
Recognizing the Propensity for Burnout During Formative Counsellor Development Reconnaissant la susceptibilité à l'épuisement professionnel pendant le développement formatif des conseillers

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ABSTRACT

Burnout is one of many hazards that counsellors and psychologists face in their daily work. Working in the counselling field in the modern era can also create the perfect storm of circumstances leading to burnout. Typical client population characteristics, common working environments, and current societal pressures may all lead to increased susceptibility to burnout. Graduate students, in particular, must recognize how these factors, the process of counsellor development, and the concurrent demands of graduate education may each exacerbate the hazard for burnout. Suggestions for mitigating the opportunities for burnout at the institutional and individual levels are also provided.

RÉSUMÉ

L'épuisement professionnel est un de plusieurs dangers auxquels les conseillers et les psychologues sont confrontés dans leur travail quotidien. Travailler dans le domaine du counseling peut également créer la « tempête parfaite » de circonstances qui conduit à l'épuisement professionnel. Les caractéristiques de la population cliente typique, les environnements de travail communs, et les pressions sociales actuelles peuvent tous mener à une susceptibilité accrue d'épuisement. Les étudiants de cycle supérieur, en particulier, doivent reconnaître comment ces facteurs, le processus du développement du conseiller, et les demandes concurrentes aux cycles supérieurs peuvent exacerber à leur tour les risques d'épuisement professionnel. Des suggestions pour atténuer la possibilité d'épuisement aux niveaux institutionnel et individuel sont aussi fournies.

In the seemingly endless array of opportunities for occupations today, many individuals gravitate toward a career in mental health. This career path may be based on a genuine desire to help others, to be challenged everyday, or any other of a myriad of personal motivations. However, regardless of one's reasons, many counsellors in training may eventually come to the important realization that the journey toward becoming a practicing professional in the mental health field is not a simple one. However, even more important is the awareness that counsellors and psychologists face many daily hazards within their line of work that may threaten the longevity of, or even the opportunity for, a successful career in the profession.

Burnout is a prime example of one of these hazards. It is my intention to illuminate, for those seeking to enter the field of mental health as well as those new to the field (recent graduates and beginning professionals), the risk of burnout

for counsellors, particularly during the initial few years of counselling practice. Graduate students, in particular, must be cognizant of how the developmental path of counsellors, the concurrent experiences of graduate school, and the nature of counselling work in the modern era may each increase the hazard for burnout in even the most well-intentioned individuals.

WHAT IS BURNOUT?

Although there is no absolute or unanimously agreed upon definition for burnout in the empirical literature (Collins & Long, 2003), it can be viewed as “a chronic stress syndrome [that] develops gradually as a consequence of prolonged stress” (Ahola et al., 2006, p. 11). Maslach and Goldberg (1998) emphasized that it is an “individual stress experience embedded in the context of complex social relationships [involving a] person’s conception of both self and others” (p. 64). This statement, in particular, both highlights the complexity and depth of burnout and exemplifies the challenge of deriving a singular definition for the term.

Burnout is generally described as having three key primary components (Maslach, Schaufeli, & Leiter, 2001). The first component, *emotional exhaustion*, involves an individual feeling overwhelmed with emotions, and depleted or drained of energy (Maslach & Goldberg, 1998). The second component, *depersonalization*, involves an individual displaying a negative, callous, and detached attitude toward other individuals (Kokkinos, 2007). The final component, *personal achievement*, involves an individual personally evaluating him- or herself negatively, and possessing dissatisfaction for their personal accomplishments or work (Maslach & Jackson, 1981).

Symptoms of Burnout

Based on even the cursory summary of the components of burnout outlined above, one may surmise that awareness and understanding of burnout should be a primary concern for any worker. However, understanding symptoms associated with (and reactions to) burnout may garner even more appropriate appreciation of its truly destructive consequences.

Several symptoms associated with burnout are found in the empirical literature. A burned out individual may experience any or all of the following symptoms: fatigue, gastrointestinal issues, sleep disturbances, irritability, substance abuse, depression, boredom, poor work performance, lack of concentration, and withdrawal from coworkers and clients (Barnett & Cooper, 2009; Collins & Long, 2003; Emerson & Markos, 1996; Everall & Paulson, 2004; Kahill, 1988).

Sources of Burnout

Burnout can result primarily from two factors: external and internal (Hardiman & Simmonds, 2013). *External factors* can be described as the setting of one’s work or the demands of the job, while *internal factors* are individual factors such as personality characteristics and demographics (Hardiman & Simmonds, 2013). There is evidence for both sources in the empirical literature.

External sources. In a national study conducted in Finland by Ahola et al. (2006), the number of hours worked had a significant effect on components of burnout. The researchers discovered a positive correlation between the number of hours worked and cynicism. They also noted a negative correlation between the number of working hours and *professional efficacy*, or feelings of accomplishment and achievement surrounding one's work (Leiter & Schaufeli, 1996). As working hours increased, decreased professional efficacy was displayed.

