or rectify our wrongdoings is fine. However, shame differs from guilt. Shame involves a deeply held belief that we have done something unforgivable, that there is something intrinsically wrong with us, that our self-image has collapsed, or that we must cover up or isolate ourselves from others. It can be terrifying and overwhelming. Although a feeling of guilt can motivate us to do better, shame can destroy our lives.

Ideally, psychologists will feel deeply embedded in the lives of others, feel part of a valued community, have a fierce commitment to their humane mission to serve others, and have enough humility to ask for help when needed. As psychologists, we must watch out for each other, care for each other, and create an atmosphere where we can ask for help without shame or fear. The well-being of our beloved colleagues depends on it.

What are you doing to protect your well-being and the well-being of your colleagues? 

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TIPS TO RENEW YOUR PSYCHOLOGY LICENSE

FROM YOUR FRIENDS AT PPA

Renewal notices from the State Board of Psychology have been sent out to licensees via EMAIL for 2023. The email will come from **RA-STPALSNOTIFY@pa.gov** and the subject line is "Attention: Commonwealth of PA State Board of Psychology Update". This email includes the link to renew your license, your user ID, and your personal Registration Code. The text of the notice is included below:

Dear Licensee,

Your renewal is available and can be processed at www.pals.pa.gov. Please follow the instructions below to renew your license.

Instructions to renew your license - PS000000

- Renew your license at www.pals.pa.gov.
- Login using the User ID below.
- Your User ID: xxxxxxxx
 - Please note: For security reasons, we cannot send your password in this email. If you do not remember your password, visit www.pals.pa.gov/recover to recover your password.
 - Your Registration Code is: xxxxxxxx
- To renew your license, click the "Renew" box in the toolbar located at the top of your screen. Read the pop-up message for additional information about the license(s) available for renewal and click "Renew" to proceed to the renewal application.

You will receive confirmation via email when your license has been renewed. If you have already attempted to renew your license but there is a renewal hold on the record, you will need to address the renewal hold as directed in the emailed discrepancy notice before your license can be renewed.

We recommend your prompt attention to this matter to ensure that your license does not expire on November 30, 2023.

IMPORTANT:

Please note that there is no longer a grace period for renewals. This means you CANNOT renew your license after November 30, 2023. After the expiration date, you must submit a reactivation application and meet all requirements before your license will be returned to active status.

Additional Information:

The Pennsylvania State Board of Psychology has waived the renewal fee for this licensure period.

Have you ever been issued a temporary license to practice in another state? Then answer YES to "With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a health-related profession in any state or jurisdiction?" and list each state in which you have temporary authorization to practice.

Does it say you need Act 31 Child Abuse Reporting credits before renewing?

- If you believe you already completed them and they do not show on your account, contact the company who provided the training (PPA only has record for people who completed the training through us).
- If you have not completed them yet, PPA offers a Home Study course (www.papsy.org/store)

Is your web page running slowly? Please note that the web pages may be slow to load - please be patient and allow yourself at least 30 minutes to complete the license renewal process. **It is recommended to use either the Google Chrome or Firefox browser to complete your renewal.**

Additional questions should be directed to the State Board of Psychology: (717) 783-7155 or ST-PSYCHOLOGY@pa.gov

The PA State Board of Psychology is a government entity responsible for licensing and disciplining psychologists in the Commonwealth. PPA is a membership organization that is separate and apart from the State Board of Psychology.
This resource is a member-benefit of your membership with PPA



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Other things to know about the PALS system and licensure renewal

Once you have submitted your renewal:

- There will be a new entry in the "Activities" section of PALS that shows "Renewal Application Psychology" with "Submitted" as the status
- You will receive an email from **ST-PALSNOTIFY@pa.gov** confirming your submission.
 - There can be a delay of several hours between submission and the receipt of the email, but the PALS sections should update immediately. **Note: the expiration date of your license will still say 11/30/2023 during this step in the process.**

Once your renewal application has been approved:

- You will receive another email from ST-PALSNOTIFY@pa.gov with the subject line "Attention: Renewal Update" confirming that your license has been renewed.
 - At that time, you can log into your PALS account, and the expiration date for your license in the "Professional License Details" section should be updated to 11/30/2023.
- The entry in the "Activities" Section will update the "Renewal Application Psychology" status to "Completed."
- Under the "Correspondence" section, you may see that your License Certificate was Printed, although there may be some delays between official renewal and the printing/mailing of the paper license.

