

Building the resilience of clinicians:

The strengthening of the clinician's self-care based on the Catholic Christian Meta-Model of the Person

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We will address two questions about the resilience and self-care of clinicians in the light of the 11 basic theological, philosophical, and psychological principles of the CCMMP (Meta-Model).

These principles are: (1-3) the person is created, fallen, and redeemed; (4-7) the person is a unity (a whole), fulfilled through vocations, fulfilled in virtue, interpersonally relational; and (8-11) the person has sensory-perceptual-cognitive, emotional, rational, and free-will capacities.

We will ask two questions about the Meta-Model's 11 dimensions of the person.

First, what **positive theoretical implications** are there for using a Catholic Christian Meta-Model of the Person to strengthen the self-care and resilience of clinicians? That is, what theoretical benefits accrue due to the Meta-Model's presuppositions and practical implications concerning the person and the clinician?

Second, what **supporting evidence** (from empirical and clinical sources) is there for expecting that self-care and resilience can be built up by attending to the person as outlined by the CCMMP, as a theoretical framework for practical applications?

I. Created (a)

a. Theological Implications

The clinician has an essential core of God given goodness, dignity, and value and seeks flourishing of self and others. This dignity and value is independent of age or ability. Clinicians are called to love their own self as well as that of the other. For the Christian clinician, Christ offers the model of love of others as well as the love of self (Clough, 2006). There is a self-love that is the basis for love of others. It springs from the basic natural inclination for goodness and flourishing. It is not narcissistic but is an important part of self-care that brings strength and resilience to the clinician (Gallagher, 1999).

I. Created (b)

b. Supporting Evidence

It is now rather well known that psychotherapists, and probably mental health practitioners in general, have greater personal history of child abuse and of dysfunctional family experience and greater experience of death of a family member and of psychiatric hospitalization of a parent. (Barnett, Baker, Elman & Schoener, 2007, Smith & Moss, 2009). Such a background may provide motivation and commitment to help others but also make therapists more vulnerable to lower professional well being and thus with a special need for training in and attention to self care. Therefore, self-love and self-compassion are of special importance for clinicians. The clinician needs to participate in and help to create a culture of self-care and with it resilience (Barnet , Baker, Elman, & Schoener, 2007; Barnett & Cooper, 2009). Finally, there is good research support for a positive correlation between active religious life and a person's greater well-being.

II. Fallen

a. Theoretical Implications

The clinician has an understanding of the essential cause (sin) of the common and widespread nature of human suffering as well as the personal failure of not being able to heal or relieve it. Your task is intrinsically very difficult. Although the struggle with evil continues throughout life the goodness of the person is foundational and as Christians we know evil has ultimately been defeated. (Clinicians should understand that their very presence with a suffering client is a positive contribution to the client's hope and this should also be a source of hope for them as well [or even better for redeemed]).

b. Supporting Evidence

Spirituality (purpose and meaning in life, transcendence, relationships) have been found to protect against negative symptoms related to PTSD and other stressors (Currier, Holland, & Drescher, 2015; White & Cook, 2018). Such spirituality also can presumably be used by clinicians to protect them from vicarious trauma, moral injuries, and burnout.

III. Redeemed

a. Theoretical Implications

Christian clinicians are greatly strengthened by knowing that their own vocation is a path to personal redemption. The practice of prayer and meditation is vital for clinicians' understanding of their redemption. With this understanding comes greater strength and resilience (Koenig, King & Carson, 2012)

In part this comes from knowing they are visiting clients who are often trapped in psychological prisons (defense mechanisms, irrational thoughts, painful unconscious memories, etc.). Often they unlock these prisons and bring greater freedom to their clients. But, even when they cannot unlock a prison door they are still showing them love just by visiting them in prison.

b. Supporting Evidence

The practice of religion has been found to be a factor for positive change after adversity. Stress related growth is also critical for clinicians in acquiring resilience (Linley & Joseph, 2004). Secular forgiveness therapy (Enright & Fitzgibbons, 2015; Worthington, 2003, 2006) can serve [as a natural foundation of redemption for clients that grace transforms] as models of aspects of redemption for clients. Narrative therapy which provides a new story for a client's life is often experienced as redemptive by both client and clinician (McAdams, 2013; McLeod, 1997, 2004).

IV. A Unity

a. Theoretical Implications and

b. Supporting Evidence

The beneficial implication of treating the person as a unity, including the clinician, is presumably clear from the emphasis on the person as a unified whole by so many different psychological approaches to psychotherapy and counseling. Humanistic, Existential, Gestalt, Constructive approaches, Narrative therapy and the various therapies integrating different schools of therapy all treat the client as a unified whole. When parts or aspects of the client are focused on it is always in the context of the rest of the personality. One important part of this unity is respecting the clinician's and the client's conscience, which is important for moral self-care and resilience against moral injuries.

