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Counselor Burnout and Self-Care Within an Outpatient Mental Health Agency

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Counselor Burnout and Self-Care within an Outpatient Mental Health Agency

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Abstract

The purpose of this study was to investigate the experience of burnout and counselor self care in the lives of practicing counselors within an outpatient mental health agency in the northeast. Qualitative methods involving semi-structured interviews were utilized and involved seven participants. The findings of the study identified the following themes as imperative information to be considered: structure of the work day, reactions (including: thoughts, feelings, affect and physical), prevention, and barriers. Included is a discussion depicting the connections surrounding the affect of the identified themes and how this impacts the counselor in regards to burnout and self-care.

Counselor Burnout and Self-Care within an Outpatient Mental Health Agency

Burnout can have a profound effect on a counselor's interaction with clients and can negatively impact the client's treatment. In order to prevent this from occurring, it is this author's intent to study how burnout is experienced by counselors and also the ways in which counselors prevent burnout through the use of self-care.

Mental health professionals can be susceptible to one's own impairment within their profession and their organization. Counselors who are burned out may not be fully aware of their decreased competency and lessened effectiveness with their clients. A burned out counselor can be defined as "a counselor having significant difficulty performing the necessary functions of his or her job at an objectively competent level" (Lee et al., 2007, p. 143). Numerous issues continue to increase the likelihood of burnout, such as budget cuts, lessened availability of resources, large case loads and increasing amounts of paperwork (Spicuzza & De Voe, 1982; Thompson, 1998). These issues can have a negative effect on a counselor's clinical work and their therapeutic effectiveness (Richards, Campenni & Muse-Burke, 2010). In accordance with the core ethical principles of counseling, counselors have a responsibility to do no harm, benefit others, and to pursue excellence within the profession (American Counseling Association [ACA], 2005).

In order to ascertain a deeper understanding of counselor burnout and the relationship between agency expectations and how this may affect the client, the counselor, and the agency, it is important to engage counselors in a deepened discussion regarding this experience. In this experience of counselors has been explored through semi-structured interviews that provided information reflecting how the structure of the mental health agency affects counselor burnout. The data depicts the personal reactions of counselors involving their thoughts, feelings, affect,

and physical changes as these pertain to beginning employment at a local mental health agency.

Further information regarding self-care practices and prevention of burnout was discussed in

depth to fully understand ways in which agencies can support and encourage the counselors

employed by the agency. In addition, the interview included questions pertaining to barriers the

counselor identified to practicing self-care sufficiently and preventing burnout at the outpatient

mental health agency.

Review of Literature

This literature review will provide background information as it pertains to the

connection of burnout and self-care within a counseling relationship, how burnout may be

experienced by a counselor, and the external factors involved. The process of how burnout

occurs based upon theory and a review of the literature will be included. The importance of self-

care, and well being will be provided, in addition to four imperative aspects of self-care,

including: physical, emotional, support and spiritual. The conclusion will provide a summation

of the significance of increasing knowledge and education in regards to burnout, self-care, and

well being.

Burnout

Burnout can be experienced uniquely by individuals and can vary in intensity and

duration. One individual may experience symptoms of burnout that are debilitating, while

another is unable to fulfill the requirements of the job. Some counselors experience burnout after

years of exposure to client problems, while others are impacted relatively early in their careers.

Regardless of when counselors experience burnout in their careers, there are a few

commonalities that include increased medical visits due to anxiety, nervousness, exhaustion,

insomnia, headache, and backaches (Spicuzza & De Voe, 1982). Considering that burnout can be experienced uniquely by individuals, a precise description can be challenging. According to Tanrikula (2012), burnout is defined as a sense of failure, a loss of energy in the working environment, and an insensitivity to the profession and to the people served. Burnout has been classified as a progressive loss of idealism, energy, and a sense of purpose (Edelwich and Brodsky, 1980). Other researchers depict burnout as a process that affects the wellbeing of a person in a variety of arenas, such as, physical, emotional, mental (Pines & Aronson, 1988), behavioral, professional and interpersonal (Salston, 2003; Skovholt, 2001). Most notably, early works of Maslach (1976) identify burnout as an individual's experience as it relates to stress. This stress is originated from interpersonal relationships that are emotionally demanding and asymmetrical or one-sided. The intent of the relationship is to benefit the client and due to this dynamic the counselor experiences a role that is depleting by definition.

Early works depict burnout as a syndrome of somatic and psychological exhaustion and that can be classified in multiple ways (Pines & Maslach, 1978). Burnout begins as a subjective feeling of dysphoria that impacts the physical and emotional aspects of one's wellbeing. Burnout continues to manifest and leads to a reduction of baseline activity levels, motivation and, an individual's ability to adequately perform (Maslach & Jackson, 1982). Later works by Maslach and Jackson (1986) and Maslach, Jackson and Leiter (1996) consider burnout to be a syndrome which includes three phases: exhaustion (physical and emotional), depersonalization (callousness and cynicism), and decreased efficacy (reduced personal accomplishment).

