

COUNSELOR BURNOUT

by

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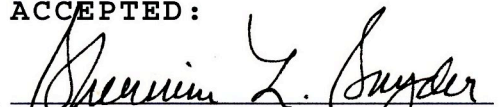
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## ABSTRACT

The research studied the symptoms of burnout which counselors experience and the necessary steps to manage the effects of burnout.

The literature reviewed a definition of burnout, its causes, recognizing burnout, and the treatment and relapse prevention for burnout.

A focus group was conducted to discuss counselor burnout. The findings indicated that it is imperative the counselor be aware of symptoms related to burnout, take immediate steps to minimize the severity of the condition, and have a well-defined plan to effectively take care of oneself. It is the responsibility of the counselor to confront a colleague exhibiting symptoms of burnout and encourage them to seek help.

## DEDICATION

To the great guys in the Computer Lab, especially Simon. Your assistance is sincerely appreciated.

To my pets Sparkle, Boomer, and Spot, thank you. I couldn't have done this without your pet therapy.

To my husband Alan, you are as understanding and loving as they come, not to mention tolerant. Thank you for your patience.

In loving memory of my first grade teacher Mrs. Van Ingen, thank you for your encouragement.

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## CHAPTER 1

### THE PROBLEM

#### Introduction

Burnout is the single most common personal consequence of practicing therapy (Kottler, 1991). Counseling is an emotionally taxing activity that extracts an extremely heavy toll from counselors. Counselors, perhaps as much or more than people in any other profession, are susceptible to burnout (Vacc and Loesch, 1994). Guy (1987) defines burnout as the "diminution or deterioration of the therapeutic skills and abilities due to factors which have sufficiently impacted the personality of the therapist to result in potential incompetence" (p.199).

#### Development of the Problem

Corey, Corey, and Callanan (1993) comment that counseling is a hazardous profession; its stresses stem both from the nature of the work and from professional role expectations of the counselor. The process of working therapeutically with people opens up the counselor's own deepest issues. The counselor, as a partner in the therapeutic journey, can be deeply affected by seeing a client's path. The activation of painful memories resonates with the counselor's own life experiences. Unfinished business is stirred up and old wounds are opened. In short,

working with clients who are in pain often opens up counselors to their own pain. If these counter transference issues are not recognized, they can have ethical implications.

In a study of 264 professional counselors, 82% reported having experienced relationship difficulties and 47% had sought therapy for this problem. In addition 57% reported having depression occur at some time in their lives, more than 25% had been in therapy for depression, and 11% had taken medication for this problem (Deutsch, 1985).

Moreover, counselors who are overburdened with stress cannot work effectively. The question is not who will experience burnout but how long the next episode will last (Kottler, 1991). Counseling is an emotional business with many highs and lows. At times, counselors feel as close to being a god as any mortal can approach-- powerful, elegant, graceful, and wise. At other times, counselors feel so inept it is a wonder how they can be allowed to continue to practice (Vacc and Loesch, 1994). Many people in the helping professions find that they grow tired and lose the energy and enthusiasm they once experienced in their work. Burnout can rob counselors of the vitality they need to be able to provide healthy modeling for their clients. The phenomenon of professional burnout has been the topic of numerous publications and is receiving attention at professional

conferences and conventions (Corey, Corey, and Callanan 1993).

Counselors who are functioning well keep their skills intact and remain stable. Impaired counselors have lost the capacity to transcend stressful events; their skills have diminished or deteriorated. Clearly, impaired professionals cannot provide effective counseling. Unfortunately they often continue to provide services when they are not cognizant of their own impairment (Rodman, 1986). A classic question in the counseling profession is who counsels the counselor?

### **Need for the Study**

People enter the counseling profession with a desire to assist others. Counselors must not neglect the importance of taking care of themselves. This study may help counselors and future counselors identify ways to look after their own well-being and avoid suffering symptoms of burnout. It is important to identify symptoms and causes that lead to burnout as well as ways to survive as an effective counselor.

