Counselor Burnout and Wellness

Burnout was cited as a principal driver of employee turnover by three-quarters of U.S. workers surveyed in 2006 by the online career site CareerBuilder.com.

Source: TrendWatcher: Addressing Worker Burnout, Institute for Corporate Productivity

This course addresses the important strengths of a substance abuse counselor and how those strengths, when neglected, can cause burnout and fatigue. It addresses both the issue and offers a guide to take the necessary steps toward self-care and wellness. Portions of this course have been resourced from The Addiction Technology Transfer Center, Kansas City, Missouri, and Center for Mental Health Services, Substance Abuse and Mental Health Services, Rockville, Maryland.

The National Institute on Drug Abuse website clarifies that an addiction counselor must exhibit good professional judgment, be able to establish rapport with most patients, be good listeners, be accepting of the patients (i.e., not have a negative attitude toward working with addicts), and use confrontation in a helpful rather than an inappropriate or overly punitive manner. Competent addiction counselors also must be personally well organized enough to be prompt for all sessions and to maintain adequate and appropriate documentation.

In 2006, Abt Associates, Inc., prepared a report entitled Strengthening Professional Identity – The Challenges of the Addictions Treatment Workforce. The report detailed a key issue facing the addiction’s workforce:
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- Insufficient workforce/treatment capacity to meet demand;

“Nationally, addictions treatment capacity is insufficient to accommodate all those seeking services and is substantially inadequate to serve the total population in need. Capacity issues vary by geographic area, population and the type of treatment required. Per capita funding for treatment services also differs by State. Some States are able to invest substantial State and local resources into treatment, whereas others rely primarily on Federal funding. Given limited resources, States and localities are faced with difficult decisions, such as limiting the types or number of services individuals can receive and/or limiting the number of individuals who can receive services. Moreover, in recent years, many States have experienced severe revenue shortfalls that have reduced treatment capacity, despite Federal budget increases.”

Additional highlights of the changing profile in treatment were:

- A shift to increased public financing of treatment
- Challenges related to the adoption of best practices
- Increased utilization of medications in treatment
- A movement toward a recovery management model of care
- Provision of services in generalist and specialist settings;
- Use of performance and patient outcome measures; and
- Discrimination associated with addictions.

The Abt discussion confirms what existing addiction counselors already know, that is, as a career, workers in the field of addiction treatment are often faced with an emotionally and professionally demanding job. When treatment systems are required to provide additional services with less funding, providers and the workforce experience enormous pressures.

Addiction counselors and clinicians are called upon to be empathic, understanding and giving, yet they must control their own emotions and responses in dealing with clients. When engaging with a client, clinicians are often at risk of emotional, mental and physical exhaustion. Without good boundaries and self-care, addiction counselors are vulnerable to fatigue and
burnout. If not properly managed, stress can lead to many problems including burnout, low morale, health problems, turnover, low productivity and much more. Identifying stressors and learning ways to address these challenges can help reduce stress and promote personal health and wellness.

Addiction counselors are treating a very challenging patient population. These clients have complex medical issues, as well as legal, family, housing and employment problems. Workers, whose intention is to help, can get overly involved with (often very needy) patients. In addition, the job requires a huge amount of empathy, yet counselors must face client relapse and ambiguous success every day.

Other stressors occur because of an agency’s inability to implement measures to support staff in their long hours of work, coupled with a lack of clear career paths. In turn, counselors become completely drained (burned-out) and dissatisfied with their job. Eventually, they may seek other employment opportunities and unfortunately, end up leaving the remaining employees to carry even larger caseloads, which piles on more work-related stress! The well-being of an organization, the professional team, the addiction treatment and recovery field depends on how well the issues of stress, burnout, relapse, and job turn-over can be addressed.

At the end of the day, it is ultimately the responsibility of each supervisor, manager, and counselor to assume responsibility for self-management and personal self-care.

**Common stressors:**

- Poor Management Practices – examples include lack of supervision, unclear or no guidance on job performance, non-established processes or procedures, and favoritism.
- Co-workers – dealing with multiple personalities types in a workplace setting is often challenging and stressful.
- Bureaucracy/Red Tape – sometimes procedures and processes complicate, lengthen, and don’t make sense. Employees have no input.
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- Performance demands – standards either become impossible to achieve or are too low, creating another set of problems.
- Balance in Personal/Professional Life – overlapping of jobs with personal lives can have a huge impact on health and personal relationships.

Addiction treatment professionals have a unique set of stressors and challenges due to the complicated issues their clients face, in addition, to the overall demands of the position, all of which lead to counselor burnout and turnover rates.