The burnout component, exhaustion, represents the initial and basic individual stress dimension of burnout. This dimension can be exemplified as feelings of being overextended and depleted of one's resources, both physically and emotionally (Maslach, 2001). Burnout is the

response to the chronic and emotional strain of interacting with individuals that are troubled and looking to the counselor for guidance. The counselor becomes overwhelmed by the emotional demands imposed by one's clients. The counselor's response to this is identified as exhaustion. The counselor feels drained, depleted, and used up. This emotional exhaustion leads to a belief that the counselor is no longer able to give of themselves (Maslach, 2003). The exhaustion experienced by the counselor translates into compassion fatigue, also known as secondary victimization (Figley, 1982), secondary traumatic stress (Figley, 1990; Stamm, 1995), and vicarious traumatization (Pearlman & Saakvitne, 1995). Vicarious traumatization is one risk of counseling and refers to the collective effect of working with individuals who have experienced trauma. Anyone who engages on an intimate level with victims of trauma may be vulnerable (Pearlman & Saakvitne, 1995a). The impact of vicarious traumatization on the counselor can affect the counselor physically, emotionally, socially (Figley, 2002; Pearlman & Saakvitne, 1995b), and spiritually (Boero, Caviglia, Monteverdi, Braida, Fabello & Zorzella, 2005). This impact can have an adverse effect on the quality of care a counselor is able to provide to clients.

Depersonalization, also known as callousness or cynicism, represents the interpersonal dimension of burnout. This includes the negative, callous or detached response an individual has to various aspects of the stressor involved (Maslach, 2001). Golembiewski, Munzenrider and Stevenson (1986) define depersonalization as a possible long term consequence due to the detachment of counselors. This detachment occurs first, which then triggers emotional exhaustion. This differs from Leiter (1990) and Maslach (2001) in that the physical and emotional exhaustion occur and then lead to depersonalization, otherwise known as detachment. Regardless of the differences expressed in the research and in the debate of which comes first,

exhaustion or depersonalization, it is apparent that both of these components are at the core of the experience of burnout.

As an individual periodically evaluates one's own progress, a belief of decreased efficacy or the reduction of personal accomplishment can have a negative impact on one's identity as a counselor. The individual may refer to oneself as having lack of achievement and decreased productivity at work (Maslach, 2001). The counselor no longer believes that what he or she is doing is of any benefit to the client. This often times becomes a crisis for the individual because meaning within the counselor's job is lacking (Figley, 2002). This lack of meaning further perpetuates a disconnect, which can be attributed to depersonalization. The syndrome of burnout and the identified phases are not easily explained. Burnout phases are nonlinear and discontinuous from one phase to the next, which makes it challenging to determine specifically which phase an individual may be experiencing. In addition, there is not an exact identifiable time frame of this progression.

Burnout may also result from a situation where minimal rewards are obtained for a goal that required a large personal investment (Rupert & Morgan, 2005). The literature suggests that characteristics of the organization may be a key determinant of burnout. Moreover, research strongly indicates that the cause of burnout is more often due to organizational factors than to personal factors (Maslach & Leiter, 1997; Skovholt, 2001, and Rupert & Morgan, 2005). The organization contributes to burnout by allotting too little time for a task to be completed adequately and by providing minimal resources to accomplish the expectations of the counselor. The desire of the organization to reduce costs affects the counselors by decreasing their sense of control which can lead to a fundamental breakdown of community (Maslach & Leiter, 1997).

The counselors no longer believe that they are supported by the organization and the community has less time to engage and to provide peer support.

Skovholt elaborates on Maslach and Leiter's categorization of burnout creation to include burnout prevention. As Maslach and Leiter depict how burnout is created, Skovholt (2001) depicts how to prevent burnout by creating a positive work environment. For the counselor, Skovholt encourages organizations to establish a sustainable workload, a feeling of choice and control, recognition and reward, a sense of community, fairness, respect, justice and meaningful and valued work. Organizations can encourage and support counselor self-care and well-being by creating an environment that fosters this practice as a necessity.

Self-Care and Well-Being

Self-care can simply be defined as "how one obtains positive rather than negative life outcomes" (Pincus, 2006). Counselors who are impaired or distressed will not be able to actively achieve the highest level of counseling for their clients. They will likely experience a degradation of their own quality of life physically, socially, emotionally and spiritually. When counselors are able to take better care of themselves, their ability to provide care to their clients is affected positively (Lawson, 2007). According to Richards, Campenni and Muse-Burke (2010), there are four components to self-care that include: physical, psychological, spiritual and support.