### **Purpose of the Study**

The purpose of the study was to identify the symptoms of burnout among counselors and to describe the necessary steps to manage the effects of burnout.

## Research Question

What are the symptoms of burnout among counselors and what are the necessary steps to manage burnout?



## CHAPTER 2

### LITERATURE REVIEW

#### Introduction

This chapter reviews literature pertaining to the topic of burnout. The chapter describes definitions, causes, symptoms, treatment, and relapse prevention strategies.

#### Definition Of Burnout

Burnout is a state of emotional lethargy wherein motivation to perform is low, and skills and talents are used inefficiently and ineffectively (Vacc and Loesch, 1994). Burnout is a state of physical, emotional, and mental exhaustion. It is the result of repeated emotional pressures, often associated with intense involvement with people over long periods of time. People who are burned out are characterized by physical depletion and by feelings of hopelessness and helplessness. They tend to develop negative attitudes toward themselves, others, work, and life (Aronson, Kafry, and Pines, 1981).

Freudenberger (1980) says that burnout is "to deplete oneself; to exhaust one's physical and mental resources; to wear oneself out by excessively striving to reach one's unrealistic expectation imposed by one's self or by the values of society" (p. 17).

Maslach (1982) gives a definition of burnout as

a progressive loss of energy, idealism, and purpose experienced by helping professionals as a result of their work conditions. A state of exhaustion, irritability, and fatigue that markedly decreases a professional's effectiveness. A syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among members of the helping professions (p. 159).

Maslach (1982) cites a common core that could be used as a working definition of burnout. The author states that "the dimension where there is most agreement is that of exhaustion: an ongoing process of loss of energy, depletion, debilitation, and fatigue" (p. 159).

Corey (1989) notes that

there is not only a physical but also emotional exhaustion, marked by a loss of feeling and concern, a loss of trust, and a loss of spirit. Secondly, there is a general agreement that burnout is an internal psychological experience that encompasses feelings, attitudes, motives and expectations. There is a negative shift in responses to others that is characterized by depersonalization, negative attitudes toward clients, a decline in idealism and general irritability. Thirdly, there is a general agreement that burnout leads to personal feelings of depression, loss of morale, feelings of isolation, a wish to withdraw, reduced productivity, and a decreased capacity to cope. (p. 160)

### **Causes of Burnout**

Personality characteristics may cause some counselors to be at risk for burnout. Those characteristics include inexperience, a lack of self-confidence, impulsiveness, impatience, being dependent on others for approval and affection, and having goals and aspirations that are unrealistic (Maslach, 1982).

Corey (1989) identifies characteristics or attitudes of a counselor who is susceptible to burnout. He states that those with low affect, little range of emotions, hostility, sarcasm, being indirect, and intimidating people may lead to burnout. Corey (1989) states that those who cannot tolerate seeing people in pain, make a minimal effort to learn, avoid feedback from others, and have little tolerance for clients expressing feelings, are prime candidates to fall victim to burnout.

Corey (1989) concludes that

counselors with a fragile ego that is easily bruised, are overly sensitive to criticism from others, have lived a sheltered life with a limited and rigid vision of the world , and are unable to accept those who have different values from their own are traits that lead to burnout. (p. 13)

On a positive note, counselors can modify some of these limitations with awareness and a willingness to change.

Corey (1989) notes that "what is essential is a high degree of honesty and an openness to being challenged" (p. 14).