Other job characteristics have also been correlated with components of burnout. Rupert and Morgan (2005) discovered a positive correlation between emotional exhaustion and client paperwork for practicing psychologists. Workload, time pressure, and difficult shiftwork have also correlated positively with components of burnout such as emotional exhaustion in other studies (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

Internal sources. There is also some empirical support for gender differences and presentation of different components of burnout. Numerous studies have found that women are more likely to present with higher rates of emotional exhaustion, while men are more likely to present with higher rates of depersonalization (Lackritz, 2004; Rupert & Morgan, 2005). Research studies suggest that this trend may be related to gender socialization (Lackritz, 2004).

Age has also been consistently identified as a factor related to burnout (Maslach et al., 2001). A number of studies have claimed a negative correlation between age and burnout, some of which are discussed below.

Lackritz (2004) conducted a study examining rates of burnout of 263 teachers at a university located in the western United States. Lackritz noted a significant negative correlation between age and burnout in the sample, and concluded that this relationship was the only statistically significant relationship between burnout and any other assessed demographic variable. Although the study did not include any mental health professionals in its sample, it does reinforce a correlation between burnout and age in professional work environments.

Ackerley, Burnell, Holder, and Kurdek (1988) conducted a study examining burnout rates in a sample of 562 doctoral-level practicing psychologists registered with the American Psychological Association. Ages of participants in the study ranged from 31 to 72 ($M = 44$). Results of the study indicated a significant negative relationship between age and two components of burnout: emotional exhaustion and depersonalization.

Craig and Sprang (2010) conducted a study on 532 clinical psychologists and social workers ranging in age from 27 to 83. The researchers concluded that age was a significant predictor of burnout, with younger individuals being more likely to experience burnout.

There is also significant empirical support for a relationship between burnout and other internal factors such as personality components. Neuroticism—a personality trait relating to vulnerability to psychological distress and one's capability to effectively handle stressors (Costa & McCrae, 1992)—has been found to be a significant predictor of all three components of burnout, while conscientiousness

has been found to be negatively correlated with depersonalization and positively correlated with feelings of personal accomplishment (Kokkinos, 2007).

Multiple other studies emphasize a distinct correlation between burnout and personality. For example, in a study conducted on a sample of clinical psychologists, D'Souza, Egan, and Rees (2011) reported significant positive relationships between perfectionism and each type of burnout (personal, job-related, and client-related). Buhler and Land (2003) also reported a significant positive correlation between personality constructs such as external locus of control, extraversion, and neuroticism and burnout characteristics such as emotional exhaustion and depersonalization in their study evaluating staff in a number of German hospitals.

DIFFERENCES BETWEEN BURNOUT AND VICARIOUS TRAMATIZATION, SECONDARY TRAUMATIC STRESS, AND COMPASSION FATIGUE

In counselling work, burnout is often discussed along with other hazards of emotionally demanding work such as vicarious traumatization (VT), secondary traumatic stress (STS), and compassion fatigue (CF). VT consists of "harmful changes that occur in professionals' views of themselves, others, and the world as a result of exposure to graphic and/or traumatic client material" (Baird & Kracen, 2006, p. 182). Secondary traumatic stress (STS) can be defined as "a syndrome with symptoms nearly identical to PTSD, except that exposure to knowledge about the traumatizing event experienced by a significant other is associated with the set of STSD symptoms" (Figley, 2002, p. 1435). CF can be defined as "a state of tension and preoccupation" (Figley, 2002, p. 1435) toward clients whom have experienced significant trauma.

Although similar in many ways, burnout, VT, STS, and CF differ primarily through their sources (Everall & Paulson, 2004). Burnout can result from counsellors working with any client population (McCann & Pearlman, 1990). For counsellors, it is related to general emotional stress on the job (Maslach & Goldberg, 1998) and the ambiguous client successes that counsellors may typically see in their line of work (Bermak, 1977). However, VT, STS, and CF are centrally related to exposure to traumatic client material (Figley, 2002; McCann & Pearlman, 1990). Trippany, White Kress, and Wilcoxon (2004) stated that "burnout is related to a feeling of being overloaded secondary to client problems of chronicity and complexity" (p. 32).

Another differentiation between burnout and these other constructs lies in the symptoms displayed by the individual. Trippany et al. (2004) identified a key differentiation between burnout and VT, in particular, based on their differing patterns of symptom onset and progression rate: "Burnout ... progresses gradually as a result of emotional exhaustion, whereas VT often has a sudden and abrupt onset of symptoms that may not be detectable at an early stage" (p. 32).

With regards to specific symptom differentiation between the constructs, CF involves re-experiencing client trauma, numbing or avoidance responses, and

hyper-arousal (Figley, 2002), while symptomology associated with VT or STS may include nightmares, lack of concentration, and hypervigilance (McCann & Pearlman, 1990; O'Halloran & Linton, 2000). These specific symptoms may not be present for individuals experiencing burnout.

