

What is Psychologist Impairment?
A Comparison of Provincial Regulatory Guidelines in Canada

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Abstract

Psychologist impairment has ethical implications as it affects the ability to provide competent care. The lack of agreement about the definition of impairment has been considered a principal barrier to its identification. However, no agreed upon definition of impairment exists in Canadian professional psychology nor has a systematic examination of definitions of impairment across provinces occurred to date in Canada. Two separate issues were considered and addressed in the current paper: One, is the responsibility of regulatory boards in psychology to protect the public. The other issue is the promotion of self-care among professional psychologists. This paper contains a national comparison of the degree of explicitness of guidelines concerning psychologist impairment. Sections pertaining to impaired competence from each of the 10 provincial regulatory bodies' documents were abstracted and included in the current comparison. Recommendations are made regarding impairment and self-care within professional psychology in Canada, which include the creation of a unified consensus on the definition of impairment, as well as efforts to promote self-care in professional psychologists.

Keywords: impairment; psychology; regulations; Canada

Public Significance Statement: Impairment in psychologists is a clear reason to limit or not provide services to the public. Unfortunately, no clear definition of psychologist impairment is available among Canadian regulatory bodies. An agreed upon definition would serve not only help to protect the public, but could also be used to promote psychologists' wellbeing.

What is Psychologist Impairment?

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The practice of professional psychology is associated with an increased likelihood of experiencing a number of stressors related to the care of others and bearing witness to their distress and suffering. Distressing consequences from the provision of psychological services include vicarious traumatization (McCann & Pearlman, 1990), burnout (Jenaro, Flores, & Arias, 2007), and compassion fatigue (Figley, 2002), which have the potential to lead to impairment. Distress and impairment represent two related constructs implicated in psychologists' health and wellbeing (Smith & Moss, 2009), with distress described as a "warning signal" (Baker, 2003) that may be experienced prior to impairment. As humans, psychologists also face the vicissitudes of everyday existence and risk of personal turmoil and dysfunction.

Psychologist impairment has ethical implications, as it affects the ability to provide competent care (Schwartz-Mette, 2009). Competence is listed under the Canadian Psychological Association *Code of Ethics for Psychologists* under Principle II: Responsible Caring (Canadian Psychological Association, 2017) and psychologists are expected to practice self-knowledge and self-reflection as to promote competence. Impairment has thus been described as "problems in professional competence" (Schwartz-Mette, 2009, p. 91), and the provision of psychological services despite impairment may represent a violation of the ethical code.

While there is a lack of consensus on what constitutes impairment (APA, 2006), it may be helpful to conceptualize it from a developmental perspective on a stress-distress-impairment continuum. From this perspective, stress may progress to distress, which may further progress to impairment, such that it adversely impacts the psychologist's functioning and ability to provide effective services (Advisory Committee on Colleague Assistance, 2001). The most commonly

reported types of impairment experienced by psychologists include depression, with rates reported to be as high as approximately 60% (Pope & Tabachnick, 1994), substance use, and personal stressors related to legal, marital, and financial matters (Guy, Poelstra, & Stark, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987; Pope & Tabachnick, 1994).

Despite the implications for competent practice, there is evidence that the issue of impairment is not as well recognized or responded to as would be ideal. In response to a survey on ethical beliefs and behaviours, nearly 60% of professional psychologists reported to have continued to work despite being too distressed to work effectively (Pope, Tabachnick, & Keith-Spiegel, 1987). A recent Canadian study that explored the mental health profiles of Canadian psychotherapists found that 20% were characterized by high levels emotional exhaustion and 10% were considered to be in a significantly distressed psychological state (Laverdière, Kealy, Ogrodniczuk, & Morin, 2018). The authors inferred the need for a “wake-up call” to acknowledge and address the mental health and well-being of providers of psychological services in Canada. Indeed, impairment in the profession of psychology carries the risks of potential to harm clients, compromised therapeutic alliance and outcomes, reputational risk for the profession, increased risk of complaint against professionals, burnout and increased turnover (Delgadillo, Saxon, Barkham, 2018; Guy, Poelstra, & Stark, 1989; Rupert & Morgan, 2005).