According to Corey (1989) "work stress or job stress is the condition that exists when environmental demands of work exceeds your personal capabilities for effectively coping with the situation" (p. 133). He continues by saying organizational factors such as too many demands, reducing employees' autonomy and providing little positive feedback of job performance are factors that lead to burnout. Poor management, inadequate supervision, and rigid organizational policies are other contributing factors. Additionally,



salaries are much lower than many other professions in the health care industry. Often there are no promotions and pay increases. Struggling to work smoothly on a team is tiring and stressful. Prejudice, bias, and discrimination all add to the level of frustration. The most devoted counselor may find it difficult to resist the contagious effects of other counselors attitudes and disillusionment (Vacc and Loesch, 1994). Corey (1989) notes that a major theme for burned-out counselors is "not feeling recognized for who we are or what we do, receiving little positive feedback, and not feeling appreciated for our dedication. This process tends to erode both ideals and enthusiasm, which lead to demoralization" (p. 169).

In addition, work related stress is caused by other factors. Environmental sources include physical aspects of the work setting or the structure of the position itself. A major stressor is the reality of having too much work to do in too little time. Another potential environmental source is the quality of working relationships with colleagues. Counselors reported anxiety, frustration, and disappointment about unexpected stressors and demands of their jobs. A longitudinal study of the first two years of employment for public-service employees found that they were unable to cope with these demands and had a negative professional attitude and were on a path toward burnout. Key stressors identified were slowness of the system, resistance of administration

and fellow staff to new ideas, and unrealistic expectations and demands. A counselor must know how systems work, and understand the reasons for the particular structure in order to take constructive action and achieve a desired objective (Cherniss, 1980).

Two studies support the theory that work-related stress is a direct factor that leads to burnout. The studies of Deutsch (1984) and Farber (1983) showed that anger towards the counselor, the counselor's failure to create a balance between empathy and professional distance, an inability to leave client concerns at work, sexual attraction to a client, severely depressed clients, and a clients' premature termination of therapy all created stress for a counselor. Expression of suicide by the client was cited in both studies as being the most stressful factor. Most of the problems contributing to burnout are centered less around the actual daily work than the counselor's unresolved emotional difficulties (Corey, Corey, and Callanan, 1993).

Corey (1993) cites that some professionals invest their egos too intensely in the outcome of their work, an outcome that depends very much on the client's motivation and behavior. When the counselor assumes full responsibility for clients not making progress, they are not giving the clients enough responsibility for their own therapy. Counselors should not blame themselves for the lack of progress. They should first explore the situation with the client. This may

result in the discovery that the counselor is impeding the client's growth by too quickly assuming responsibility. Corey (1993) continues that "practitioners who have a tendency to readily accept full responsibility for their clients often experience clients stress as their own" (p. 48). Stress leads to fatigue, distress, impairment and eventually burnout. It is important to recognize the danger signs that indicate stress is taking control. Signs to look out for are irritability, emotional exhaustion, feelings of isolation, abuse of drugs and/or alcohol, reduced personal effectiveness, indecisiveness, compulsive work patterns and drastic changes in behavior (Corey, Corey, and Callanan, 1993).

Furthermore, if a counselor has unresolved emotional difficulties this will contribute daily to emotional stress. Emotional factors enter the picture when a counselor over identifies with a client's situation (Corey, Corey, and Callanan, 1993).

Grosch (1994) states that counselors must maintain constant vigilance by telling themselves to sit, listen, and react but not get involved in their own issues.

Many counselors enter the profession with the belief that they have the ability to help all clients. A healthy counselor is able to enter the world of their clients and see the world through their client's eyes rather than imposing the counselor's vision of reality onto the client



(Corey, 1989). A factor contributing to burnout is persistence of unrealistic and unrealizable ideals. When the counselor's approach doesn't work the counselor may feel shame. This often leads to reluctance to discuss issues with colleagues. The professional ego ideal sets the stage for this experience of shame (Horner, 1986). Burnout comes about as a consequence of narcissistic depletion, the loss of ideals, loss of purpose, loss of self definition, loss of self-esteem, and highly valued self-other interactions in which the self may feel alive or validated (Horner, 1986). Grosch (1994) points out

The roots of burnout go deep into the narcissistic vulnerability of the individual counselor. Family-of-origin dynamics get played out in the workplace and stress within and between current family and work systems leave the counselor trying and failing to gain appreciation that comes from pleasing everyone. (p. 377)

### **Recognizing Burnout**

Burnout is often a disorder of rapid and dramatic onset. The symptoms are easy to recognize. It is recommended to identify the early signs of burnout and take action quickly. A counselor must pay attention to the nonfeeling state of burnout which includes being chronically exhausted, detached, bored, and cynical (Corey, 1989). The author states that "tiredness is the best indicator for detecting the initial phase of burnout" (p. 172).