Physical self-care is the provision of what is necessary for your body's health, welfare, maintenance and protection. The psychological aspects of self-care include emotional well-being or providing oneself with what is necessary to identify and nurture one's feelings, conscience, and intellect. Spiritual self-care is the activity one engages in to find and nurture a

sense of connection to a higher power and to find meaning in one's life (Athina Kemp Sherer, 2001-2013). Support includes the personal and professional engagement of a counselor with others to fulfill an emotional necessity (Coster & Schwebel, 1997).

It is understood within the field of counseling that counselors should guarantee wellness to ensure better client treatment. According to The Code of Ethics of the ACA (2005), counselors must engage in self-care activities in order to maintain and promote their emotional, physical, mental and spiritual well-being and to best meet their professional responsibilities (ACA Code of Ethics, 2005, Sec. C). Counselors must also be alert to the signs of impairment by being aware of their own physical, mental, or emotional problems. In addition, counselors should refrain from offering or providing professional services when the aforementioned impairment is likely to harm a client or others. They must seek assistance for problems that reach a level of professional impairment and prevents them from sufficiently meeting this objective. They are required to limit, suspend, or terminate their professional responsibilities until they are able to resume work that sufficiently and adequately meets the needs of their clients (ACA Code of Ethics, Sec C.2.g.).

A consensus that counselor wellness is directly related to counselor competence and client outcomes is beginning to emerge (Lawson, 2007). It is becoming apparent that when professional performance is compromised due to deteriorating counselor wellness, the outcome is burnout or impairment (Young & Lambie, 2007). According to Cummins, Massey and Jones, 2007 counselors are mandated by the American Counseling Association to evaluate their well-being on a regular basis and along a continuum of well, stressed, distressed, and impaired. This is to ensure that an individual is able to recognize their own vulnerabilities and take action in order to address any areas of concern.

In order for a counselor to achieve wellness, positive self-concept, role clarity, and job satisfaction are necessary (Myers & Sweeney, 2008). Job dissatisfaction may contribute to dissatisfaction in other facets of an individual's life, which may impact the individual's general well-being (Woods, 2009). A counselor's general well-being can be maintained by practicing self-care and utilizing skills to reduce stress and anxiety. By utilizing effective stress management techniques an individual's sense of control is increased which will then lead to self-satisfaction. Self-satisfaction leads to an individual feeling more fulfilled and more able to clearly define his or her "professional duties, boundaries, and roles" which will result in perceptions of career mastery (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2005).

Physical.

In order to sustain wellness and reduce the negative impact of mental health work, counselors must take care of themselves physically. This means maintaining a sufficient sleep schedule, eating a nutritious diet, and engaging in regular physical exercise (Williams & Sommer, 1995). When a counselor experiences physical symptoms, this is the body's way of communicating with the individual and letting them know that something needs to be addressed (Hammerschlag, 1992). When counselors fail to notice the warning signs given by their physical selves, increasing stress and fatigue may result (Venart, Vassos, & Pitcher-Heft, 2007). Young (2005) acknowledged the positive impact of exercise and nutrition on mood and bolded the negative impact of caffeine, sugar and processed foods on anxiety and sleep. The importance of getting sufficient rest is an imperative component of self-care. People are much more vulnerable to getting sick, making poor choices, and reacting impulsively when fatigued (Venart et al., 2007).

Emotional.

Emotional support is a coping strategy that can provide a counselor with a sense of connection and a lessened burden. Cushway and Tyler (1996) reported that talking to a friend or colleague at work was identified by clinical psychologists in Britain as their most effective coping skill. The benefits of having a confidant or one who lends support can lessen the chances of burnout for counselors. Counselors working with individuals with HIV patients that experienced support from coworkers and supervisors reported less emotional exhaustion and depersonalization and more feelings of personal accomplishment (Shoptaw, Stein & Rawson, 2000). By surrounding oneself with positive, supportive and accessible individuals, one can decrease the everyday and ongoing stress of the job and decrease possible burnout. The use of continual and consistent consultation and regularly utilizing peer supports is identified as a necessary means of minimizing counselor distress and impairment (O'Connor, 2001).

Support.

Support includes access to personal relationships and interactions imperative to achieving self-care. Support can be developed from both professional and personal connections in the counselors' lives. Professional support includes consultation and supervision from other counselors, supervisors, colleagues and the continuation of professional education (O'Conner, 2001; Stevanovic & Rupert, 2004). Personal support can be defined as any outside relationship of importance to the individual, such as, a spouse, companion, friends or family members (Coster & Schwebel, 1997). Livneh and Deschler's (1998), found that seeking social supports is imperative to the prevention of burnout. Maintaining activities that take place outside of the mental health profession appear to be necessary to promoting wellness. Shinn, Mørch &

Chestnut (1984) reported that 64% of the mental health professionals who responded to a survey stated that focusing their attention on family and friends rather than the profession was the primary coping strategy used in the prevention of job stress and burnout.