It has been argued that the lack of agreement about the definition of impairment is a principal barrier to its identification (Smith & Moss, 2009). The American Psychological Association (APA), in collaboration with the Advisory Committee on Colleague Assistance (ACCA), Board of Professional Affairs (BPA) and the Association of State and Provincial Psychology Boards (ASPPB), released a monograph that examined impairment in psychologists (APA, 2006). The document sought to aid psychologists in their understanding, assessment, and

intervention regarding colleague distress and impairment. It was noted that “A universal definition of distress and impairment in professional functioning has not yet been created, although most definitions demonstrate common themes” (APA, 2006, p. 6). From examination of definitions of impairment across a variety of state psychological associations, state laws and regulations across the United States, it was found that definitions often had a limited scope, such that impairment was described only with respect to substance use or a mental disorder.

Definitions of impairment also often lacked appropriate detail. For example, they frequently defined impairment as failure to provide services within standards of care. Similarly, no agreed definition of impairment exists in Canadian professional psychology, and nor has a systematic comparison been conducted to examine the documentation of provincial regulatory boards across Canada in their explicitness regarding impairment and self-limitation of psychologists.

Considering the potential negative consequences of practitioner impairment, attempts to prevent and mitigate these conditions are essential. Self-care has been described as an ethical imperative in professional psychology (Barnett, Johnston & Hillard, 2006; Maranzan, Kowatch, Mascioli, McGeown, Popowich, & Spiroiu, 2018), and has been broadly defined as the engagement in a series of behaviours to facilitate the promotion and maintenance of emotional and physical well-being (Myers, Sweeney, Popick, Wesley, Bordfeld & Fingerhut, 2012). A number of behaviours fall under the umbrella of self-care, such as sleep, exercise, social support, the practice of mindfulness, and emotion regulation strategies. Self-care also encompasses striving to achieve a balance of both personal and professional demands (Bamonti, Keelan, Larson, Mentrikoski, Randall, Sly, Travers, & McNeil, 2014). Ironically, despite frequently providing advice on self-care practices as part of their profession, it has been argued that psychologists rarely follow this advice themselves (Figley, 2002; Myers et al., 2012). Further,

although self-care has received increased attention in recent years (e.g., Bamonti et al., 2014; Maranzan et al., 2018), few concrete suggestions or strategies to promote this practice have emerged.

The Canadian *Code of Ethics for Psychologists* (CPA, 2017) contains explicit mention of impairment and self-care under the principle of Responsible Caring (Code II.12), in which it states that psychologists must “Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others.” (CPA, 2017, p. 20). Furthermore, should psychologists experience a psychological or physical condition that compromises their ability to benefit and not harm others, they are expected to “seek appropriate help and/or discontinue” their professional demands “for an appropriate amount of time” (Code II.11, p. 20). In light of the current unprecedented COVID-19 pandemic impacting Canada and the world at large, posing substantial strain and stress on the general population and healthcare providers, it has been said that now more than ever is the time for self-care, and specific self-care resources have been created by and for psychologists (APA, 2020; CPA, 2020).

This paper presents an argument to expand the predominant focus on impairment in the profession of psychology to include self-care. The goals of the current paper are twofold. First, the paper examines the current landscape of professional guidelines for practicing psychologists related to impairment across regulatory bodies in Canada. Second, based on this examination, the paper provides recommendations for practice and training in psychology related to impairment and self-care practices. As detailed below, it is argued that there are two distinct issues that require consideration with respect to these goals. One issue, and that which the regulatory colleges have emphasized is the responsibility to protect the public from impaired psychologists

and incompetent practice. The other issue, which is more pertinent to the lives of most psychologists, but which is much less often focused on in regulatory documents is the promotion of the wellbeing and self-care of practicing psychologists. The current paper presents a national comparison of the current provincial guidelines in Canada, to examine whether provinces vary on their degree of explicitness concerning psychologist impairment. The corresponding codes of conduct for the College of psychologists of each province are compared and contrasted. The paper concludes with recommendations regarding impairment and self-care in psychology practice and training in Canada.

