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Well-Functioning in Professional Psychologists

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Experienced professional psychologists identified factors that contributed to their ability to function well in Study 1, through interviews with 6 well-functioning psychologists, and in Study 2, through questionnaire responses from 339 randomly selected licensed psychologists. Collectively they high lighted self-awareness and monitoring; support from peers, spouses, friends, mentors, therapists, and supervisors; values; and a balanced life, Including vacations and other stress-reducers. Discussion focuses on stress-management enhancers to maintain well-functioning, especially at times of deep and pervasive change, like the present and the foreseeable future.

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In the early 1970s, concerned about impairment among psy chologists, the American Psychological Association (APA) stud ied its prevalence and formulated a response emphasizing educa tion and rehabilitation. State associations assumed primary re sponsibility for the development and implementation of intervention programs, with the APA serving as a consultative resource through its Advisory Committee on Impaired Psycholo gists (ACIP; Schwebel, Schoener, & Skorina, 1994).

In 1994, 22 states and Canadian provinces had active pro grams to assist impaired psychologists, with most activity di rected at rehabilitation (ACIP, 1994). A literature on impair ment has begun to develop, with research focusing on prevalence (Good,Thoreson, & Shaughnessy, 1995; Guy, Poelstra, & Stark, 1989; Pope, 1987; Pope & Tabachnick, 1994; Thoreson, Miller, & Krauskopf, 1989); the availability of intervention re sources in the psychological community (Abel, Osborn, & Warberg, 1995; Foreman, 1987; Menninger, 1991; Schoener, 1995; Skorina, Bissel, & De Soto, 1990; Strasburger, Jorgen son, & Sutherland, 1992; Thoreson & Skorina, 1986); and the development of new interventions (Strasburger, Jorgenson, & Randies, 1990). By contrast, the purpose of this study was to identify salient factors that practitioner psychologists associated with well-functioning (in original studies called *unimpairment* but changed for the sake of clarity).[1]

The term *impairment* is used to refer to a decline in quality of an individual's professional functioning that results in consis tently substandard performance. Although all professionals ex perience a degree of variability in effectiveness, some—as a result of intolerable stress—develop a consistent pattern of clin ical skill and judgment that falls below what is customary for them. *Well-functioning,* on the other hand, refers to the enduring quality in one's professional functioning over time and in the face of professional and personal stressors. Although certain therapist characteristics have been found to correlate with partic ular forms of impairment (Olarte, 1991; Pope, 1990), no clear predictors of the potential for impairment have been identified. Further, there has been no research on factors that are presumed to be related to well-functioning.

We assume that well-functioning is the normal state. Our thinking about what contributes to maintaining that state was influenced by theories on stress and coping and on life span development. Factors in several areas, identified as correlates of stress and coping, include social support and relationships, education, lifestyle, autonomy-interdependence-social-con nectedness, personal therapy, and intrapersonal behavior (Baltes & Silverberg, 1994; Folkman & Lazarus, 1980; Lali otis & Grayson, 1985; Lazarus, 1966; Maslach, 1986; Matteson & Ivancevich, 1987; Rodolfa et al., 1994). Over the life span, critical transitional periods raise the level of stress and lead either to ongoing positive development or lo stagnation or even regression (Erikson, 1980), both in men (Levinson, Darrow, Klein, Levinson, & McKee, 1978) and women (Rob erts & Newton, 1987).

The mental health of psychologists is a product of diverse influences and conditions that may be categorized under the rubrics of "person" and "psychologist." As persons, they are subject to positive and negative experiences at various points in their life span, from conception onward. These affect their early temperamental style and their evolving mind, personality, and value system. They go through a series of potential crises in life, emanating from their own developmental changes, from which they emerge either strengthened as a result of the resolu tion of contradictions or weakened as a result of heightened conflict. For example, they experience the hypothetical "settling down" period of ages 32 to 42, during which men decide

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ONE PORTION OF THIS ARTICLE, Study 2, is based on a doctoral dissertation by Janet S. Coster at Rutgers University, under the supervision of Milton Schwebel and Lewis Gantwerk. The study as a whole and the Project on Well-Functioning under Dr. Schwebel's direction have been supported in part by the Graduate School of Applied and Professional Psychology at Rutgers University, through the offices of Dean Sandra Harris. We are grateful for the help we received from Dean Harris and the following people: Michael Andronico, Susan Arbeiter, Patricia Brady, Gary Cher niss, Peter Friedman, Nancy Fagley, Erica Lillilet, Barbara McCrady, Donald E. Peterson, Carole Salvador, Lauren Seigler-Muhlheim, Steven Weitz, Wendy Woodard, and especially Andrew Schwebel; and in the final preparation of the article, J.G. Benedict.