A final distinction between burnout and VT, STS, and CF involves how they impact the thinking patterns of individuals. VT or STS may involve changes to basic cognitive schemas (McCann & Pearlman, 1990), whereas individuals experiencing burnout do not typically experience cognitive restructuring to the same degree. VT, in particular, may involve alterations of schema representing basic psychological needs such as safety, esteem, trust, control, and intimacy (Baird & Kracen, 2006). As an example, Iliffe and Steed (2000) noted that counsellors experiencing VT or STS may potentially display a preoccupation with personal safety or a lack of trust toward others. For a person experiencing VT or STS, fundamental perceptions of self and world are altered (Iliffe & Steed, 2000), whereas this may not always be the case for individuals experiencing burnout.

IMPORTANCE FOR GRADUATE STUDENTS AND NOVICE COUNSELLORS

Working in the human services field has been identified as the largest risk factor for developing professional burnout (Newell & MacNeil, 2010). Those relatively new to the field of mental health—graduate students and novice practitioners, in particular—should be aware of burnout for a number of other reasons: its prevalence in the counselling field, the professional and ethical obligations of working mental health practitioners, the effects of burnout on therapeutic work, and how the developmental path of a counsellor may influence burnout susceptibility. Each will be discussed more fully.

Prevalence of Burnout in Counselling

Empirical studies show a varying degree of prevalence of burnout in the counselling field. In a study conducted by Ackerley et al. (1988), 39% of a sample of 562 licensed doctoral-level practicing psychologists displayed symptoms of emotional exhaustion and 34% displayed symptoms of depersonalization. Rupert and Morgan (2005) reported a similar prevalence in display of emotional exhaustion in their study assessing burnout in practicing psychologists. The authors noted that out of their sample of 571 participants, 44% could be categorized as being in the high burnout range for emotional exhaustion (Rupert & Morgan, 2005). Mahoney (1997) conducted a study assessing burnout utilizing a sample of 155 practicing psychotherapists, and discovered that 46% of participants reported experiencing episodes of irritability and emotional exhaustion, and 26% reported feelings of disillusionment around their professional endeavours.

It is, however, important to note that other studies have reported less prevalence of burnout in the helping professions. For example, Craig and Sprang (2010) examined the incidence of burnout in a sample of 532 trauma therapists and found that approximately 5% were at risk for burnout at the time of the

study. Farber (1990) also reported a similar finding of approximately 6% of practicing psychotherapists exhibiting symptoms of burnout in his research. Although a definitive conclusion on the exact prevalence of practicing mental health professionals exhibiting symptoms of burnout cannot be made, the empirical literature has shown a consistent presence of burnout in the mental health field.

Ethical Responsibilities

Many psychologists consider burnout to be a form of impairment (Wood, Klein, Cross, Lammers, & Elliot, 1985), as it has been associated with a number of ethical violations including over-involvement with clients, dual roles, and utilizing therapy to meet the personal needs of the therapist (Everall & Paulson, 2004). New professionals should be particularly cognizant of the fact that practitioners found guilty of an ethical violation by an ethics committee could face mandatory rehabilitation, training, therapy, or expulsion from regulatory membership (Canadian Psychological Association [CPA], 2014). In more extreme cases, ethical violations may even be judged as criminal acts leading to imprisonment (Van Horne, 2004).

Awareness of factors that may detrimentally impact professional effectiveness is an ethical imperative for mental health practitioners (Skorupa & Agresti, 1993). Standard II.11 of CPA's (2001) *Code of Ethics* states that psychologists should "seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others" (p. 17). Similarly, Principle A.1 of the Canadian Counselling and Psychotherapy Association's *Code of Ethics* (CCPA, 2007) states that counsellors must "maintain high standards of professional conduct and ethical behaviour, and recognize the need for continuing education and personal care in order to meet this responsibility" (p. 5). This sentiment is echoed in the CCPA's *Standards of Practice* (2015) in the section titled *Professional Impairment*: "counsellors should take steps to appropriately limit their responsibilities when their physical, mental, or personal circumstances are such that they have diminished capacity to provide services to all or particular clients" (p. 4). Burnout would certainly be applicable to all of these.

Effects on the Therapeutic Alliance

In addition to the documented prevalence of burnout symptoms in mental health practitioners and the ethical imperatives for counsellors, another reason for students and novice practitioners to be aware of burnout is its effect on the therapeutic alliance. Burnout can result in psychologists losing respect, positive feelings, and empathy for their clients (Skorupa & Agresti, 1993). It may also lead to counsellors treating clients in a derogatory fashion (Everall & Paulson, 2004) or as if they are deserving of the difficulties and challenges they are experiencing (Ryan, 1971). How can one effectively practice therapy if these conditions of burnout creep into the therapeutic alliance?