Psychologist Impairment: A Comparison of Provincial Regulatory Guidelines

Regulatory documents of all 10 provincial regulatory bodies in Canada were included in the current comparison. Each of the provinces' respective regulatory documents (commonly referred to as Standards of Practice or Codes of Conduct) was accessed through the Canadian Psychological Association's website on Provincial and Territorial Regulatory Bodies (n.d.). The territory of Yukon does not have a regulatory body for registration in psychology, and many psychologists in the Yukon register in the province of Alberta and adopt the College of Alberta Psychologists *Standards of Practice* (2019). The Northwest Territories and Nunavut listed no documents but instead provided contact information for their respective registrars for psychologists. Sections that addressed psychologist impairment or impaired competence were abstracted from each province's regulatory document and are presented in Table 1.

Of all of the regulatory bodies, Manitoba (2013) and British Columbia (2014) are the most explicit and thorough in their guidelines related to recognition of when impairment occurs and what specifically should be done in such instances. For example, they recognize that impairment exists on a continuum and that differential responses may be indicated at different

points along this continuum. They divide the steps to be taken to seek assistance or terminate due to impairment based on this assessment. The three subsections contained within each of these documents are structured in a manner that is easy to follow and certainly demonstrate explicitness. What is particularly unique about Manitoba and British Columbia's statements is that they reference self-care through the statement: "A registrant has an obligation to maintain his or her physical and mental health sufficient to carry out professional work" (pp. 14, 18).

While Alberta (2019) also provided three subsections, it is not as explicit or comprehensive as Manitoba and British Columbia. The College of Alberta Psychologists *Standards of Practice* (2019) Statement 4.4 provides a range of descriptions of conditions (i.e., mental, cognitive, emotional or physiological, substance or chemical use, abuse or dependence). They also use the language, "knows, or ought to know", which implies an expectation that psychologists should recognize when impairment is present. Alberta is the only province to use the word choice "impaired judgment," which is also used in the *Canadian Code of Ethics for Psychologists* (CPA, 2017). Statements 4.5 and 4.6 of the Alberta *Standards of Practice* further contain explicit guidance if a psychologist has impaired judgment. That statement provides potential gradations of involvement in the professional relationship: to limit, suspend or terminate. Note 'limit,' as it does not imply the relationship must terminate, as do some others included in this comparison.

The impaired competence section of Saskatchewan's *Professional Practice Guidelines* (2019) mentions impaired or compromised competence but contains no specific mention to any types of conditions. However, the guidelines recommend consultation, assistance, or formal assessment as particular steps to consider should concerns arise, which is a unique strength of

this province's document. Nevertheless, there is no explicit mention of termination as an option in response to psychologist impairment.

Four provinces have adapted the Association of State and Provincial Psychology Boards (ASPPB) model *Code of Conduct* in their definitions of impairment (Ontario, New Brunswick, Prince Edward Island and Newfoundland and Labrador). Of note, ASPPB expanded its previous *Impaired Psychologist* section (2005) from solely "substance abuse conditions" to "substance abuse or induced conditions" in 2018. ASPPB also added "cognitive" in its list of mental, emotional, psychological, pharmacological, substance abuse or induced conditions that may cause impairment. Of the provinces that employ the ASPPB definition, only Newfoundland and Labrador use the most recent version. Presumably, the other Colleges will revisit their standards in accord with updated information when they next edit their codes of conduct.