Definitions

The following definitions will help to identify, more specifically, some of the most common environmental factors contributing to addiction counselor stress, burnout and poor job function.

Compassion Fatigue – state of exhaustion and dysfunction – biologically, psychologically and socially – as a result of prolonged exposure to compassion stress.

Burnout - generalized state of physical, emotional and mental exhaustion counselors experience by long-term involvement in emotionally demanding situations.

Primary traumatic stress reaction- the manifestation of posttraumatic symptoms in clinicians who have been directly exposed to violence, threat of violence, or violations/threat of violations of physical, emotional, mental/psychological, spiritual boundaries/integrity and the ability to respond effectively to the threat is overwhelmed.

Secondary trauma, also known as compassion fatigue, is the manifestation of posttraumatic symptoms in clinicians (who may not necessarily have a history of trauma) when exposed to clients’ stories of traumatic experiences.
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Vicarious traumatization – a change in the clinician’s inner experience, sense of self, and/or worldview, as a result of empathic engagement with the traumatic material of the client.

Countertransference - originally referred to an unconscious emotional reaction to the client based on the clinician’s life experience, but more recently this term has been used to describe all emotionally charged reactions of clinicians to clients, whether or not those reactions are based on the clinician’s personal history.

The American Counseling Association Task Force on Counselor Wellness and Impairment has developed the following working definition of counselor impairment:

“Therapeutic impairment occurs when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client. Impairment may be due to:

- Substance abuse or chemical dependency
- Mental illness
- Personal crisis (traumatic events or vicarious trauma, burnout, life crisis) Physical illness or debilitation

Impairment in and of itself does not imply unethical behavior. Such behavior may occur as a symptom of impairment, or may occur in counselors who are not impaired. Counselors who are impaired are distinguished from stressed or distressed counselors who are experiencing significant stressors, but whose work is not significantly impacted. Similarly, it is assumed that an impaired counselor has at some point had a sufficient level of clinical competence, which has become diminished as described above.”
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The ACA’s definition highlights the reasoning behind the development of their wellness education program. Estimates of the prevalence of mental and emotional disorders in the American population cluster around 21% (US Surgeon General, 1999) and it is believed that counselors may in fact be more vulnerable for a number of reasons (Figley, 1995; Grosch & Olsen, 1994). As such, it would be useful for counselors to know what places them at risk for progressing along the spectrum and to better equip them with activities and strategies that promote health.

Counselor Vulnerability

Counselors are well educated about mental and emotional struggles, and skilled at helping others address their concerns, leading to the misconception that they are less susceptible to struggles of our own. Compounding this belief is that when they do experience some sort of personal difficulty, that they should be able to overcome them without outside help.

There are characteristics of counselors, and components of a counselor’s work, which make them especially vulnerable (Yassen, 1995). Those who practice in the helping field usually have a sense of empathy to the experiences of others. It is not simply the empathy that counselors possess, but empathy coupled with the intimate exposure to client struggles, that can take a toll (Figley, 1995). Moreover, counselors are taught that the counselor is the instrument of change, and that a successful therapeutic relationship creates successful outcomes. This may serve to increase counselors’ strong feelings of responsibility for positive outcomes and reinforce already unrealistic expectations toward their own infallibility (Cerney, 1995). Contextual factors can compromise the ability of individuals and systems to practice effective self-care. Agencies may set unrealistic expectations for clinicians to carry a large caseload, with many seriously troubled clients.

Real life expectations and commonly held myths about counselor invulnerability create barriers to establishing and maintaining personal wellness.
Skovholt (2001) describes “high touch” hazards, those characteristics of professionals in the helping fields, which make them more susceptible to burnout. Those hazards include:

1. Clients have an unsolvable problem that must be solved
2. All clients may not have the skills or resources to meet their goals
3. There is often a readiness gap between them and us
4. Our inability to say no
5. Constant empathy, interpersonal sensitivity, and one-way caring
6. Elusive measures of success
7. Normative failure

These hazards challenge counselors’ personal wellness and highlight the need for supportive environments, and on-going assessment of our own wellness, including positive strategies for resilience (Catherall, 1995; Cerney, 1995; Saakvitne, Pearlman & Staff of TSI/CAAP, 1996).