Maslach (1982) stresses that detecting the first sign of burnout is critical, for the condition can be dealt with

more effectively in the initial stages. During the formative stages the symptoms are not so severe, the individual is still committed and caring and there is more receptivity to change.

The problem is that an unhealthy counselor does not possess the ability to promote healthy behavior and growth in clients. Clearly impaired counselors cannot provide effective counseling services. Unfortunately they often continue to provide services when they are not cognizant of their own impairment. They may even rationalize that work is therapeutic for them (Rodman, 1986). During therapy it is common for a dysfunctional counselor to daydream and fantasize. The counselor struggles to concentrate on the client's issues. It takes constant diligence to stay focused. In spite of good intentions the mind drifts away to another time and place (Kottler, 1991).

Additionally sessions lack direction and spontaneity. There are long silences and much boredom with sessions often ending early. Complaining about paperwork rather than doing it becomes habit (Kottler, 1991). There is a loss of interest in usual leisure activities. At this point it is common for a counselor to seek other methods of coping such as abuse of drugs and/or alcohol. However, there is usually a reluctance to explore the causes of this burned out condition. There is no ownership of responsibility and the counselor will not apply therapeutic wisdom to their burned

out state (Kottler, 1991). Beutler (1983) cites "Judging from the impact of therapy (enthusiasm) it may be that if you are not enjoying therapy you are doing it wrong" (p. 28).

### **Treatment And Relapse Prevention For Burnout**

Participation in developmental activities is an important part of a counselor's orientation. It is the means by which counselors keep current, improve, and remain professionally motivated. Professional development activities benefit both counselor and the clients to whom they provide services. It is absolutely necessary to include professional development as part of a counselor's continued orientation (Vacc and Loesch, 1994).

Indeed, attending and learning from professional seminars is a vital part of preventing burnout. As new information and skills are acquired, special efforts may be necessary to utilize them in professional practice. It is not unusual for a counselor to attend workshops and learn a new technique and return to business-as-usual without ever applying what was learned (Beruen and Scofield, 1987). A significant barrier to innovation may be a tendency toward conservatism and security in relying on tried and tested methods to the exclusion of newer practices in which professionals are less confident (Beruen and Scofield, 1987). Another barrier to innovation may be the intimidation aroused by new and unfamiliar practices and the accompanying



desire to avoid exposing one's own ignorance in using new technology and techniques. Given the natural resistance which may occur, conscious efforts are often required in order to implement innovation and utilize new information, skills, and techniques in actual practice (Beruen and Scofield, 1987).

Matheny, Aycok, Pugh, Curlette, and Canella, (1986) designed a major study that attempted to synthesize the research on methods of coping. The authors define coping as "any effort, healthy or unhealthy, conscious or unconscious, to prevent, eliminate, or weaken stressors, or to tolerate their effects in the least hurtful manner" (p. 509). Corey (1989) suggests three general strategies for preventing stress: avoiding or reducing stressors, altering stress-inducing behavior patterns, and developing coping skills.

Change will not occur in one day. Counselors should give themselves permission to change a little at a time, to experiment, and be creative. Counselors do not need to give up practices that remain helpful. Doing treatment differently means taking risks. By taking risks counselors join the client in walking on unfamiliar ground. Most of all it means conquering burnout paradoxically by initially working harder until it no longer becomes work at all (Vacc and Loesch, 1994). Bolles (1978) suggests counselors turn negative statements concerning the past into positive statements concerning the future.