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[1] *Well-functioning* is used as the opposite of *impairment* to avoid the double negative of *unimpairment.* Inadequate functioning may be due to incompetence or sociopathy as well as impairment. Because the samples reported here are composed of experienced, postdoctoral, licensed psy chologists, the likelihood is small that those who are incompetent and sociopathic are among them to any degree that would affect the results.

what is most important and invest in those components of life to establish their own niche and to advance in their occupation (Levinson et al., 1978). Some women follow the same course, whereas others return to the workforce or to higher education, and still others choose to have children (Roberts & Newton, 1987). The goals of any given period interact with social historical changes such as the emerging equality of women (as this is reflected in changes in one's personal or professional life) or concerns about economic security (Hersch, 1995). When they become psychologists, their studies and academic degrees do not shield them from the stresses of developmental changes and of everyday living. They experience successes and failures, love and rejection, and they have to adapt to societal changes in family life, gender roles, marital relationships, and economic conditions. Theoretically, psychologists who have learned to anticipate, prevent, and cope with stress accomplish the goals of the developmental periods.

As psychologists, they derive satisfaction from care-giving yet must cope with the pressures on their field at this time in history: to serve their clients; maintain an ethical practice; deal with increasing bureaucracy and paper work; stay abreast of new developments and perhaps develop new specialties; maintain an adequate clientele; anticipate national changes that might affect their livelihood, including the impact of insurance capitation, managed care and the resulting program cuts, and reorganization in both the public and private sectors; withstand challenges that question the efficacy of their interventions (Dawes, 1994; see also, Peterson, 1995); and besides have a balanced life and time as a person for family, recreation, and so on.

Next, we describe two studies, one using an interview, the other, a questionnaire, in which psychologists report on what is important for maintaining well-functioning.

Study 1

The interview study was carried out to obtain data from psychologists about reasons for their well-functioning and to collect information useful in further refining the Well-Functioning Questionnaire (WFQ).

Method

Faculty members of a university-based school of professional psychology submitted up to three names of well-functioning, licensed professional psychologists in the specialties of clinical, counseling, or school who were at least 10 years postdoctoral. The criteria for selection from among the nominees were gender that would make equal gender representation possible and spending 50% or more of professional time in direct service. Both urban and suburban centers were represented among the 6 selected psychologists. Those 6 were told the purpose of the interviews and guaranteed confidentiality. Interviews with each, conducted by Milton Schwebel and lasting 1.5 to 2 hr, were audio recorded.

The interviewer asked open-ended questions about what contributed to their well functioning and then questions drawn from the WFQ, Version 1, that had not already been answered. The latter questions were derived from the literature cited earlier (coping and stress, life span development, impairment). The questions in the interviews covered the following major areas of the interviewee's experience: before licensing, after licensing, practice management, relationships, lifestyle, and intrapersonal.

To determine the level of agreement between raters, independently we listened to two randomly selected interviews. We then rated the variables that participants highlighted as significant to their well-functioning state, using the WFQ Likert-type 5-point scale. The result was perfect agreement on 65% of the items and agreement of within 1 point of each other on an additional 32%; hence, there was satisfactory agreement on 97% of the items, sufficient to justify content analysis of the interviews.

Results

Through the analysis we identified 10 themes that the 6 psychologists considered important contributors to their well-functioning. The order of these 10 is based on the subjective impressions of the interviewer about their priority in the lives of the interviewees.

1. Peer Support

Peer support was of highest priority for 5 of the 6 well functioning psychologists and useful to the sixth. A partner, associates in a group practice, former graduate school class mates, or psychologist friends helped them cope with professional problems (e.g., reactions to a suicidal client) or with personal problems (e.g., the professional consequences of a personal divorce). One interviewee said, "For the first time in years I felt a strong sexual attraction. I was upset. After the session I called a colleague and arranged to discuss it later in the day." Nonpsychologists—a friend or a spouse—also gave emotional support at difficult times.

2. Stable Personal Relationships

Stable personal relationships with spouse, family, friends, or all of these, also ranked very high. They give security and companionship in the nonwork part of life and stability in times of crisis in both professional and personal aspects of life. One interviewee said, "Family support is critical to my being able to navigate."