The Developmental Path of a Counsellor

An additional consideration for students and novice practitioners is how the developmental path of a beginning counsellor may lead to increased susceptibility to burnout. Developing as a psychological counsellor and practitioner is anything but straightforward. Skovholt, Grier, and Hanson (2001) stated, "The path from novice to expert is like a long hike on a challenging road.... It is step by step and can be filled with pitfalls and unexpected turns" (p. 175). A number of counsellor developmental-stage models have been published as attempts to organize and delineate this complex and esoteric process (Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Marshall & Andersen, 1996; Sawatzky, Jevne, & Clark, 1994; Skovholt & Ronnestad, 1992; Stoltenberg, 1981). Although describing each of them in detail would fall beyond the scope of this article, highlighting some key themes may aid in conceptualizing how the process of counsellor development may increase the propensity for burnout.

According to Loganbill et al. (1982), beginning counsellors operate largely from a perspective of "naïve unawareness" (p. 17) and "emotional blocking" (p. 17). Loganbill et al. characterized the beginning counsellor as typically experiencing periods of "instability, disorganization, erratic fluctuations, disruption, confusion, and conflict" (p. 18). Beginning counsellors may also possess certain characteristics and tendencies that may exacerbate the potential for burnout during initial development. They may typically hold "perfectionistic and unrealistic expectations" (Morrissette, 1996, p. 35), and may be prone to internalizing insecurities (Lee, Eppler, Kendal, & Latty, 2001).

Working with clients at the initial stages of counsellor experience also offers the potential to "damage therapist confidence and identity" (Folkes-Skinner, Elliott, & Wheeler, 2010, p. 90). Students and beginning practitioners realize that therapeutic skill utilization is much more challenging than initially expected (Morrissette, 1996). They may move between overconfidence in skills and techniques as they experience client successes and feeling overwhelmed by the increased obligations and responsibilities that professional practice begins to take on (Stoltenberg, 1981).

Likewise, one cannot underestimate the negative impact of treatment failures on beginning counsellors. Persons and Mikami (2002) believed that many clinicians may lack the skills to handle treatment failure. This may be particularly true for beginning clinicians who, as Stoltenberg (2005) emphasized, may typically be very self-focused and lack the confidence and balanced personal self-identity of an experienced practitioner. Thus, routine counselling work experiences such as ambiguous successes, lack of client improvement, and client dropouts may each strengthen typical feelings of doubt that beginning clinicians possess (Orlinsky & Ronnestad, 2005). Skovholt et al. (2001) emphasized that successful long-term professional work involves a practitioner "develop[ing] the capacity to accept lack of success—normative failure—as a component of the work" (p. 170).

Students and novice practitioners must remember that although there is a trend for feelings of mastery to increase during counsellor development, many professionals still find themselves questioning their adequacy and competence “well beyond their rookie years” (Theriault & Gazzola, 2005, p. 12). Professional development does not simply revolve around the ability to demonstrate interventions and skills; it involves an “all-encompassing change” (Marshall, 2000, p. 6). This change may take years to finally come to fruition. If beginning practitioners do not practice self-compassion and understanding on this developmental journey, they may be at increased risk for developing burnout.

Recognizing the Concurrent Demands and Challenges of Graduate Learning

Those enrolled in graduate programs must also be particularly cognizant of how the experience of higher-level graduate learning can increase susceptibility to burnout. Goplerud (1980) stated, “Admission to graduate school marks the beginning of a period of major, unavoidable life changes” (p. 283). Counselling programs introduce many unfamiliar challenges that individuals may not be adequately equipped to handle, including (a) an intensive and fast-paced learning environment and (b) the obtainment and completion of a practicum placement.

The Demands of an Intensive Learning Environment

Many students mistakenly assume that graduate school is simply an extension of undergraduate education. Such is not the case. Graduate school is “a departure from the formal structure of undergraduate classes” (Hyun, Quinn, Madon, & Lustig, 2006, p. 247). Students are required to not only display a comprehensive foundational knowledge of psychological concepts and theory, but to also utilize this knowledge to generate solutions to novel hypothetical and actual situations (such as for use with clients or case conceptualizations). This may be a new obstacle for students who relied on strong rote memorization skills during their prior learning, and one that may certainly increase stress for some.

Likewise, graduate students are also expected to fully immerse themselves in their work, which creates additional stress and strain for them. Graduate students report multiple stresses and barriers to mitigating their stress during graduate school (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). In a survey conducted jointly by the American Psychological Association of Graduate Students (APAGS) and the APA Advisory Committee on Colleague Assistance (ACCA), some of the most common stressors noted by enrolled graduate students in psychology include (a) academic coursework; (b) finances and debt; (c) poor work/school-life balance; (d) family issues, marital/relationship problems; (e) research responsibilities; and (f) professional isolation (El-Ghoroury et al., 2012).

