



SELF-CARE

By definition, helping professionals seek to improve the quality of life of the people they work with. Paradoxically, relatively little has been written about, and very few training programs give sufficient attention to, how helping professionals and interns care for themselves (Reamer, 1992). This is unfortunate. Taking care of yourself is one of the most important, yet sometimes one of the most difficult, tasks you will face as an intern or professional.

Chapter 9 described some of the stresses of internships and professional activities. This chapter explores the importance of self-care and suggests strategies for keeping yourself healthy while you strive to assist others. Among the areas addressed are the cognitive, emotional, behavioral, physical, relationship, and financial elements of self-care.

Some may find that this chapter raises issues that "just aren't talked about" in school or training. Others may resist or possibly even resent suggestions about staying physically healthy. The discussion of financial considerations may also come as a surprise. I am sensitive to such concerns, but I am convinced it is important to address precisely those issues that are normally ignored in academic training but are of critical importance in life and work beyond academia.

I am not suggesting that all interns or professionals must agree with or follow these suggestions, nor do I claim to offer the "best" or the "correct" approach to self-care. On the other hand, I cannot emphasize too strongly that the work of helping professionals and the experience of internship training are unique and at times highly demanding. Self-care can be vital not only to personal health but also to your effectiveness at your internship. Whether you agree with specific ideas or suggestions of this chapter, I hope it will stimulate your thinking about how you personally cope with stress and take care of yourself as you attempt to help others care for themselves. For additional information about this topic, see Sussman (1995).

TIME MANAGEMENT

When interns are asked to list the sources of stress in their lives, having too much to do and time management are consistently identified among the primary concerns. This is not at all surprising. In the desire to do a good job on the internship, while trying to balance school, work, family, and other demands, it is easy to feel that events control you. The problem is that if you do not manage your time well, you will eventually make inadequate notes, not take the physical and mental breaks you need, will take work home, and will probably regret it in the long run. If you do not take care of your time, it is symptomatic that you are probably not taking care of yourself in other ways as well. As a colleague of mine says, "If you're too busy to take care of yourself, you're too busy! Something's gotta change."

Interns are not alone in feeling time-related stresses. Many experienced therapists feel overworked, and many professionals do not manage their time well. Especially common are the habits of not allocating sufficient time between sessions and not taking enough breaks from work to stretch or relax.

One way to deal with this is to do what Fiore (1989) has described as "unscheduling." The idea of unscheduling is to begin by planning your time to do the things you need for self-care. Once you have set aside the time you need to take care of yourself, you then schedule work and other activities around that. This might sound selfish, but if we do not take care of ourselves we will eventually be unable to care for others. By scheduling self-care first, we are forced to rethink our priorities.

One reason many professionals have trouble managing their time is that they have not seriously examined how they actually spend their time. When I conducted an informal survey of colleagues in clinical practice, very few had kept precise track of how they spend their time and how long it takes to complete various tasks. In a discussion of

fee structure as it relates to professionals' time, Callahan (1994) noted that many therapists in private practice have a false understanding of how much they earn for their efforts because they have not accurately assessed the time they spend outside therapy in tasks such as note taking, correspondence, and phone calls.

EXERCISE: TRACKING WHERE TIME GOES

To help develop your time awareness and management skills, during the next two weeks keep careful track of all the activities you do each day for the full 24 hours. From 12:00 midnight each day to 12:00 midnight the next day, make a note of when you start and stop different activities. This may feel like a nuisance or a waste of time, but in fact it is just the opposite. This is a way for you to begin to understand how not to waste time.

Keeping track of what you do will allow you to get a better sense of where your time goes and how long different activities actually take. For example, if you keep case notes for each session during a week, by recording how long it takes you to write a case note for each client you will become more aware of what that requires. You can then build that time into your schedule. In this process, try to be aware not only of where your time goes now, but also of ways in which you are not spending time that you probably should be. Are you taking time to stretch, to get out of the office, to recover between sessions? If your record reveals that comparatively little time is going to self-care, you may want to "unschedule" more of your time.

Along with budgeting time on a weekly basis for your regular activities, anticipate special time demands, such as preparation for exams, papers, and conferences. As you look toward these events, be sure to allow additional time in your schedule to prepare for them. Avoid the temptation to simply take that added time out of what you have set aside for self-care.

Putting time in our schedule books is actually the easiest part of time management. Sticking to the time you schedule is the hard part. I advise trainees to include in their schedules a certain degree of "open time" that allows them to deal with unanticipated circumstances. I also advise trainees to make certain time inviolable. Except in extreme circumstances, do not let clients or staff intrude on this protected time. Do not use your note-taking time to instead make phone calls, do not let sessions run longer than they are scheduled, and do not treat time for exercise as "low priority" that can easily be sacrificed.

SAYING "No"

Keeping certain time for yourself requires the ability to say "no." Interns are often overloaded with classes, other jobs, and families. The task of meeting all these demands is

exacerbated because many interns, who are caring and dedicated people, have difficulty turning down worthy projects. The underlying principle that guides their decisions is to think first of the needs of others, then of their own needs, and almost never of the real limitations of time and the physical demands for rest or sleep. If someone at school needs a hand with a class, an intern offers to help. If volunteers are needed for a community service project, the interns are the first to lend a hand. If extra work needs to be done at the internship, the interns extend their hours.

All these activities are to be commended, and it is admirable that interns are willing to step forward. But it is also important for each of us to learn how to set priorities and make decisions. There is nothing wrong with setting realistic limits and standing by them. There will always be more work to be done than one person can do and you do not have to feel like you must do it all.