3. Supervision

Past and occasionally present supervision was especially valued for a reason expressed by one of them: ' "The voice in me that originally was that of my supervisor helps me through tough

4. A Balanced Life

threats to their livelihood. Furthermore, because of so much

They wanted their lives to have variety, not just be all therapy, and to have time for family and friends and recreation and vacations, not just for work. As one put it, ' 'Being able to run, or swim, or sail—well, they're essential to my life."

5. *Graduate Department or School*

Affiliation with a graduate department or school was valued as a factor in well-functioning for a number of reasons: (a) The social climate encouraged cooperation with and trust in peers and supervisors and openness in peer support groups, (b) As one participant put it, the climate "made me feel better about myself and gave me confidence." (c) As another said, "My grad school experience prepared me to work with peers later on" to help in solving professional problems, (d) Another participant said, "It gave us practice such as I had as a member of a leaderless peer group for 3 years. For the last 25 years I've been in one group like that or another."

6. Personal Psychotherapy

Five of the 6 had had personal psychotherapy, either before, during, or after graduate school, and the sixth favored it for psychologists. All favored recommending it in general to all students but not requiring it unless it appeared to be profession ally necessary. One said, "Therapy was growth-enhancing for me."

7. Continuing Education

All six said they had benefited from continuing education, especially as participants in workshops or as supervisors or teachers of graduate students. One of its uses was to add new specialties, partly for diversity of interest, but equally to protect themselves against the effects of increased competition. As one participant asked, "How else could you keep abreast of all the new developments?"

8. Family of Origin

For most, their family of origin was seen as a source of the personal values that led them to observe ethical standards. It was also important to identity formation, self-esteem, and secu rity. One said, "From the time I was a little girl I was taught that I could be anything I wanted to be."

9. The Costs of Being Impaired

The costs of being impaired were seen as a deterrent to unethi cal and impaired behavior that could lead to the loss of the license to practice and to liability suits.' 'One looks at the license on the wall and thinks . . . ," said one participant.

10. Coping Mechanisms

Vacations, rest, relaxation, exercise, evenings with friends, and spirituality—these were seen as important to renewal be cause the psychologists were demanding and hard on them selves, their hours were too long, and they were faced with involvement with people's problems, their work was fatiguing. In sum, the 6 well-functioning psychologists drew on diverse resources to cope with the stressors in their personal and profes sional lives. In general, these findings, with heavy emphasis on relationships, including relationships to help in problem solving, were consistent with what might be expected as contributing factors to a well-functioning state. One mildly surprising and useful finding was the heavy weight they placed on supportive relations with psychologist peers, which they believed had in large part taken root during their graduate experience.

Study 2

The purpose of this study was (a) to obtain attributions about well-functioning from a random sample of psychologists and (b) to make response comparisons based on gender, age, experi ence, work setting, and impairment status. In preparation for this study, the results of Study 1 were discussed with experts on issues about impairment, and following that, the WFQ was expanded and refined.

Method

Sample and Procedures

Questionnaire packets were sent to 950 (62%) licensed members of the New Jersey Psychological Association (NJPA), who were randomly selected from NJPA's directory of 1,535 licensed members. Participants were informed that the responses were to be anonymous and that re sponse sheets would be destroyed after use. The order in which the two questionnaires were packaged was alternated.

Respondents spending less than half of their time in direct service were excluded from the data analysis. Of 432 (45%) returns, 339 met the criteria for inclusion in the study. Respondents were 169 men, 168 women, and 2 of unidentified gender. The age range was 30 to 78 years, and the age means were as follows: total sample, M - 48.64, SD = 10.17; men, M = 49.81, SD = 10.21; women, M = 47.47, SD = 10.13. For years in practice, the data were M = 15.26, SD = 9.70; men, M = 17.72, SD = 10.21; women, M = 12.80, SD = 8.49. Approximately 85% spent all or part of their time in either independent or group-setting private practice and (using rounded percentages) in hospitals (6%), schools (3%), mental health centers (2%), university-affiliated clinics (1%) and university counseling centers (1%), and other settings (2%).

Measures

Demographic Questionnaire. Participants reported gender, age, years in practice, primary setting or settings of practice, and percentage of time spent in various professional activities, including direct service. Each respondent was also asked to indicate whether her or his profes sional functioning had ever been impaired, had been impaired within the past 3 years, or was impaired at present.

Impairment Questionnaire (ImpQ). The ImpQ lists 11 ways in which a psychologist's professional functioning could be impaired (e.g., alcohol abuse, anger or aggression, drug use, depression, and sexual problems), and asks the respondent to indicate for each way whether he or she (a) had heard of anyone so impaired, (b) knew anyone so impaired, or (c) had ever been so impaired herself or himself. Those who reported having been impaired were asked whether this was a continuing problem, one that had been resolved with the help of others, or one that had been resolved him- or herself.