The graduate learning environment brings about a clash between personal and professional life (Lee et al., 2001). Students must navigate and juggle multiple demands (e.g., personal, academic, and professional). Students may experience limitations placed on their ability to devote time to learning because of family responsibilities (Austin, 2002). Furthermore, despite all of these concurrent stress-

ors, students may not have the luxuries of time or financial freedom to adequately cope with the demands of learning (El-Ghoroury et al., 2012). Thus, the strain of common additional demands of graduate learning such as concurrent research or volunteering should not be minimized. Likewise, student challenges such as financial and family responsibilities should also be explicitly recognized as sources of stress and strain.

Obtaining/Completing a Practicum Placement

In addition to being a demanding environment for learning, graduate school may increase the hazard for burnout during its final educational component—the practicum experience. Ryan, Toohey, and Hughes (1996) emphasized that the practicum placement is “an integral part of many professional courses in higher education” (p. 355). It provides students with the opportunity to put their learning to the test in real-life community settings. Although the practicum is an incredible learning opportunity that many find absolutely indispensable, it also provides a myriad of challenges to students.

Shivy, Mazzeo, and Sullivan (2007) noted that in recent years, the number of students seeking placements has surpassed practicum availability, leading to a concerning “supply-and-demand imbalance” (p. 163). The number of graduate students applying for internships is increasing, as is the number of students who fail to receive a preferred (or any) practicum placement (Kaslow & Keilin, 2006). How might a graduate student in counselling—someone who has devoted years and significant personal resources to higher education in this field—feel after continual rejection from placements? How might he or she feel being pitted against other students vying for increasingly sparse placement opportunities within the same, limited geographical locale? Certainly, there is the potential for feelings of disillusion, inadequacy, incompetence, and questioning—all of which may take its toll on the spirit of the student and increase the propensity for burnout.

In addition, given the lack of availability of practicum placements, students may feel increased pressure to obtain any placement at all (taking positions demanding extensive hours above and beyond requirements, and restricting the opportunity to work and provide for oneself outside of school or the practicum). This may increase stress and strain, and further exacerbate negative emotions. Students—individuals not necessarily acclimatized to the challenging nature of counselling work—may also take on excessive job demands (such as increased client loads or backlogged agency paperwork) in an attempt to gain supervisor or agency approval. This can be a serious issue, especially if the student lacks the ability to engage in activities to mitigate the exhaustion and stress of their practicum placements.

Furthermore, the negative effect of devoting significant energy into a placement that is not an appropriate match should not be understated. A primary component of burnout involves decreased feelings of personal accomplishment (Maslach & Jackson, 1981); this may certainly be a possibility, particularly for students struggling with the demands of placements that are not ideal matches

for them (in terms of theoretical orientation, client demographics, population, or workplace setting). How much passion can one integrate into working in a demanding environment that significantly deviates from the path of one's personal career aspirations? If an individual genuinely aspires to work with a particular issue or client demographic, how much meaning will they find in work that markedly deviates from these types of issues, clients, or settings? How likely is it that such genuine passion will continue throughout a yearlong intensive and emotionally exhaustive process?

How Can the Demands of Counselling Increase Burnout?

Although it is important to recognize the impact that counsellor development and concurrent graduate school expectations may have on burnout susceptibility, one cannot underestimate the impact of how the actual demands of counselling work can increase the hazard for burnout for practitioners. Fundamental aspects of counselling work—such as exposure to traumatic content, high-risk clients, common counselling settings, and societal constraints and pressures—may increase the hazard for burnout in practitioners (particularly those who are new and inexperienced).

Exposure to Traumatic Content

A primary characteristic of the counselling profession involves exposure to difficult or traumatic content. Regardless of one's particular work setting, encountering trauma as a counsellor is a likely occurrence (O'Halloran & Linton, 2000). Despite extensive training, mental health professionals "are not immune to the painful images, thoughts, and feelings associated with exposure to their clients' traumatic memories" (McCann & Pearlman, 1990, p. 132). In order to bring about positive change in others, "counsellors bring the instrument of themselves into the therapeutic setting" (Black & Weinreich, 2001, p. 25). Counsellors thus open themselves up to danger, as they must be willing to be present as others explore experiences of struggle, victimization, immorality, death, and tragedy.

The impact of hearing difficult content is both internal and external for the professional. Counsellors may use their internal perceptions and sense of professional identity to mitigate the effects of traumatic content (Black & Weinreich, 2001). The challenge of counselling work may also lead to fundamental alterations of perceptions of the external world, as in the case of experiences of secondary traumatic stress and vicarious traumatization (Iliffe & Steed, 2000; McCann & Pearlman, 1990). Therefore, it is important to remember that it may be difficult to continually mitigate the impact of hearing traumatic client content when it is, ultimately, a fundamental aspect of counselling work.

High-Risk Clients

Based on survey estimations, half of all psychiatrists and more than a quarter of psychologists will experience a client completing suicide (Veilleux, 2011).