SAYING "Yes"

Learning to say "no" is an important side of self-care and time management, but learning to say "yes" is just as important. When I work with overstressed students or colleagues, the problem is not simply that they have a hard time saying "no" to extra work. It is also that they have a hard time saying "yes" to things they enjoy doing. A colleague who was working from 7:00 A.M. to 7:00 P.M. five days a week and half days on Saturday told me that one of his favorite things to do was go sailing. When I asked how long it had been since he had been sailing, he said he had gone once this year and two or three times each of the past two years. If sailing was indeed a favorite pastime, he was certainly not allocating a proportionate amount of time to it.

Rather than agonizing over every opportunity or request to do one more thing, I encourage you to sit down on your own, or perhaps with significant others, and think carefully about how you want to spend your time. It has been pointed out that the amount of time we give to things is one indication of how important we think they are. Yet, when people examine where they are really spending their time and why, they realize that some things are getting far more time than their real importance warrants.

EXERCISE: SETTING PRIORITIES

The previous exercise asked you to examine how you presently spend your time. Now consider where you would like to allocate time in the future. Make a list of things that are important to you, then identify how much time you would like to devote to them. As you do this, do not start with what you are doing and work from there. Instead, first list what is important to you, then compare how you are actually spending your time. You may discover significant discrepancies between what you say matters to you and what you do. Based on this

awareness, try to plan a schedule that would allow you to do more of what you have identified as top priorities.

CLOSING SESSIONS

Another common problem regarding time management has to do with keeping enough time for case notes, phone calls, and so on, between appointments with clients. The advice to keep sessions within the scheduled time period is often particularly difficult for interns to follow.

If clients are still talking about an issue when the session is about to end, interns tend to allow or encourage them to keep going. It also happens that some clients do not raise important issues until just before the session ends. This can happen for many reasons. Perhaps the issue is particularly sensitive and the client spent the entire session trying to gather courage to discuss it. Raising it at the end of the session provides a safety valve of sorts. Another possibility is that a client is testing the therapist; allotting "extra time" may seem to be a sign that the therapist really cares. Whatever the reason, if sessions run over, that is information the therapist should be aware of and seek to understand. Allowing overruns to occur repeatedly and without examination may mean the therapist is overlooking useful information.

There are several ways to bring sessions to an end constructively. To begin with, one should make clear how long sessions will last as part of the information provided clients at the outset of therapy. During sessions, the easiest and most direct approach is for the therapist to be aware of the time and, as the end of the session approaches, state, "We need to finish for now." If the client has just raised an important issue, the therapist might observe, "I think what you just spoke of is important and is something we should probably address in the next session. For now, we need to conclude for today." If a client continues talking, the therapist can rise and begin to move toward the door. These methods will be well received and effective in most cases. If a client repeatedly runs sessions overtime, this is something the therapist may need to address. Here again, stating things directly in the form of a process observation can be helpful. "I have noticed that in the last few sessions we seem to raise important issues right near the end and then to run overtime. I want to be sure to give enough time to such things, but it is important to be aware of the conclusion of our sessions. I wonder if there is a way we can address this more effectively?"

In describing these techniques, it must be added that the therapist should, of course, use judgment. There are times when it is essential to run a little over. If a client reveals that he or she is in some danger, if a critical issue absolutely must be resolved, or if some other matter demands immediate attention, the therapist may elect to extend the session. This decision, however, should be made very rarely; if it occurs repeatedly for the same client, the therapist should recognize and address the problem.

It is not only clients who extend sessions past time. It also happens that clients are ready to conclude sessions on time, but the intern who, perhaps wanting to feel needed or to "solve the client's problems," overextends the session. This tendency is not only contrary to sound time management, it can also interfere with therapy. The simple reality is that the work of therapy is seldom "finished" by the end of any single session. There will always be more to do and it is often a very good thing to end a session with work still left to do. Clients are able to continue thinking about things on their own and therapists need to be able to give them that opportunity. Interns must learn that sessions do not always end as neat or tidy packages and clients do not, and probably should not, always leave a session feeling that everything has been resolved.

A colleague of mine uses the concept of "holding the question" to help interns understand that not everything is resolved in each session. Holding the question means accepting that some things are best pondered and one should not expect an immediate answer to every question. Holding the question gives clients time to think about things between sessions. Because life does not always give neatly packaged solutions and we must be able to deal with that fact, developing the ability to hold the question is, in itself, highly therapeutic for clients as well as professionals.

COGNITIVE SELF-CARE

The normal stresses interns experience can often be exacerbated by beliefs interns hold about themselves, their clients, the therapy process, and about broader topics that might best be labeled cognitions about the world. To the extent that these ideas create stress, recognizing and coping effectively with them can be a valuable element of self-care.

COGNITIONS ABOUT SELF

It is not uncommon for interns to approach their training or placements with unrealistic expectations about their knowledge, efficacy, or feelings toward clients. For example, interns might believe they must not make any mistakes. Or, they might fear that others will recognize their lack of experience. It is also common for interns to want to be liked, perhaps even loved and supported, by all their clients and coworkers.

Deutsch (1984) studied a number of ideas rated by clinicians as stressful and found that the three most stressful ideas all dealt with therapists' needs for perfection. Other stressful ideas included the belief that the therapist is responsible for client change, that therapists must be constantly available to clients, and that therapists should be models of mental health themselves.

For interns, unrealistic expectations about themselves or clients add to the challenges of an already demanding position. At the same time, however, it is quite realistic and to be expected for interns to have some anxiety about their

abilities as therapists. Engaging others in a relationship and seeking to help them make difficult changes is indeed a great responsibility. That responsibility is all the more daunting when opinions vary about how to bring about change and there are no clear rules about what is defined as helpful. Interns who do not have some fear about their abilities or about the therapy process are themselves sources of stress and anxiety for their supervisors.