Additionally, teaching is of great value to counselors. It forces them to think through for every intervention. Keeping skills current welcomes a fresh perspective. It pays off by keeping counselors honest and self-critical. Other worthwhile activities include doing research, giving lectures, publishing articles, and writing reports. When counselors teach, they are forced to evaluate. Teaching assists counselors in understanding and improving the process of change (Vacc and Loesch, 1994). Mentoring is a valuable experience in assisting a counselor to remain far removed from burnout. Helping another develop professionally requires much effort and is a great remedy.

Furthermore, counselors should seek feedback about their competence from peers and supervisors' ratings. Staff meetings devoted to peer feedback and informal requests for subjective evaluations are some alternatives for reflecting on one's competence (Vanzandt, 1990).

Being committed to an honest assessment of the counselor's own strengths and weaknesses is an important attribute. A counselor must realize that he or she probably cannot help any clients do in their life what the counselor is unable or unwilling to do in their own life (Corey, 1989).

Corey (1989) asserts that, "who you are as a person is the most important instrument you possess as a helper" (p. 14).



Consequently, personal therapy is an avenue for continuing to deepen a counselor's self-understanding. This professional help can be a factor in stimulating the counselor to assess their motives for becoming a counselor, assist in looking at the counselor's needs, and how they relate to their work environment. It is also beneficial to know what the experience of being a client is like (Corey, 1989).

A counselor will have certain blind spots, unfinished business, and old conflicts that might hamper attempts to work effectively with certain clients. Therapy is a way to come to grips with such unresolved situations. It helps to see how these past conflicts are affecting the counselor in the present. It will illuminate the counselor's own areas predisposed to transference and counter transference (Corey, 1989).

Counselors who are immune to burnout stand aloof from the back stabbing, yet retain their power through their expertise, dependability, and tremendous competence. They take care of themselves and the people around them. They expect honesty and respect others (Vacc and Loesch, 1994).

Corey (1989) states that confronting job stress means going to the specific identifiable source. Rather than avoid or make excuses for an issue, it is worth taking steps to facilitate change. It is suggested that every counselor take responsibility for preventing burnout and maintaining a

higher level of vitality. Corey (1983) suggests five practical strategies:

Seek out enthusiastic colleagues, assume as much responsibility for your own growth as you try with your clients, use multiple measures of success in your work, not just the client's explicit gratitude, set limits with demanding clients and colleagues concerning what you are willing to do and not do, develop outside interests as a form of renewal-especially those activities that exercises parts of your body and mind that go unused during work. (p. 291)

Corey (1983) suggests that counselors do not make other people or outside institutions responsible for the direction of their lives. He believes counselors pay a steep price for choosing a sense of security over freedom -- the price of denying basic humanness. Creating meaning is not all somber and serious business. Counselors can find meaning by allowing themselves to play. Corey (1983) encourages counselors to not lose the capacity they had as kids to delight in the simple things in life.

Gould (1988) points out, "As we go from 35 to 45 it becomes clear, sometimes painfully clear, that we are the only, the final authority over the conduct of our own lives" (p. 221).

It is absolutely necessary for a counselor to have scheduled supervision. The purpose of supervision is to facilitate development and enhancement of the supervisee's counseling knowledge, skills, and abilities (Vacc and Loesch, 1994). The supervisor/supervisee relationship is similar to the counselor/client relationship in that both

require a close working relationship in which personal dynamics play a role (Border and Leddick, 1987). Finally, supervision enables the counselor to feel validated and confident in order to fulfill professional obligations. This can be a valuable tool in helping to avoid burnout (Vacc and Loesch, 1994).

People in the counseling profession need family support for their work. Counselors require much nurturance, understanding, and demonstrations of affection. Support groups with peers to discuss difficulties and stresses of the job are ways to manage matters more effectively. Finding ways to break monotony of a routine may be helpful. Also, it is the responsibility of the counselor to not look the other way if their colleagues are suffering from any symptoms of burnout. A counselor must confront the colleague and encourage them to seek help (Vacc and Loesch, 1994).

