

California Psychological Association
Colleague Awareness Resources and Education (CARE)

Policies and Procedures

OVERVIEW

The Colleague Assistance and Support Program (CLASP), founded in 1992 was originally a pilot program of Santa Clara County Psychological Association (SCCPA) under the auspices of SCCPA and CPA. In 1994, the pilot program was elevated to CPA task force status in order to expand the program statewide. In 1996, the status of CLASP as a task force was revised and CLASP became a standing committee of CPA. In 2005, because of changes to the CPA bylaws, the status of CLASP was revised to a committee. In 2013, the name CLASP was changed to Colleague Awareness Resources and Education (CARE) and the services of CARE were redefined.

I. Mission of CARE

The mission of CARE is to:

- A.** Increase awareness of how self-care and attention to wellness can mitigate the stressors inherent in the psychology professional,
- B.** Provide preventive resources that will support psychologists and students in maintaining and enhancing general health and mental well-being throughout the developmental spectrum of their personal and professional lives,
- C.** Normalize help seeking and health seeking behaviors and interventions for the California psychological community,
- D.** Provide education and support programming and resources that are relevant to the needs of the diverse California psychological community,
- E.** Educate the California psychological community about wellness, self-care, stress management, compassion fatigue, depression, substance abuse, and signs of physical and emotional distress.
- F.** Develop mechanisms for dialogue and discussion on wellness issues with awareness to issues of diversity within the psychological community,
- G.** Endeavor to reduce the occurrence, frequency, and severity of distress and/or impairment of California psychologists and students through prevention, education, early identification, and access to appropriate referrals.

II. Program Philosophy

The psychology profession has recognized the need to encourage the use of rehabilitative mechanisms for those of its members who may experience behavioral, cognitive, emotional, and/or substance-related distress. The CARE program is designed to provide education and access to referrals, and increase awareness of issues of diversity, compassion fatigue, secondary traumatization, prevention, and early intervention.

III. The CARE Executive Committee

- A.** The CARE Executive Committee shall include up to seven members and will reflect, insofar as possible, the diversity of psychologists within the State of California. This includes at least one student and one Early Career Member.
- B.** The CARE chairperson is appointed by the CPA President and serves at will.
- C.** The CARE Chairperson, using the following criteria as guidelines, shall appoint members of the CPA CARE Executive Committee. The appointee shall have:
 - 1.** No current ethics charges pending or licensure limitations,
 - 2.** Current membership in CPA,
 - 3.** Interest in the issues related to psychologists' self-care, resiliency, models of prevention, stress, distress, impairment, and cultural competence,
 - 4.** Willingness to serve a minimum of two years, and
 - 5.** The commitment to support the committee in developing diversity and inclusion within CARE.
- D.** The CARE Chairperson may elect to waive some of the above-mentioned criteria, except membership in CPA, with a majority vote of the remaining Executive Committee members, if a nominee to the Committee is considered to have special attributes deemed valuable to the functioning of the Committee.
- E.** Members of the CARE Executive Committee shall:
 - 1.** Serve on the CARE Executive Committee for at least two years,
 - 2.** Attend scheduled meetings to administer CARE business,
 - 3.** Serve on subcommittees as needed and contribute to the efficient functioning of meetings,
 - 4.** Participate in the design and conduct of trainings, workshops, and programs to educate psychologists about wellness, self-care, distress, impairment and the role of CARE,
 - 5.** Contribute articles, if asked, on a CARE-related topic for possible publication in *The California Psychologist*.
- F.** As a whole, the CARE Executive Committee shall:
 - 1.** Undertake activities to implement the purpose and mission of CARE,
 - 2.** Provide training, support, and guidance to CARE representatives, and
 - 3.** Manage the Committee's budget.

IV. Means for implementing the CARE Mission Statement

In order to implement its mission statement, CARE and the CARE Executive Committee will:

- A.** Establish and maintain policies and procedures to organize and guide implementation of the CARE Mission Statement,
- B.** Provide a functioning structure, which would include at minimum an Executive Committee and a system of chapter representatives to carry out implementation of the CARE Mission Statement,
- C.** Create and maintain a network among CPA chapters, and provide assistance and support to CARE chapter representatives in the establishment and maintenance of local CARE services with awareness to issues of diversity within the psychological community,

- D.** Endeavor to inform the California psychological community about the importance of prevention, the risks of stress, distress, and impairment, and to encourage a forum for discussing such issues, including how to help a distressed or impaired colleague. Some methods for achieving this include:
1. Submitting relevant articles for publication in *The California Psychologist*,
 2. Maintaining a portion of the CPA website that provides information, relevant articles, and links to other CPA resources for referral,
 3. Making available an electronic and/or print brochure on CARE,
 4. Presenting workshops and programs at the annual CPA convention aimed at educating psychologists and students about the importance of self-care, resilience, and prevention; de-stigmatizing help-seeking behaviors; normalizing inherent stressors throughout the developmental span of our careers; and exploring the problems and impact of distress and impairment on our clients and ourselves.
 5. Maintain a bibliography related to prevention, self-care, and resiliency as well as professional stress, distress, and impairment that would be available on the website.

