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Counselor Burnout: An Agency Response Manual

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Counselor Burnout: An Agency Response Manual

Plan B Project Proposal Presented to
the Graduate Faculty of
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By

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Abstract

Burnout in the clinical mental health counseling field impacts client outcomes in addition to counselor performance and quality of life. Community mental health agencies are particularly affected by burnout due to unique demands placed on both the agency and the individual counselors, and this can lead to problematic financial and ethical consequences. Internal and external factors contribute to burnout, and likewise both internal and external interventions can be effective in reducing and preventing burnout. This project includes a literature review of interventions for burnout in the counselor population, and a comprehensive manual for community mental health agency administrators to utilize.

Keywords: Counselor Burnout, Community Agency Burnout, Mental Health Burnout

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Introduction

The World Health Organization (2018) defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and 3) reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life” (Section 24, QD85 Burnout).

Self-care is mandated by the American Counseling Association (ACA) Code of Ethics, which advises that counselors must attend to their own wellness by practicing self-care (ACA, 2014). They must self-monitor in order to avoid professional burnout (ACA, 2014). Ellen Nicola, a Senior Psychologist at a community mental health center, described the biggest challenge of working in a community agency as trying to balance agency and client needs without burning out (Gladding & Newsome, 2018). Nicola noted contributing factors of a high amount of necessary documentation, agency productivity expectations, and that fact that 50% of clients no-show for their first appointment (Gladding & Newsome, 2018).

These problems all contribute to counselor burnout. There are, however, ways to prevent and treat burnout in counselors who work in community mental health agencies. Burnout appears to have internal, individual factors as well as external, social factors (Kaschka et al., 2011; Simionato et al., 2019). Likewise, the solution to treatment lies in individual as well as organizational intervention (Kaschka et al., 2011 and Simionato et al., 2019). An Agency Response Manual is included after a literature review in order to provide a brief but

comprehensive overview and response to issues related to burnout. This manual is intended for community mental health agencies and the unique problems they face as providers.

Stakeholder Statement

Burnout is associated with individual, social, and economic consequences which necessitate intervention (Kaschka et al., 2011). Simionato et al. (2019) asserted that the high rates of burnout in the sector of psychotherapy suggest systemic factors are an influence. An organization is ethically obligated to be aware and responsive to the impact burnout has on its practitioners and the recipients of care services (Simionato et al., 2019). Burnout as a work-related syndrome has led to an increased number of days off due to mental illness and an increase in prescription drug use, which influences individuals, agencies, and communities (Kaschka et al., 2011). It is associated with billions of dollars annually in cost to employers and taxpayers due to heightened presenteeism (or working while experiencing burnout) and absenteeism, as well as a high degree of health problems, subjective suffering, reduced performance at work (Kaschka et al., 2011 and Simionato et al., 2019). Reduced clinical effectiveness and even misconduct is also associated with burnout (Simionato et al., 2019). A therapist who is experiencing burnout is a vulnerability to sound and ethical service (Simionato et al., 2019). Therapists burnout leads to poorer clinical performance, including reduced ability to perceive client affect, increased risk of disjunctions, and diminishment of the therapeutic relationship (Simionato et al., 2019).

People who report burnout also experience health problems including cardiovascular, musculoskeletal, cutaneous, and allergic diseases, type II diabetes mellitus, hyperlipidemia, and somatic co-morbidity (Kaschka et al., 2011). As burnout increases, so does the severity of these health conditions (Kaschka et al., 2011). Some research indicates neuroendocrine, inflammatory, and hemostatic changes in people with burnout are not different than those changes in people

with posttraumatic stress disorder, chronic stress conditions, or depression (Kaschka et al., 2011). However, interventions can reduce or eliminate burnout, particularly interventions which focus on three factors: 1) Relief from stressors, 2) Recuperation, and 3) Returning to Reality, and abandoning external ideas of perfection (Kaschka et al., 2011). Kaschka et al. (2011) assert that burnout contains a social component, and therefore social interventions in the workplace are advisable.

Literature Review

Ethical Implications of Self-Care in the Counseling Field

A counselor's role is to help clients with their mental health goals, but if the counselor does not practice quality self-care then they are not able to effectively help their clients (Bradley et al., 2013). Balancing care for others and care for self is an important part of professional longevity for counselors (Skovholt et al., 2001). Additionally, the American Counseling Association (2014) Code of Ethics requires that counselors engage in self-care in order to ensure they meet their professional needs and prevent impairment.

General strategies that are supported by research include getting good sleep, eating a balanced diet, and seeking support from other professionals (Bradley et al., 2013). Beyond that, activities using creative expression can help a counselor address issues related to countertransference and difficult emotions that arise with client care (Bradley et al., 2013). Research also indicates that mindfulness and meditation practices can improve the psychological well-being of counselors and prevent burnout (Friedman, 2017).

Counselor Burnout Inventory: Analysis

Researchers evaluated results of published studies related to the Counselor Burnout Inventory (CBI), and conducted their own research with school counselors, in order to complete a psychometric synthesis from data related to the CBI (Bardhoshi et al., 2019). The CBI uses a five-factor approach to measure burnout across five different scales, including (a) incompetence, (b) exhaustion, (c) negative work environment, (d) devaluing client, and (e) deterioration in personal life (Bardhoshi et al., 2019).

Researchers used a large sample study ($N=1,005$) to examine the results of the CBI when used with school counselors who worked in K-12 schools, and also reviewed published

psychometric evidence from the CBI to synthesize aggregated answers to their research questions (Bardhoshi et al., 2019). They used the data from CBI responses to address the following questions: (a) What was the internal consistency of CBI scores? (b) Do the one-factor and five-factor models fit the data from the large sample? (c) What empirical findings have emerged from the data? (Bardhoshi et al., 2019). Their research was not limited to these questions, but this critique will focus on these specific inquiries.