### **Summary**

The literature reviewed in this chapter revealed some important consistencies regarding issues pertinent to the topic of burnout in the counseling profession. A major topic of the literature cited was the personality characteristics of counselors susceptible to the condition. Certain personality characteristics can be modified with an awareness and a willingness to change. What is important is having a high degree of honesty and a willingness to be challenged. It was pointed out that major stressors of daily



work such as having too much work and too little time to get it done, the quality of working relationships with colleagues, anxiety, and frustration are factors that could lead to burnout. Other important aspects of the counseling profession are low salaries, little recognition for dedication the profession, and an inability to leave client concerns at work. If a counselor does not possess well-defined boundaries they will become fatigued and distressed.

The literature pointed out that tiredness is the initial phase of burnout, and that it is critical to deal with the condition in its initial stages before it becomes severe.

The literature discussed the necessity of developmental activities. It is absolutely necessary to attend professional seminars to keep current, improve, and remain professionally motivated. Counselors must make conscious efforts to implement and utilize new information, skills and techniques in their practice. Other ways of avoiding burnout include teaching, mentoring, and giving lectures. The literature suggested reducing stress by avoiding or reducing stressors, altering stress-inducing behavior patterns, and developing coping skills. Another important suggestion is for the counselor to seek professional counseling concerning unfinished business and resolving old conflicts which might interfere with the counselor's effectiveness. Clearly, the literature summarized that ultimately counselors are the

final authority over the conduct of their own lives,  
personally and professionally.

## CHAPTER 3

### METHODOLOGY

#### Introduction

The counseling profession is emotionally and physically demanding. In order to perform effectively counselors must take care of themselves. The purpose of the study is to identify the symptoms of burnout among counselors and to describe the necessary steps to manage the effects of burnout. What are the symptoms of burnout among counselors and what are the necessary steps to manage burnout?

#### Research Design

This study utilized a descriptive research approach. Its purpose is not to give value to sets of relationships between events, but simply to draw attention to the degree two events are related (Merriam and Simpson, 1995). The focus group was chosen as the most flexible and least inhibiting method to collect data for this study. The contemporary focus group interview generally involves six to twelve individuals who discuss a particular topic under the direction of a moderator who promotes interaction and insures that the discussion remains on the topic of interest (Shamdasani and Stewart, 1990). A typical focus group session lasts one and a half to two and a half hours.

The focus group approach was chosen because of the advantages relative to other types of research. The advantages include direct interaction with respondents, clarification and probing of responses, and follow up questions. The focus group creates a synergy between group members (Shamdasani and Stewart, 1990). This effect may result in data or ideas that might not have surfaced in an individual setting.

Primarily the results of a focus group are easily understood. Researchers can readily interpret the verbal responses of participants. This is in direct contrast with more sophisticated research that uses complex statistical analyses (Shamdasani and Stewart, 1990).

### **Procedures**

An interview guide was developed and the questions were pretested prior to its use. Participants were interviewed briefly to request their participation in the study. Eight individuals were invited for a meal prior to the discussion. Also, participants completed a brief survey questionnaire. This was followed by a two hour discussion which was audio recorded for later review of its content.

### **Instrumentation**

The questions were formulated to assess if the participants had symptoms of burnout, have experienced burnout, and what techniques they employed for managing

burnout. A copy of the interview questions used in the focus group can be found in Appendix A.

### **Source of the Data**

Participants in the focus group were staff members employed in a psychiatric hospital in Phoenix, Arizona. The group consisted of seven females and one male. The age of the participants ranged from 27 to 74 years old. The range of experience in the helping profession represented was from two months to 42 years of service. Seven participants had earned Masters Degrees, and one participant had earned a Bachelor's Degree. The length of service in current positions ranged from two months to 20 years.