V. CPA Chapters and CARE

- A.** CPA chapters are encouraged to appoint a representative to the CARE Committee (See Appendix A) and to participate in the mission of CARE at their chapter level.
1. The CPA chapter must indicate agreement and willingness to comply with the criteria and procedures specified in the CARE Policy and Procedures document,
 2. The CARE representative will function as a liaison between the CPA chapter and the CARE Executive Committee,
 3. The CPA chapter should be informed about and support the efforts of their CARE representative in carrying out her or his duties
- B.** As the representative between the CARE Executive Committee and the CPA chapter, the duties of the CARE chapter representative include:
1. Complete a quarterly report of activities to the CARE Executive Committee,
 2. Write or obtain articles on CARE activities as necessary and appropriate for inclusion in the chapter newsletter,
 3. Participate in statewide CARE activities (e.g., CPA convention, CARE public relations efforts) as deemed appropriate

APPENDIX A

I. Definitions

A. Colleague Awareness, Resources and Education(CARE)

CARE is a program operated by the CARE committee, which is a committee of the California Psychological Association (CPA) and is formed as a service to all. The Committee makes every attempt, in its composition, to represent the diversity of the California psychological community.

The policies and procedures of CARE are governed by the Board of Directors of CPA, and monitored by the CARE Executive Committee.

B. The CARE Committee

The CARE Committee consists of the CARE Executive Committee and the chapter representatives from member chapters.

C. CARE Executive Committee

The CARE Executive Committee (EC) consists of psychologists, students and those early in their career, appointed by the chair of the Executive Committee. The EC develops and administers activities derived from the mission statement of CARE.

D. Chapter Representatives

A chapter representative is a person selected by the Chapter Board to represent their chapter in the CARE program. (Refer also to section V).

E. Prevention/Resiliency

Proactively developing and maintaining self-care concepts and wellness check-ins including strength-based strategies such as those that enhance resilience (or the ability to adapt to, cope with, or prevent negative experiences). Such a foundation not only assists in better coping with personal and professional stressors, but also serves as a preventive approach to mitigate or lessen typical and unusual challenges.

F. Wellness Continuum

Normalizing inherent stressors throughout the developmental span of our personal and professional lives as people and as psychologists. Encourage psychologists and students to reach out for support anywhere along the continuum from wellness to crisis.

G. Self-Care

Creating and sustaining a balance of attitudes and behaviors conducive to a healthy quality of personal and professional life and fulfillment.

H. Stress

In the context of this document, stress is considered to be a characteristic of an environment that is personally disturbing or disruptive and which can cause a reaction of emotional strain.

I. Distressed psychologist

A distressed psychologist or student is one who is experiencing anxiety, pain, or suffering. Being distressed does not automatically mean that the quality of the individual's work is suffering or has suffered as a consequence. Nearly all psychologists and students are distressed at some point in their professional careers, yet most continue to perform effectively.

Distress is often, though not always, a precursor to impairment.

J. Impaired psychologist

- 1.** Professional impairment refers to an observable deficit in professional functioning.
- 2.** A professionally impaired psychologist or student is one whose work-related performance is observably inadequate in quality and/or quantity when measured by prevailing and accepted standards of practice as evidenced by any of the following:
 - a.** A pattern of inadequate or inappropriate care for one or more clients (e.g., a pattern of missing appointments with clients, not making appropriate referrals, not implementing effective treatment plans, insufficient care of high risk clients),
 - b.** Unprofessional management of teaching, supervisory, or direct services responsibilities (e.g., coming to class drunk),
 - c.** Inadequate efforts to maintain professional competence as defined by Principle A of the Ethical Principles of Psychologists and Code of Conduct, (e.g., failure to meet CE requirements for licensure),
 - d.** Violations of ethical standards for the practice of psychology as defined by the Ethical Principles of Psychologists and Code of Conduct, (e.g., violating the confidence of a client),
 - e.** Violations of state or federal law, (e.g., conviction for assault or burglary),
 - f.** Other verifiable evidence of improper or inadequate work performance, (e.g., charging fees for phone calls made to a client without the client's solicitation or approval of such phone calls or fees).
- 3.** The following conditions, situations or problems that if not treated or attended to may cause, contribute to, and/or be symptoms of distress or impairment:
 - a.** Physical conditions, e.g., dementia, chronic illness, traumatic illness,
 - b.** Psychological conditions, e.g., mood disorders, anxiety disorders, personality disorders, psychotic episodes, somatoform disorders,
 - c.** Environmental situations, e.g., job stress, financial difficulties, bereavement,
 - d.** Interpersonal problems, e.g., marital discord, relational problems,
 - e.** Substance-related disorders, e.g., alcohol or drug abuse or dependence,
 - f.** Impulse-control disorders and other addictive behaviors, e.g., compulsive gambling or compulsive sexuality