Researchers found in response to question (a), there was a 95% confidence interval and ($\alpha = .90$) (Bardhoshi et al., 2019). In response to (b), both analyses indicated the five-factor solution was supported and was a fitting measure for burnout in counselors (Bardhoshi et al., 2019). In response to (c), researchers found evidence that a multidimensional approach using the five-factor model was an improvement in fit from the one-factor model (Bardhoshi et al., 2019). Researchers noted the importance of using an expansive definition of “burnout,” and that those who do may be more likely to identify resources and solutions to conditions which contribute to counselor burnout (Bardhoshi et al., 2019).

Researchers particularly emphasized the impact of organizational/environmental conditions, specifically that a negative work environment will promote counselor burnout (Bardhoshi et al., 2019). Researchers also identified that the results of the Devaluing Client subscale may indicate an internal defense mechanism for counselors, which may indicate that personal/internal components are most important (Bardhoshi et al., 2019).

One positive aspect of their research is that it aggregates further information on two factors which are unique in the CBI, in comparison to previous assessments for burnout in the human service field in general: professional counselors’ deterioration of personal lives, and a negative work environment (Bardhoshi et al., 2019). Counselors having an awareness that

burnout may be indicated if they are experiencing deterioration in their lives outside of work can be helpful in the prevention and treatment of burnout. Additionally, organizations understanding their role in counselor burnout are in a better position to make proactive and remedial organizational decisions which improve counselor performance and retention.

One challenging aspect of this research is that the cultural considerations of the assessment were not evaluated. Researchers used only articles that were published in English in order to avoid any error in interpretation (Bardhoshi et al., 2019). This helps to protect the integrity of this research and literature review, but it provides a somewhat narrow vantage point. Burnout may look different in other cultures, and the five-factors may not be appropriately fitting to evaluate counselor burnout. The researchers indicated a translation of the CBI measure could be used by people who do not speak English, and this may yield some useful insight (Bardhoshi et al., 2019).

This research is relevant because burnout impacts counselors, organizations, and clients (Bardhoshi et al., 2019). Counselors at agencies may face obstacles like expectations of meeting a high work demand, diminished resources, insufficient time, and inconsistent role expectations (Bardhoshi et al., 2019). Understanding that perceiving low supervisor support and an organizational culture that is characterized by unfair decision-making lead to counselor burnout can make an impact on professionals in organizational settings (Bardhoshi et al., 2019).

Personal Predictors of Counselor Burnout

While this literature review found there were many personal factors which contributed to burnout, it is evident there is not any specific “type” of therapist that is more prone to develop burnout; rather there are multiple pathways which cause burnout for most therapists at some point in their careers and to different degrees (Simionato et al., 2019). A 2014 study determined

that the factors associated with less burnout were lack of maladaptive coping, higher compassion satisfaction, higher mindfulness attitudes, and a more positive perception of work environment (Thompson et al., 2015). Thompson et al. (2014) completed a literature and an online self-survey of 213 counselors. Researchers measured (a) the perception of work environment using the Perceived Working Conditions Scale, (b) coping strategies using the COPE Inventory, (c) extent of mindfulness attitudes using the Mindful Attention Awareness Scale, Trait Version, (d) compassion fatigue using the ProQOL secondary traumatic stress subscale, and (e) burnout using the ProQOL burnout subscale. Researchers also assessed gender and length of time in the field (Thompson et al., 2015).

These researchers distinguished burnout from compassion fatigue by noting that compassion fatigue is uniquely caused by working with people who have experienced Trauma; burnout is a psychological syndrome that is a response to chronic interpersonal and emotional stress (Thompson et al., 2015). In this study, burnout is defined by three features: depersonalization, feelings of ineffectiveness or lack of personal accomplishment, and emotional exhaustion. Researchers hypothesized that two important contributors to counselor burnout are how the counselor appraises the work environment and their personal coping resources (Thompson et al., 2015).

Personal traits, like a disposition for mindfulness, have shown promising results in stress reduction (Thompson et al., 2015). Thompson et al. (2015) define mindfulness as a “moment-to-moment nonjudgmental awareness, characterized by an open and receptive approach to living in the present moment” (p. 61). Their research showed that a mindful disposition was a mediating factor in the difference between self-care practices and well-being outcomes in counselors (Thompson et al., 2015). Kaschka et al. (2011) found that several dispositional, internal traits or

personal behaviors were etiological factors for burnout. These traits were high or idealistic expectations of self, high ambition, perfectionism, a strong need for recognition, people-pleasing, feeling irreplaceable, refusal or inability to delegate, hard work and commitment to the point of overestimation of self and becoming burdened, and treating work as the only meaningful activity of the day or a substitute for social life (Kaschka et al., 2011).

Other personal behaviors like seeking emotional support, planning, seeking instrumental social support, using humor, and using active emotion-focused and problem-focused strategies, instead of maladaptive coping strategies like substance use, resulted in less burnout, fewer PTSD symptoms, fewer unpleasant psychological symptoms, and less vicarious trauma. Activities and behaviors outside of work also appeared to contribute to reduced burnout and compassion fatigue, for example health-oriented activities like exercising and eating a healthy diet; spiritually-oriented activities like being in nature and meditation; leisure-oriented activities like gardening, listening to music, and reading; and support-oriented activities like talking with loved ones, supervisors, and colleagues (Thompson et al., 2015).

Compassion satisfaction was found to be negatively correlated with burnout and compassion fatigue, and researchers Thompson et al. (2015) argued this is because compassion satisfaction impacts the stress appraisal process and serves as a buffer during counselors' stressful experience. Camaraderie, receiving supervisor and staff support, witnessing clients recover, and being part of a community recovery all contribute to feelings of compassion satisfaction (Thompson et al., 2015).