### **Assumptions and Limitations**

The data from this study may be representative of other counselors; however, it is not suggested that this data is applicable to all counselors. It may be difficult to generalize the results of this study to a general population of counselors. Also, responses from members are not independent of one another. A response from one group member could affect responses from other members. The nature and spontaneity of the group may cause a researcher to place too much value in the data than is warranted. Summarizing and interpretation may be difficult due to the open ended nature of the group. In addition the moderator may bias results by knowingly or unknowingly provide cues about what types of



responses and answers are desirable (Shamdasani and Stewart, 1990) .

### **Method Of Analysis**

After the completion of the focus group session, the audio tape of the session was reviewed and transcribed. The transcription was analyzed to identify common patterns of response and trends in the data. The data was organized according to the discussion topics used in the focus group and is reported in Chapter Four.

## CHAPTER 4

### PRESENTATION AND ANALYSIS OF THE DATA

#### Findings

The following is a summary of the questions asked and the responses of the participants in the focus group.

1. *How does stress affect your performance at work?*

Several participants said that they tend to isolate when feeling stressed. The prevalent feeling was pressure and being overwhelmed. A direct result was a reduced amount of contact with patients. In addition, it was noted that penmanship suffers. Most participants also discussed an increase in efficiency due to a perceived increase in adrenaline. A participant verbalized that she often took a moment to reach out to a colleague for support to help her cope with pressure.

2. *What symptoms do you exhibit when you are feeling*

*burnout?* All participants spoke of suffering from physical symptoms which included fatigue, aches and pains, headaches, numbness, and tightness in the chest. Several participants discussed the tendency to isolate at home. An important finding

was the paying attention to the symptoms and knowing one's limitations. Many participants spoke of going to bed earlier than usual to get needed rest. They indicated the need to spend free time doing enjoyable activities. Many participants revealed they feel more vulnerable and emotional which causes the loss of objectivity and the ability to respond in a professional manner. In addition, one participant identified an awareness of transference in dealing with patients' issues. She shared "I get real directive with patients, then pull back, confront myself, and let go."

3. *What techniques for managing stress work for you?*

All participants agreed that supervision was necessary. It was discussed that supervision accomplishes maintaining objectivity, and was a necessary tool in grounding oneself. One participant stated, "It helps, oh God does it help to talk clinically about difficult cases. It regrounds me." Breaks were a necessity to regroup and all members felt strongly that this centered them back from stressful activity. Other important techniques mentioned were belonging to support groups, spending time with friends and family, listening to music, deep breathing, self-talk, and

exercising. Most participants agreed spirituality and prayer were a vital part of managing stress.

4. *What do you see that you could do to manage symptoms of burnout in better ways than you are now doing?* The prevalent response was that it is better to be proactive and develop good habits before stress sets in rather than counteract burnout after its onset. All participants agreed that adhering to a structured time frame and getting regular exercise was a key factor in avoiding burnout. It was discussed that having an improved diet, more vacation time, and not letting daily chores go undone, would be beneficial. Several participants felt strongly that trusting themselves more, being more spontaneous, and having a better understanding that it is not the responsibility of the counselor to fix someone is crucial. In addition, a major coping skill discussed by all participants was the ability to use humor effectively to offset the seriousness of the work. One participant said, "I take myself too seriously at times and need to remind myself to use humor. If patients see you have a sense of humor their world changes. They don't see you as



the person on the other side of the table. It helps."

5. *What can you do to promote wellness from a holistic approach?* All participants agreed that a big stress reducer was having variety in the workplace. Most participants agreed that knowing limitations in regard to what population a counselor feels comfortable working with is important. One counselor who had attended an academic class, stated,

"It saved my life, changing my work schedule. I want to continue to do this because there is something wonderful about being on campus and that environment is so different. Leaving work early one day a week even though I work later the previous day. Whenever I get into pure theory it cleans me out. Just using a different part of my brain. It was great, it was great for me as a therapist too!"

Most participants concurred that even though paperwork is a necessary part of the job there is also room for a counselor to be creative.

