

Caring for Others without Losing Yourself: A Compassion-Oriented Approach to Self-Care

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Workshop Description

Self-care for psychologists involves more than just taking vacations or getting hobbies. Instead, psychologists should strive to cultivate a cluster of positive attitudes (self-compassion, humility, self-awareness, and self-reflection) that could allow them to discover themselves, thrive as psychologists, and adjust to changing circumstances across the career span. The workshop will review essential findings on psychologists' self-care and ask participants how to apply these insights to themselves. It will contain an experiential component.

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Learning Objectives

By the end of the program, the participants will be able to

1. Define humility, self-compassion, self-awareness, and self-reflection.
2. Describe the relationship of self-compassion, humility, self-awareness, and self-reflection to perfectionism, shame, self-stigma, denial, loneliness, and other negative emotions and behaviors.
3. Identify strategies to embed self-compassion, humility, self-awareness, and self-reflection in their professional lives

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Gratitude Page

We thank many people who have helped us understand self-care and its implications for psychologists, including but not limited to Drs. Sandy Kornblith, who helped us every step along the way with this presentation and also

Drs. Eric Affsprung, Mary Brown, Larry Clayton, Molly Cowan, Joe Cvitkovic, Paul Delfin, Michael Flaherty, Rachel Ginzberg, Jeff Hayes, Ira Orchin, Don Jennings, Jeff Pincus, Megan Prato, Brett Schur, Kirby Wykoff, and Ms. Anne Marie Frakes

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Presentation Overview

Exercise

Brief Lectures

Commitment to Change/Questions

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Commitment to Change

An evidence-supported intervention on adult education asks participants to identify what is helpful, how hard it would be to implement the change, the potential benefit of the change, and the likelihood of engaging in the change (Niemeyer & Taylor, 2019).

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Professionalism and Self-Care

Professionalism is a core ingredient of being a psychologist.

Despite different definitions, professionalism has a core ingredient of self-monitoring and willingness to improve (Wilkinson et al., 2009).

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Stages of Change

Precontemplation

Contemplation

Preparation

Action

Maintenance (Norcross et al., 2011)

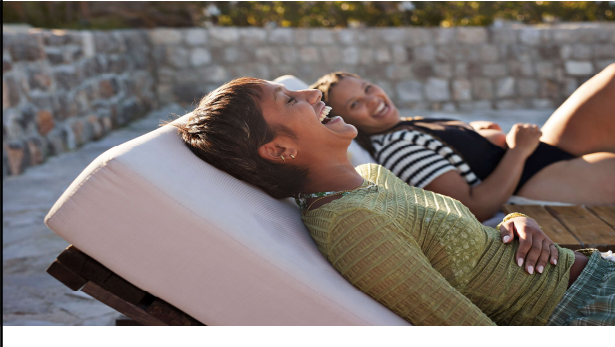
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Self-care is not Candy or Bubble Baths



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Self-Care is Not Just Vacations or Fun Activities



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Questions?

How might we see ourselves accurately? Can you identify three strengths and limitations you have?

What traumas, mini-traumas, stressful events, or chronic stressors related to our work have you experienced? How have they impacted (for better or worse) your ability to serve patients?

In what ways and under what conditions have we compromised our well-being in service of our patients? What did we say to ourselves to rationalize doing what we should not have done?

What assumptions, expectations, or self-pressures are we aware of about our ability to treat patients? What alternate mindsets might be more realistic? How? Why?

Is it possible that you have compromised patient care by not recognizing the impact of trauma on yourself?

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Rate Yourself?

On a scale of 1 to 10,

(1) How much have traumas, mini-traumas, or stressful events impacted your ability to practice psychology (for better or worse)?

(2) Have you held maladaptive assumptions that impaired your ability to serve your patients?

(3) Have these traumas (stressors) or assumptions ever compromised your ability to serve your patients?

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Core of Well-Being

Self-Discovery

Assumes an ongoing path toward self-knowledge and self-improvement.

Humility

Humility encourages us to see ourselves accurately.

Self-Compassion

Self-compassion allows us to be more honest about ourselves and strive for high standards without becoming perfectionistic.