Working with this type of client will be a likely occurrence for professionals in mental health, even during graduate training. Dexter-Mazza and Freeman (2003) surveyed 238 predoctoral psychology interns and reported that 99% of surveyed trainees had experienced treating at least one suicidal client—the average number of suicidal clients being treated over the course of training being 7.5, and the most common number being 10. Dexter-Mazza and Freeman also found that 5% of trainees reported treating a client who had completed suicide during their training.

Although the incidence of exposure should be concerning on its own, practitioners working with high-risk and suicidal clients will find that counselling work takes on a different meaning where work-life boundaries become blurred and doubts and concerns are magnified. To demonstrate this, it may be fitting to provide an excerpt from a seasoned psychotherapist's personal reflection of her experience of working with a suicidal client:

Improvement was incremental. . . . My commitment to Zoe was exhausting . . . the daily phone calls and the worry about Zoe's continued existence. I worried the therapy police, if they were watching, would revoke my degree and my license. There was enormous stress due to my fear that if the outcome of treatment were poor, Zoe's grandmother would sue me. (Webb, 2011, p. 218)

Based upon Webb's (2011) personal reflection, it can clearly be seen that working with high-risk clients is an incredibly demanding task for mental health professionals. Counsellors fear for the client's safety while also simultaneously fearing the personal, professional, and legal implications of their work. The compounding of all of these concerns and stressors may certainly exacerbate conditions for burnout in students and novice counsellors.

Common Counselling Settings

Those new to the mental health profession should also be aware of how the environment one chooses to practice in may influence susceptibility to burnout. Counsellors and psychologists typically work in two types of settings: private practice and public settings. It has been found that practitioners working in private settings report the lowest levels of burnout (Rupert & Morgan, 2005; Vredenburg, Carozzi, & Stein, 1999). In comparison, individuals working in public settings such as hospitals and counselling agencies generally report higher ratings of burnout (Rupert & Kent, 2007; Rupert & Morgan, 2005). Possible explanatory factors for this trend include the income and degree of autonomy that private practice affords (Raquepaw & Miller, 1989; Vredenburg et al., 1999), increased administrative commitments in agencies (Rupert & Kent, 2007), and the types of clients that may seek private practitioners instead of those practicing in other settings (Rupert & Morgan, 2005).

Societal Constraints and Influences

The nature of counselling work, the population counsellors typically work with, and the settings in which they practice are not the only factors that may

increase the hazard for burnout in counsellors. Another consideration relates to larger societal constraints and influences. Particularly relevant are the changing economic tide and the litigious nature of society today. Both may increasingly burden mental health practitioners and their ability to work.

Regarding economic factors, many may think that mental health practitioners (by virtue of their extensive schooling and specialization) fare differently in today's economy than the greater working population. Unfortunately, this is not the case. Increasing rates of higher education are overcrowding labour markets, and forcing the pursuance of opportunities at great personal expense (Brown, 2003). Furthermore, the organizational trend of "lean" corporations seeking to reduce expenses is propagating competition for career advancement (Brown, 2003).

The state of the economy has also led to a shift in individuals opting to choose managed care over personally funding their medical costs, which has resulted in a reduction of professional autonomy, increased caseloads, and economic challenges for independent mental health practitioners (Rupert & Morgan, 2005). Counsellors must be willing to take on more clients at reduced costs, prove their efficacy and rationale for services to financially conscientious insurance companies, and adjust caseloads as a result of the popularity of managed care assistance (Coster & Schwebel, 1997).

The legal nature of modern society is also a stressor for many mental health professionals. Van Horne (2004) believed that "our increasingly litigious society leaves many professional psychologists with a sense of vulnerability" (p. 170). Psychologists working with certain populations (high-risk/suicidal clients) and those practicing in areas involving contested divorces or child custody evaluations are particularly susceptible to receiving complaints (Harris, as cited in Thomas, 2005). However, it is not only these types of practitioners who face the peril of lawsuits and licensing board complaints. Montgomery, Cupit, and Wimberley (1999) conducted a survey of a sample of 284 licensed psychologists practicing in America evaluating awareness and prevalence of state complaints and malpractice lawsuits. Their findings indicated that 38.7% of the respondents had a colleague who had been sued for malpractice, and 7.4% had been threatened with a lawsuit themselves¹ (Montgomery et al., 1999).

Although some believe the fear of litigation is exaggerated based on statistics of actual proceedings and investigations (Van Horne, 2004), it is still noteworthy for one particular reason: the impact on the psychologist. Facing allegations of malpractice and misconduct can be anxiety-provoking, expensive, traumatic, and even career-ending for practicing professionals (Van Horne, 2004). Clinicians facing allegations may experience depression, shock, anger, or guilt (Montgomery et al., 1999). Having a complaint filed against oneself may also commonly result in questioning one's own professional competence and personal worth (Thomas, 2005). As the hazard for burnout can increase with the addition of increased strain, counsellors and counselling students must acknowledge "the rising specter of malpractice against psychologists" (Montgomery et al., 1999, p. 402) as an increased hazard for developing burnout.