Contextual Predictors of Counselor Burnout

Work setting is a predictor of counselor burnout, according to Thompsom et al. (2015), which found that counselors in private practice reported less burnout than counselors in the

public sector and community outpatient counselors reported significantly more burnout than counselors in both private practice and inpatient facilities. Counselors in agencies reported significantly higher emotional exhaustion and significantly lower personal accomplishment (Thompson et al., 2015). Researchers suggested this could be because there is more autonomy and fewer systemic stressors in private practice settings (Thompson et al., 2015). The social atmosphere of the work environment may also predict counselor burnout: Researchers found counselors who felt they had the support of colleagues and supervisors to prevent burnout reported less burnout, and not having supervisor support increased burnout (Thompson et al., 2015).

The research of Kaschka et al. (2011) agreed with many of these assertions that workplace environment is a primary contributor to burnout. Some of external factors identified in their research were high demands, problems of leadership and collaboration, contradictory instructions, time pressure, workplace bullying, lack of freedom to make decisions, lack of influence in work organizations, few opportunities to participate, and low autonomy or right to contribute opinions (Kaschka et al., 2011). Simionato et al. (2019) distinguished job-related stressors and organizational risk factors. Job-related stressors are time pressure, excessive workload, level of autonomy, number of clients, role conflicts, and emotional demands (Simionato et al., 2019). Organizational stressors include limited resources, competing values, poor recognition or reward, perceptions of inequity, nonresponsive management models, and limited support (Simionato et al., 2019).

Thompson et al. (2014) used a transactional model of stress to better understand the theoretical basis of counselor burnout, specifically by noting that if a counselor feels that the stress of their work exceeds their coping abilities and resources, then burnout and compassion

fatigue is more likely to result (Thompson et al., 2015). Results of their study showed a strong inverse relationship between perception of a positive working condition and levels of both compassion fatigue and burnout (Thompson et al., 2015). Females were more likely than males to report compassion fatigue but there was not a significant difference in reported burnout based on gender (Thompson et al., 2015). Length of time in the field was inversely related to burnout, showing that counselors who had more experience reported less burnout and compassion fatigue (Thompson et al., 2015).

The Thompson et al. (2015) study differentiated compassion fatigue with counselor burnout, and in doing so found an emphasis on organizational environment's impact on counselor burnout. Perceiving the support of co-workers and supervisors made a difference in counselor well-being (Thompson et al., 2015). Additionally, length of time in the field was not associated with increased burnout, and, in their discussion, researchers questioned if this could be because people with more time in the field may have moved up to positions in an organization where conditions are more favorable to reduced burnout (like fewer hours of direct service and more time spend in supervisory and administrative activities) (Thompson et al., 2015). Limitations to this study were that a) coping mechanisms were decontextualized from specific situations into three categories (emotion-focused, problem-focused, and maladaptive) which was problematic, b) using only self-reported surveys, and c) using counselors who were self-selected volunteers, which may have excluded counselors who were too stressed or overburdened to complete the survey (Thompson et al., 2015).

Transcendent Characteristics as Predictors of Counselor Professional Quality of Life

In their research, Browning et al. (2019) found that daily spiritual experiences and gratitude were significant negative predictors of counselor burnout, and that older counselors

reported less burnout than younger counselors. Browning et al. (2019) defined compassion fatigue as burnout (difficulties dealing with work, working effectively, and feelings of hopelessness that are related to adverse childhood experiences, perception of working conditions, and global anxiety attachment, maladaptive coping mechanisms) and secondary traumatic stress. For this research, gratitude is defined as “a generalized tendency to recognize and respond with grateful emotion to the roles of other people’s benevolence in the positive experiences and outcomes that one obtains” (McCullough et al., 2002, as cited in Browning et al., 2019, p. 53). Benefits of gratitude are improved social relationships, increased social support, adaptive coping abilities, greater life satisfaction, and greater emotional well-being (Lin, 2015, as cited in Browning et al., 2018 p.53).

Hope, which is defined as a person’s “goal-directed thought processes and the identification of pathways to overcome obstacles,” results in more self-worth, better overall psychological adjustment, and better life satisfaction (Snyder et al., 2001 as cited in Browning et al., 2019, p. 54). Researchers found hope is negatively correlated with burnout in social workers and that with counselors it is associated with decreased work-related exhaustion (Browning et al., 2019). Researchers also found that hope plays an important role in counseling, both in the counselors’ ability to instill hope in clients and in counselors’ ability to be hopeful about helping clients to meet their goals (Browning et al., 2019).

Researchers describe a person’s spirituality as “the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, as cited in Browning et al., 2019). Studies have shown daily spiritual experiences are negatively related to compassion fatigue in nursing assistances, and that

spirituality is related to resilience, psychological well-being, and quality of life (Browning et al., 2019).

Researchers Browning et al. (2019) argued that these transcendent constructs of hope, daily spiritual experiences, and gratitude can be increased through targeted interventions, and understanding these dynamics can help prevent and protect against counselor burnout and increase compassion satisfaction. Their study included 98 counselors with Masters degrees who worked as counselors during the time of study and completed a survey (Browning et al., 2019). Researchers used the Professional Quality of Life Scale, the gratitude Questionnaire-Six-Item-Form, Trait Hope Scale, and the Daily Spiritual Experiences Scale in order to measure gratitude, hope, and daily spiritual experiences (Browning et al., 2019). Their results partially supported their hypothesis that transcendent qualities would be negatively associated with burnout and secondary stress and positively correlated with compassion satisfaction; the only significant predictor for compassion satisfaction was hope, while increased gratitude and more daily spiritual experiences were negative predictors of burnout (Browning et al., 2019). Browning et al. (2019) found that increased burnout was also associated with lower age.

Researchers did not hypothesize why lower age was associated with increased burnout but indicated further study in this area is necessary (Browning et al., 2019). Researchers remarked that hope may be conceptually unique among the transcendent characteristics because it is future-focused, while gratitude and daily spiritual experiences are present and past-focused (Browning et al., 2019). Researchers also identified that the sample was relatively small and focusing on peer and counselor assessments would be useful for gaining better understanding (Browning et al., 2019). Researchers also noted that the ratio of women to men was

representative of the counseling profession, but the sample of men in the study was small and so gender differences could not be adequately assessed (Browning et al., 2019).