Developed for use in a prior study (Schwebel, Bernstein, Brady, &

Lewis, 1986), items were drawn from the literature on impairment and from psychologists experienced in treating impaired professionals. In that study, the responses to the 1986 administration concerning impair ment in other psychologists were found to be comparable to those found in prior studies on impairment in psychologists.

Well-Functioning Questionnaire (WFQ). This questionnaire was designed to assess the variables practicing psychologists believe contrib ute to well-functioning. Respondents were asked to indicate on a 5-point Likert-type scale the extent to which each of 29 items contributed to their being well-functioning, with a rating of 1 meaning *little/none;* 3, *somewhat;* and 5, *greatly.* Individual items were organized into six categories: prelicensing, postlicensing, practice management, relation ship, lifestyle, and intrapersonal. The 29 items are shown in Table 1.

The WFQ meets three standards of content validity: appropriateness of items, comprehensiveness of items sampled, and effectiveness of the items in assessing the content (Salvia & Ysseldyke, 1991). The items were drawn from the literature cited earlier and from psychologists who

Table 1

Item Means and Relative Rankings for Total,

Well-Functioning, and Impaired Psychologists on the Well-Functioning Questionnaire

Well
had treated and studied impaired psychologists. The WFQ was refined and expanded as a result of insights gained from Study 1 and from pilot testing, and it was found comprehensive enough in content to adequately sample the variables associated with well-functioning. Because it did not inquire about the individual's functioning status, it was less suscepti ble than the ImpQ to the response set of social desirability.

Results

Packaging

The order in which the two questionnaires were packaged (ImpQ or WFQ first) made no significant difference. Chi-square tests yielded no differences in gender, age, years in practice, or status (i.e., impaired or well-functioning), with probabilities that ranged from $p < .40$ to $p = .17$. Hence, the two sets of scores were combined.

Impairment Questionnaire

Also using chi-square tests, we found no difference between responses on the ImpQ between psychologists who had taken it in 1986 and those in this study.
In this study, approximately 26% ($n = 88$) of the respondents endorsed one or more of the items in the column headed, ' 'Have
Total
functioning
Impaired
you yourself ever been impaired by . . . '?" They were desig

Item	*M*
Self-awareness/self monitoring	4.58
Personal values	4.45
Preserving balance between personal &. professional lives	4.30
Relationship with spouse/ partner/family	4.22
Personal therapy	4.16
Vacations	3.95
Relationship with friends	3.95
Professional identity	3.79
Mentor	3.70
Informal peer support	3.68
Postdoctoral supervision	3.63
Supervision during training	3.60
Physical activities	3.53
Financial stability	3.48
Internship experiences	3.38
Occasional consultation	3.35
Individual/group supervision	3.34
Peer supervision	3.34
Relaxation program	3.29
Diversity of professional roles	3.29
Continuing education	3.27
Steady referral source(s)	3.21
Childhood relationship with family of origin	3.19
Professional ethics training	2.97
Current relationship with family of origin	2.92
Spiritual beliefs/activities	2.85
Graduate school atmosphere	2.83
Graduate courses	2.68
Involvement in professional organizations	2.62

Rank

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4.27

4.26 4.09 3.87 3.97 3.82 3.67 3.70 3.62 3.61 3.43 3.39 3.36 3.32

3.29 3.38 3.35

3.19 3.25 3.08

3.26 3.00

3.04 2.82

2.85 2.69

2.61
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3.57 3.31 3.30

3.47 3.29 3.46

2.94 2.93

2.59 2.89

2.84 2.68

2.70
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nated the "impaired/formerly impaired (I/F1)," whereas the 234 who did not endorse such items were designated the "well functioning (Wf)." Comparisons between these two subsam ples revealed no significant differences in gender, age, years of practice, and setting. The chi-square findings had probabilities that ranged fromp < .37 *top* < .13. Consequently, except when we compared these two (i.e., the I/FI and the Wf), the two samples were combined.

Resolving Impairment

Respondents were asked whether they had resolved their im pairment and how this was achieved. Of the 88 in the I/FI group, only 3.6% said they were still impaired. Among the rest,
16.7% said they had resolved it on their own, and 79.8% said they had done so with help. In the latter group, 68% attributed their recovery to personal therapy, by itself or in combination with one or more other aids, whereas 32% attributed their recov ery to nontherapy aids such as family, friends, or peers; supervi sion; or the effects of time.