Other factors that increase vulnerability include:

- ability to obtain quality supervision, the nature of our clientele (e.g. vulnerable children, complexity of problems, safety concerns)
- nature of our workplace (e.g. insufficient resources or vacation time, lack of input into the decision-making process of the organization, current policies prohibit best practice treatment)
- our training, education and experience, current stressors and/or changes in our life outside of work
- our natural coping style, a personal history of trauma, and beliefs that limit our likelihood to seek support

One highlighted issue that contributes to counselor vulnerability is exposure to primary and secondary trauma and violence. When counselors witness or
experience violence firsthand (in the workplace or in their personal lives), there is increased vulnerability to developing traumatic stress symptoms. The concept of vicarious traumatization applies to all helping professionals even without primary exposure to violence (Saakvitne, Pearlman & Staff of TSI/CAAP, 1996). Vicarious traumatization is a cumulative process of personal change in helpers that happens through empathic connection with clients.

The concept is applicable even when clients are not disclosing personal histories of trauma. In the process of connecting with clients, counselors are connecting empathy with client pain, which can have an impact on the counselor. When issues of secondary traumatic stress are not addressed they can result in high levels of absenteeism and turnover, rampant mistrust of colleagues, feelings of anger and isolation, and incidents of ethical misconduct (Catherall, 1995; Yassen, 1995).

Counselors must demonstrate the same level of commitment to self-awareness, self-care and balance for ourselves as they have for clients. Intervention is possible when counselors assess the impact, speak openly as a community, and take steps towards positive change.

**Case Studies: Posttraumatic Stress and Burnout**

Post-traumatic stress affected the healer as well as the healed.

**Case #1:** During the 1989 Phillips Petroleum plant explosions in Pasadena, Texas, Lloyd, along with numerous medical, psychiatric and emergency personnel worked around the clock for 90 days to provide counseling and supportive measures to more than 100 employee and their families.

Six months to one year later, after lives were on track, depression set in for many workers. Survivors returned for help, just when life was “supposed to be normal.” And physicians and counselors reported a low-grade fatigue.

**Case #2:** Suzanne is a 51-year old counselor who specializes in working with addicts in NYC. During her 11 years in corrections, she has become aware that
most of the women in the facility have a history of sexual abuse and many have used substances to numb out and block the memories of their abuse. Suzanne believes treatment for many of the women inmates should be trauma-focused with addictions treated as a condition. She has become increasingly disillusioned with her job, and would have left the position years ago, if she was not concerned about her retirement benefits. Suzanne has been in the system long enough to have seen the relapse among her inmate clients and she has grown bitter toward the corrections administration’s lack of support in providing adequate funding for trauma-focused practice with the women in the facility. She believes addiction services are underfunded and there needs to be a major clinical shift toward including trauma-based treatment for the inmates. She has little support for her concerns and has grown increasingly bitter and frustrated by the placating attitude of the corrections administration. She feels she is wasting her time and providing inadequate and misguided care for her clients.

Case #3: A 34 year old single mom and addiction counselor, Melanie, worked hard while raising her son and keeping a fairly busy social life. Recently, she started feeling down and exhausted when at work. Every day she left her job dreading coming back. She felt like all the tasks were weighing on her and she couldn’t see an end of her ‘to do lists’. Her colleagues irritated her and her responses sounded angrier than she’d like to let on. She couldn’t help but comfort-eat. This didn’t help as it only fuelled her anxieties about her body weight. In addition, she began suffering from tension headaches and couldn’t fall asleep as she was feeling restless. She confessed that she felt very frustrated about the fact that despite all the hard work she put in her job, she wasn’t getting any closer to her desired position. It felt like everybody else was getting ahead and she was stuck feeling like a failure. She thought that she was personally targeted by the boss.

Case #4: A counselor started his career in 1998 with great anticipation and encouragement. He later moved to a marginalized area where the level of need was great and the resources were few. Even though the position was less pay than he wanted, he felt he could make a real difference. He happily worked
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long hours, weekends, and even forfeited family vacations. He began to avoid his family and friends, was irritable, unable to sleep and began to miss important outside appointments. When his position became unstable and he was moved to another department with less benefits, he felt emotionally exhausted and physically drained. When his wife left and filed for a divorce, he began to drink.

Case #5: Until three years ago, Anne had been very motivated and enthusiastic in the treatment program where she worked due to her supervisor, who lavished compliments and talked about promotions. She worked hard through two restructurings in the next few years, certain to keep her job. She began to receive less feedback and compliments and began to feel increasingly insecure about her performance. Her workload has increased and overtime during the week and on the weekend has become the norm. She had less and less time for friends or hobbies. In the evenings she is often so exhausted that watching television is all she is capable of doing. Over the past 8 months she has increasingly experienced sleep disorders and difficulties concentrating; she has the feeling that “it all gets too much”. She is repeatedly sick but doesn’t take much time off to recover as she is convinced that “it is not possible right now.” She tries to deal with headaches with medication. She feels empty and run down, she doesn’t feel like doing anything and cries repeatedly on her way to and from work. After a collapse she eventually quit her job and despite her accreditations and past accomplishments, she has no energy to look for another position in the addiction field.