Their findings show that these transcendent practices and characteristics indicate better professional quality of life, but do not expressly illustrate causality (Browning et al., 2019). Specific interventions to improve hope (for example breaking goals down into smaller, achievable tasks and paying attention to one's accomplishments) may have a positive impact on professional quality of life in counselors (Browning et al., 2019). Other interventions that have been helpful are a 90-minute targeted psychoeducation, which has been proven effective with college students, and hope-oriented education and group intervention early in counseling careers (Browning et al., 2019).

Gratitude can be increased through interventions like journaling, writing letters, and making lists (Browning et al., 2019). One activity is to identify three good things each day that went well and why they went well (Browning et al., 2019). Along with implementing these interventions in their own lives, counselors may receive some benefit from focusing on feelings of gratitude for the actual counseling work that they engage in (Browning et al., 2019). Findings suggested that spirituality and connecting with something transcendent may protect against counselor burnout (Browning et al., 2019). Daily spiritual experience can be fostered by using open-ended questions to examine and clarify the counselor's views related to spirituality, for example, writing about times when the counselor was touched by the beauty of nature or creation and going into vivid detail to describe these experiences (Browning et al., 2019).

Interventions

The 5-P Model

Simionato et al. (2019) argued that therapists must “practice what they preach,” by acknowledging the importance of interpersonal connectedness as it relates to counselor well-being. The therapeutic alliance benefits from a therapist’s emotional openness and personal receptivity, but these qualities can also be risk factors for therapists who encounter high rates of emotional distress and insufficient resources (Simionato et al., 2019). Simionato et al. (2019) argued a strength-based approach can be successful in preempting professional demands and preventing the problems associated with burnout.

Simionato’s et al. (2019) 5-P network model proposes the following items:

- Promotion of *person-centered workplaces* that support well-being and ethical practice
- Prioritization of *peer and collegial networks*
- Prioritization of *professional advocacy* in relation to well-being in the workplace
- Prevention through responsive *preventative training*
- Personalization of approaches to burnout prevention and *psychotherapist self-care*

(p. 474).

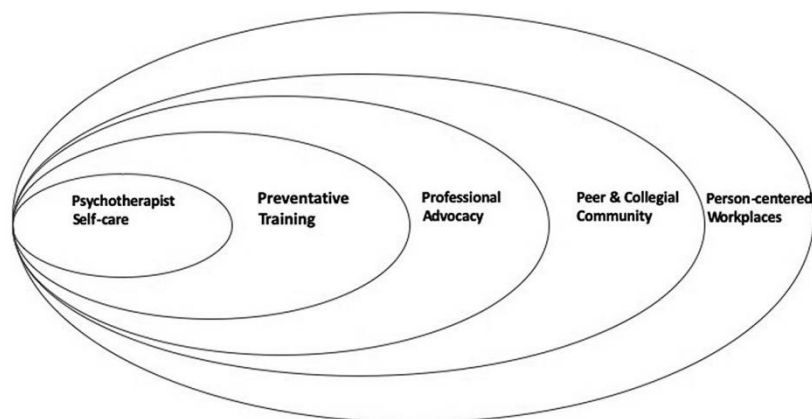


Figure 1: the 5 P Communitarian Model for Preventing Burnout (Simionato et al., 2019)

Person-centered workplaces must focus on ethical priorities in addition to economic priorities (Simionato et al., 2019). This includes strong ethical leadership, which necessitates that an organization identify professional development opportunities, frequency and nature of supervision, and optimal number of client sessions (Simionato et al., 2019). Another aspect of a person-centered workplace is well-being (Simionato et al., 2019). Managers should be trained to recognize the causal and systemic factors which impact employee stress, to refresh and implement policies associated with well-being and ethical practice (Simionato et al., 2019). Managers may be motivated by a better understanding of the economic benefits related to a practice that focuses on well-being and ethical actions (Simionato et al., 2019).

Prioritization of peer and collegial networks is meant to create a farther-reaching and more dynamic system of support for counselors (Simionato et al., 2019). The rationale for this approach is that no matter how competent and secure an individual counselor is, they have the same vulnerabilities to human suffering that their clients have (Simionato et al., 2019). This ultimately impacts their professional competency and capacity, but a counselor who is

surrounded in a community of similarly value-oriented professionals will be safeguarded, at least in part, from the risks of working with the human suffering of others (Simionato et al., 2019).

Prioritization of professional advocacy in relation to well-being in the workplace would build upon the present, but at times minimal, ethical codes of some professional organizations that counselors maintain their well-being to prevent harm to clients (Simionato et al., 2019). Professional bodies have a responsibility to review and utilize research and evidenced-based information to advocate for realistic workplace demands (Simionato et al., 2019).

Prevention of burnout through responsive training limits burnout by targeting interventions (Simionato et al., 2019). Research in psychology graduate students found that the presence of unrelenting standards was an accurate predictor of burnout (Simionato et al., 2019). Many graduate and undergraduate students enter their training with ideas about highly competitive environments and workaholism being rewarded, and so self-care should be taught as early in training as possible (Simionato et al., 2019). Supervisors should likewise have training to identify and respond with intervention to those they are supervising (Simionato et al., 2019). Personalization of burnout prevention through professional development and self-care involves counselors being aware of their own personal risks for burnout (Simionato et al., 2019). Professional development in the form of trainings on topics relevant to particularly challenging clients and also access to psychotherapy for counselors is another preventative measure to reduce burnout (Simionato et al., 2019).

Mindfulness and Meditation for Psychological Well-Being

Friedman (2017) indicates that fatigue is caused by counselors avoiding the intense feelings that come up when working with trauma. The remedy to that fatigue is for counselors to acknowledge those emotions feelings and fully allow themselves to experience them (Friedman,

2017). Instead of only using scheduled times during weekends or evenings for self-care, counselors can reduce burnout by integrating restorative practices throughout their day (Friedman, 2017).