Nova Scotia is the only province that used the term "addictions", instead of the more commonly observed word choices of pharmacological, substance abuse or induced conditions (note that the word "addiction" is included in the *Canadian Code of Ethics for Psychologists* in Standard II.12; CPA, 2017). Nova Scotia is also the only province to use the term "dysfunction". It could be argued that the term "addictions" may be too limited in its scope; that is, it may fail to capture constructs of impairment best described on a continuum. The more prevalent wording of other provinces of pharmacological, substance abuse or induced conditions encompass the possibility that a psychologist's substance use may impair their ability to effectively practice, even though they may not meet diagnostic criteria for an addiction, *per se*. Therefore, the terms in Nova Scotia's standards initially pose some concern as they may fail to encapsulate presenting problems that do not meet a particular threshold of the presence or absence of addiction and consequently fail to describe a continuum of impairment. The most recent amendment of Nova

Scotia's standards to include "impaired ability to provide services by alcohol, drugs, physical or psychological disturbance" appear to rectify this concern and expand the scope of its definition.

Unlike the other provinces, Québec's *Code of Ethics of Psychologists* (2020), represents a document regulated by the provincial government. The website linked through the Canadian Psychological Association's website was "l'Ordre Des Psychologues Du Québec" (The Order of Psychologists of Québec), through which the current document was accessed. The "Quality of Professional Services" section indicates that a psychologist should not provide services if they present with "any condition or state that may compromise the quality of the professional services". They also recommend refraining from practice as the only recommended course of action in their brief statement. As such, there is an acute and problematic lack of explicitness as to what state or condition this statement refers, and specific actions that may be indicated, aside from cessation of services should impairment occur.

An examination of these codes of conduct and standards of practice on impairment largely revealed a lack of consensus across regulatory bodies within Canada. These findings are consistent with APA's (2006) monograph about the situation in the United States. However, unlike the conclusions drawn by the APA that definitions were for the most part not comprehensive or detailed, the current comparison revealed that a large proportion of provinces provided reference to specific conditions that may impair the ability to deliver competent services. In fact, eight of the ten guidelines in this comparison listed multiple examples of conditions of impairment. The most common conditions were mental, emotional, physiological, pharmacologic, or substance abuse conditions. Alberta (2019) and Newfoundland and Labrador (2018) were the only two provinces to additionally include cognitive conditions. Further, Manitoba (2013) and British Columbia's (2014) use of "(e.g., physical illness, mental disorder,

substance abuse, life situation, or other problem)” serve as an effective representation of other life circumstances and challenges that may impair psychologists’ ability to provide competent practice. These examples all demonstrate additional considerations of potentially impairing conditions beyond substance abuse or a mental disorder.

The Codes of Conduct reviewed here differed not only on their explicitness regarding what constitutes impairment but indicated actions when impairment occurs. Six of the provinces simply asserted that psychologists must terminate or discontinue their professional services in the case of impairment (New Brunswick, n.d.; Newfoundland and Labrador, 2018; Nova Scotia, 2007; Ontario, 2017; Prince Edward Island, 2019; Québec, 2020) while a few others (Alberta, 2019; British Columbia, 2014; Manitoba, 2013) presented varying degrees of action to be taken: to limit, suspend or terminate. Saskatchewan (2019) did not explicitly mention termination of services but listed “professional consultation or assistance or formal assessment” as potential actions (pp. 13-14). Those provinces that presented options related to limit, suspend or terminate appear to capture a more nuanced approach to address impairment, which depends on the degree of impairment that may be present.

Evidently, the focus of the standards presented here was almost exclusively on self-limitation as a response to impairment. While these standards arguably are necessary to protect the public, they do little to promote practitioner well-being or to recognize that psychologists may be able to have a more nuanced response to various levels or durations of impairment in a manner that protects clients even while maintaining continuity of care. Given this limitation, it was deemed worthwhile to examine whether any of the regulatory documents specifically addressed self-care. To this end, each of the regulatory guidelines were searched for the term “self-care.” A review of the college documents did not reveal any explicit mention of the term

self-care, although Manitoba and British Columbia alluded to this concept in their mention of maintenance of physical and mental health as an obligation of psychologists. Although acknowledged above as two distinct issues, the Colleges' concern with protection of the public, and the maintenance of psychologists' wellbeing, the issues need not be mutually exclusive. Saskatchewan's *Professional Practice Guidelines* (2019), provided a unique mention to self-evaluation that reflected the Competence and Self-knowledge section contained within the *Canadian Code of Ethics* (CPA, 2017). These guidelines indicate that self-evaluation is an ongoing process, which involves routine consultation and feedback from peers:

“4.6 Self-evaluation

Members shall evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual differences, specific training, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others. As part of the self-evaluative process, members are encouraged to routinely seek consultation and feedback from peers as needed.” (p. 10)

Aside from the few above examples, self-care was largely neglected in regulatory codes and standards. The inclusion of self-care in these regulatory standards could represent a proactive approach to avoid the escalation to impairment that necessitates the use of such regulatory guidelines in the first place. Attention should also be paid to prevention of impairment, consistent with the broader shift from a traditional focus on disorder and impairment to a focus on the promotion of wellbeing (Linley, Joseph, Harrington, & Wood, 2006). Certainly, the absence of impairment does not equate to wellbeing, and self-care practices can serve to actively promote psychologists' wellbeing. Indeed, the value of self-care in psychologists lies not only in

the prevention of mental health challenges and mental illness, but also in the promotion of optimal mental health (Westerhof & Keyes, 2010; Wise, Hersh, & Gibson, 2012).

Several recommendations emerge from the above review. A uniform and defensible definition of impairment seems essential. This definition should be consistent with the notions that impairment can exist on a continuum of severity and chronicity. Further, the definition should be explicit with respect to the various factors that need to be considered and evaluated as part of a determination of impairment. Perhaps more important for the longer term, it appears that there is a need to shift the focus from impairment and self-limitation to self-care and the promotion of wellbeing. This promotion will necessarily reduce the incidence of impairment, and arguably will do more to enhance the status of the profession and the health of its practitioners than simply limiting or stopping practice once impaired. These recommendations are elaborated upon below.

Psychologist Impairment: Towards a Unified Definition

As discussed above, a clear and contemporary definition of “impairment” in psychologists is needed within Canada. This definition needs to serve the regulatory responsibility of Colleges to protect the public. A *Task Force on Impairment and Self-Care* is recommended, with representation from each provincial regulatory body, the Association of Canadian Psychology Regulatory Organizations (ACPRO) and CPA. The primary mandate of the task force would be a unified definition of impairment. This definition should be neither overly inclusive nor exclusive but should reflect the fact that impairment can exist in one or more domains of functioning, that it can vary in severity and that it can vary in its presentation across time. As conveyed in the above analysis, British Columbia and Manitoba appear to have the most explicit and

comprehensive guidelines and can serve as models for standards of conduct to be considered by the other provinces.

The need for a clear definition of impairment is particularly salient due to the consideration that provincial standards impose an inherent expectation that psychologists should be able to recognize impairment in themselves and others. This expectation is demonstrated with language such as “Providers who deem themselves, or are deemed by others to be” (Nova Scotia, 2007) and “the psychologist knows, or ought to know” (Alberta, 2019), “if they know or should know that their competence may be impaired or compromised” (Saskatchewan, 2019). As such, a clearly defined description of impairment will facilitate its identification and ensure a common understanding among psychologists across Canada. In principle, a clear definition of impairment could enable the development of a self-assessment tool that could be used for both the promotion of wellbeing and as a tool to adjudicate disciplinary complaints.

It should be acknowledged that some of the documents included in the current review make reference to the construct of disability in their descriptions of impairment, although not explicitly. The construct of “disability” itself is somewhat vague and legally defined at a provincial level in Canada. At the federal level, disability is defined as “a complex phenomenon, reflecting an interaction between features of a person’s body and mind and features of the society in which they live.” (Human Resources and Skills Development Canada, 2013, p. 2). Disability is further acknowledged to vary in its severity and be either “permanent, temporary or episodic.” A shift in the landscape of disability in Canada has occurred in recent years from the original focus on physical disability to encompass mental disability as well (Ontario Human Rights Commission, n.d.). It is suggested that the ethical standards in the profession of psychology should be consistent with contemporary models and definitions of the disability construct.