Spiritual.

Wellness is rarely discussed without conceptualizing a spiritual component as a crucial factor. Spirituality has been shown to be a primary aspect of good mental health (Wong, Rew & Slaikeu, 2006). Myers (2000), defined wellness as a determined way of living that is oriented toward optimal health and well-being. The mind, body and spirit of an individual are integrated in order to live life more fully. It is this sense of purpose and meaning that provides an individual with understanding in regards to the connection one is able to make (Estanek, 2006; Perrone, Webb, Wright, Jackson & Ksiazak, 2006). The importance of utilizing spirituality as an aspect of connecting fully with others is imperative to achieving wellness.

Ultimately, spirituality is the optimal state of health and well-being that each individual is capable of achieving. According to Hinkerkopf (1994), the experience of the spiritual is a phenomenon that is felt and moves individuals forward, from their previous frame of reference and provides new meaning of themselves and of others. The prevention of burnout and the achievement of wellness through spirituality can provide a mental health professional with the ability to connect more fully with others and prevent the depletion of an individual's physical energy. Spirituality plays an imperative role in increasing the well-being of an individual and improving the overall health of the counselor (Boero, et al., 2005).

Wellness Within the Organization

Another aspect that can affect counselor wellness is work environment. Walsh and Walsh (2002) found that the mental health of a counselor could be correlated to the amount of clients on the individual's caseload and the perceived difficulty of the clients. The numbers of clients on a counselor's case load have been shown to contribute to vicarious traumatization. Hellman, Morrison and Abramowitz (1987) found lower levels of work-related stress to be associated with more moderate caseloads. Further, the type of clients on a counselor's caseload may also impact counselor wellness. Counselors who typically work with individuals who have experienced a significant trauma are more likely to experience vicarious traumatization than counselors who work with fewer clients that report traumatic experiences (Cunningham, 1999; Pearlman & Mac Ian, 1995). Also, it is important to point out that a protective factor of counselor wellness appears to be balanced caseloads that include fewer numbers of clients (Cunningham, 2003). An organization that encourages and implements self-care practices within the agency can have a profound effect on the reduction of counselors experiencing burnout.

Mental health professionals experience much work-related stress due to the demanding roles they play in their client's lives. Burnout is a possible response to work-related stress. Burnout is a syndrome that can affect a counselor's ability to perform work-related duties adequately. As a result, the counselor may experience exhaustion, depersonalization and a decreased efficacy. The research strongly indicates that the cause of burnout is often due to organizational factors rather than to personal factors. Self-care is imperative to the prevention of burnout. Counselors that are better able to take care of themselves are less likely to experience burnout due to work-related issues and the consequences of burnout are decreased overall.

Since these burnout consequences may affect the counselor and clients served, it is important to recognize and provide a remedy for burnout within an agency. Treating the cause of burnout can decrease the career related issues that affect the counselor and minimize the impact this may have on the clients seeking therapy. It would appear that education regarding the effects of burnout, along with the knowledge on how to minimize burnout would provide benefit to the counselor, the organization and to the clients that are involved in treatment. Organizations can implement an environment where the practice of self-care is not only encouraged, but expected.

Method

The purpose of this study is to investigate the experience of burnout and self-care in the lives of counselors at a local outpatient mental health agency. In order to achieve a detailed depiction of how counselors experience burnout and practice self-care individually and uniquely, a semi-structured interview was conducted. Based on these interviews, this author intends to identify connections and possible themes present in regards to burnout and self-care and to take a deeper look at the experience of burnout, the prevention of burnout, and how practice of self-care impacts this experience.

Participants

Participants in this study were chosen based on a convenience sample of 30 experienced counselors working at an outpatient mental health agency. Participants were recruited via email and the sample included one man and six women who ranged in age from 26 to 58. All participants have been employed at the agency for a minimum of three years, except for one

participant who has worked at this particular agency for four months. Saturation of the data was reached by the fourth; interview, however all who volunteered for the study were interviewed.

Procedure

The author of this qualitative study utilized phenomenology to explore the experiences of participants as it pertains to counselor self-care and burnout. With the complexity of meaning involved in this process, it is imperative to understand the participant's context as it relates to real life experience as a mental health counselor. The semi-structured interview allows for flexibility and a deepened exploration of the participant's personal experiences, assessment of particulars, and the relevance of the information collected. This interview style also empowers both the participant and the interviewer to remain relaxed and in-the-moment throughout the allotted time.

Ethnography was not utilized due to the intention of further understanding each individual's experience and perceptions, rather than identify cultural characteristics of a group. Case study research was not selected due to the in depth and holistic approach of understanding the participants, as opposed to specifically understanding self-care and burnout. The use of grounded theory would not pertain to this study due to the lack of interest in conceptualizing a theory based upon the information collected (Daniels, Sheperis & Young, 2010).