Mindfulness and meditation are two practices which can provide restorative benefits both to counselors and clients, and they can be used throughout the day (Friedman, 2017).

Mindfulness is more of a way-of-being than a skill, and in order to effectively teach this to clients who may benefit, the counselor must understand it (Friedman, 2017). Friedman (2017) found that there is a strong correlation between mindfulness and psychological well-being.

Meditation is the means by which someone can learn to be mindful, and so counselors who have a habit of meditation are more likely to be psychologically well (Friedman, 2017)

Creative Self-Care Activities

Counselors will benefit from taking time to celebrate their efforts and viewing every client change as a victory (Bradley et al., 2013). A specific activity for self-care involves first recognizing these efforts or successes (Bradley et al., 2013). The next step is to write the counselor effort or client success (however small) on a small piece of paper. The counselor can stylize these papers and keep them in a container to look at periodically or when they feel defeated (Bradley et al., 2013). The last part of this activity is validation: Counselors can share their successes with other professionals in a mutually supportive relationship (Bradley et al., 2013).

Another creative activity helps counselors recognize their needs by imagining themselves as a plant, drawing that plant in a way that depicts their current experience, and then assessing the plant (Bradley et al., 2013). Then the counselor can write instructions for care, for example not to leave too long in the spotlight (Bradley et al., 2013). A solution-focused brief therapy

technique of asking what is helping this plant to be well already and what environmental changes can help the plant can help the counselor gain insight to the things that are influencing their wellness (Bradley et al., 2013).

Creating a scrapbook or journal can also be another creative form of self-care (Bradley et al., 2013). For this activity, a counselor chooses a journal that they feel like represents them, and different mediums to express themselves emotionally within it (Bradley et al., 2013). These could include photos, music lyrics, quotations, poems, personal writings, and even positive feedback from peers and supervisors (Bradley et al., 2013). Skovholt et al. (2001) also recommend savoring positive feedback from professional colleagues and supervisors. Using different mediums in this project gives the counselor creative control and encourages engagement (Bradley et al., 2013).

Yoga

Researchers Thompson et al. conducted a literature review of yoga and wellness in female counselors, and incorporated a pilot study which examined the impact of a four-week program specifically designed for women to enhance self-awareness, connection, and creativity and to create supportive environment through yoga practice (2018). This program, called Luna Yoga, included many qualities from traditional yoga, like mindfulness and a focus on holistic wellness, but deviated in its focus on women, the idea feminine energies within yoga, and social connectedness (Thompson et al., 2018). The researchers in this study identified yoga and mindfulness as having an organic overlap, and defined mindfulness as a state of present-centered, non-judgmental, moment-to-moment awareness (Thompson et al., 2018).

Through their literature review, researchers identified numerous positive impacts of yoga on female counselors and counselors-in-training, for example Valente and Marotta's 2005

qualitative study (as cited in Thompson et al., 2018) of six psychotherapists found that participants reported that practicing yoga helped them create a healing environment for their clients and promoted the psychotherapists' professional and personal well-being. Psychotherapist in this study reported four major themes: balance, acceptance of self and others, internal/self-awareness, and yoga as a way of life (Valente & Marotta, 2005 as cited in Thompson et al., 2018). Campbell and Christopher (2012, as cited in Thompson et al., 2018) found counselors-in-training reported enhanced therapeutic presence, and themes of increased awareness and increased acceptance; both themes related to self and others. Schure et al. (2008, as cited in Thompson et al., 2018) found that counseling graduate students who participated in a 15-week elective course for mindfulness-based stress reduction and self-care reported increased energy, enhanced body awareness, and improvement in ability to concentrate. The results of the 15-week course can logically contribute to a better therapeutic performance from the counseling graduate students due to an improved capacity to listen and be more present with clients (Thompson et al., 2018).

Researchers also identified ways in which yoga specifically impacts mental health and wellness needs unique to women, for example Nolen-Hoeksema and Hilt (2009, as cited in Thompson et al., 2018) reported women are more likely to experience major depressive disorder than men are. Kisner et al. (2013 as cited in Thompson et al., 2018) conducted a qualitative study with 12 women who had been diagnosed with moderate to severe depression; women in the study reported experiencing their yoga practice as self-care and as a relational intervention that revealed themes of empowerment, enhanced self-acceptance and mindfulness, feeling connected with others, and experiencing a safe space with others. Additionally, women face scrutiny from society on their physical appearance and are likely to self-objectify, viewing themselves from an

outside vantage point (Head & Hammer, 2013). Head and Hammer (2013) propose using yoga therapy that is informed by relational cultural theory (RCT) to improve connectedness with other women and their own bodies and to decrease of self-objectification in women.

Thompson et al. (2018) demonstrated the potential benefits of yoga for female counselors, based on their literature review. Arguing that the existing literature supports the claim that yoga addresses coping and physical aspects of the self, Thompson et al. (2018) tested the idea that yoga practice has even more dimensions of benefit through the implementation of a yoga program to specifically address wellness in women as it pertains to creative, social and essential selves. The four-week Luna Yoga program, based on The Indivisible Self Model of Wellness model, included only women and focused on traditionally feminine energies within yoga philosophy. for example, moon salutation poses (Thompson et al., 2018). The 90-minute sessions included 10 minutes for participants to verbally check-in and share their feelings, an instructor-guided body scan, 20 minutes of moon salutation poses led by an instructor, a time for participants to participate in leading the group on whatever poses the participants selected, a journaling or drawing activity to reflect on their experience, and a verbal check-out at the end (Thompson et al., 2018).