SUGGESTIONS TO MITIGATE BURNOUT EFFECTS
FOR STUDENTS AND PRACTITIONERS

Based upon the discussion thus far, it may be easy to develop the misguided perception that burnout is a necessary part of the nature of counselling work, the chaotic developmental processes that counsellors and students undergo, or the real-life hurdles that are encountered throughout school and learning. This is not the case. For every practitioner hampered by the negative effects of burnout in their personal and professional life, many more are practicing and succeeding without succumbing to its effects. The responsibility, however, lies with each individual to recognize the wealth of published empirical knowledge devoted to positive strategies and behaviours that may either reduce symptoms of burnout or even prevent their initial manifestation. Some of these will now be discussed.

Personal Counselling

Personal counselling may be one way to mitigate the impact of burnout during formative counselling development. According to Norcross (2000), more than 90% of mental health professionals view their personal therapy as a positive experience, and more than 50% of psychotherapists engage in personal counselling after completion of their training. Grimmer and Tribe (2001) noted that in addition to preventing burnout, engaging in personal counselling also enhances practitioners' understanding of their clients' therapeutic processes, as well as their ability to maintain appropriate personal and professional boundaries.

Another benefit of personal counselling for practitioners relates to observational learning. In his study assessing the impact of mandatory personal counselling for psychologist trainees, Kumari (2011) stated, "for all of the participants, personal therapy had become a form of experiential learning and an extremely valuable opportunity to gain specific skills, some of which they subsequently used to enhance their clinical work" (p. 218).

Although attending personal counselling may seem like a simple solution, a myriad of professional complications may serve as barriers to helping professionals seeking help. They may be reluctant to undergo personal counselling because "they mistakenly believe, as many patients do, that seeking therapy is a sign of failure" (Deutsch, 1985, p. 313). Dangerous dualistic perspectives, such as the notion of the helper as healthy and unimpaired and all clients as issue-laden and distressed (Good, Khairallah, & Mintz, 2009), may also develop for practitioners and reduce the likelihood of their engaging in personal therapy. Overlapping dual roles, lack of accessible practitioners, fear of losing clients or social status among colleagues, and fear of reports being made to legislative bodies are also other examples of potential barriers cited in the literature (Swearingen, as cited in Barnett & Hillard, 2001; Deutsch, 1985).

Peer Support

Utilizing peer support and supervision may also mitigate the hazards of burnout. Barlow and Phelan (2007) noted that counselling professionals could utilize

peer meetings as a way to create space to discuss the emotional impact of work, share successes and struggles, and provide realistic and authentic strategies for enhancing personal well-being while on the job. Likewise, meetings between peers and colleagues can also have “the potential to enhance self-worth, due to group members’ sense of empowerment and the opportunity to participate in the development of others” (Barlow & Phelan, 2007, p. 14).

Supervision and Mentorship

The supervisor (or mentor) is a critical source of knowledge and support, particularly throughout formative counsellor development. Lee et al. (2001) emphasized that supervision or mentorship may be an exceptionally positive outlet for students, as they can benefit from having stresses of home and school acknowledged and receive potential helpful strategies from supervisors. In addition to being a wealth of knowledge concerning interventions and professional practices, supervisors also provide reassurance and comfort, and normalize the challenging feelings that may surface during formative counsellor development and graduate school (Knox, Edwards, Hess, & Hill, 2011). Supervisors have been shown to provide relational support through self-disclosure, and creating an environment where students can feel “in good hands” (Knox et al., 2011, p. 337).

Practicing Self-Care Strategies

Much is asked of professionals working in the mental health field, and counselors and mental health practitioners should be cautioned that they are “subject to all the same forces, challenges, influences, and difficulties as the general public” (Barnett & Cooper, 2009, p. 18). Therefore, practicing self-care strategies and nurturing other passions and interests outside of counselling work may be an effective strategy to mitigate the hazard of burnout. According to Mahoney (1997), mental health professionals can engage in activities such as hobbies, reading, vacations, movies, and physical exercise to positively deal with the stresses of their work. Engaging in self-care reminds professionals that there is more to life than overcoming personal and mental health issues, and reinforces that the necessity to nurture body, mind, and spirit should be recommended to not only those sitting in the client chair.

SUGGESTIONS FOR MITIGATING THE IMPACT OF BURNOUT AT THE INSTITUTIONAL LEVEL

Graduate school is an opportunity for incredible learning (both in the classroom and beyond). However, institutions must recognize the monumental impact that graduate training has on the personal and professional development of counselors-in-training, both positively and negatively. Graduate education is a critical time when “each student’s professional identity is formed” (Barnett & Cooper, 2009, p. 18), and reinforcing appropriate behaviours and coping skills should be pivotal. As Marshall (2000) stated, “if it becomes a habit in training, it is more

likely to continue once training is over and the counsellor is in the field” (p. 8). Taking steps to reduce the impact of burnout should be the responsibility of not only the individual practitioner; institutions must also be willing to cultivate an atmosphere where burnout is openly acknowledged, explained, and addressed. A brief discussion of potential steps institutions can take to decrease the hazard for burnout for their students follows.