Promoting Self-Care Among Professional Psychologists

Provincial comparisons reveal variability in both what constitutes impairment, and how to proceed or respond. While the correct recognition of signs of impairment in oneself and others is a necessary, important, and ethical step towards addressing psychologist impairment, it is not sufficient. Another relevant target area is knowing *when to intervene* and seek treatment/assistance in the case of impairment. Widespread uptake of the stress-distress continuum model (Advisory Committee on Colleague Assistance, 2001) could assist with this aim. This model suggests a continuum of distress impairment and a continuum of corresponding self-care practices. The model implies self-care practices and intervention strategies, which range from professional development to more intensive treatment, that correspond to the specific level of distress or impairment experienced by the psychologist. As such, the stress-distress continuum model could serve to identify both the degree of impairment and the most suitable course of action. As noted previously, distress may serve as a signal that warns of impairment (Baker, 2003), so taking preventative action sooner through self-care strategies may aid to avoid impairment.

It is suggested that ongoing formal self-evaluations should be required by all regulated psychology practitioners across Canada. For example, psychologists must indicate in the “Fitness to practice” section that they do not have a condition (i.e., mental, cognitive, emotional, physiological, substance use or dependence) that may affect their competence to provide psychological services, as part of the annual registration renewal process within the College of Alberta Psychologists. While laudable, this annual indication does not reflect an ongoing process of self-evaluation that must occur to maintain competence (CPA, 2017). More frequent self-assessments could be facilitated in a couple of ways: Provincial psychology colleges could

provide personal and professional development initiatives, including education and skill-building related to self-care practices as a necessary component of continuing competency. Second, consultation with peers could become formally supported through peer mentorship models offered at the provincial level. These recommended strategies could also aid in the early detection of issues of impairment and promote the maintenance of self-care knowledge and practices in psychologists.

Employee and Family Assistance Programs (EFAPs) in Canada often provide individuals who experience impairment with direct access to treatment and services for mental health and addictions (Attridge, 2012). EFAPs are most often offered in larger workplaces that are part of unions (Csiernik, 2002). By this standard, the large percentage of Canadian psychologists who work in private practice do not benefit from EFAPs (e.g., 41% in Alberta; Patten & Dobson, 2019). In contrast, both medical resident and practitioner self-care and Employee and Family Assistance Programs exist. For example, the Physician Health Plan (PHP) addiction care program represents a comprehensive approach to addiction treatment for physicians that extends beyond commonly observed EFAPs (Brewster, Kaufmann, Hutchison, & MacWilliam, 2008). No similar programs are in place in psychology, despite the profession's emphasis on the provision of mental health services. As "ambassadors" of the importance of mental health care, one might expect psychologists to provide care and support to its own members. It is therefore recommended that either a national and/ or provincial Employee and Family Assistance Programs be developed for psychologists in Canada who might not otherwise be able to access such a program.

Discussion and Future Directions

This review has highlighted the current state of Canadian regulatory documentation pertaining to psychological impairment. It would be informative to extend this review to ascertain whether Canadian psychologists' attitudes and behaviours align with regulatory standards, as has been done in other countries. In the United States, members of the APA Division 42 (Independent Practice) were presented with vignettes that depicted hypothetical practicing psychologists with systematically varied levels of impairment (substance use and depression) ranging in severity from level 1 (not impaired) to 5 (severely impaired) (Williams, Pomerantz, Segrist, & Pettibone, 2010). At approximately the midpoint of impairment severity (level 3), respondent psychologists endorsed that the hypothetical psychologists were too impaired to practice, and no matter what level of depression was presented, respondent psychologists endorsed that treatment should be sought. It would be interesting to examine whether similar findings would be found in Canada, and equally in both public settings as well as independent practice. Accordingly, a future direction could be a national representative survey administered to professional psychologists in Canada, to examine both their attitudes and practices surrounding impairment and self-care. In order to collect data surrounding attitudes, similar vignettes as Williams and colleagues (2010) could be presented, though it may be informative to include additional examples of limitations and impairment that capture other conditions (e.g., mental disorder or life situation). A newly developed inventory of self-care behaviours provides a tool to assess current self-care practices and to facilitate research in this area (Santana & Fouad, 2017).