An email outlining the study was distributed to all mental health counselors working at a local outpatient mental health agency. Seven out of 30 possible therapists responded to the email and an interview lasting approximately 45 minutes was scheduled for a convenient time for the participant. Consents forms were reviewed and signed prior to the interview to adequately explain the process that would be utilized to ensure confidentiality. The complete participant

consent form, which outlines in more detail the measures taken to ensure participant confidentiality, can be found in Appendix A.

The interviews were conducted with each of the participants separately and in the participant's office at the local agency. This author chose to complete the interviews in the counselor's office to promote a comfortable environment and convenience for the participant. The role of the interviewer was to provide a safe place for the participant and encourage dialogue by asking open ended questions and reflecting on the participant's commentary about burnout and self-care. A description of what the interview would entail and how the interview would be conducted was explained to the participant. The participant was ensured that tapes would be erased as soon as the transcription process was complete and that all information would be locked in the author's safe to further protect anonymity. The author provided the participant with the option to erase the tape if the participant decided at any point that he or she no longer chose to participate. Each participant was also given the opportunity to read the transcript to further clarify meaning or to correct any information that was provided in the interview. A statement of informed consent was reviewed and signed by the participant and this author. Participants were ensured that no names or identifying information would be used in order to maintain confidentiality.

This author actively engaged the participants by using attending behaviors and minimal encouragers. In order to encourage open discussion, this author maintained curiosity and a friendly demeanor to solicit more information from each participant. This author had been an intern at the agency for approximately five months prior to the interviews. Due to the already established working relationship, it was imperative to engage with each participant in a non-judgmental manner. The role of this author as an intern and having no employment affiliation to

the agency or any bearing on the counselor's evaluation or status within the agency provided the participant with an increased confidence to speak openly about the counselor's positive and negative experiences. To ensure objectivity the researcher maintained focus on the interview questions, avoiding extraneous topics that would have drawn the discussion away from the purpose of the research. Before each interview the researcher was clear about its purpose and the nature of the questions that would be posed.

Materials

The data was collected through the use of an informal one-on-one interview that utilized the following open-ended questions: (1) What does a typical day look like for you? (2) How do you take care of yourself? How often are you able to practice self-care? What gets in the way of practicing self-care? (3) Have you noticed any changes in yourself physically and emotionally since beginning work at this agency? If so, what were you like before and what are you like now? (4) Have you ever experienced what you would label as burnout? If so, what did this look like for you? (5) Is there something that you have experienced in the past that could assist you in practicing self-care?

The questions utilized were discussed in depth with an expert qualitative researcher who provided feedback and support in selecting questions that would solicit a meaningful discussion. The selected questions allowed for a deepened discussion based upon this author's interpretation of what the participant deemed significant. Interpretations were offered periodically to allow the participant the opportunity to confirm or negate the author's interpretation. Participants were asked to share the interview experience with this author and were offered an opportunity to

review the transcript to further promote clarification and ensure understanding of what the

participant was stating.

Results

Tapes were transcribed by the author allowing for further processing and interpretation of

the data collected. Categories were identified through the process of grouping and regrouping.

Themes were recognized and interpreted until four major themes became apparent: structure of

the work day, reactions (including: thoughts, feelings, affect and physical), prevention, and

barriers. A spreadsheet was utilized to connect the themes with the participant who discussed a

particular concept during the interview. This provided a visual aid for this author in comparing

and tabulating the significance of an identified theme.

Themes

Structure of the work day.

The structure of the work day established by the counselors brought to the forefront some

basic commonalities. All but one individual came into work one-half to two hours early,

depending on the day, to either catch up on paperwork or to prepare for the day ahead.

Similarly, all counselors, except the same individual, worked through the allotted half hour lunch

time in order to stay on top of case notes, treatment planning, and collateral contact. Each

counselor had developed a personal structure of the work day. However, numerous similarities

existed, such as, scheduling clients, establishing paperwork blocks, attending required meetings,

and running groups. Every counselor sought supervision as required by the agency, and two of

the seven participants supervised other counselors and took on interns as a way to increase

billable hours. The policy of the agency requires eight years as a counselor prior to becoming a

supervisor and establishes supervisor training and guidance to fulfill agency expectations.

Reactions.

When asked to convey personal changes that have occurred since each participant began

employment at the agency, counselors identified a variety of broad examples that could be

divided into the following categories: thoughts, feelings, affect, and physical. Some very

specific commonalities were reactions that involved less motivation in general, isolation at work

and at home, and the recognition that personal areas of the individual's life were being neglected

or avoided altogether.

