APA’S ADVISORY COMMITTEE ON COLLEAGUE ASSISTANCE (ACCA)

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The primary goals of ACCA, and this compendium of materials and web site information, are to support and enhance the quality of the work and lives of Psychologists, State, Territorial & Provincial Psychological Association’s (SPTA) Colleague Assistance Programs, and our profession.

The following is a selective gathering of topics and articles that serve as “tools and strategies of engagement” for all psychologists to maintain wellness and promote effective coping strategies. Specifically, this guide develops and updates materials for “Colleague Assistance Programs” (CAP). CAPs are intended to support psychologists as they navigate their professional careers and personal development at all stages of life.

ACCA Mission Statement:

1. Recognizing and investigating the unique occupational vulnerabilities of psychologists and their need for colleague assistance to promote effective coping strategies, wellness, prevention, and the self-care that is ethically required,
2. Promoting the development and continuation of state-level colleague assistance programs and peer assistance networks,
3. Developing proper, informed relationships between state ethics committees, boards of examiners, and colleague assistance programs for the benefit of the professional and the public.

There is a cross referencing of some of the articles on this site as it may well be appropriate that they appear under several headings. For articles, research findings and power point presentations where noted by ACCA, please contact APA’s ACCA on the APA website: www.apa.org and/or the ACCA Staff Representatives’ Susie Lazaroff, J.D., Director, State Advocacy, APA Practice Directorate at slazaroff@apap.org, or Lauren Schussler, Governance Officer, APA Practice Directorate at lschussler@apa.org.

TOOLS OF ENGAGEMENT FOR PSYCHOLOGISTS

A. CATEGORICAL AREAS

1. Strategies for Developing, Supporting and Sustaining SPTA Programs for Colleagues:

   a. For those SPTAs embarking on developing a colleague assistance program, below are a few strategies to keep in mind. For a central document to assist in better understanding the role of Colleague Assistance Programs please see an ACCA monograph from February 10, 2006 on

b. Check to determine if your SPTA has previously had such a program, or a program similar to the goals of a Colleague Assistance Program (CAP).

c. If it did, and doesn’t now, why not? What worked then and what didn’t? Please note, most programs in the past few decades were primarily “impairment oriented”. This orientation tended to unwittingly add an extra level of stigma when reaching out for assistance, something many psychologists felt they should not need to do since their expertise provided sufficient support. Many of these early programs went defunct for lack of utilization, and are only now being revitalized and restructured. In more recent years a wellness approach has been integrated into CAP’s and found helpful in mitigating such stigma, yet continued efforts are needed to fully assure and encourage psychologists that requesting assistance is an act of wisdom not weakness. CAP’s do need to provide help to those dealing with all types of challenges, while also promoting self-assessments, and maintaining wellness, with prevention as a primary goal. The emphasis on our profession’s ethical perspective that requires psychologists to use self-care strategies in order to better serve their clients and the profession, is an apt complement to these more enlightened prevention views. There are many examples of this perspective in the articles below.

d. Consider interviewing those who may have been involved with a previous CAP for your SPTA. If none previously existed then contact other states that do have a CAP and APA’s ACCA for information and materials. Results of ACCA’s 2009 survey on SPTA’s are available through ACCA. Many SPTAs with CAP’s have web sites that are quite informative. Examples are: North Carolina’s Colleague Assistance Program (www.ncpsychology.com), Tennessee’s (www.tpaonline.org), California’s (www.cpaclasp.org), and Colorado’s (www.coloradopsych.org), all serve as excellent examples.

e. It is important to determine the structure and policies for your CAP. A few pertinent points include: will it maintain a confidential call line; who will take the calls; will you have and how do you develop a cadre of colleagues to refer to; what are the confidentiality considerations; will the program or committee be connected to your state licensing board; what resources can you provide to those who make contact; how often will the committee met (will meetings be in-person, or conference calls, or some combination); how do you encourage colleagues to become part of the committee; will you provide training; what will be the costs and how can you meet those costs? These are a few of the key questions that many states have grappled with and some have gone from one model to another. Your CAP can benefit from previous efforts while you will still need to fashion your own program based on your state regulations and member needs. Do consult with the existing programs and their web sites listed above.

f. Which factors would be most helpful in maintaining and strengthening your CAP? Borrowing from other programs, where appropriate, will encourage colleagues to join the effort as time and a certain degree of confusion can thus be spared. It will be especially helpful to review other SPTA’s policy and procedure materials before developing your own. Having sufficient members on the committee and as diverse a body of members as possible will also be valuable. Acknowledging and incentivizing members can also be useful, for example: recognition at meetings and in publications, providing opportunities for publication of their relevant work on related topics, training and networking opportunities, awareness of their limited time, etc. For an example of a CAP training workshop see: Holder-Cooper, J. (2008, March 26). Over-care to self-care: What psychologists need to know. The North Carolina Colleague Assistance Committee.

g. See PowerPoint Presentation: “Colorado Psychological Association Training Session to Equip
Senior Psychologists as Resources to Both the Licensed and Unlicensed Mental Health Boards” by Jim Oraker, Rich Grenhart, Len Tamura, Randi Smith, Emily Roby & Brenna Tindell, March 2008. Contact the Colorado Psychological Association.

2. Historical Perspective On CAP’s:

a. The first APA framework developed to address colleague assistance issues was in the 1980s and primarily focused on impaired psychologists as referred to above under the heading of developing and maintaining CAPs. The issues of impairment often centered around issues of alcoholism and substance abuse and at times began to include concerns about boundaries and sex with clients. After a period of time, due to the need to reduce stigma so that colleagues would reach out for assistance, and as the type of issues began to be less associated with dysfunction and more around issues of competencies, self-assessments, wellness and ultimately prevention, the CAP goals were widened and refocused.


   i. See O’Connor, M., & ACCA. (2002). Colleague assistance program models. Contact APA’s ACCA committee for specifics.


   iii. All SPTA’s were sent a survey to determine if they had a current CAP, or did so in the past. It attempted to determine current status of CAP, what was working, what type of assistance could ACCA provide, and the policy and procedures they followed. See results of 2009 Survey data [results forthcoming] Contact APA website:www.apa.org, or ACCA Staff Representatives listed above.