What is required is a healthy balance between anxiety and confidence. Interns who feel they must be perfect at everything will easily become paralyzed and will be afraid to move treatment forward. On the other hand, interns who believe they are already expert are prone to making dangerous mistakes that may, in fact, harm their clients. With this in mind, part of cognitive self-care involves checking one's cognitions about oneself as a person and professional. Interns should ask themselves if they have unrealistically high expectations about what their abilities should be or are. They should also share their ideas with their instructor or supervisor. If your beliefs about what your skills are, or should be, are extreme in either a positive or negative direction, there is a need for personal work.

Self-care also involves keeping a healthy perspective about anxiety itself. Some interns become anxious about being anxious. It is as if they believe that good therapists must be calm and confident at all times and any hint of anxiety is a sign of weakness or incompetence. Such concerns are understandable, but even the most accomplished professionals will acknowledge that they sometimes wonder if they really know what is going on with a client or in the therapy process.

Experienced therapists are able to cope with this uncertainty because they have learned to trust the process of treatment even though they are sometimes anxious about it. Skilled therapists also listen to how they are feeling because that information can often provide important insights about what is happening in the session.

In your own training, try to be aware of any beliefs or ideas that place unrealistic expectations on yourself. It may also be helpful to discuss these ideas with your peers, instructor, or supervisor. Do not be ashamed to admit that there are times when you are unsure about what to do. Experienced supervisors will certainly understand this and would much rather an intern talk about such feelings than keep them inside and proceed without seeking assistance. The most important self-care cognition is probably: "I do not have to be perfect, but I do need to get help when I need it."

COGNITIONS ABOUT CLIENTS

Just as unrealistic expectations for oneself can contribute to stress, inaccurate or unrealistic cognitions about clients are also a common source of stress for interns. Fremont and Anderson (1986) suggested that counselors carry a set of assumptions about how clients "should act and how counseling should progress" (p. 68). When these assumptions are not

met, counselors may become angry or frustrated. Among the assumptions identified by Fremont and Anderson are:

1. The client is in counseling to get better or to make some changes in behavior. It is part of the client's role to work on personal problems and to follow counselor suggestions.
2. The client should not become too dependent. Some degree of dependency is expected, but it should not interfere with the counselor's private life.
3. The client is expected to appreciate the counselor's expenditure of psychic energy. It is unacceptable for the client to reject this notion, especially with a show of anger or hostility.
4. The client should not successfully manipulate counselor behavior. (p. 68)

Despite, or perhaps because of, the assumptions just described, in the course of your training you will probably find yourself thinking clients are heroic, lazy, dangerous, suicidal, seductive, distancing, helpless, whiny, crazy, unmotivated, manipulative, passive/aggressive, logical, motivated, creative, suffering, or a host of other things. When you experience such feelings, it may be helpful to keep in mind several ideas.

First, the most stressful of all cognitions about clients is probably, "Clients should be different than they are." This cognition can take many forms. You may think, "This client should be more open in therapy," or "This client should not be so angry," or "This client should not be so depressed," or "This client should be more appreciative of the service we provide."

However you finish the sentence, believing clients should be different is a good way to create unnecessary and unproductive stress for yourself and your clients. This is not to say that clients would not benefit from change. It is to say that wanting clients to be different, and becoming upset because they are not, is not treatment. Our task is not to identify how clients "should be," then wish that the clients were different than they are. Our task is to help our clients determine what they want to be, then help them achieve that goal for themselves.

A second point to remember is that many interns add to their stress by overgeneralizing beliefs about specific clients to all clients. For example, some interns worry about the possibility of suicide with virtually all their clients. Because suicide is such a serious action, and because it is possible for any person to take his or her own life, this concern is understandable. Most clients, however—even most depressed clients—do not commit suicide. Thus, if you actively worry about suicide for every client, you will do a lot of worrying and most of that worrying will be unnecessary. A large part of training involves moving from such overgeneralization to more specific applications and more precise understanding. As this happens, you will

develop a better sense of when you can relax and when you really do need to be anxious about clients.

COGNITIONS ABOUT THERAPY

Closely tied to the idea that clients "should be different" are ideas about the therapy process in general. As noted, one such cognition is the belief that clients "should not be resistant" to change. Interns and beginning therapists often become upset with clients who "obviously need to change" but resist the therapist's best efforts to "get them to do something different." In such situations, the problem, and the source of the therapist's stress, is not really the client. Rather, it is the therapist's belief that change is, or should be, easy for people. The reality is that change can be very difficult—sometimes takes a long time to happen; and people (including interns and therapists) tend to resist change because it is unfamiliar and uncertain. When therapists do not recognize and work with client resistance, they are likely to become frustrated with the client and with themselves. On the other hand, when resistance is understood and recognized as an expected and normal part of the treatment process, a therapist or intern is more able to respond to it effectively.

Another cognition that adds to stress is the belief that the helping professional is responsible for the client's life. Clients come to you or your agency because they want your help in understanding or altering something about themselves or their lives. You charge money for your time, and you have supposedly been trained in ways of helping, so there is at least an implied burden on you to do something useful. At the same time, as just discussed, clients often resist change and do not cooperate in the therapeutic work. This makes it easy to blame clients when progress is not achieved or does not come as rapidly as you or they might hope. Blaming clients for not changing is one way therapists deal with their own frustrations at not feeling successful or validated. But this response is ultimately an attempt to meet the therapist's needs, not the client's.

To deal more effectively with resistance, it helps to think of your role as a catalyst for change but not as the primary agent of change. You cannot, and should not, take full responsibility for solving your clients' problems for them. You must instead recognize that you play an important role in helping clients cope with their situations, discover resources within themselves, and make the changes they need to make for themselves. Ultimately, however, the clients themselves must make those changes; we cannot do it for them.