V. Fulfilled through Vocation

a. Theoretical Implications

The three vocations or calling of all persons are not just for clients but even especially for clinicians and have special relevance to their resilience and self-care.

b. Supporting Evidence

1. There is a personal call to meaning and transcendence. For Christian mental health practitioners this is a call to development of the spiritual life. Various studies support the claim that responding to this call is beneficial for those who do. (Give examples)
2. There is a call to commitment to others in the single, the married or religious life. There is much evidence for the benefits of the married life. See Wilcox et al., 2011; The general positive effect of having interpersonal relationships is also well documented.
3. There is also the call to work, service and meaningful leisure. Here the work of mental health practitioners is itself both good work and service and the profession should be seen as a true calling. There is also research supporting the benefit of rest (Pilcher & Huffcutt, 1996; Snodgrass, 2014) and meaningful leisure (Crandall, 1980; Csikszentmihalyi, M. (1997).

VI. Fulfilled through Virtue

a. Theoretical Implications

Clinicians are to be aware of how their virtue strengths or weaknesses have a major effect on resilience, and especially how growth in virtues is an important part of self-care. Courage is needed for the therapist to be vulnerable in the therapeutic setting. In view of how difficult positive change is for most clients the virtue of patience is especially relevant.

b. Supporting Evidence

There is evidence that the virtue of gratitude has important benefits for clients and for people in general and thus for clinicians (Emmons & McCullough, 2004; Rosmarin , 2011).

The significance of virtues and character strengths for resilience and implicitly for self-care is provided by in a study by Martinez-Marti & Ruch, 2016. There are, of course, many other studies showing the benefits of different virtues (e.g. Peterson & Seligman, 2004; Lindley & Joseph, 2004).

VII. Interpersonally Relational

a. Theoretical Implications

The clinician's relationships with others are especially important in establishing resilience and maintaining good relationships is a major part of self-care. These relationships are not just personal and family based, but also involve relations with peers, supervisors, and one's clients.

b. Supporting Evidence

There is evidence that the problem of burnout and low professional well-being are more characteristic of early career psychologists as compared to those in later career stages (Dorociak, Ruppert & Zahniser (2017). This suggests that self-care preparation should be a reliable part of graduate level training. It also implies that mentoring of younger therapists by older, more experienced colleagues would be especially helpful. VanderWille (2017) presents important evidence that being in community with fellow religious believers is a powerful predictor of health and well being.

VIII. Sensory-Perceptual-Cognitive

a. Theoretical Implications

Obviously, clinicians are in sensory-perceptual-cognitive interaction with external reality. Today so much work is done when sitting with clients or before a computer screen. They need be aware of the need to keep their basic sensory-perceptual abilities in good shape and not neglected.

b. Supporting Evidence

Researchers (Elizabeth Venart, Sonya Vassos and Heather Pitcher-Heft, 2007) describe many ways in which clinicians can sustain wellness in the midst of stress. They emphasize grounding through our senses with examples of aromatherapy, fresh flowers, beautiful pictures and especially through music, contact with nature, and physical exercises and even dancing (Hurly, J., & Walker, G. J. (2019). Margaret Laracy, 2011, has written extensively about the need for beauty in the lives of both therapist and client.

IX. Emotional

a. Theoretical Implications

Mental health professionals need to be aware of emotional burn-out and to address negative emotions with positive responses that protect them and keep them sensitive to clients. The therapist is also at risk of emotional injury, especially after presenting self-knowledge in the clinical setting (Kern, 2014).

b. Supporting Evidence

Venart, Vassos and Pitcher-Heft (2007) also strongly advocate emotional wellness by tuning in to one's emotions and avoiding escapist activities like computer games, surfing the internet, drinking, etc. they suggest spending time with healthy children, with pets or reading a good book or watching an inspiring movie. The authors encourage self-awareness, writing about one's emotions, perhaps in a journal. Very likely they would also advocate mindfulness. (For a good book on Catholic mindfulness see Botarro, & Kreeft, 2018.)

X. Rational

a. Theoretical Implications

The clinician has a rational capacity to understand threats to their wellness posed by their profession. They need to be ready in advance with a psychological first-aid plan, as well as a good resource person for help, when first-aid is not enough. The rational side of resilience and self-care.

b. Supporting Evidence

There is evidence of a cognitive aspect to the protective factors called 'meaning in life' for veterans and presumably for clinicians and counselors as well (Owens, Steger, Whitesell, & Herrera, 2009; Steger, et al., 2006). There is also a cognitive dimension to courage (fortitude) which makes a contribution to resilience. Other research has shown that clinician self-knowledge contributes to well-being.

XI. Volitional and Free

a. Theoretical Implications

The clinician is free in important ways and is an agent with moral responsibility, even when they feel helpless. Maintaining and strengthening the clinician's will, can be done through various spiritual practices. Strengthening the will is an important component of resiliency and the clinician needs to attend to this as a form of professional strength. For clients, of course, their free-will is shown by their coming to sessions and explicitly choosing to try to change. The clinician should also be aware of their free will as involved in being with their clients and in their interventions.

b. Supporting Evidence

There is much support in psychology research for the importance of personal agency (e.g. Bandura, 1997, 1998, 2006). Lachman (2016) in focusing on moral resilience in nurses identifies various supporting factors that contribute to building up and retaining the moral integrity of the helping professional. This requires courage. Pakenham, 2017, noted that commitment therapy with a focus on self-care found positive self-care efficacy increased over the program.