Case #6: Jim, a clinical supervisor was at the worst point of the crisis. He felt as if he was in a speeding car on the freeway with no brakes. He confided, “I always had the feeling I was chasing everything. The difficulties I was facing seemed insurmountable. I had to learn to try not to do everything by myself and to clearly distinguish between important and unimportant matters utilizing my team, but I stopped listening to my body. Jim was at the point of exhaustion and the simplest tasks were daunting. He felt it was “all too much.” When his health was in jeopardy, he finally took time to self-care and see a doctor.
“Looking back it seems ridiculous to me; back then it was horrible. I felt ashamed, wondering what people where thinking of me. I used to manage 50 staff – now I cannot even get daily things done on my own.”

Additional Case Studies regarding burnout and vicarious trauma are discussed in the article, “Counselor Self-Care in Work with Traumatized Addicted People,” written by Patricia A. Burke, MSW, Bruce Carruth, Ph.D., and David Prichard, Ph.D. in the Journal of Chemical Dependency Treatment.

**Burnout and Stress: Signs, Symptoms, Causes, and Coping Strategies**

When you’re burned out, problems seem insurmountable, everything looks bleak, and it’s difficult to muster up the energy to care—let alone do something about your situation. But burnout can be healed. You can regain your balance by reassessing priorities, making time for yourself, and seeking support.

**What is Burnout?**

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place.

Burnout reduces your productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, you may feel like you have nothing more to give.

Most of us have days when we feel bored, overloaded, or unappreciated; when the dozen balls we keep in the air aren’t noticed, let alone rewarded; when dragging ourselves out of bed requires more than determination.

You may be on the road to burnout if...
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- Every day is a bad day.
- Caring about your work or home life seems like a total waste of energy.
- You’re exhausted all the time.
- The majority of your day is spent on tasks you find either mind-numbingly dull or overwhelming.
- You feel like nothing you do makes a difference or is appreciated.

The negative effects of burnout spill over into every area of life – including your home and social life. Burnout can also cause long-term changes to your body that make you vulnerable to illnesses like colds and flu. Because of its many consequences, it’s important to deal with burnout right away.

Burnout vs. Stress

Burnout may be the result of unrelenting stress, but burnout isn’t the same as too much stress. Stress, by and large, involves too much: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they’ll feel better.

Burnout, on the other hand, is about not enough. Feeling burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often don’t see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is being all dried up. One other difference between stress and burnout: While you’re usually aware of being under a lot of stress, you don’t always notice burnout when it happens.
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### Stress vs. Burnout

<table>
<thead>
<tr>
<th>Stress</th>
<th>Burnout</th>
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<tbody>
<tr>
<td>Characterized by over engagement</td>
<td>Characterized by disengagement</td>
</tr>
<tr>
<td>Emotions are over reactive</td>
<td>Emotions are blunted</td>
</tr>
<tr>
<td>Produces urgency and hyperactivity</td>
<td>Produces helplessness and hopelessness</td>
</tr>
<tr>
<td>Loss of energy</td>
<td>Loss of motivation, ideals, and hope</td>
</tr>
<tr>
<td>Leads to anxiety disorders</td>
<td>Leads to detachment and depression</td>
</tr>
<tr>
<td>Primary damage is physical</td>
<td>Primary damage is emotional</td>
</tr>
<tr>
<td>May kill you prematurely</td>
<td>May make life seem not worth living</td>
</tr>
</tbody>
</table>

*Source: Stress and Burnout in Ministry*

There are many causes of burnout. But anyone who feels overworked and undervalued is at risk for burnout – from the hardworking office worker who hasn’t had a vacation or a raise in two years to the frazzled stay-at-home mom struggling with the heavy responsibility of taking care of three kids, the housework, and her aging father.

However, burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including your lifestyle and certain personality traits. What you do in your downtime and how you look at the world can play just as big of a role in causing burnout as work or home demands.

**Work-related causes of burnout**

- Feeling like you have little or no control over your work
- Lack of recognition or rewards for good work
- Unclear or overly demanding job expectations
- Doing work that’s monotonous or unchallenging
- Working in a chaotic or high-pressure environment
Lifestyle causes of burnout

- Working too much, without enough time for relaxing and socializing
- Being expected to be too many things to too many people
- Taking on too many responsibilities, without enough help from others
- Not getting enough sleep
- Lack of close, supportive relationships

Personality traits can contribute to burnout

- Perfectionistic tendencies; nothing is ever good enough
- Pessimistic view of yourself and the world
- The need to be in control; reluctance to delegate to others
- High-achieving, Type A personality

Warning signs and symptoms

Burnout is a gradual process that occurs over an extended period of time. It can creep up on you if you’re not paying attention to the warning signals. The signs and symptoms of burnout are subtle at first, but they get worse as time goes on.