Well-Functioning Questionnaire

What do psychologists consider to be most important to well functioning? To answer that question we ranked the means of the 29 items (see Table 1). The seven top-ranked means were in this order: self-awareness/self-monitoring, personal values, preserving a balance between personal and professional lives, relationship with spouse/partner/family, vacations, relation ships with friends, and personal therapy. When asked to choose the 1 item of the 29 they deemed most important, the leading choice was therapy 22%, followed by spouse/partner/family 12%, balance 10%, values 10%, and awareness 6%. Either way, whether as the items with the highest ranked means or as the most important item, these seven were at the top. These items

are essentially about relationships with self and with others, although some items, especially the first (self-awareness/self monitoring), probably have a large educational and training component associated with graduate training and subsequent supervision and education.

Functioning Status (l/FI or Wf) and Ranking of Item Means

Regardless of their functioning status, respondents were not different in their views about the relative importance of items that contributed to well-functioning. Of the 29 ratable items, most (25 by the Wf, 22 by the I/FI) were rated at least as somewhat helpful, with mean ratings of 3.0 or higher (see Table 1). The Mann-Whitney *U* Test found three significant differ ences: The Wf ranked higher on relationship with family of origin *(p* = .014) and the I/FI ranked higher on the items physical activities *(p* = .021) and steady referral sources (p = .014).
For further comparison of I/FI and Wf, a 2 X 2 analysis of variance (ANOVA) showed a significant main effect for five items (see Table 2). The differences between the two can be summarized as follows: The I/FI placed greater weight on ca reer stability and stress reducers such as physical activities, vacations, and psychotherapy; the Wf put greater weight on relationships with family of origin. The Wf ranked the item current relationship with family of origin higher, $F(1, 301) = 5.35$, $p = .021$. The I/FI ranked higher on steady referral sources, $F(1, 287) = 7.35$, $p < .007$; physical activities, $F(1, 311) = 5.33$, $p = .022$; vacations, $F(1, 315) = 4.05$, $p = .045$; and personal therapy, $F(1, 284) = 6.41$, $p = .012$.

Gender and Ranking of Item Means

To learn whether gender made a difference, item means for men and women were compared. Because of the observed differ ence in mean age between the two genders (men = 49.8, women = 47.5), an analysis of covariance (ANCOVA) was used, with gender as the

factor and age as the covariate. Of the 29 items on the WfQ, 14 were significantly different, with the women rating all 14 higher than did the men. Eight items leaned heavily

Table 2
Main Effects of Analysis of Variance for Impaired and Formerly Impaired Versus Well-Functioning on Well-Functioning Questionnaire Items

Well
in the educational-relational direction: supervision during train ing, postdoctoral supervision, ongoing individual/group super vision, ongoing peer supervision, occasional consultation, men tor, ongoing peer support, and personal therapy. Three were personal: relations with friends, vacations, and preserving a bal anced life. Only two could be classified as didactic, ethics train ing and continuing education, and even those were partly rela tional in content (e.g., ethics training) and in context (e.g., continuing education; see Table 3). Involvement in professional organizations, on which women's ratings were higher, also had an educational-relational component. In brief, the women re spondents gave higher ratings to educational-relational items than did the men.

Discussion of Results of Studies 1 and 2

According to the theory of this study, psychologists maintain the normal state of Wf if they are able to manage the stressors that are inevitable realities of professional and personal life. The findings of both Study 1 and Study 2 show that psychologists are in considerable agreement in what they regard as important to being well-functioning, although in Study 2 there were differ ences among them associated with gender and functioning sta tus: Women had higher mean ratings on 14 items that were educational-relational. Nevertheless, the total sample was bi ased in that direction. Self-awareness/monitoring and personal values, as noted earlier, ranked 1 and 2, and the top 10 were dominated by relational /stress-reducing items. Although the Wf and I/FI differed on 5 of the 29 items, the average difference in rank was less than 4, whereas the overlap of item rankings was considerable.

In general, the two studies obtained similar results. Even where differences appeared, they turned out to be more apparent than real. For instance, whereas graduate courses ranked 28th out of 29 items on the WfQ, and graduate school atmosphere ranked 24th, interviewees considered their graduate experience important to their well-functioning state. However, they referred especially to experiences at graduate school that prepared them to develop trusting, cooperative relationships with classmates and, later, with colleague peers, enabling them to draw support and assistance in problem solving either on an ongoing basis or in times of need.