3. Ethical Considerations:

a. The APA principle A of the Ethics code for our guild states: “Be aware of the possible effect of [our] own physical and mental health on [our] ability to help those with whom [we] work.” (APA, 2002, pp.3)

b. Related to this requirement is the key concept of self-care which has been referred to as our “moral imperative” (Carroll, et al., 1999), and this leads to the cautionary note that if you don’t practice self-care, you risk harming the client, which has also been referred to as “the ethical imperative” (Baker, 2007).

c. Examples of several ethical areas that psychologists are to be mindful of include: boundaries, informed consent, malpractice, fallacies and pitfalls, termination with clients, end-of-life, retirement, professional will, among others.

d. A few representative articles on psychology and ethics:


4. **Self-Care as a Center-Piece Strategy for Effective Colleague Assistance Programs:**

   a. Implementing healthy self-care strategies is a primary way to honor principle A of our ethics code as referred to above in Section 2.

   b. Several key articles that inform the self-care strategy:
      
      
iii. Referring to a strength-based concept such as resilience is helpful in the self-care discussion as it supports the development of protective factors to better cope with ongoing stressors as well as with challenges of a critical incident. See Bridgeman, D. (2006) “Strength-based Approach for Therapist & Client: Preventive Coping Strategies”, available through the California Psychological Association’s Colleague Assistance and Support (CLASP), website at www.cpaclasp.org (articles).


viii. See 2009 ACCA practitioner survey [results forthcoming]. Contact APA’s ACCA committee for specifics.

5. The Importance of Wellness/Prevention in Colleague Assistance Programs:


i. See 2009 ACCA practitioner survey [results forthcoming]. Contact APA’s ACCA committee for
6. Development and Continuum Approach to Colleague Assistance Concerns:


e. See ACCA. (2008). *Psychologists’ pursuit of wellness across the life span: Benefits and barriers to self-care practices.* PowerPoint presentation presented at the 116th Annual Convention of the American Psychological Association, Boston, MA. This presentation reviews the importance of viewing psychologists’ life and profession from that of graduate students/early career psychologists, to those in the retirement phase


B. SUBJECT TOPICS

1. Office Safety and Violence Prevention Project:

a. A subcommittee of ACCA was convened in 2009 to address the issue of possible risk to psychologists based on several well-known incidents. ACCA contacted APA’s Section VII on Behavioral Emergencies and from this collaborative effort a brochure on Office Safety for psychologists was developed. See below:


2. Coping With Suicide of a Colleague:

a. Once again a subcommittee with ACCA and Section VII on “Behavioral Emergencies,” collaborated in 2009 to collect data and materials on the suicide of a colleague:

   i. See 2010 results of interviews with psychologists who knew colleagues who committed
suicide and resource materials [results forthcoming], Contact ACCA.


3. Coping With Colleagues With Substance Abuse Challenges:


f. See McCrady, B. S. (2003). *Alcohol and other drug use among psychologists: Identification and early intervention.* Contact APA's "Colleague Assistance Advisory Committee" (ACCA) regarding this article.

g. See 2009 ACCA practitioner survey [results forthcoming]. Contact APA’s ACCA committee for specifics.

4. Supporting A Colleague In Need:

a. See Smith, P.L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice, 16*(1), 1-15. doi:10.1111/j.1468-2850.2009.01137.x. This is a very recent and comprehensive review that informs many of the issues central to this ACCA toolkit.


f. See O’Connor, M. F. (2001). On the etiology and effective management of professional distress and


5. **Strategic Support Systems for Psychologists:**


6. **Diversity and Psychologists:**
f. See also the American Psychological Association Committee on Ethnic Minority Affairs (CEMA), Division 45 website: [http://www.apa.org/pi/oema/committee/index.aspx](http://www.apa.org/pi/oema/committee/index.aspx)

C. CONTEMPORARY AND TIMELY ISSUES FOR PSYCHOLOGISTS

1. **Graduate Students And Early Career Psychologists:**


p. See APAGS & ACCA 2009 Survey on Psychology Graduate Students [in progress]. Contact APAGS and/or ACCA.

q. See the ACCA 2009 Survey on Practitioners data on early career psychologists [results forthcoming]. Contact ACCA.

2. LGBT Considerations:


3. Female Psychologists:


4. Male Psychologists:


5. Psychologists in Transition:


6. Effects of the Economy:


f. See APA Committee for the Advancement of Professional Practice, APA Committee on Early


7. Issues of Disabilities:


c. See also the American Psychological Association Committee on Disability Issues in Psychology website: http://www.apa.org/pi/disability/committee/index.aspx

8. Psychologists & Critical Incident Responding: & Concepts of Compassion Fatigue, Burnout, Secondary Traumatization & Work Engagement:


h. See Edwards, R. (1995, September). *Compassion fatigue: When listening hurts.* Contact APA’s ACCA committee regarding this article.


9. Retirement:

   
   
   
   
   
   

10. Professional Wills:

   
   b. See Ragusa, S. A. (2006). A professional living will for psychologists. *Division 42 Online*. Retrieved from [www.division42.org/MembersArea/PracticePerfect/ProfessionalWill.htm](http://www.division42.org/MembersArea/PracticePerfect/ProfessionalWill.htm)
   

11. End of Life Issues:

   