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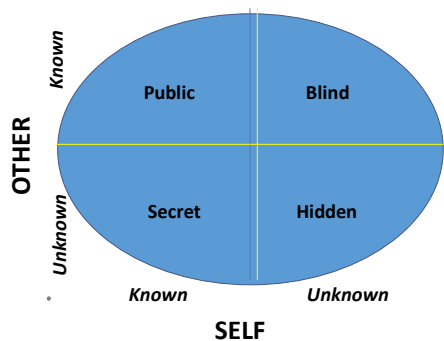
1. SELF-DISCOVERY

Includes self-awareness

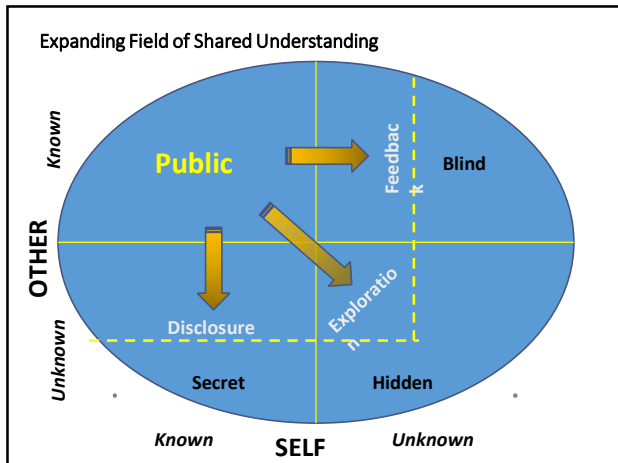
And self-reflection– the process by which we increase our self-awareness

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Johari Window: Luft and Ingham



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Self-Awareness

How well do we:

- know our areas of competence?
- understand our personal strengths and weaknesses?
- understand how we come across to others?

Or are we “strangers to ourselves?”

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How Aware Are We? - some Data!

Psychologists often disagree with patients on helpful or harmful events in treatment (Castonguay et al., 2010)

Implicit prejudices (“uncomfortable egalitarians”) Banaji and Greenwald, 2013

Confirmation bias was the number one reason for physician misdiagnosis at a major urban hospital (Sanders, 2009).

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Dunning-Kruger Effect

“better-than-average” effect (Atir et al., 2015).

25% of psychotherapists rated themselves in the top 10%; none in the bottom 50% (Walfish et al., 2010)

A subset of physicians had very poor performance yet rated themselves very highly (Davis et al., 2006).

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Dunning-Kruger Effect: What Difference Does It Make?

“Therapists who consistently overestimated their problem-specific effectiveness had patients who reported worse global outcomes than patients whose therapists reported more accurately estimated their effectiveness.

Conversely, therapists who underestimated their problem-specific effectiveness had patients who reported better global outcomes than patients whose therapist over or accurately represented their effectiveness”

Constantino et al. (2023, p. 474).

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What Do We Know Ourselves?

What emotions stir us up?

What are our first impulses in responding to those emotions?

What are the benefits or limitations of identifying those emotions?

How can we or do we use them?

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Emotion Suppression

What emotions should good psychologists NOT have toward their patients?

Fear
Hatred
Anger
Sexual attraction
others

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Robert Gordon's (1997) Facetious MMPI "L" Scale for Psychotherapists

- "I never felt angry at a patient."
- "I never felt attracted to a patient."

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Self-Reflection

We do better when we have uncovered some of the "hidden" or "blind" parts of ourselves (hidden and blind as defined by the Johari window).

QUESTION ONE:

What activities or experiences have you had that have helped you to identify the hidden or blind aspects of yourself?

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Dimensions of Self-Awareness

Avoid suppression of emotions. Suppressed emotions tend to come back even stronger. ("You have to see it to be it.")

Emotional labeling is the first step in developing strategies to modulate the impact of intense emotions. ("You have to name it to tame it.")

Developing helpful strategies is more likely to occur if we seek consultation. ("You have to share it to bare it")

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2. Humility

The meteorological state of moistness or wetness as measured by a hygrometer

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Other Definitions of Humility

"(a) having an interpersonal stance that is primarily other-oriented rather than self-focused, marked by an ability to regulate one's selfish motivations and prioritize the well-being and concern of others, as well as

(b) having an accurate view of one's self"
(VanTongeren et al., 2018, p. 174).

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Other Definitions of Humility-2

“The habit of recognizing the limits of one’s ethical and professional judgments while working professionally to improve them” (Brenner et al., 2023, p. 229)

It means being able to share credit for our accomplishments– we never do anything totally alone.

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Helen Nissen-Lie’s Perspective on Humility

“Love yourself as a person, doubt yourself as a therapist” (Nissen-Lie et al., 2017, p. 48).

One of the characteristics of highly effective psychotherapists is the ability to re-evaluate themselves (Wampold et al., 2018).

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WHY HUMILITY IS WARRANTED

1. Making diagnoses is hard, but accurately understanding the meaning of the diagnoses in the total context of the patient’s personality (strengths, weaknesses, history) and context is even harder.
2. Ethical judgments often require balancing two or more competing ethical principles and violating one in favor of another.
3. We may hold biases or unfair assumptions about people that we do not fully understand

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WHY HUMILITY IS WARRANTED (Continued)

4. Even the best psychologists cannot get good results for every patient because we all have personal limitations, and the knowledge base for treating some conditions is limited.