The three didactic items in Study 2 did not fare well. Perhaps, had other items about graduate programs been included, they might have ranked higher. However, that seems unlikely for three reasons: (a) Professionals tend to regard their clinical experience, for example, in medicine (Crook, Woodward, Feld man, & Ridge, 1981; Shuman, 1971), as more valuable than the didactic courses, (b) Interpersonal attitudes, aptitudes, and
Impaired
functioning
cognitions are crucial to well-functioning, (c) The education

Variable

Steady referral
source
Physical activities Vacations
Personal therapy Current relationship with family of
ongm
M

3.5 3.8 4.1 4.4

2.6
SD

1.0 1.1
1.0 1.0

1.3
M

3.1 3.4 3.9 4.1

3.0
SD

1.1 1.2 1.1 1.3

1.4
F

7.4 5.3 4.1 6.4

5.4
and training of professional psychologists are geared to taking
P
particular notice of inter- and intrapersonal relationships. The results suggest that the problem of impairment is not .007
primarily a deficiency in professional skills but rather of ade .02
quate coping resources to deal with stressors that overwhelm
.04
the individual. The results further suggest that well-functioning
.01
can be safeguarded by strengthening coping resources through learning opportunities for that purpose both during graduate .02
study (Lamb et al., 1987; Podrygula, 1994) and over the span of

Table 3
Main Effects of Analysis of Covariance for Gender, With Age as Covariate, on Well-Functioning Questionnaire Items

			Male		Female		
	supervision	Preserving		1.3	1.1 1.1 0.9 1.2	6.3	
Variable	Occasional	balance between	3.3 3.4 2.9 3.0	*M*	1.1	12.3 4.4	
	consultation	personal &	3.0 3.4 3.3 3.7		0.7 1.0 1.1 1.3	*P*	
Supervision	Mentor	professional	2.8 3.0 4.1 3.8	3.9 3.8 3.8 3.7	*F*		
during training	Informal peer	lives Vacations	3.9 2.5	3.7 4.0 4.1 4.2		.000 .004 .000	
Postdoctoral	support	Personal therapy	*SD*	3.2 3.6 4.4 4.1	16.6 8.4	.000 .000 .001	
supervision	Relationship	Involvement in		4.4 2.8	29.6 16.0 23.7	.000 .000 .009	
Ongoing	with friends	professional	1.3 1.3 1.5 1.3	*SD*	11.5 30.3 20.2	.000 .003 .013	
individual/group	Ethics training	organizations	1.2 1.4 1.2 1.1		7.0	.001 .037	
supervision	Continuing	*M*	1.3	1.1	25.9 9.1		
Ongoing peer	education		1.3 0.9 1.0 1.4	1.2 1.3 1.3 1.2			

the career (Chemiss, 1995; Deutsch, 1985; Guy, 1987; Kilburg, Nathan, & Thoreson, 1986; Suran & Sheridan, 1985). Although the need is general, gender differences suggest a greater felt need on the part of women for various forms of supervisory and other educational and relational supports. This finding calls for further investigation to determine whether the differences ought to be taken into consideration in planning at the graduate and continuing education levels.

As to status differences, the findings suggest a greater felt need on the part of the I/FI (hence, those at risk) for career economic stability and stress reducers. The I/FI, compared with the Wf, gave significantly higher ratings to the item steady refer ral source and showed a trend in that direction to the item financial stability. This suggests—as cause, or effect, or a com bination of the two—a link between being I/FI and having concerns about income. The significantly higher rating for the item personal therapy is understandable both from the formerly impaired, many of whom probably used therapy, and the cur rently impaired, who may have been undergoing or considering therapy at the time of Study 2. The significantly lower rating given by the I/FI to the item current relationship with family of origin may be due to attributions of the family's role in their impairment problems. It seems less clear why the I/FI gave higher ratings to the items physical activities and vacations, except perhaps for a greater need for these to contend with stress.

The samples in both studies were geographically limited, and the sample of 6 psychologists in Study 1 was not randomly selected. The measures used in Study 2 had the limitations associated with the use of questionnaires when they are unac companied by the opportunity, through interview, to assess the meaning of responses. The limitations of Study 2 are due to some of the weaknesses of survey research pointed out by Na than (1986).

Despite the geographical limitation, our findings are some what comparable to those of Guy, Poelstra, and Stark's (1989) study of the prevalence of "personal distress" and its conse quences during the previous 3 years on a nationwide sample of members of APA's Divisions 12, 29, and 42. Both suggest that impairment affects a significant fraction of psychologists in di rect service at some point in their careers and underline the need for preventive as well as rehabilitative measures.