Similar thoughts involved negative statements about the struggles within the agency,

negative self talk about personal ability, lack of effectiveness of the individual, and identification

of the perceived change of motivation and efficiency. Ten common descriptors were utilized by

the participants when identifying feelings surrounding the experience of burnout since beginning

employment at the agency. Participants shared feeling disorganized, rushed, overwhelmed, and

frustrated throughout the day. Almost all participants conveyed a time within the last month

when a feeling of helplessness took over and this was significantly connected to feelings of guilt

that existed about the ability to provide adequate client care.

Changes in affect were described as disconnected, zoning out, shutting down, or the

inability to engage with others outside of work. One individual shared the experience by stating,

"When I get home, I've talked to people all day long and I've listened to people all day long so I

just tune out. That's a little bit of an indication of burnout for me. He will be sitting there

talking to me and I kind of know he is talking to me, but I am not listening to a word he is

saying. It is so rude and it is not like me at all, well it is now, but not purposefully. He'll point this out by asking me if I am listening. And I'll like look over and say, 'No, I am not.'"

Physical changes were prevalent in all but one participant, who identified that the chosen career as a counselor had improved the growth and evolution of the individual. The participant stated, "Things that used to throw me off in the past do not throw me anymore." The participant further shared that the role as a counselor had taught the participant about personal responsibility and this was articulated by saying, "I have learned what my responsibility is, and what isn't. I may be responsible to people for things, but I am not responsible for people."

All other participants described physical ailments that included back, shoulder, neck and hip pain that were identified as a response to stress or due to long hours sitting and working at a computer. Participants described the fast pace of engaging in a variety of tasks throughout the day as a primary contributor to tension that led to alignment issues and physical pain. Participants reported an increase in the number of headaches and lengthened duration and prevalence of illnesses than were experienced prior to working in an agency setting. Though only two participants discussed weight as a noticeable physical change, all participants identified the challenge of following a healthy and continued diet plan while working.

Since the manifestation of burnout is unique to each individual, this author thought it imperative to discuss further some personal experiences of the counselors. Two participants in particular shared experiences of severe physical reactions to the stress associated with counseling at the agency. One participant reported a diagnosis of gastritis that has significantly interfered with ability to function normally. This individual reported pharmaceutical means to prevent further exacerbation of the symptoms. Another participant went to the doctor concerned about

heart palpitations and a constricted feeling in the throat. The participant reported being

diagnosed with anxiety and was provided with means to improve stress management skills.

Prevention.

In identifying self-care practices to prevent burnout, numerous commonalities were

present. Outside of work a significant number of individuals identified an exercise program and

social supports as the most important aspect of self-care. Participants described a variety of

exercise routines that involved walking a couple times per week, to intense daily routines that

involved lifting weights, and cardio practices. Socialization was an apparent preventative

measure that was also specific to the participant. Some participants scheduled regular activities

with friends and family, while others maintained a more open schedule and sought out

interaction when beginning to feel disconnected from others. A common theme that became

apparent was the recognition that social supports existed; however, the possibility of engaging

with social supports regarding work specific stressors was rare. Some participants shared that

family and friends periodically expressed that a significant change was noticed in how the

individual presented. When the author further inquired about the changed presentation,

participants described that family members and friends conveyed that the individual appeared

"disinterested" or was "zoning out" and was "not listening." Participants shared that it was

difficult to "be present" consistently when a significant amount of counseling involved

connection and engagement.

Participants overwhelmingly valued leisure, vacation time, maintaining good sleep, and

healthy eating practices as ways to not only prevent burnout, but to increase a feeling of control

in the individuals' lives. Most everyone conveyed at some point in the interview a love for

working with clients and helping others. It was also pointed out by numerous participants that client successes were a motivator in maintaining positive thoughts about their role as a counselor. In order to continue to provide good services to clients, many participants reported taking an active role in changing the structure of work and home life. Participants reported that at one time or another working at home was necessary. However, it became clear that in order to maintain personal mental health the practice of engaging in work at home would need to cease. The desire to draw boundaries between work and home became overwhelmingly apparent and participants found that going in early or staying late was helpful. One participant stated, "I work on self-care daily, because I know how important it is, probably because I have been doing this work for so long. It's not perfect. Some days are go, go, go, but I make sure I take time out for myself after work."

Individuals reported that self-advocating individual and group supervision was an empowering way to set up personal boundaries. Group supervision provided a necessary and imperative means to gain support from co-workers, colleagues, and supervisors alike. In most instances group supervision was a preventative measure. However, some participants reported that group supervision and other meetings precipitated frustration that increased negative self talk and intensified a belief that agency policy, state expectations, and the bottom line trumped counselor wellness. In spite of this, individuals reported co-worker support and engagement as a meaningful way to prevent burnout by increasing a sense of solidarity, providing honest feedback, and implementing a belief that the counselors had been heard.