6. *What would you do if you observed a colleague suffering from symptoms of burnout?*

It was discussed that there would be concern for the colleague to "not crack on the job." Many members verbalized they would offer to help. A member stated that when a colleague points out a problem, this is when she acknowledges the problem

and takes action to "turn it around." After a participant shared a deep concern for colleagues, second to patient care, all members agreed that saying something to a colleague out of concern for their well-being can be a lifeline.

### **Summary**

The main issue of importance discussed in the focus group was that counselors must take care of themselves and know where they will get support. Having a well defined plan is necessary to effectively take care of oneself and be committed to this plan is extremely important. All participants felt strongly that having a connection with colleagues was crucial.

The focus group findings indicated that it is imperative that the counselor be aware of symptoms related to burnout, take immediate steps to minimize the severity of the condition.

## CHAPTER 5

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The research studied the symptoms of burnout which counselors experience and the necessary steps to manage the effects of burnout.

The literature reviewed a definition of burnout, its causes, recognizing burnout, and the treatment and relapse prevention for burnout.

The researcher conducted a focus group to discuss counselor burnout. The findings indicated that it is imperative the counselor be aware of symptoms related to burnout, take immediate steps to minimize the severity of the condition, and have a well-defined plan to effectively take care of oneself. It is the responsibility of the counselor to confront a colleague exhibiting symptoms of burnout and encourage them to seek help.

#### Conclusions

The research indicated there are symptoms of burnout that counselors need to identify and act upon.

It is the opinion of this researcher that the data collected in the focus group clearly supported the literature reviewed in Chapter Two. Specifically,

tiredness, both physical and mental, is the prevailing symptom that must not be ignored. The importance of supervision must not be overlooked as a valuable tool in avoiding burnout. As discussed in the literature review, both counselor and client benefit. It is the responsibility of the counselor to seek out this professional developmental activity and be committed to it.

Having open lines of communication with colleagues is an asset in keeping oneself alive and feeling validated. Being able to reach out for support and assisting a colleague in need of support is a lifeline. Counselors must be open to an honest assessment of themselves and seek feedback from colleagues and supervisors as a way to develop professionally. It is beneficial to address issues of concern and conflicts with colleagues as an aid to avoid burnout.

### **Recommendations**

It is this researcher's recommendation that counselors develop outside interests and exercise the part of the body and mind that go unused at work. Giving oneself permission to not take work home, allowing oneself to play, and delight in simple pleasures will create a healthy balance.

Counselors need to understand they share emotions and feelings related to job stress. Support groups with



peers to discuss difficulties will allow professionals to cope with the pressure of their work.

It is imperative for counselors to understand that it is not their responsibility to fix someone. Rather, it is merely the counselors' position to serve clients. Fixing requires the counselor to act on what they perceive as broken. Serving requires the counselor to collaborate and provide clients with the necessary tools to help themselves. Over time, fixing is draining and depleting. Service is renewing. Only service heals.

If an impaired counselor is suffering from severe symptoms of burnout and does not know where to get help, it is recommended they seek out a hot line where professional counselors provide assistance.

Counselors enter the helping profession to make a difference. The place to start is with themselves. Counselors must not lose sight of necessary tasks to avoid suffering burnout.

It could be helpful if future research focuses on emphasizing the ability of counselors to recognize the different approaches they can take to their work. In addition, it would be very constructive to conduct a study on counselors who have left the profession. The study would focus on why they chose to leave.

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# APPENDIX A

## FOCUS GROUP QUESTIONS



### FOCUS GROUP QUESTIONS

1. How does stress affect your performance at work?
2. What symptoms do you exhibit when you are feeling burnout?
3. What techniques for managing stress work for you?
4. What do you see that you could do to manage symptoms of burnout in better ways than you are now doing?
5. What can you do to promote wellness from a holistic approach?
6. What would you do if you observed a colleague suffering from symptoms of burnout?



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