Once you receive the email that your renewal was approved, and the expiration date has been updated in PALS, you are officially renewed, even if you have not received the paper copy yet.

The deadline for license renewal in Pennsylvania is **Thursday, November 30, 2023.**

Please begin the renewal process as soon as possible if you think you will need assistance with renewal. The time between submission and approval can take a few business days, so we recommend submitting your renewal by Wednesday, November 22.

PPA and the State Board of Psychology will be closed on the following dates - renew early to avoid any issues!

Thursday, November 23: Thanksgiving

Friday, November 24: Day after Thanksgiving

Saturday, November 25 & Sunday, November 26: Weekend

COMPREHENSIVE SELF-CARE

SAMUEL KNAPP, EdD, ABPP; JEFF STERNLIEB, PhD; SANDY KORNBILTH, PhD



Like most psychologists of our generation, we never learned about self-care or discussed it in detail during our doctoral training program. Although we have a long way to go, our profession is beginning to prioritize self-care. Consider these psychologists:

Dr. Fairly had just finished another long workday and was preparing to go home. As she started her car, she noticed the gas gauge was very low, and she needed to stop at a gas station on her way home. She suddenly became quite angry and pounded the steering wheel. She took a minute to center herself before she started driving. It did not take her long to figure out what was wrong. She was exhausted from her heavy caseload. One more chore, even a simple one, such as getting more gasoline, was too much. Dr. Fairly was motivated to do well by her patients, and she dedicated a substantial portion of her time to patients who could not pay the usual fee for psychotherapy. Nevertheless, her generosity and being one of the few Spanish-speaking psychologists in her community led to an impossibly high caseload. It is hard for her to believe that she worried about getting referrals just 1 year ago when she started her independent practice.

Down the street at the same time, Dr. Elder has another patient to see before she can finish for the night. She panicked and could not remember where she had put her patient's file. She seemed to be forgetting things more lately. Is this an early sign of dementia or just normal forgetting caused by a busy schedule? Her head was

not on her job today. She learned that her grandson had had an accident on a bicycle and had to go to the emergency department. Her daughter just called to say he would be fine (no concussion). Nevertheless, she wondered if she should cancel patients tomorrow to see him. It was harder to concentrate on work lately, and she thought about retiring, but her husband has retired, and they liked the money her work brings in. Besides, where could she refer her patients? Nobody seems to be taking referrals anymore. Dr. Elder did not always worry so much. She had always seen herself as a "problem solver," but now she does not know what to do. She decided to sit down for a minute and get together enough to handle her next patient.

What would you say to Dr. Fairly? Would you tell her to take a vacation, get a hobby, or take a mindfulness class? Depending on the circumstances, these might be components of a good response for Dr. Fairly, but we wonder if they would be sufficient. Let us go further and ask what led Dr. Fairly to overwork so much and what changes she needs to make to refocus her career.

What would you say to Dr. Elder? Would you recommend that she ask her primary care provider to screen her for dementia? That may be an important step but let us ask what could have been done to prevent this from becoming a pressing concern.