Almost all participants acknowledged the importance of self-awareness. This was identified as achievable through the use of mindfulness, a practice of staying in the moment, and utilizing grounding exercises to assist. Participants described practices such as deep breathing,

engaging the senses with visual stimulation such as artwork, or scented items placed in a variety of areas around the office. One participant described the simple task of purchasing a hot, flavorful, and fragrant beverage on a particularly stressful day as a way to stay mindful. Intertwined in the discussion about mindfulness practices was the mention of religion and/spirituality as a way to stay grounded, feel connected, and remain positive. Some participants attended church and other such activities, practiced meditation, or simply engaged in purposeful thoughts surrounding connection to a large universe, bigger plan, or great entity.

Self-awareness was not only mentioned in regards to a spiritual plane, but was also recognized as a way of being that involved introspection and understanding about the participant's thoughts, feelings, and actions. All participants identified self-awareness as a necessary skill in achieving success as a counselor. This theme appears to be the platform on which all other practices, ideas, relationships, and connections remain solidified.

Barriers.

Participants discussed numerous barriers to practicing self-care and to preventing an increase in burnout. The workload involved meetings, large amounts of paperwork that include treatment plans and case notes, and the expectation to be present and in-the-moment throughout the day. Some basic areas were identified regarding the work environment that would be difficult to alter, such as, sitting all day and typing at the computer which provided little opportunity to move around or stretch and could be attributed to body aches and pains. Lack of movement was reported to be exacerbated by the content involved in sessions that was overwhelmingly negative and often times led to vicarious traumatization. Quite a few

individuals reported having nightmares or periodically waking up in the middle of the night

thinking about work related concerns.

Many participants also identified factors that were somewhat controllable, but that were

difficult to implement. Some participants made reference to expectations that were personally

important to maintain congruent perceptions of the self. These expectations appeared to seep

through the personal lives of the counselors due to the inability to compartmentalize work from

home. Individuals reported that both client issues and staff concerns were areas that caused

stress due to the inability to decrease the impact of the emotions experienced. Moreover, almost

all participants reported that with time the ability to compartmentalize became more

commonplace. One participant stated, "I was putting barriers on myself; I needed more

permission to be flexible with my schedule. I was working to adapt to a clinic setting which is

different from just learning how to do therapy. Unfortunately, we really didn't talk much about

that in school from a clinic setting standpoint." Many participants agreed that some barriers

were controllable to a degree. Nevertheless, participants reinforced that due to the lack of time

provided, adequate client care was thwarted. One participant depicted this by stating, "Some of

the time, conceptualization happens in the session because there is not a whole lot of time [to

think] about the person and what is going on for them, and [to determine] what therapy technique

would work the best for them. So sometimes [the decision] kind of [depends on] what therapy

technique is at my disposal and applicable to what they are talking about now, instead of really

thinking about in the long run what is best for [the client]. This is so backwards from what they

are promoting here, like outcome measures and evidence based approaches. You know you want

positive outcomes, but you are not giving us the resources to do that. So, the setting kind of gets

in the way." The counselors realized that state expectations mold the agency expectations and a

current answer does not exist in determining how an agency can implement self-care and prevent

burnout in order to increase the likelihood of adequate client care.

Discussion

The purpose of this study was to investigate the experience of burnout and counselor self-

care in the lives of practicing counselors within an outpatient mental health agency.   Mental

health professionals are susceptible to burnout due to the intense and active roles they play in

client's lives. This work-related intensity can have a negative effect on a counselor's clinical

work and therapeutic effectiveness (Richards, Campenni & Muse-Burke, 2010). Self-care is a

primary factor in the prevention of burnout. Counselors who are better able to practice self-care

are less likely to experience burnout due to work-related issues, which will decrease the negative

effect that burnout could have on the client.

A semi-structured interview was conducted to ascertain a depiction of the experience of

burnout and the practice of self-care as it pertains to counselors. A sample size of seven

individuals participated from a convenience sample of 30 experienced counselors working at a

local outpatient mental health agency. Phenomenology was utilized to explore deeply the

experience of burnout and self-care in the participant's lives. The themes that evolved from the

interviews were: structure of the work day, reactions (including: thoughts, feelings, affect and

physical), prevention, and barriers.

Findings

Results showed that counselors had at some time or another experienced burnout and

there were noticeable changes that occurred in the individual's physical and emotional well-

being. This parallels previous research which conveyed that stress exacerbates physical

symptoms often apparent in individuals working in a mental health setting (Venart, Vassos, &

Pitcher-Heft, 2007). All participants, except one, attributed personal physical distress as job

related. In addition, all participants identified that emotional well-being had been affected at

some time or another by the counseling role.