Thompson et al.'s (2018) research question was whether or not the Luna Yoga program positively impacted reported levels of overall wellness from participants, or wellness in any of the five domains from Indivisible Self Model of Wellness model: (a) coping self, (b) creative self, (c) social self, (d) essential self, and (e) physical self. Researchers hypothesized that the program would result in increased overall wellness and an increase in scores in each of the five domains and they used the Five Factor Wellness Inventory (5F-Wel) post-test to evaluate the impact of the program (Thompson et al., 2018). Researchers evaluated pre-test wellness scores

which indicated the experimental group had a higher baseline of social self wellness at the beginning of the study, and controlled for the differences using analysis of covariance (Thompson et al., 2018). Results from posttest wellness scores showed the control group had a slight increase in wellness, indicated the program minimally enhanced overall wellness; results from the social self subscale of the 5F-Wel indicated statistically significant changes between the experimental group and the control group (Thompson et al., 2018). While participants informally reported benefits from the program, it did not appear that posttest scores in the experimental group differed for creative, coping, essential, and physical self domains.

A drawback of this study is that it did not include qualitative questions to gather further data about the participants experience; specifically, it missed an opportunity to learn from participants which specific parts of the program were most beneficial (Thompson et al., 2018). Researcher also identified that counselors-in-training, particularly ones who already practice yoga, have been found to have higher baseline levels of self-care and this study did not make clear what kind of impact the Luna Yoga program would have on individuals who did not have such high levels of self-care to begin with (Thompson et al., 2018).

Wellness-Focused Supervision

Researchers Meaney-Walen et al. (2016) found that implementing on-going wellness-focused interventions for Counselors in Training (CITs) were related to an improved level of wellness for participants. Kaschka et al. (2011) agreed with the assertion that supervision is a meaningful and effective response to burnout. While the Council for Accreditation of Counseling and Related Education Programs (CACREP) states the importance for professional counselors to be mindful of their own wellness and for CAPCREP programs to teach strategies for maintaining and improving personal well-being, researchers in this study found that most CITS reported a

decrease in their personal wellness and increase in personal stress during their clinical training (Meany-Walen et al., 2016). Their research showed that neither a 1.5-hour wellness workshop during the beginning practicum supervision meetings nor regular education on burnout signals, compassion fatigues risks, and self-care strategies resulted in students maintaining their personal well-being, indicating that ongoing discussion was important for the CIT's ability to apply the concepts (Meany-Walen et al., 2016). Researchers for this study used a Wellness Model of Supervision which assumed the following: (a) frequent wellness assessments are beneficial to the supervisee's development, (b) a habit of setting and evaluating progress of self-care goals improves CITs' ability to set client goals, (c) focus should be on specific areas of wellness that has personal and professional benefits, and (d) supervisors should model wellness as a parallel process for their clients and CITs (Lenz & Smith, 2010, as cited in Meany-Walen et al., 2016).

The intervention included practicum students who participated in bi-weekly, 3-hour group supervision sessions for 12 weeks over a 16-week semester (Meany-Walen et al., 2016). Facilitators provided information on the importance of self-care for CITs and professional counselors during the first session and encouraged students to write measurable goals for themselves, and the facilitator checked in with members on their progress towards these goals at the start of subsequent sessions (Meany-Walen et al., 2016). This wellness processing time was typically 1 hour of the 3 hour sessions, with the rest of the time dedicated to expected topics of supervision (client conceptualization, group process, counseling struggles and success, and requirements of the program) (Meany-Walen et al., 2016).

Facilitators used multiple methods to assess participants' wellness and provide insight into opportunities to improve their practice; for example, participants were instructed to color

code a weekly calendar, where the colors would correspond with their daily obligations (e.g., blue = school, red = work) (Meany-Walen et al., 2016). Participants gained insight relevant to overlapping obligations, gaps of time, lack of particular colors/obligations, use of time, and their choices of colors for different obligations (Meany-Walen et al., 2016). Three out of the four participants reported moderate or large treatment effect, and one participant reported very effective treatment during the intervention and ineffective treatment results at the follow-up phase (Meany-Walen et al., 2016). Researchers argued that when CITs are continually immersed in wellness-focused interventions and discussion, they are more likely to experience improved or maintained wellness (Meany-Walen et al., 2016).

The literature review revealed ethical implications of burnout, contributors and factors related to burnout, and effective interventions. Importantly, burnout prevents counselors from most effectively helping their clients (Bradley et al., 2013). The American Counselor Association (2014) mandates self-care in their Code of Ethics. Bardhoshi et al. (2019) showed that counselor burnout is experienced as a variety of internal states and external behaviors and perceptions, including exhaustion, negative work environment, devaluing the client, incompetence, and deterioration in one's personal life.

Internal and external predictors of burnout revealed there is no specific type of therapist who is more likely to experience burnout; rather, all counselors experience it to some extent during their careers (Simionato et al., 2019). Individual factors like feeling competent, having high compassion satisfaction, taking care of oneself emotionally and physically, and practicing mindfulness are associated with less burnout (Bradley et al., 2013; Friedman, 2017; Simionato et al., 2019; Thompson et al., 2015;). High expectations, refusing to delegate, overestimating

oneself, and treating work as the only meaningful activity of the day are associated with increased burnout (Kaschka et al., 2011). Externally, counselors with less burnout feel supported by their colleagues and supervisor, have wellness-focused supervision, and have a positive perception of their work environment (Kaschka et al., 2011; Thompson et al., 2015). Counselors who have an excessive workload, conflicting roles, receive poor recognition or reward, or have limited support experience more burnout (Simionato et al., 2019).

Interventions were identified to have a positive impact in reducing burnout in counselor populations. Simionato et al.'s (2019) 5-P model includes promoting person-centered workplaces, prioritizing peer and collegial networks, prioritizing professional advocacy in relation to well-being, prevention through responsive preventative training, and personalization of approaches to burnout prevention and psychotherapy. Wellness-focused supervision can be implemented quickly by agencies and without cost to incorporate regular conversations about wellness into already scheduled supervision (Meany-Walen et al., 2016). Transcendent factors like gratitude, spirituality, and hope are associated with less burnout and interventions can be utilized through activities and reflections (Browning et al., 2019). Mindfulness is related to decreased burnout, particularly when practiced throughout the day (Friedman, 2017). Creative self-care activities can promote insight and solution-focused approaches to individual concerns and experiences of counselors (Bradley et al., 2013). Yoga was determined to be associated with wellness and may be a costly and time-consuming intervention to implement (Thompson et al., 2018).