Do these scenarios seem realistic? Perhaps you have known psychologists facing similar challenges. Maybe you have

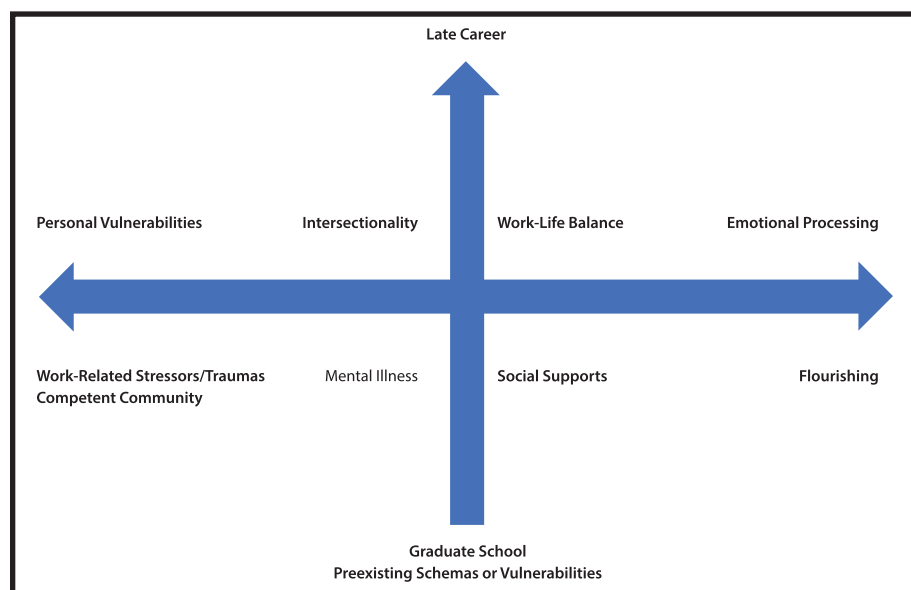
faced similar challenges yourself. It may be time to consider a comprehensive approach to self-care.

COMPREHENSIVE SELF-CARE

Comprehensive self-care looks at the totality of the life experience of a psychologist. As shown in Figure 1, it is a vertical or longitudinal approach because it looks at self-care from the first day a student enters graduate school, including their preexisting habits and cognitive schemas, and continues throughout the lifespan. It is horizontal in that it focuses on work and non-work behaviors, emphasizes social supports, considers the intersectionality of the psychologist (the demands or



Figure 1: Vertical and Horizontal Dimensions of Comprehensive Self-Care



opportunities created by age, gender, ethnicity, and other factors), recognizes the role that personal vulnerabilities may have in contributing to work distress, and strives to destigmatize mental illness.

THE TWO-COMPONENT VIEW OF SELF-CARE

Self-care programs fall short if they focus only on work-life integration (work-life balance). A comprehensive approach involves a *two-component view of self-care* and considers the importance of work-life integration and processing painful work-related emotions (Sternlieb, 2014). Unfortunately, some early presenters on self-care offered simplistic solutions to distress, such as taking vacations or getting a hobby. While these may be examples of *career-sustaining activities* and important elements of self-care, the two-component perspective recognizes that self-care also requires psychologists to address the inherent stressors of their work. Being a psychologist poses emotional risks because of stressors, mini-traumas, or *vicarious or secondary trauma*. All health care professionals may experience the *caregiver's dilemma* in which they need empathy to do their jobs well. However, a continued expression of empathy without appropriate safeguards can become draining, causing professionals to lose their ability to help others (Zaki, 2020).

Effective professionals learn how to process their feelings, investigate their *emotional soups* (Knapp & Sternlieb, 2012), and label and name these feelings. As Sternlieb has written, "You have to be it to see it" and "You have to name it to tame it" (2013, p. 21). Furthermore, to relieve ourselves of these painful emotions, we need to discuss them with our trusted colleagues. As Sternlieb has written, "You have to share it to bare it" (2013, p. 21). Sharing emotions within a supportive group of colleagues benefits psychologists through *emotional arithmetic*, in which positive emotions get added or multiplied, and negative emotions get subtracted or divided when shared within a supportive environment.

A vacation may help Dr. Fairly, but it would do little good if she ruminates about work while on vacation and fails to change her working conditions when she returns. Dr. Elder may need to take time off to assist her family because of the medical issues concerning her grandson. However, she needs to consider if she can meet the emotional demands of her work, given the stressors she is experiencing at home and the potential that she is having a significant cognitive decline.