Our two studies report on how psychologists have functioned effectively in the past. However, their coping strategies may not fully insulate even the most seasoned psychologists from the impact of current and future pervasive changes that we did not investigate, such as

insurance capitation and resulting program cuts in the public and private sectors.

Implications

The life of practicing psychologists, starting during training and continuing into the career, is stressful in itself. Now we face new and greater pressures. How do we remain well-functioning? Earlier, we defined *well-functioning* as the ' 'enduring quality in an individual's functioning over time and in the face of profes sional and personal stressors." Under the next four sections we identify resources that are helpful in preventing impairment and maintaining well-functioning. Following that, we propose ac tions for psychologists who are experiencing symptoms of im pending impairment.

Most of us do not have a colleague in the office next door or down the hall to sit with over coffee or lunch. We have to create a collegial relationship with a peer. Through meetings and socials, psychological associations often inadvertently serve to help fledgling or relocated psychologists establish a peer sup port system. Bringing people together for that purpose could become a conscious objective, a high-priority activity under taken by psychological associations as a preventive measure.

Spouse—companion—family—friends. Spouses and others are a bulwark against the overall stressors of life. It is a great relief to know that at the end of the day we come home to the place where we can "let our hair down." Here we can get emotional security and unconditional support. For the many psychologists who live alone, a friend, no further away than the telephone, can serve the same purpose. Because we sometimes get so wound up in work that we neglect the spouse-others relationship, we recommend the scheduling of personal-fam ily-friend days.

To demonstrate its importance and establish a behavioral pat tern, graduate programs could initiate and continuing education and associations encourage such scheduling. They should not take the spouse-others resource for granted, as if its usefulness to the well-functioning of professionals were widely recognized and utilized. Furthermore, efforts to inculcate respect for bound aries are only half complete if they fail to address the other half of the equation, namely, the quality of the psychologist's life with his or her spouse-others.

Intrapersonal Activity

Self-awareness/monitoring. The expressions "know thy self" and "the unexamined life is not worth living" are almost cliches, yet they persist because the process of self-awareness and self-monitoring serves the essential purpose of maintaining our bearings and avoiding self-deception. There is benefit in knowing our own values and the ways they are (or are not) played out in our professional work. Conflicts occasionally arise between values, for instance, between caring for clients and profiting from them, and it is well to be aware of their existence.

We who provide therapy to others should be quick to make use of it for ourselves. The role of personal therapy in promoting self-awareness and self-monitoring should be stressed during graduate and continuing education. Its value is highlighted when training programs make available lists of psychologists who are willing to see trainees and recent graduates for reduced fees. For those later in their careers, a reinvolvement in therapy may be useful in helping them come to terms with personal limita tions or life crises.

Interpersonal Support

Peers. If you do not have a close, cooperative, trusting rela tionship with one or more colleagues, we advise you to establish one. Such a relationship is a powerful resource in coping with the inescapable practice, management, and ethical problems. The spirit that pervades such relationships among professionals is best first experienced in graduate school. The practice of being in a peer support group can be encouraged by teaming classmates together to complete projects, assigning student advi sors, establishing "rap groups" to give students opportunities to discuss their concerns with one another, and by generally promoting an atmosphere where cooperation is valued and diver sity respected.

Self-regulation. We age and pass through different seasons of life and developmental crises, and so do all those around us. Awareness is a prelude to regulating our way of life, modifying behavior as needed. Often, changes in our circumstances are positive and constructive, and sometimes they are not. In the latter case we need to be aware of the early warning signs of distress. This may be a time, in self-monitoring and regulating, to ask ourselves whether the work load is too heavy and the time for leisure, for family or sleep, too little. It may be the time for frank discussion with the trusted peer or for therapy.

Psychologists should learn practical information about the personal and professional life cycle. Such information alerts us to significant developmental transitions and potentially stressful periods, and it highlights the benefits of successfully managing developmental crises. Such knowledge helps mitigate the impact of potentially stressful events by providing some predictability to them and introducing strategies for management and resolu tion. A course on life span development in the graduate program or in continuing education could provide such knowledge.

Professional and Civic Activity

Professional activism. The well-being of professional psy chology calls for ongoing action to contend with problems ema nating from the following: newly evolving forms of health care and health care management, corporate downsizing, and other employment effects of technological advances and the global economy. By joining with others in APA and state and regional associations in purposeful action, we derive dual personal bene fits: We promote our own welfare and even empower ourselves while interacting with colleagues in what often becomes the equivalent of a peer-support group.