Manual Introduction

The preceding literature review guided the creation of the following manual. The intended audience for this manual includes community mental health agency administrators, and the goal is for these administrators become more educated on burnout and how to respond and prevent it. To improve buy-in, the manual starts with a statement about the cost of burnout in community agencies and the ethical implications of such impairment. The manual includes a short analysis of a standard assessment of counselor burnout. The rationale to include a statement about assessment for burnout is to provide an opportunity for the agency and its counselors to assess themselves for burnout, and to become familiar with the criteria.

The manual includes predictors of burnout, making a distinction between personal and organizational factors. This is included to show the diverse routes which lead to burnout and emphasize that burnout is caused by both personal factors of the individual and external factors that are associated with the broader agency practices. The rationale of including this is to provide evidence to compel both agencies and individual counselors to assess which of these predictors are present and consider changes. Interventions may be necessary at a system level, and this can be time-consuming, costly, and challenging for organizations. Including research-based evidence can help an agency justify such a costly investment.

Next, the manual summarizes interventions: specifically, the 5P model, wellness supervision, a focus on transcendent factors like gratitude, hope, and spirituality; mindfulness and meditation, and self-care. The 5P model was chosen for its holistic approach that takes into account agency operations relevant to community relationships, licensing bodies, and organizations like the APA and ACA. Wellness supervision was chosen because many

community agencies already provide supervision, and this intervention can be relatively simply incorporated into an already-established practice. Encouragement and information on transcendent factors, mindfulness, and self-care can be integrated into the agency for very little cost, for example in a newsletter, during team meetings, or during seminars for staff. Yoga interventions were not included in the manual due to the difficulty in arranging and maintaining an intervention. The manual ends with a call to action, compelling its readers to consider the dramatic impact burnout has on clients and counselors alike, the ethical costs of not acting, and considering which interventions are more in line with their organization.

KAITLIN DOYLE | CLINICAL MENTAL HEALTH

Counselor Burnout: An Agency Manual

The Cost of Counselor Burnout

What is Burnout and why do we need to worry about it?

Imagine your agency is part of an industry that is losing billions of dollars annually in the United States and is regularly at risk of malpractice by almost all of its providers at some point in their careers. Picture a therapist struggling at work, struggling in their personal life, and, finally, struggling to ethically treat clients. This isn't a fictional dystopian—this is happening right now in the field of counseling.

Burnout is a work-related syndrome that the World Health Organization defines as chronic work-related stress that is not successfully managed. Burnout has three parts:

1. **Exhaustion** or feelings of energy depletion
2. **Negativism or cynicism** related to one's job, increased mental distance from one's job
3. **Reduced professional efficacy** and reduced positive outcomes

Ethical Implications

The ACA mandates counselors attend to their own wellness by practicing self-care:



ACA Code of Ethics:

“Counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.” (ACA, Section C)

Cost of Burnout

Professional Performance:

1. Misconduct
2. Diminishment of the therapeutic alliance
3. Reduced ability to perceive client affect

4. Increased risk of disjunctions
5. Heightened presenteeism (working when impaired by burnout)
6. Increased absenteeism

Personal quality of life:

1. Increased suffering
2. Increased in number and severity of health problems including: cardiovascular, musculoskeletal, cutaneous, and allergic diseases, type II diabetes mellitus, hyperlipidemia, and somatic co-morbidity
3. Changes in neuroendocrine and inflammatory results which are the same as in people with PTSD, chronic stress conditions, or depression

Counselor Burnout Inventory: Analysis

The CBI measures burnout by assessing 5 scales, including: (a) incompetence, (b) exhaustion, (c) negative work environment, (d) devaluing client, and (e) deterioration in personal life. Groups who use a broad definition of burnout are more likely to identify resources and solutions, according to research!

Assessments

Assessments like the CBI or ProQOL can help identify burnout. The ProQOL can be accessed for free online at: https://proqol.org/ProQol_Test.html

Predictors of Counselor Burnout

There is not a specific “type” of therapist who is more likely to develop burnout. Instead, there are many pathways which cause burnout, and most therapists, at some point in their careers, experience burnout at different degrees.

Personal Predictors

Counselors with LESS burnout:

1. Use less maladaptive coping (like substance use)

2. Have higher compassion satisfaction
3. Have a positive perception of their work environment
4. Feel Competent
5. Make meaning out of their experiences
6. Practice Mindfulness
7. Take care of themselves emotionally and physically
8. Engage in leisure activities

Counselors who do the following show MORE burnout:

1. Have an idealistic expectations of themselves
2. Work hard to the point of over-estimating themselves
3. Refuse or are unable to delegate
4. Treat work as the only meaningful activity of the day (or as a substitute for a social life)

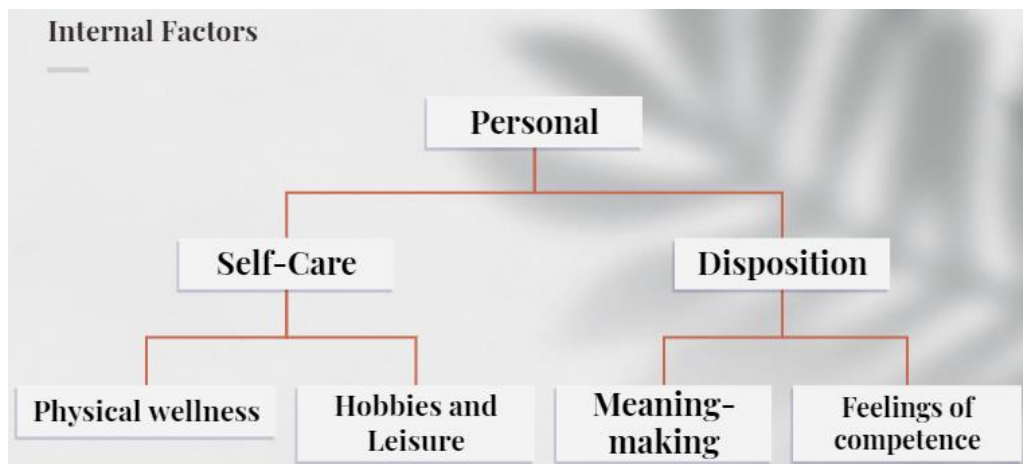


FIGURE 1 shows how personal factors related to burnout can be conceptualized as 1) behaviors of self-care and 2) dispositional traits and cognitive actions.