SOCIAL SUPPORT

Social support is an important element of well-being for everyone and no less so

for psychologists. Yang and Hayes (2021) found that psychotherapists with strong social support networks were far less likely to experience burnout than those without strong social support networks. Johnson et al. (2012) described a *competent community* or a network of social contacts that can help psychotherapists to perform their jobs better. This network can provide information and resources to psychologists and give them feedback if their colleagues see they are at risk of making a clinical error.

PPA can be part of a competent community for its members because of the consultation that it provides to its members and its opportunities to connect with others through continuing education programs or professional interest groups. This provides an important source of *social nutrition* that involves meaningful interactions that validate one's worth and protect against distress and impairment (Kornblith et al., 2022).

Both Dr. Fairly and Dr. Elder need a solid professional support system. Dr. Fairly might learn ways to manage her practice better, find resources for referrals that she cannot accept, find emotional support, and get feedback from her peers on the quality of her emotional life and the limits of her emotional resources. Dr. Elder could be part of a long-running consultation group where the members felt free enough with each other to identify early signs of dementia or other limitations that necessitated a review of their practices.

INTERSECTIONALITY

A comprehensive view of self-care recognizes that every psychologist is unique. For example, psychologists from traditionally marginalized communities may feel *minority stress* on top of the other challenges of being a psychologist. Dr. Fairly and Dr. Elder had similar problems (i.e., how to ensure health care for their patients) but also had different challenges based on their age and career stage. At one end of the career span, older psychologists need to consider that they may not be able to work as many hours as they used to. Although we know a few details about Dr. Elder's life, we wonder if she may need to hire an office



assistant, take on a younger colleague, reduce her workload, or otherwise take steps to reduce her stress. We also wonder if she has had regular medical checkups where cognitive decline issues were addressed.

At the other end of their career span, younger psychotherapists like Dr. Fairly are especially likely to experience emotional demands from their work (Nissen-Lie et al., 2021; Yang & Hayes, 2021). It is unclear if this is because they have yet to develop better coping skills, have less control over their work conditions, or have had to take on more patients or complex patients early in their careers.

PERSONAL VULNERABILITIES

Our careers include difficult experiences, and there is no way to sugarcoat the bad experiences that psychologists may have. The *stress-diathesis model* can apply to the well-being of psychologists. Work stressors may lead to distress or *impairment* in the context of low emotional support and maladaptive schemas. Some of the maladaptive schemas could be unrelenting standards or perfectionism (Kaeding et al., 2017), excessive self-sacrifice (Simpson et al., 2019), insecure attachment styles (Nissen-Lie et al., 2021), or a proclivity for shame (see accompanying article). However, those who combine high but realistic standards with *self-compassion* are more likely to succeed as psychologists. This is recognized in an

article about psychotherapist effectiveness entitled, "Love Yourself as a Person, Doubt Yourself as a Therapist" (Nissen-Lie et al., 2015, p. 48).

Dr. Fairly, for example, appears especially motivated to serve low-income patients. We commend her generosity. Nevertheless, one wonders if she showed excessive self-sacrifice. In the long run, she will be more effective if she practices *bounded generosity* (Hou & Shovholt, 2021) and learns to set limits on what she gives others.

THE STIGMA OF MENTAL ILLNESS

Although it is important to normalize the stressors associated with being a psychologist, some of us have or have had mental illnesses. I (Samuel Knapp) was one of them. In my late teens and early 20s, I had a series of depressive episodes involving anxiety and panic attacks. My last episode occurred in the first year of my doctoral program, where I struggled to survive the first year. Many other psychologists, including some with stellar careers, have also had mental illnesses (Devendorf et al., 2023). About 80% of the respondents in a recent survey that included training psychologists and graduate students had mental health symptoms some time in their careers, and 50% probably had a diagnosable mental health disorder (Victor et al., 2022). Symptoms were exceptionally high among graduate students. Other health care professionals, such as physicians,

have high rates of distress and depression as well (e.g., Meeks et al., 2022). Suicide rates among psychologists approximate suicide rates among the public in general (see accompanying article). We do not know if Drs. Fairly or Elder have mental disorders, although they both feel significant distress. We hope both would feel comfortable acknowledging that possibility and seeking mental health services if needed.