COGNITIONS ABOUT THE WORLD

Even when interns are away from the internship and clients, experiences in therapy can contribute to cognitions about the world that add to therapist stress. One of the ways this happens is through the development of a rather distorted sense of what constitutes "normal." If an intern spends much of the day dealing with people who are experiencing

serious problems in their lives, or who are hostile, or severely impaired, the experience may cause the intern to begin to believe that most people have such problems. In some instances, this process can actually create or reinforce racial or other stereotypes.

One of our interns, who worked for a semester in a juvenile detention center, said, "I can't believe what those kids are like. I used to think I wanted to have children, but now, if they could turn out like these kids, forget it." By comparison, an intern who worked with abused children found herself "hating those parents, and wondering if there are any decent people out there." Another intern worked with patients on an Alzheimer's disease unit of a nursing home. When she had the opportunity to do some intelligence testing with an elderly person who was not demented she marveled at how intelligent the man was for his age. In fact, he was only in the average range for his age group, but relative to the people she had been working with, he seemed to her to be a genius.

Internship experiences also affect how interns think of systems. For example, an intern who worked in a social service agency became first angered, then frustrated and depressed by the inefficiency of the agency and lack of dedication on the part of many employees. Another intern, also frustrated by systemic flaws, despaired of the helping professions entirely and concluded that she should "change my major, quit trying to help anyone, and just make money."

In each of these cases, experiences with a selected population or system led an intern to hold ideas about the world that were distorted by the internship experience. The potential effect of such ideas was revealed by the intern who said her experience caused her to wonder if she really wanted children of her own, and by the individual who wanted to leave the field entirely.

Interns should remind themselves that they are dealing with real people, real suffering, and sometimes with real dysfunctional systems. That is part of life, but it is not all of life. If you find yourself getting soured on life or work at your placement, it can be extremely beneficial to seek experiences or information that will present "the other side" of the picture. Using a sports metaphor, Grosch and Olsen (1995) refer to the value of "cross-training" (i.e., varying jobs and activities to include other perspectives as a way of staying fresh). The interns described here might look for examples of youth who are contributing to their community; parents who are doing a thoughtful, caring job of raising their children; or senior citizens who are mentally alert and involved in programs that keep them healthy. Others might benefit by identifying systems that are successful and that are staffed by dedicated and competent people. Such systems do in fact exist, but you may not have the good fortune to find them on your first or second field placement.

Making this effort helps interns come to grips with the reality of human suffering and shortcomings while not

losing sight of the equally important reality of human joy, kindness, and health. It is essential for interns to understand that they have the potential to help change dysfunctional systems for the better. If everything worked perfectly already, there would be little need for human service professions. On the other hand, great strides have been made toward making things better and in each case these advances have occurred because one or more individuals dedicated themselves to a goal. As a student, and as an intern, you have the opportunity to develop knowledge, experience, and insights that can help you make a real difference in the world. The task will not be easy, and it will probably not be completed in any one person's lifetime, but you can have an effect and people's lives (including your own) can be more fulfilling thanks to your efforts.

EXERCISE: COGNITIONS REVIEW

Based on what you have read thus far and on your own experiences, review your own beliefs about your role as an intern, the treatment process, clients, or the world as a whole. What beliefs do you hold that may be causing unnecessary stress? What beliefs help you deal constructively with the stresses of your work or training? When you have written your own thoughts, discuss this with your peers and supervisor to get their ideas and feedback. If certain ideas are impacting you adversely, consider developing an active strategy to confront and change those ideas and their effects.

PHYSICAL SELF-CARE

Individuals must determine for themselves how they define physical health. In my practice as a medical psychologist, I work on a daily basis with people who suffer the psychological and physical effects of poor physical self-care. I am also involved in various efforts aimed at preventing illness and promoting better physical wellness. Perhaps because of this background, and because I know firsthand how physically draining internships and clinical work can be, I strongly encourage interns to care for their bodies as well as their minds. Without becoming "preachy," I want to help interns develop skills and habits that will serve them throughout their careers. Having seen the physical and emotional toll this line of work can take on people, I feel an obligation to at least raise the issue and perhaps offer some new perspectives.

PHYSICAL EXERCISE

As described earlier, the sedentary nature of clinical work, and the tendency to internalize stresses, place unusual physical demands on the body. Physical activity can help overcome some of the effects of sedentary work and can help one deal with stress more effectively.

When the subject of physical activity arises, some interns have no problem because exercise is already part of their daily routine. Others indicate that they are interested in exercising but cannot find time. Still others respond as if I have suggested they do something abhorrent.

For those in the first group, one need only encourage continuing what is already in place and jealously guarding the time for daily exercise. For those who would like to exercise but do not find the time, it may be useful to reread the discussion of time management. For individuals who respond negatively to exercise, I can offer a few thoughts based on what has worked with students and with clients wanting to change their physical activity.

First, do not feel you must start a rigorous exercise program right away. Take some time to think about what is or would be healthy for you. As you consider this, do not think in terms of heavy workouts or strict diets when you think of physical self-care. Those terms do not really sound much like care, so it is not surprising that they are aversive. As an appealing and realistic alternative, you are more likely to succeed if you start small and consider your own needs and values. Without launching directly into a full workout regimen, you can find opportunities to incorporate less strenuous forms of exercise throughout the day. You can increase fitness by doing little things such as taking stairs instead of elevators, parking a little farther from the office, or, better still, walking or biking to work. While at work, get in the habit of getting up and stretching between sessions. Similarly, if your work for the day involves long hours of reading, writing, or computer work, you can set a watch or other timer as a reminder to take a break to stretch your body and rest your eyes.