  This particular study found that there was a significant correlation between the number of

years working at the agency and the report of current experiences of burnout. Individuals that

had been at the agency longer report that the nature of the job had provided them with improved

coping strategies, and that self-awareness and establishing clear boundaries regarding their role

had decreased symptoms of burnout. Most participants expressed the importance of practicing

self-care. However, individuals who had worked at the agency for less than three years

discussed the practice of self-care as a skill that had yet to be determined. This is unlike the

more senior counselors who reported self-care as an expectation that had been engrained in the

participant's daily lives.

  Numerous factors contribute to burnout and have been outlined in this study. It is

important to consider how the agency and system affect counselor burnout, while also

identifying possible traits in counselors that may predispose an individual to burnout. A

combination of agency, and systems changes, along with the utilization of self-care programs,

may decrease burnout in counselors who work at outpatient mental health agencies.   Decreasing

burnout in counselors is a major factor in increasing the efficiency, and effectiveness of

counselors in regards to client care.

Limitations

The limitations in this study include the sensitivity of the issues discussed in the interviews. Participants may espouse the belief that personal disclosure may negatively affect the participant's employment at the outpatient mental health agency. Another potential limitation includes the variation in the length of the interviews due to counselors' rigorous work schedules. As observed by this author, some participants had less time to spare to accommodate the depth of the content involved. Shorter interviews may have led to a decreased level of engagement in the discussion. Important factors or experiences may have been deemed insignificant or forgotten by the participant due to time constraints. It would have been useful to schedule interviews at the end of the work day in order to provide optimal time to explore the depths of each counselor's experience.

Recommendations for Future Study

While this study conveyed the experiences of burnout and self-care among counselors who work at a local outpatient mental health agency, it would be important to study agencies with more diverse participants and compare the results. Future research could consider the impact of burnout on attrition and how the agency administrators combat burnout and promote self-care. It may also be beneficial to implement self-care programs within agency settings and administer a pre-test and post-test to measure the effectiveness of different strategies to prevent burnout agency wide. Another possible future study could look at specific personality traits of counselors who report less intense symptoms of burnout and those who experience more intense symptoms of burnout.

Conclusion

While burnout continues to be an issue in counseling due to the nature of the job and the mental health system, the practice of self-care is an integral aspect of burnout prevention. Counselors would benefit from finding a self-care program that meets their personal needs to alleviate stress, decreases physical symptoms of burnout, and promotes wellness. Counselors who begin to recognize what they have control over, and what is not in the realm of their control, will begin to notice a decrease in symptoms of burnout. This will inevitably have a positive effect on client care and increase the effectiveness of agencies and counselors as a whole.

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Appendix A

You are invited to participate in a research study conducted by Amanda Regan, from The College at Brockport, Department of Counselor Education.

WHAT THE STUDY IS ABOUT

The purpose of this study is to examine burnout and self care in therapists who work at an outpatient mental health agency.

WHAT YOU ARE BEING ASKED TO DO

Your participation involves an interview where you will be asked questions about self care and burnout. It is estimated that the interview will take approximately 30 to 60 minutes to complete.

HOW YOUR INFORMATION IS KEPT CONFIDENTIAL

Subject identities will be kept confidential by not requiring any identifying information throughout the interview. All completed forms will be kept in a locked file cabinet at the researcher's residence and all forms and tapes will be destroyed 30 days after the research has been completed. You can elect not to be voice recorded to further ensure your confidentiality.

BENEFITS AND RISKS OF PARTICIPATION

There are no anticipated benefits to you as a participant. The data collected for this evaluation are being used as part of a student project and are solely for use as an educational tool.

There is a small risk of breach of confidentiality which is being minimized by the procedures described in the section above entitled "How Your Information is Being Kept Confidential."

There are no costs incurred by you as a participant and no one involved in this study is being compensated in any way.

COMPENSATION FOR INJURY

No financial compensation will be made to cover lost earnings, or impairment of your ability to earn, as a result of any physical injury resulting from or solely due to your participation in this study. ▮▮▮▮▮▮▮▮▮ or the study coordinator do not assume any responsibility of injuries occurring during your travel to and from the study site.

TAKING PART IS VOLUNTARY

Your participation is voluntary. Your decision whether or not to participate in this research will not affect your relationship with ▮▮▮▮▮▮▮▮▮▮▮ If you decide to participate, you are free to withdraw your consent and discontinue participation at any time.

IF YOU HAVE ANY QUESTIONS

If you have any questions about the study, please feel free to contact Amanda Regan at 585-797-8618 or at aregan@unityhealth.org or contact my Brockport College faculty advisor Patricia Goodspeed-Grant at 585-395-5493 or pgoodspe@brockport.edu. You will be offered a copy of this form to keep.

If you have any questions about your rights as a research subject, you may contact the Office of the Institutional Review Board at ███████████████████████████ Monday thru Friday 8:15am to 5:00pm.

STATEMENT OF CONSENT

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Participant
Signature: _____**Date**:_____

Witness
Signature: _____**Date**: _____