A NOTE ON FLOURISHING

Self-care is not just about avoiding impairment; it is just as much, if not more, about learning to flourish in our profession. While we do not minimize the impact of stressors and adverse events on psychologists, we seek to maximize the joys and rewards of being a psychologist. Thriving psychologists value their role as healers, feel satisfaction in living a life congruent with their values, feel intellectually stimulated, and enjoy their interactions with their patients and colleagues.

SUMMARY

Comprehensive self-care looks at the totality of the life of a psychologist. To that end, we recommend that psychologists do the following:

- Recognize the two components of self-care: work-life integration and processing the day-to-day stressors of their work.



- Build and sustain nourishing social networks.
- Appreciate that self-care needs may vary according to age, gender, ethnic identity, or other factors.
- Acknowledge that maladaptive schemas, such as perfectionism, excessive self-sacrifice, or insecure attachment, may make them vulnerable to reacting with distress in challenging circumstances.
- Destigmatize mental illness, including mental illnesses among psychologists. 

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A LEADERSHIP MESSAGE FROM THE PPA LEADERSHIP AND PROFESSIONAL DEVELOPMENT COMMITTEE

There is no single or simple answer to what makes a good leader. Many characteristics make a person a good leader. PPA relies on volunteer leaders to guide the work of the organization. The following are some of the leadership qualities that appear most frequently in literature.

EFFECTIVE COMMUNICATION: Communication is the transmission of information. This refers to both the message and how it is delivered. To be effective, information needs to be delivered in a direct and personal manner.

ACTIVE LISTENING: Acknowledging someone fully and respectfully when speaking shows genuine care and helps resolve conflict.

SELF-AWARENESS: The better you understand yourself and recognize your own strengths and weaknesses, the more effective you can be as a leader.

EMPATHY: Strong leaders show empathy by recognizing and considering the feelings of others. When you show care and concern for those with whom you are working, it can help you develop stronger professional relationships.

PATIENCE: Patience involves understanding that mistakes can happen, accepting mistakes when they happen and focusing your efforts on staying productive.

COURAGE: Rather than avoiding problems or allowing conflicts to fester, having courage enables leaders to step up and move things in the right direction.

ACCOUNTABILITY: This is the ability to follow through on commitments and take ownership of successes and failures. A good leader who exemplifies accountability can inspire others to take similar accountability for their actions.

INTEGRITY: Integrity is the foundation of good leadership, and one must stand for their beliefs. No matter how hard a situation, good leaders inspire with principles without compromising.

Leaders are not born. Good leadership is a combination of skills that can be learned and developed. We hope that you will consider a leadership position in PPA.

Linda K. Knauss, Leadership and Professional Development Committee

The articles selected for 1 CE credit in this issue of *The Pennsylvania Psychologist* are sponsored by the Pennsylvania Psychological Association. PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. The regulations of the Pennsylvania State Board of Psychology permit psychologists to earn up to 15 credits per renewal period through home study continuing education. If you have more than 30 continuing education credits for this renewal period, you may carry over up to 10 credits of continuing education into the next renewal period.

You may complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. Each question has only one right answer. Be sure to fill in your name and address, sign your form, and return the answer sheet to the PPA office with your CE registration fee (made payable to PPA) of **\$25 for members (\$50 for nonmembers) and mail to:**

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Allow three to six weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before October 31, 2025.

Learning objectives: The articles in this issue will enable readers to (a) assess and explain current issues in professional psychology and (b) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

Introduction

1. According to Delgadillo et al. (2018), psychotherapists who reported high levels of burnout had patients who performed _____ on outcome measures compared with patients of psychotherapists who did not report high levels of burnout.