Civic activism. Activity in the interest of our community and society at large can also yield dual benefits. Health care, community violence, and water and atmospheric pollution are of personal as well as professional concern, and they call for our response as citizens. Sometimes, through pro bono work for the needy or after events such as natural disasters or riots, psychologists respond to civic need by applying their profes sional expertise. In both roles we may get the satisfaction of accomplishment and, of equal importance, the emotional bene fits derived from group action and intragroup support.

Self-Care

Personal well-being. One psychologist said we should write the following words on our office wall: "Rest, relaxation, physi cal exercise, avocations, vacations." These avenues to well being need to

be paved very early, preferably in graduate school and early in the career. This objective is not easily achieved, not if the demands of the graduate curricula and the early postdoc toral years are so demanding that they establish a workaholic habit of life instead of a balanced one. Associations could help in this regard by planning programs aimed at improving well being (e.g., by persuading psychologists to schedule time for personal activities as religiously as they do their work time). It is never too late in our careers to change our way of life in order to take better care of ourselves.

Self-awareness and self-monitoring enable psychologists to recognize the need for assistance beyond that of the peer support and the spouse-others relationships. The orientation of the grad uate program and of the association should lead psychologists to look on supervision, over and beyond that required, and personal therapy as invaluable resources in maintaining well-being.

Professional development. Supervision, mentoring, work shops, and more didactic forms of education and training have always been important to professional development. With the rapidly evolving nature of our field, combined with an uncertain future, that is all the more true today. Such experiences can enhance our professional and economic security by enabling us

to acquire new specialties and allowing us to work in new set tings. Those who wish to break free of constraints on broadening their base of operation may find help through therapy.

State and local associations can be helpful to both novice and experienced psychologists by making available the following information: existing supervision groups that are open to mem bers, psychologists interested in providing supervision to peers, and psychologists who are prepared to provide therapy to fellow psychologists.

Coping With Impending Impairment

We can do great service to ourselves by accepting the fact that all practitioners are vulnerable to stress and that at some point in our careers we may be on the way to becoming im paired. It helps to be aware of the early warning signs of distress and to recognize levels of dissatisfaction and tension, whether irritability, depression, boredom, withdrawal, loss of energy, aggression toward clients, impulses to act out sexually, feelings of failure, or increased use of substances, among others. These are danger signals to alert us to the need for immediate actions such as the following:

1. Use self-awareness (or metacognitive skills), asking ques tions such as, If a client had symptoms like mine, what explana tions would I look for? What action would I propose? If I am depressed, feeling like a failure, is it because I have been treating a series of seriously ill clients without taking that fact into consideration? If I am troubled by impulses to act out sexually, is that related to problems with my spouse (companion) ? Is my condition due to disillusionment, having spent years becoming a therapist to care for people only to find myself mired in bureau cratic paper work? Has a decline in my client load left me feeling both worried about income and a loss in self-efficacy and self-esteem?

2. If after a short time your own rigorous efforts at self awareness do not help, seek the assistance of a trusted peer. As you know well, you must talk openly, during which time you may find yourself addressing questions such as those just mentioned.

3. If that help does not improve your condition, then a consul tation with a therapist is essential. (In many states one can seek help through the state association's Colleague Assistance Committee.) An ideal set of actions consists of stress-reduction on one's own (e.g., lessening the workload, adding more recre ation) combined with personal therapy.

Early intervention is the key because it can make our impair ment (or the precursor to an impairment) a brief and minor one and quickly restore us to the well-functioning state. By accepting the ' 'normality" of vulnerability, we can feel that we are not alone in having this experience, not different or abnormal, and we can view the signs of impending impairment as invaluable aids in the prevention of serious problems. Rather than seeing the symptoms as badges of shame and denying them, we can perceive these signs as the first stage on the road to recovery. We can see our selves as taking action to maintain our well functioning.

Concluding Remark

The findings of the study call for further investigation. The importance of research in this area is highlighted by Fox's (1994) challenge to correct an imbalance in professional educa tion in order that greater emphasis might be given to prevention among other "broader health and behavioral problems" (p. 204). As a starting point, there is no better target for such an emphasis than the prevention of impairment in our students, colleagues, and ourselves. What may be needed now is a profes sion-wide plan to design a coherent, career-long program of experience that is flexible and subject to periodic review and modification, so as to be responsive to professional and societal changes.

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Correction to "Acknowledgment of Ad Hoc Reviewers, 1996"

In "Acknowledgment of Ad Hoc Reviewers, 1996" *(Professional Psychology: Research and Prac tice,* 1996, Vol. 27, No. 6, p. 639), the following ad hoc reviewer's name was mistakenly not listed: Donald N. Bersoff.