These changes can actually make a noticeable difference in health, but there may also be a need to structure some regular forms of aerobic activity during your week. When you reach this point, you may ask, as do many people, "So how much exercise do I *have* to do?" Specialists in the area of physical wellness suggest that a more successful way to ask the question is "How little physical activity will let me realize noticeable health improvements?" This reframing removes the sense of obligation, and perhaps along with it, a degree of resistance. The alternative question also emphasizes that in terms of reducing risk for such illnesses as coronary vascular disease and others, relatively little exercise can produce significant benefits (T. Evans, personal communication, November 1994).

For many people, even those who once thought of exercise as tantamount to self-imposed torture, the break they schedule for exercise soon becomes a highlight of the day, something they look forward to beforehand, enjoy while doing, and appreciate throughout the day. Ideally, exercise should not be something we do "to ourselves." It should be something we do "for ourselves" to release tension and improve our overall well-being.

MASSAGE

For some people, physical exercise may not feel like self-care, but most would agree that therapeutic massage is pretty close to the epitome of self-care. Perhaps the best thing about massage for helping professionals is that it allows you to put yourself quite literally into someone else's hands and let them take care of you for awhile. This is something many of us, particularly in the helping professions, do not do.

An example of the benefit of massage is quite immediate for me as I write this chapter. In the final stages of preparing this book, I was putting in extraordinarily long days of writing, beginning at 5:00 A.M. and staying at it until I could go no further, often continuing until well past midnight. After many months of previous work, this intense effort had gone on with little respite for the better part of three weeks and the effects were beginning to tell. Realizing I needed a break, but under pressure to meet deadlines, the idea of a massage came to me and seemed so appealing I almost called 911-MASSAGE. Fortunately, a massage therapist I knew was able to schedule an appointment for that same day. I explained my situation, lay down on the table, and let her do the work. During the entire massage I only thought about work once, and that was to make a brief mental note to add a word about massage to this chapter. It is not an exaggeration to say that an hour-and-a-half later, I felt like a new person. I still had several long days ahead, but the massage had helped me weather a point of near exhaustion and recharged the batteries to help me get through.

In addition to being a great way to release stress and help one relax, massage is also a good way of monitoring where and how you may be physically internalizing the emotional stresses of your work. Many of us tend to keep the accumulated emotions of our work somewhere in our bodies; headaches, backaches, and other pains may be the result. A skilled massage therapist will locate those places and, while helping to work them out, may give you some clues about where you keep stresses in your body.

MONITORING STRESSES IN THE BODY

Few of us have the time or money to afford a massage every day. Lacking that luxury, we need to learn to deal with physical tensions as they arise during the course of our work.

Another useful suggestion offered by a colleague is to periodically run a "mental body check," noticing any signs of physical tension or other sensations that arise. Perhaps the easiest way to do this is to start at the top of your head and do a quick run-through of your posture, muscle tension, and other internal sensations. It may help to do this as you breathe in and out, thinking of letting go of any tension as you exhale. With practice, this self-check and relaxation can be done in a very short time and in a way that is not noticeable to others. I try to do such checks several times during each therapy session, meeting, class, or other event. This helps to keep physical tensions from building and can reveal

clues about how I am reacting to what is happening. When I work with clients, I also observe their physical posture and apparent tension levels. This awareness can provide valuable clues to what is going on clinically.

HEALTHY EATING AND HABITS

Along with a healthy amount of exercise and relaxation, healthy eating is also important. Just as internships can limit the time available for exercise, they often have an adverse influence on how, when, and what interns eat. Many interns are unaware of this until they think about it and realize that, in fact, the internship has affected their eating in several ways.

Some interns find that eating is one of the ways they cope with the stresses of the internship. A common experience is to come home from the internship and feel a need to eat something to help settle down after a demanding day. Interns may also find themselves so rushed at their placements that they seldom take time to relax and enjoy a meal that is really good for them. Instead, "lunch" consists of a bag of chips and a soft drink or coffee (their third cup of five or more per day) from the vending machine or espresso stand.

The issue here is not so much what a person should or should not eat. Rather, the goal is to increase awareness of how you are being affected by, and are attempting to cope with, the challenges of the internship. Poor dietary habits can be intrinsically harmful over the long run, but they can also serve as a signal to help you recognize whether you are taking care of yourself. The same point can and should be made about other habits that are also related to stress and coping.

The use of alcohol, cigarettes, or other drugs is closely tied to stress, and helping professionals are no less vulnerable, perhaps even more so, to abusing these substances. Hughes, DeWitt, Sheehan, Conrad, and Storr (1992) reported that, among a large sample of resident physicians surveyed, emergency medicine and psychiatry residents reported higher rates of substance use than residents in other specialties.

In my clinical work, and as an instructor and supervisor, I have come in contact with students, supervisors, and colleagues who had significant substance abuse problems. In most cases, these same individuals denied that they had a problem even though virtually everyone who knew them was aware of, and concerned about, the situation. In addition to the damage and difficulties substance abuse causes the individuals themselves, the profession also suffers harm as members of the public look cynically at helping professionals who do not appear able to deal well with problems themselves.

Once again, the goal here is to help interns become aware of signs that may indicate they are not coping well with personal or professional stresses. If you find your own use of legal or controlled substances increasing—if it sometimes feels you just have to have a drink, smoke, pill, or something else to cope with the stress of work—perhaps it is

time to examine how work is affecting you or how the habits themselves are affecting your work.

EXERCISE: PERSONAL PHYSICAL HEALTH—CARE REVIEW

As a step toward developing physical self-care habits, you may wish to conduct a simple personal physical health-care review. This review involves taking stock of activities relating to exercise, diet, and harmful habits. Write each of these headings on a sheet of paper: Exercise, Diet, Habits. Under these headings, list the things you think are conducive to self-care, and the things that might be harmful in some way. Ask yourself how your internship work or other activities relate to what you have written. Finally, give some thought to how changes in your self-care might benefit your internship, school, or other activities and how changes in those activities could affect your physical care.