Compassion Satisfaction is an antidote to burnout. Researchers believe this is because compassion satisfaction impacts the stress appraisal process and serves as a buffer during counselors' stressful experience. Camaraderie, receiving supervisor and staff support,

witnessing clients recover, and being part of a community recovery all contribute to feelings of compassion satisfaction

Contextual Predictors

Working at a community agency has been associated with high burnout and high emotional exhaustion. The social atmosphere of the office plays an important role in limiting burnout.

Counselors with LESS burnout:

1. Feel supported by their colleagues and supervisor
2. Have wellness-focused supervision
3. Have a positive perception of their work environment

Counselors who report the following show MORE burnout:

1. Excessive workload
2. Conflicting roles
3. Contradictory instructions
4. Poor recognition or reward
5. Nonresponsive management models
6. Limited Support



FIGURE 2 shows how external factors related to burnout can be conceptualized as 1) workplace culture and 2) supervision approaches.

Interventions

There are many evidenced-based approaches to help reduce burnout in counselors. The interventions can be individual or self-care based, or agency-based.



5-P Model:

This model was developed by researchers as a comprehensive, action-based response to burnout.

5-P Model

Promotion of person-centered workplaces that support well-being and ethical practice. Ethics are as much of a priority as economics, which means a focus on well-being, professional development, and acknowledging that investing in wellness and ethical practice has economic benefits.

Prioritization of peer and collegial networks. Counselors who are in a supportive community of other practitioners with similar values (*in non-professional settings*, in addition to the office) are better protected against the exposure and impact of their clients' suffering.

Prioritization of professional advocacy in relation to well-being in the workplace. Professional bodies like the ACA and APA have an ethical obligation to promote a healthy work-life balance, and organizations have an ethical obligation to follow those recommendations.

Prevention through responsive preventative training. Graduate and undergraduates in mental health related field must have training about self-care as early as possible in order to limit workaholism in competitive environments.

Personalization of approaches to burnout prevention and psychotherapist self-care. Counselors need to know their own personal risks for burnout, and participating in their own therapy can help reduce burnout and improve well-being.

Wellness Supervision

Ongoing wellness supervision includes frequent wellness assessments and modeling wellness. Supervisors can support their supervisees by encouraging them to set goals that have personal and professional benefits, and then regularly evaluating those goals.

Additionally, supervisors should model wellness as a parallel process (for both clients and supervisees!).

Activities, done in the supervision session, can help supervisees gain insight into their behaviors, values, and time management habits.

Try this activity:

Supervisee color codes a weekly calendar; the colors correspond with daily obligations. Supervisee can gain insight relevant to overlapping obligations, gaps of time, lack of particular colors/obligations, and their choices of different colors for different obligations.

Transcendent Interventions

Gratitude, spirituality, and hope can be protective factors against burnout and improve psychological well-being. **Gratitude** improves social relationships, increases social support, and is associated with great life-satisfaction. **Hope** is associated with less work-related exhaustion, and has an important role in counseling both in a counselor's ability to instill hope in clients and the counselor's ability to be hopeful about helping clients meet their goals. Practicing daily **spirituality** is related to resilience, psychological well-being, and quality of life.

Try these activities:

To increase gratitude: Journal. Write Letters. Identify 3 good things each day and why they went well. To practice spirituality: Use open-ended questions to clarify views on spirituality, for example, write about a time you were touched by the beauty of nature or creation. Write in vivid detail!

Mindfulness and Meditation

Mindfulness can help counselors deal with the fatigue that may come up when working with trauma. Some research indicates the fatigue may come from avoiding intense emotions, and when a counselor allows themselves to fully feel those emotions, they can find relief from the fatigue. Mindfulness is a way to acknowledge strong emotions as they come up throughout the day. Meditation can be done during private times to aid in an overall mindful day-to-day practice.

Try these activities:

Practice mindfulness throughout the day, instead of during “free” time set aside during evenings or weekends. Practicing can be an appropriate intervention to use during session with clients, and it benefits both the client and the counselor.

Creative Self-Care

Art Therapy activities can be relaxing and help clarify emotions, values, boundaries, and stories.

Try these activities:

Take time to celebrate counselor efforts and client change! When a client makes a change, that is a success. Write down something to remind yourself of this change, and your effort to bring about that change. Keep it in a jar or journal (feel free to decorate or stylize it!), and reflect on these during times that you need a pick me up. You can also write down times you’ve gotten positive feedback from supervisors or colleagues!

Another art therapy intervention is to imagine yourself as a flower, and then draw yourself as a flower. Write care instructions, for example, “don’t leave too long in the spotlight,” or “needs lots of water.” Use a solution focused technique of asking what is helping this plant be well already, and what environmental changes would help the plant? This helps you to gain insight into what is influencing your wellness.

Call To Action

Now that you know more about burnout, how it happens, and what can prevent it: How can you and your organization make a difference in the well-being of the counselors who serve your clients? Take some time to review these interventions (or your own!) and identify which ones can be implemented relatively easily, and which ones would require more preparation. You have the ability to make your organization a strong force for positive change, both for the counselors who serve there and for the community!

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