Destigmatizing Burnout

Barnett and Cooper (2009) emphasized that “it is important to destigmatize attention to self-care [and acknowledge] personal vulnerabilities” (p. 18). Yet, according to a survey of 500 graduate counselling students conducted by the American Psychological Association Advisory Committee on Colleague Assistance (Munsey, 2006), 63% of students stated their training programs did not promote or sponsor any self-care activities for students, and 82% denied receiving any formal literature or material on stress or self-care from their training programs. For institutions to gloss over topics such as professional vulnerability and the personal demands of counselling work grossly undermines the challenging work that counsellors perform in the name of mental health every day. Furthermore, sweeping these “darker” aspects of counselling under the metaphorical rug of the profession only propagates the illusion that counsellors are infallible human beings who are not impacted by their work—something that is just not true.

Burnout Assignments

During graduate school, counsellors-in-training spend countless hours researching psychological theoretical orientations, practicing psychological interventions, and discussing ethical and moral responsibilities of the profession. Yet little time is devoted to discussion of burnout symptomology, sources of burnout, or strategies for mitigating its effects within the curriculum. Instructors at institutions could endeavour to incorporate mandatory assignments on the hazards of burnout. This would necessitate a critical first step in the form of reflection and awareness for students, while also preparing them for the real-world practice of counselling, not merely the idealistic one.

Supervisor Preparation

Institutions should ensure that approved practicum supervisors have the educational background and experience to be able to deliver supervisory services to students effectively. Barletta (2009) stated, “Quality supervision seldom occurs by accident. . . . It is the result of careful planning by counsellors, administrators, and supervisors working in partnership” (p. 19). On-site supervisors should be well versed in burnout symptomology, and be willing to check in and promote dialogue about the issue of burnout throughout the learning process. Likewise, supervisors should also possess significant understanding of the theories and ideas behind the process of supervision, as it is often considered a “professional specialization” (Barletta, 2009, p. 7). There is a wealth of literature dedicated to appropriate and

competent supervision, including published models of supervision based on psychodynamic, cognitive-behavioural, and developmental theoretical orientations (Biggs, Bambling, & Pearce, 2009). Simply having the experience and ability to provide competent counselling services to clients does not automatically equate to being an effective supervisor to a student or new counsellor.

Mindfulness of Student Schedules and Extracurricular Expectations

Institutions should also be mindful of students' schedules in and outside of class. Breaks from classes (such as those typically found during summer and winter) should be encouraged as opportunities to practice self-care and get away from the many stresses that graduate school and counselling provide. These breaks can also serve as opportunities for reflection, self-evaluation, and integration of professional development (Marshall, 2000; Marshall & Andersen, 1996).

Furthermore, institutions should be aware of informal extracurricular expectations being placed on students during graduate training. Students are implicitly encouraged to attend and present at conferences, volunteer at agencies, or conduct research work for other professionals in order to increase future opportunities for work or practicums. Although very valuable learning experiences, all of these may add strain and burden to students during an already overwhelming and incredibly challenging time.

Limitations and Suggestions for Future Research

One particular limitation of this article involves a lack of recent empirical sources concerning burnout and its prevalence in the mental health field today. It appears that topics such as VT, STS, and CF have become more of a primary research focus for clinicians, unfortunately leaving a crucial gap in contemporary burnout literature. Although topics such as VT, STS, and CF are crucial for clinicians and the field of psychology, it is my position that clinicians and researchers should also endeavour to continue to evaluate the prevalence of burnout in mental health professionals currently practicing, as well as attempt to assess whether many of the commonly professed burnout prevention strategies are, in fact, efficacious.

CONCLUSION

Burnout is a serious hazard in the mental health field. Counsellors risk burnout for a number of reasons: (a) a primary aspect of their work involves having to closely attend to experiences of trauma, (b) they may typically serve high-risk populations who demand extensive attention, (c) they may work in environments that increase the hazard for burnout as a result of occupational demands exceeding personal resources, and (d) they must be willing to practice under increasingly burdensome managed-healthcare and litigious confines.

Graduate students, in particular, must also be cognizant of how the developmental process of a counsellor and concurrent experiences of graduate education in counselling psychology may propagate the propensity for burnout. Both in-

stitutions and individuals must be willing to take proactive steps to decrease the hazard for burnout during formative counsellor development. If both institutions and individuals are accountable for burnout prevention, new professionals can not only decrease their susceptibility to burnout, but also learn to live with a sense of gratitude and profound inherent personal strength—something that is too often professed as a goal for clients, but not nearly enough for practitioners.

Note

1. Note that students are not liable for mistakes made during their training. This responsibility and legal liability falls on the shoulders of their supervisor.

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