EMOTIONAL SELF-CARE

Two brief anecdotes illustrate the need for attending to one's own emotional self-care as an intern or clinician. The first happened to a young intern during his predoctoral internship at a psychiatric hospital. On the last day of work before a holiday, the intern was riding his bike home from an evening group meeting. As he rode, he thought of the contrast between the home where he would spend the coming week and where the patients would be. Quite unexpectedly, as the lights of the hospital faded behind him and he turned down a darkened road, he began to cry. In fact, he began sobbing so hard he had to stop his bicycle and sit beneath a streetlight, crying to himself for almost half an hour. He had been working at the hospital for four months and knew some of the patients very well, but until that moment, the full reality of their situation had not really struck him. When the realization hit, all of the emotions stored for months came out at once.

A second incident occurred more recently and demonstrates again how emotional effects of clinical work can "sneak up" on us. As mentioned earlier, in addition to teaching, I practice as a psychologist in medical settings. For a variety of reasons, including a difficult course load, challenging cases, seemingly endless and pointless political struggles within the institution, and numerous other factors, I was going through a series of rough weeks at just the time I was teaching the internship class about the topic of self-care. One day in class, I advised the interns to monitor their own emotional status. That same evening, a relatively small dispute with one of my children resulted in my shouting at, and criticizing, the child far more harshly than the situation called for. My wife noticed this and asked if perhaps the stresses at work were a factor in the reaction. Of course, I

denied this vehemently (after all, I am writing a book on the subject), but after some reflection I realized she was right. Things at work had piled up, and although I did not think they were affecting me, I was carrying far more emotional tension than I realized.

It is probably not possible or desirable to try to be emotionally unaffected by one's clinical work, but it is vital that we learn to deal with those effects constructively. During a workshop on self-care and managing the stresses of work, several colleagues offered the following useful suggestions.

SELF-CHECKS

Perhaps the most important principle of self-care is to be aware of, and acknowledge, how our work affects us. One counselor said she makes a habit of doing a brief emotional self-check that is comparable to the physical self-checks described earlier. At the end of each session, after the client leaves, she takes a deep breath, closes her eyes, and asks herself how she feels emotionally at that moment and how she felt emotionally during the session. This process helps her to be aware of what she is experiencing, and it can provide new insights into what happened during the session. It also reminds her to relax.

CLEANSING RITUALS

Another colleague, a psychologist who often works with extremely challenging cases, makes use of what he calls "cleansing rituals" to help clear his mind and emotions between sessions. For example, if a session has been very demanding emotionally, he sometimes splashes a bit of cool water on his face afterward. This offers a refreshing break and it reminds him to be clear before meeting with his next client. He also uses stretching as a way to relieve both physical and emotional tension. After each client, he makes a practice of taking several deep breaths while he stretches his back and legs. With each breath out he imagines letting go of any stresses he might have stored during the session. With each breath in, he reminds himself to be patient and open to the next client's experience. He does not leave the office to invite the next patient in until he feels he has sufficiently processed the interaction with the previous individual.

A different type of cleansing process was described by a social worker specializing in domestic violence. She uses the act of opening the door to her office as a signal to clear her mind for the next client. After finishing her case notes, she puts the client's folder away and says to herself that she will leave the client there until the next visit. This helps to prevent her from "taking her clients home." Using the opening door as a cue helps her meet the next client where that client is, rather than with emotional baggage left over from the previous session. At the end of the day, she uses the closing of her office door behind her as a reminder to leave the work of the day at the office. This allows her to go home to her family without carrying the day's accumulated feelings

away from the office. Describing this practice, she noted that if she did not have some way of keeping what she deals with at work separate from her home life, she doubts she would last three months in practice.

There are many other possibilities for emotional self-care and you can probably find ways that work best for you. Whatever approach you develop, it is worth developing some form of reliable practice that you can do between clients, meetings, or other activities, and at the end of the day to finish the work and leave it where it belongs.

SUPPORT

Self-care activities can go a long way toward helping clinicians cope with the emotional demands of their work, but the support of other interns or clinicians is also important (Berger, 1995; Guy, 2000). If you find yourself feeling overwhelmed by work, or if you are carrying emotions from your sessions, you may want to spend some time talking with your peers or supervisor about what you are experiencing. This advice, however, is easier to give than to follow.

It is often very hard for interns or clinicians to acknowledge that they are having a hard time. The vulnerable moment in which one asks a friend or peer, "Can I talk to you?" can be extraordinarily frightening. Yet that moment can also begin a dialogue that will be of invaluable help. In my own career, there have been a number of times when I recognized that I needed help and had the good sense to ask for it. There have also been occasions when I needed help but was unaware of it or denied the situation. Fortunately, close colleagues who knew me well recognized that things were not right and gently offered an ear. At other times, I have done the same for them. In your own training, try to be aware of when you need support, and try to be sensitive to when other interns or professionals could use support from you.

LETTING OFF STEAM

The process just described involves a serious interaction that occurs in private with another peer or colleague. As helpful as these exchanges with professional peers may be, sometimes it is also incredibly helpful to just let off steam with people who know what the job is like. This is different from talking over one's day with a spouse, and it is different from clinical supervision. The goal is simply to relax and have fun; to do something with your colleagues that has a little to do with work as possible. Even if you are not "the social type" it is important to do things with your peers and away from work.

If you do participate in such activities, without taking away the fun, keep in mind three precautions: First, be careful about the locations you choose and issues of confidentiality if the conversation is about clients. Everyone in your group may know about a given client, and there may

be interesting or funny stories to share, but if the setting is public and the talk gets too loud, others may easily overhear you. Whether or not they personally know the individuals involved, merely hearing professionals talking, and perhaps even laughing, about clients in public could cast a negative image.