5. We cannot control the social and environmental factors that create, maintain, or exacerbate mental illness.

6. When we are effective, we do not always know what we said or did was helpful.

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Question about Humility

Do we have more of an impact by asking questions or making comments?

OR

Do we err on the side of making comments when we should be asking questions?

OR

Should patients reflect on themselves instead of being given "answers?"

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Translating Humility Into Practice

Ask patients how they are doing.

Make the solicitation of feedback a regular part of your practice (maybe at the end of every session, ask patients if they got what they wanted from it).

Let them know you are very interested in their feedback and suggestions.

Phrase interpretations or feedback as "cautious insights" or "hunches/guesses" subject to your patients' modification, revision, or rejection.

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Feedback: Specific and Context-Related

Not a global evaluation of “Was I good for this patient?” BUT

How can I be a good fit for this patient?

What is my “best self” for this patient?

What qualities or behaviors would best help this patient?

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DEVELOPING HUMILITY

QUESTION TWO

What steps or activities have you taken that have helped you to develop humility (see yourself more accurately or recognize your limits and strive to improve)?

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3. Self-Compassion

We are recognizing our connection and similarities with all of humanity. (We are not the first to lose our tempers, make an error, act selfishly, etc.)

Self-forgiveness. Forgive ourselves as we would forgive others.

Avoid overidentifying with our emotions (Neff et al., 2020)

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Making Self-Compassion a Habit

More than just an “emotional tool” to use in case of an emergency. How to integrate in our daily lives?

QUESTION THREE

What do you do to incorporate self-compassion into your daily life?

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Comprehensive Self-Care

Go beyond “emergency-room self-care” and make it a part of our daily lives.

Self-care is more than vacations and hobbies; it is most effective when it directly addresses the stressors and traumas or our work.

No one self-care program fits all. The optimal interventions depend on your life situation, including your strengths, vulnerabilities, work situation, social life, and intersectionalities such as age, race, or gender.

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Nonetheless

Self-aware programs are most effective if they compassion-focused:

- Allow ourselves to see ourselves accurately.
- Accept our limitations as well as our strengths, and
- Combine high standards with self-compassion

Embed ourselves in a protective social environment.

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The Core of Well-Being



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The Core of Well-Being Expanded

Developing humility may require a path of self-discovery where we focus on self-awareness (what are we feeling, what are we thinking, . . .) and engage in planful self-reflection.

We are less defensive and less afraid to see ourselves accurately (humility) when we show compassion toward ourselves.

If we have self-awareness we may be less likely to project our feelings on to others.

Self-compassion opens the gateway for discovery and humility.

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Jeff Sternlieb on Self-Care

“You have to be it to see it.”

“You have to name it to tame it.”

“You have to share it to bear it.”

Sternlieb, 2013

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Relationships and the Core of Well-Being

Title: How to serve others. . .

Gratitude page: our indebtedness to others

Traumas and stressors are often interpersonal ones

Johari Window: How do others see us

Self-awareness: often want to deny or minimize feelings toward others

Humility: One definition concerns getting away from self-centeredness and being able to focus on others

Self-awareness from getting feedback from others

Handling our burdens by sharing with others

Learn to have space for our relationships.

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More About Relationships

Relationships

provide material assistance or advice when we need it
helps reduce the impact of stressful events
provide a distraction

Those with good relationships

have fewer health problems
live longer
report more life satisfaction

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Relationships and Psychologists

Those with good relationships are less likely to experience burnout (Ying & Hayes, 2021)

Socially embedded psychologists have fewer disciplinary complaints with licensing boards (Schultz, 2018).

Fewer malpractice complaints (personal communication Eric Harris).

The ability to form relationships with patients is a major (perhaps THE major) reason for positive patient outcomes (e.g., Wampold et al., 2018).

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Based on the Presentation. . .

Please identify two or more ideas or concepts that you would likely incorporate into your work as a psychologist.

Based on the educational program today, I intend to make the following change(s) . . .

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Ease of Implementing

Will it be easy or hard to implement this change?

1 2 3 4 5
HARD EASY

Do this for each change you identified

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Importance of the Change

I believe that making this change will

1 2 3 4 5
Make no difference Save Lives

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Commitment

Based on the presentation today, I have the following degree of commitment to implement these changes

1	2	3	4	5
Low Motivation			High Motivation	

Do this for every change you identified.

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Final Self-Care Question

QUESTION FOUR

What can you do to keep the conversation on self-improvement going?

- Who can you talk to?
- What would you like to say?
- How do you integrate self-care into your life?

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Questions?

Comments?

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