- a. Poorer
- b. Equal
- c. Better

Psychologists and Shame

2. Some of the consequences of shame are:

- a. A tendency to withdraw
- b. An effort to make amends for one's wrongs
- c. A focus on one's actions, as opposed to a global focus on one as a person
- d. All the above

3. High standards can uplift only if they are combined with _____.

- a. Perfectionistic tendencies
- b. Self-compassion
- c. Guilt
- d. All the above

4. Much of the pernicious power of shame comes from the perceived need to keep things secret.

- TRUE
- FALSE

5. Elements of self-compassion include:

- a. Self-forgiveness
- b. A mindful focus on the present and avoidance of rumination
- c. The recognition that we are only human and will likely make mistakes
- d. All the above

Suicides Among Psychologists

6. Which factor likely increases the risk of suicide among psychologists?

- a. Psychologists, like pharmacists and physicians, have easy access to lethal doses of prescription medication.
- b. Psychologists have exposure to trauma vicariously through their patients.
- c. The rate of firearm ownership among psychologists is exceptionally high.
- d. All the above

7. Which profession has the highest rate of suicide among health care professionals?

- a. Nurses
- b. Pharmacists
- c. Psychiatrists
- d. Psychologists

8. Shame involves a belief that:

- a. One has done something wrong that can be fixed
- b. One can repair relationships with others
- c. One has done something so wrong that they need to cover it up and isolate themselves from others
- d. All the above

Comprehensive Self-Care

9. According to the two-component theory of self-care, self-care involves:

- a. Only work and life integration
- b. Only recognizing and processing painful emotions related to work
- c. Both treating mental illness and helping those who are distressed but not mentally ill
- d. Both work-life integration and recognizing and processing painful emotions related to work

10. Yang and Hayes (2021) found that psychotherapists with strong social support networks reported less burnout.

TRUE
FALSE

11. Which of the following factors increases the risk that psychotherapists will experience work-related distress or burnout?

- a. Unrelenting high standards
- b. Excessive self-sacrifice
- c. Insecure attachment
- d. All the above

12. According to Nissen-Lie et al. (2015), psychotherapists should:

- a. Love themselves as a person and love themselves as a psychotherapist
- b. Doubt themselves as a person and doubt themselves as a psychotherapist
- c. Love themselves as a person and doubt themselves as a psychotherapist
- d. Doubt themselves as a person and love themselves as a psychotherapist

What you need to know about license renewal

Renewal notices from the State Board of Psychology have been sent out to licensees via EMAIL for 2023. The email will come from RA-STPALSNOTIFY@pa.gov and the subject line is "Attention: Commonwealth of PA State Board of Psychology Update". This email includes the link to renew your license, your user ID, and your personal Registration Code. Visit www.pals.pa.gov to sign in and renew your license.



Psychologists in Pennsylvania must earn 30 CE credits per biennium. Biennia run from odd year to odd year. For example, **December 1, 2021 – November 30, 2023**

Credits for psychologists must come from: An APA approved provider/course; an AMA approved provider/course; a provider approved by the State Board of Psychology; an accredited college or university with semester hours, related to the practice of psychology

Webinars: Live vs. Home Study

Live, interactive webinars happen in real time, when the speaker is able to interact with the attendees. Note: this can happen in a pre-recorded webinar *as long as the presenter is available to answer questions in real time* (in the chat or Q&A, for example.)

Pennsylvania Psychology License Renewal Checklist 30 credits required



No more than 15 credits can be obtained via home study courses or asynchronous webinars



3 Ethics - The word "ethics" must be part of the title, or the certificate must state that the credits apply for ethics credits



2 credits - Child Abuse Recognition and Reporting - Act 31



1 credit - Suicide Prevention



CONTINUING EDUCATION ANSWER SHEET

The Pennsylvania Psychologist, October/November 2023

Please circle the letter corresponding to the correct answer for each question.