Although the focus of this article has been on practising and regulated psychology practitioners, the promotion of self-care and person wellbeing should begin early in one's career

and be maintained throughout. As such, all of the above discussion related to the assessment of impairment and the promotion of self-care applies to psychologists in training. Canadian graduate students in professional psychology should be surveyed about their engagement in self-care practices. Further, these practices should be encouraged consistent with the assertion that a culture of self-care must be created and promoted within graduate programs in psychology (Bamonti et al., 2014; Goncher et al., 2013; Zahniser, Rupert, & Dorociak, 2017). Indeed, professionals responsible for the training and mentorship of graduate students in psychology in academic and clinical contexts are also responsible to model and provide effective self-care practices (Myers et al., 2012). Self-care practices must be institutionalized and promoted by clinical and academic supervisors to ensure their successful implementation, and to effectively create a culture of self-care.

A consensus on the concept of impairment, and when and how to intervene in cases of impairment in professional psychology, will effectively help to unify the standards of the profession across provincial borders in Canada. This consensus will also promote competent and ethical practice. Professional psychology must move beyond the traditional focus on impairment to include preventative efforts that explicitly promote self-care practices. It is reasonable to assume that if self-care is not deemed important or valued in all phases of graduate training in psychology, through explicit instruction, modelling, and programmatic policies, then it cannot be expected to be practiced by the next generation of professional psychologists. A developmental approach must be taken, such that we recognize the potential for the progression of stress, to distress to impairment, and the need to promote self-care for psychologist trainees as they develop their competency all the way to practicing professionals. This approach can be facilitated by adopting a unified consensus of impairment in Canada through formal guidelines,

supportive policies which emphasize a preventative self-care approach at all levels of professional psychological training and practice, and a corresponding model of control and discipline that recognizes types, degrees and durations of impairment rather than a unitary construct with the only possible response of ceasing to provide services. As a profession, we have the ethical imperative to effectively set a tone within the profession from the outset, and to care for ourselves in order to care for others.

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Table 1

Sections of regulatory documents that pertain to impairment or impaired competence (N = 10)

Province	Section on Impairment
British Columbia (2014)	<p>3.27 Impaired competence A registrant must refrain from accepting or continuing psychological work in any area if he or she knows or should know that there is a substantial likelihood that his or her personal problems (e.g., physical illness, mental disorder, substance abuse, life situation, or other problem) will prevent him or her from fulfilling obligations and commitments or from performing in a competent manner, or will otherwise harm a client, colleague, student, research participant, or other person with whom he or she has a professional relationship.</p> <p>3.28 Seeking assistance A registrant has an obligation to maintain his or her physical and mental health sufficient to carry out professional work, and when he or she becomes aware of personal problems that may interfere with performing work-related duties adequately, the registrant must:</p> <p>3.29 a) take appropriate measures, such as obtaining professional consultation or assistance; and b) determine whether he or she should limit, suspend, or terminate his or her work-related duties.</p> <p>Terminating due to impairment If a registrant's competence becomes impaired within the meaning of Standards 3.27 or 3.28 during the course of a professional relationship, such that the relationship should be terminated, the registrant must terminate the professional relationship appropriately, with due regard for the welfare of the client or other recipient of services, and where appropriate give formal notice of the termination in writing. (p. 18)</p>
Alberta (2019)	<p>4.4 A psychologist shall not undertake or continue to provide professional services when the psychologist knows, or ought to know, that their judgment is impaired due to mental, cognitive, emotional or physiological conditions, or because of substance or chemical use, abuse or dependence.</p> <p>4.5 If a condition referred to in section 4.4 develops after a professional relationship has been initiated, a psychologist shall obtain professional assistance and determine whether the psychologist should limit, suspend</p>

or terminate the professional relationship, or contact the College for professional guidance.