A second concern is that there is a fine line between constructive stress release for staff and destructive derision of clients. It is one thing to say "You'll never believe what . . . did today . . ." followed by an anecdote that is funny without being demeaning. It is quite another to say the same opening with a harsh or critical tone, followed by a negative story about "how bad" the client is in some way. The same principle applies to stories about colleagues. Never forget that clients and colleagues, no matter how frustrating, are people who are doing their best to get by. If it helps for you to laugh, by all means do so. But be sure you are laughing as much at yourself and the wonderful, sad, and confusing thing it is to be human.

Finally, many TGIF activities tend to take place in settings where alcohol is served. This is not necessarily a problem, but keep in mind that alcohol can easily become an external mood controller that one gradually comes to depend on for dealing with stresses. As noted, if this starts becoming a pattern for you or your peers, it is a good idea to explore how well you are coping with stress and what alternatives to alcohol might be more constructive.

EXERCISE: EMOTIONAL COPING

Having read the suggestions about coping with the emotional stresses of your work, this is a good opportunity to do an emotional self-check of your own. As part of this check, identify things you currently do to help care for your own emotional reactions to your work. Also identify things that might be helpful but that you do not currently practice. If you find there are some things you could and perhaps should be doing differently to take care of yourself, develop a plan to implement changes. As a first step in this process, you may want to discuss this issue with a peer and perhaps explore ways of working together to help one another.

MULTIMODAL SELF-CARE

Each of the various categories of self care activities described above have been integrated conceptually by Arnold Lazarus (2000) into what he refers to as *multimodal self care*. Consistent with his multimodal approach to therapy, Lazarus recommends asking yourself the following seven fundamental questions: What fun things can I do? What positive emotions can I generate? What sensory experiences can I enjoy? What empowering and pleasant mental images can I conjure? What positive self-talk can I employ? Which amiable people can I

associate with? What specific health-related activities can I engage in?

Coming from a slightly different perspective than Lazarus, but offering a comparably multimodal approach, Norcross (2000) offers a list of self care strategies that are "clinician recommended, research informed, and practitioner tested." This list begins by recognizing the hazards of clinical practice, then addresses a combination of cognitive, behavioral, and insight oriented approaches for coping with stress. Norcross also recommends diversification of clinical activities, and, finally, an emphasis on appreciating the rewards as well as the challenges of therapy.

PERSONAL THERAPY

The discussion thus far has encouraged you to reflect on your own self-care practices. This is based on the premise that those who are most aware of themselves are most likely to grow from, and in, their roles as interns. By contrast, those who are not aware of their own needs, issues, strengths, and weaknesses are most likely to be adversely influenced by their work. Because all of us are limited in our ability to know ourselves, and because we tend to be so exquisitely creative and effective in defending ourselves from awareness, we need outside information. One way to get such information is through therapy.

If you choose to see a therapist, you will not be alone in that decision. Mahoney (1997) reported that 87 percent of respondents attending a continuing education conference indicated that they had been in personal therapy at some point. Based on a review of literature relating to therapy for professionals and trainees, Norcross, Strausser, and Faltus (1988) noted that personal therapy is considered to be a desirable experience by the majority of training programs and practitioners surveyed. What is more, studies of factors contributing to professional development indicate that clinicians rank personal therapy second only to practical experience as the most important influence.

The benefits of therapy were demonstrated in research conducted by Andy Carey, Heather Stewart, and myself. Our survey of more than 500 counselors and clinical psychologists demonstrated that the majority of respondents, 79 percent of the sample, reported they had participated in personal therapy or counseling. Of that group, 93 percent categorized the experience as from mildly to very positive. Results also showed that on an instrument designed to assess cognitions about clients, the therapy process, and the role of the therapist, 13 out of 38 items yielded statistical significance when therapists with personal experience in therapy were compared with those without such experience (Baird & Carey, 1992; Baird, Carey, & Giakovmis, 1992).

Comparable findings were obtained by Pope and Tabachnick (1994), who reported results from a survey of

800 psychologists. Of those who responded, 84 percent reported having been in therapy on at least one occasion. The most common reasons identified for seeking therapy included (in descending order of frequency): depression or general unhappiness, marriage or divorce, relationship issues, self-esteem and self-confidence, anxiety, career, work or studies, family of origin, loss, stress, and a variety of less frequently mentioned concerns. Among those who had been in therapy, 85.7 percent described their therapy experience as having been "very or exceptionally helpful." The chief benefits mentioned were self-awareness or self-understanding, self-esteem or self-confidence, and improved skills as a therapist.

Despite the apparently widespread belief and empirical evidence that therapy is perceived as beneficial for trainees and professionals, this is an admittedly controversial subject. While not recommending that therapy be required for all students or interns in training, the evidence suggests that personal therapy can be a valuable experience for interns and therapists. In addition to helping us become more aware of ourselves, personal therapy also gives us a better awareness of what clients experience when they are in therapy.

Having said that, to be honest I must now add that in the early days of training I might have thrown a book such as this away if it recommended therapy for therapists or students. My feeling at the time was that one went into the field because one was pretty well put together to begin with and wanted to use this fortunate status to the benefit of others. That idea seemed at the time to make good sense, and it was certainly very comforting to believe I was so well-adjusted as to be able to help others without further work on myself. That this belief was held by someone who was then still in his very early 20s did not seem at all surprising. Indeed, it only served to support a belief that healthy personal adjustment and effective psychotherapy were not necessarily so difficult.

That is how I once felt. As I gained experience, and after a number of challenging events in my personal life, the awareness gradually emerged that "even therapists" (perhaps "especially therapists") have issues that they need to work through. This realization led me to enter a group therapy experience with other professionals. The results were enlightening. Not only did I receive invaluable assistance in recognizing and working through some of my own issues, I also came to know firsthand how therapy can be helpful and how helpful it can be.