- | | | |
|------------|------------|-------------|
| 1. a b c | 5. a b c d | 9. a b c d |
| 2. a b c d | 6. a b c d | 10. T F |
| 3. a b c d | 7. a b c d | 11. a b c d |
| 4. T F | 8. a b c d | 12. a b c d |

Satisfaction Rating

Overall, I found this issue of the *Pennsylvania Psychologist*:

Was relevant to my interests	5	4	3	2	1	Not relevant
Increased knowledge of topics	5	4	3	2	1	Not informative
Was excellent	5	4	3	2	1	Poor

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Calendar

November 30, 2023

License Renewal Deadline for Psychologists in Pennsylvania

Wednesday, June 12 – Saturday, June 15, 2024

PPA2024 Convention

In-person at the Lancaster Marriott at Penn Square
Lancaster, PA

Home Study CE Courses

Act 74 CE programs

Essential Competencies when Working with Suicidal Patients—1 CE

Four Ways to Enhance Your Suicide Assessments (Webinar)—1 CE

Talking about Suicide: The Patient's Experience and the Therapist's Experience (Webinar)—1 CE

The Assessment, Management, and Treatment of Suicidal Patients: 2020—3 CE

The Essentials of Managing Suicidal Patients: 2020—1 CE

The Essentials of Screening and Assessing for Suicide among Adolescents—1 CE

The Essentials of Screening and Assessing for Suicide among Adults—1 CE

The Essentials of Screening and Assessing for Suicide among Older Adults—1 CE

The Essentials of Treating Suicidal Patients—1 CE

Act 31 CE Programs

Pennsylvania Child Abuse Recognition and Reporting—2 CE Version

Pennsylvania Child Abuse Recognition and Reporting—3 CE Version

Pennsylvania Child Abuse Recognition and Reporting (Webinar)—2 CE

General

*Ethical Issues with COVID-19 (Webinar)**—1 CE

*Ethical Responses when Dealing with Prejudiced Patients (Webinar)**—1 CE

*Ethics and Self-Reflection**—3 CE

*Foundations of Ethical Practice: Update 2019**—3 CE

Integrating Diversity in Training, Supervision, and Practice (Podcast)—1 CE

Interdisciplinary Collaboration in Assessing Capacity in the Elderly (Webinar)—1 CE

Introduction to Working with Chronic Health Conditions—3 CE

*Legal and Ethical Issues with High Conflict Families**—3 CE

Mental Health Access in Pennsylvania: Examining Capacity (Webinar)—1 CE

*Record Keeping for Psychologists in Pennsylvania**—3 CE

Telepsychology Q&A (Webinar)—1 CE

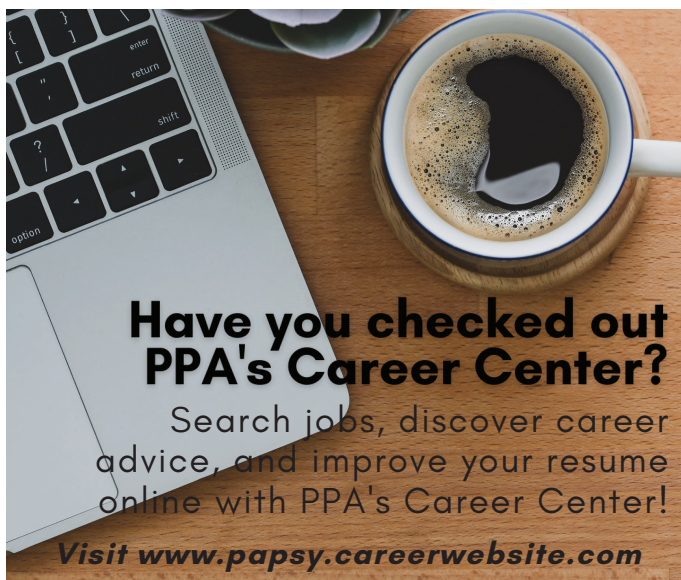
Why the World is on Fire: Historical and Ongoing Oppression of Black African American People in the United States (Webinar)—1.5 CE

***This program qualifies for contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.**

Act 74 CE Programs qualify for the suicide requirement mandated by the Pennsylvania State Board of Psychology.

Act 31 CE Programs have been approved by the Department of Public Welfare and the Pennsylvania Department of State to meet the Act 31 requirements.

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