4.6 If it is necessary to limit, suspend or terminate the professional relationship, the psychologist shall do so in an appropriate manner by fulfilling their obligations to provide continuous care, including notifying the client and taking reasonable steps to assist the client in obtaining services from a suitable professional. (p. 12)

Saskatchewan
(2019)

6.5 Impaired competence

Members shall not provide any type of service or activity if they know or should know that their competence may be impaired or compromised. Members shall take appropriate measures, such as obtaining professional consultation or assistance or formal assessment, if they have concerns about their professional competence or if concerns have been brought to their attention. (pp. 13-14)

Manitoba (2013)

Similar to British Columbia.

3.27 Limitations Due to Personal Circumstances or Limitations

A registrant refrains from accepting or continuing psychological work in any area if he or she knows or should know that there is a substantial likelihood that his or her personal circumstances (e.g., physical illness, mental disorder, substance abuse, life situation, or other problems) will prevent him or her from fulfilling obligations and commitments or from performing in a competent manner, or will harm a client, colleague, student, research participant, or other person with whom he or she has a professional relationship.

3.28 Seeking Assistance

A registrant has an obligation to maintain his or her physical and mental health sufficient to carry out professional work, and when he or she becomes aware of personal problems that may interfere with performing work-related duties adequately, the registrant must

- (a) take appropriate measures, such as obtaining professional consultation or assistance, and
- (b) determine whether he or she should limit, suspend, or terminate his or her work related duties.

3.29 Terminating due to impairment

If a registrant's competence becomes impaired within the meaning of standards 3.27 or 3.28 during the course of a professional relationship, such that the relationship should be terminated, the registrant must terminate the professional relationship appropriately, with due regard for the welfare of the client or other recipient of services, and give written notice of the termination. (p. 14)

Ontario (2017) Adapted from the ASPPB Code of Conduct (2005):

Impaired psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the Board to be, impaired due to mental, emotional, physiologic, pharmacologic, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.

Québec (2020) Psychologists must refrain from practising their profession or performing professional acts if their state of health is an obstacle to doing so, or in any condition or state that may compromise the quality of the professional services. (p. 8)

New Brunswick (n.d.) Adapted from the ASPPB Code of Conduct (2005).

Impaired psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the College to be impaired due to mental, emotional, physiologic, pharmacologic, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.

Nova Scotia (2007) A registrant must not engage in the practice of psychology while her/his ability to perform professional services is impaired or could reasonably be expected to be, impaired due to addictions, mental, emotional, physiological, or pharmacological conditions. A registrant who becomes impaired after psychological services have been initiated shall discontinue providing services, making reasonable efforts to ensure clients are notified and assisted in obtaining replacement services. (p. 4)

An amendment made in 2010 to the above, Nova Scotia's *Standards for Providers of Psychological Services* adapted from the Canadian Psychological Association's Practice Guidelines for Providers of Psychology (2001 update). The amendment was intended to expand upon and complement the *Standards of Professional Conduct*, and added the following:

“PSYCHOLOGISTS DO NOT PROVIDE SERVICES WHEN THEIR ABILITY TO DO SO IS IMPAIRED BY ALCOHOL, DRUGS, PHYSICAL OR PSYCHOLOGICAL DISTURBANCE, OR OTHER DYSFUNCTION. Providers who deem themselves, or are deemed by others to be, unable to provide services ensure that their clients are not

adversely affected. Clients are informed of the inability to provide services and, where necessary and/or appropriate, are referred to other service providers.” (p. 18)(Caps. in original)

Prince Edward
Island (2019)

Adapted from the ASPPB Code of Conduct (2005).

Impaired psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the College to be impaired due to mental, emotional, physiologic, pharmacologic, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.

Newfoundland
and Labrador
(2018)

Adapted from the ASPPB Code of Conduct (2018):

IMPAIRED PSYCHOLOGIST. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the board to be, impaired due to mental, emotional, cognitive, psychological, pharmacological, substance abuse or induced conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.

Note. ASPPB = Association of State and Provincial Psychology Boards. Significant attempts were made to ensure that the content presented in the table represents the most up-to-date and accurate information. Due to the often ongoing nature of changes to regulatory documents, interested readers are encouraged to seek updated information from the regulatory bodies.