EXERCISE

If you have previously experienced therapy or counseling, this might be a good time to reflect on that experience and how it has affected you as an individual and in your work with others. If you have never been in therapy, you may want to consider if you would be willing to seek therapy at some time. If you find yourself open to

the idea, what benefits would you hope to receive? If you are opposed to the idea of entering therapy for yourself, give some thought to the reasons for that. You may also want to consider what alternative methods you will establish and practice for coping with how your work affects you personally and how your own issues affect your work.

POSITIVE EFFECTS ON THERAPISTS

Thus far, we have focused primarily on coping with the stresses and potentially negative emotional and physical impacts that face helping professionals and interns. The intent has been to apprise you of some of the personal challenges you may face as an intern or professional. As important as it is to understand the challenges, it should not be forgotten that if stress were the only effect of this work not many people would go into it. Therefore, it is equally important to recognize and value the positive effects of what you do (Berger, 1995). Kramen-Kahn and Hansen (1998) emphasize that it can be particularly beneficial for stressed clinicians to keep in mind the overlooked rewards and seek out career-sustaining behaviors.

EXERCISE: POSITIVE EFFECTS OF CLINICAL WORK

List the positive emotional effects you derive from your internship training.

List the positive cognitive effects you derive from your internship training.

List any other benefits you derive from the internship.

As you look toward the future, what benefits do you expect to achieve in each of these areas as a professional in the field?

Finally, if you have the opportunity, discuss this question with those who have worked in your profession for some time. Ask them about both the benefits and the stresses and how they have managed to balance the two.

I have asked numerous interns and experienced therapists about the positive effects they experience from their work. The most frequent response describes a sense of satisfaction in doing something to help others. As one clinician said, "Every now and then you work with a client and it is just clear that you have been helpful to them. That really feels good to me, to know I made a difference like that." Berger (1995) reports similar statements from senior therapists describing factors that sustain their work.

Other rewards include the opportunity to continue learning, the pleasure of working with colleagues who share similar backgrounds and goals, the intellectual challenges of

clinical work, and personal growth (Guy, 1987). Many professionals enjoy the relative autonomy and responsibility of the work, while others have emphasized the variety of tasks and clients they deal with. Your own list of benefits may have included those just described or others. Whatever you identified, it is important to recognize the positive elements of your work. If the positive elements begin to decline or are outweighed by the negatives, your motivation, effort, and effectiveness will eventually begin to suffer.

Being aware of the benefits of your training or profession can also influence the quality of your work itself. For example, if one of the benefits for most therapists is the satisfaction that comes when a client makes progress, it is easy for the therapist to become dependent on the client's changing, not for the client's own benefit, but because the client must change in order for the therapist to feel good. Helping professionals must maintain a delicate balance between appreciating the rewards that come from feeling one has helped another person while not becoming dependent on that reward or allowing it to interfere with what one must do to, in fact, be helpful.

FINANCIAL SELF-CARE

The final self-care topic to be addressed here has to do with financial matters. Given the focus of this chapter on managing the stresses that come with internships and clinical work, it must be acknowledged that financial concerns are among the top-ranked sources of stress for persons in virtually all lines of work, including the helping professions. I have known more than a few colleagues whose personal lives and clinical work were significantly impacted by issues related to financial management. This can become especially important for those in private practice, as clinical and ethical issues regarding termination, referral, and billing can easily become confused with the therapist's personal financial situation at the time.

In this book, I would not pretend to offer advice on such topics as how you should invest your money, whether mutual funds are superior to money markets, or what the best retirement plan should be. Instead, my goal is to suggest a way of thinking that may help reduce the stresses that so often accompany money matters. Much of what I have to offer in this regard is described well in the book *Your Money or Your Life* (2nd ed.) by Dominguez and Robin (1999). Unlike many books that offer strategies to "get rich quick," Dominguez and Robin set out to help people determine when they "have enough." Their approach is centered around the simple yet profound truth that "Money is something we choose to trade our life for" (p. 54).

From this awareness, it is possible to examine carefully not only the costs of spending money but also the costs of earning it. When one translates dollars earned and spent into life energy sacrificed, three questions naturally follow. Dominguez and Robin suggest we ask:

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1. Did I receive fulfillment, satisfaction, and value in proportion to life energy spent?
2. Is this expenditure of life energy in alignment with my values and life purpose?
3. How might this expenditure change if I didn't have to work for a living? (p. 112)

Asking these questions of ourselves, seriously thinking about them in the short term as we go to work and make purchases, and weighing them in the long run as we set goals and plan our lives, can have enormous impact on the way we live. I know colleagues who establish a practice or take a position with an agency, then purchase homes and cars that demand virtually all the income available. These purchases are then followed by luxuries such as sailboats, condominiums, or other "toys" for grownups. To meet those expenses, the individuals increase their practice or take on another position. In the end, they spend so much of their time earning money that they have almost no time to do anything but work to pay for the things they've bought. As Dominguez and Robin remind us, the monetary cost in dollars is in fact paid in life energy. What we take out of life to put into "things" we can never reclaim.

Failure to think carefully about personal values and their relationship to financial matters can easily interfere with all other aspects of self-care. In extreme cases, as noted earlier, financial concerns can also interfere with sound clinical practice. Given this possibility, interns may wish to think seriously about the role of money in relation to their eventual goals and current practices. It can also be valuable to ask yourself what your purpose in life is and how your career and other activities fit within or compete with that purpose. Finally, you may find it enlightening to ask yourself what it means to have "enough" and if you are using your life energy wisely, whether you measure it in time or dollars.

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