The early symptoms of burnout are warning signs or red flags that something is wrong that needs to be addressed. If you pay attention to these early warning signs, you can prevent a major breakdown. If you ignore them, burnout is inevitable.

Physical signs and symptoms of burnout

- Feeling tired and drained most of the time
- Lowered immunity, feeling sick a lot

- Frequent headaches, back pain, muscle aches
- Change in appetite or sleep habits
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Emotional signs and symptoms of burnout

- Sense of failure and self-doubt
- Feeling helpless, trapped, and defeated
- Detachment, feeling alone in the world
- Loss of motivation
- Increasingly cynical and negative outlook
- Decreased satisfaction and sense of accomplishment

Behavioral signs and symptoms of burnout

- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating, taking longer to get things done
- Using food, drugs, or alcohol to cope
- Taking out your frustrations on others
- Skipping work or coming in late and leaving early

Professional Boundaries

Professional boundaries define our expectations for self-respect and show respect for others. The lack of professional boundaries may ultimately contribute to unnecessary stress and drama scenarios, depleting emotional stamina.

In therapeutic relationships, our professional boundaries help to limit our selfish inclination to control or manipulate others. Likewise, they protect us from those who have no self-control and who wish to control us. A person with clear, healthy boundaries communicates to others what is and is not permissible. When people are being destructive, boundaries emphasize our self-respect.

Counselors can be available for people in a therapeutic relationship, but unavailable to indulgent, unrealistic or unethical demands. Being gracious is not a blank check for others to continually drain our emotional account. Boundaries teach us to accept one another as being different yet valuable. Boundaries help us appreciate the differences in people rather than be upset by them. Boundaries are not selfish when we use our freedom to serve others.
Weak Boundaries

Counselors who don’t display professional boundaries lack definite lines of personal responsibility vs. other people’s responsibility. If you have weak boundaries you are a candidate for stress and burnout.

Signs of weak boundaries:

- Accepting responsibility for other people’s actions and responses
- Being over responsible or irresponsible
- Giving away your power or taking too much power
- Having no sense of privacy in a relationship
- Invading other's rights sexually
- Emotionally dependent
- Feeling confused about professional relationship protocol

Healthy Boundaries

If you have healthy boundaries you can regulate your own reality. This means that you can choose what you want in your life and also what is not acceptable. In addition, you are able to communicate these needs to those around you. You will also take responsibility for your own behaviors and not take on other people's problems beyond the therapeutic relationship.

It's also about you knowing what you want from others, what you will or will not except from others, understand how you want to be treated. Our self-respect as professional counselors dictates the standard to which we expect respect from others. Once you have this priority in place, professional boundaries will feel natural and protect both you and your client.

Rigid Walls are Not Boundaries

When healthy boundaries are not in place, walls of protection can easily surface to help self-protect. Self-protective behavior limits our ability for professional communication and therapeutic relationship.
Ultimately, the lack of boundaries leading to protective behavior changes the therapy session focus from helping others to protecting self. Some warning signs:

- Unable to change views or perspectives
- Same emotion surfaces every time
- Unwilling to hear out others
- Blaming others
- Wanting to win at other’s detriment
- Unable to accept that you are wrong

**External Boundaries** - *External boundaries are about what you will accept from others. They are the limits we set with those around us based on certain people, times and places. They are about what behaviors we will accept from other people and those which we will not accept.*

**Internal Boundaries** - *Internal boundaries are about what you will accept for yourself. Internal boundaries include knowing your own beliefs, values, thoughts, feelings and attitudes. They are about the decisions and choices you make for yourself and the experiences you participate in.*

Boundary gates are opened two ways.

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Our external boundaries are breached when we are not able to limit or stop an external stimuli, for example, vicariously identifying with the impact from a client’s trauma story details.

Our internal boundaries are breached when we do not employ self-control or manage our strengths, for example, if we were to become co-dependent to the needy client due to their unresolved trauma experience.
Countertransference

An addiction counselor's attunement to his/her own countertransference is critical to a healthy therapeutic relationship. Countertransference adds a source of stress and over activity that can lead to counselor (and client) damage.

Counselors may have clients they like or “prefer” to deal with. Sometimes a client’s motivation to change causes the counselor to feel empowered and validates their treatment style. Other times, counselors are relieved that certain clients have left treatment or been assigned to a different clinician. Both these sides of these counselor/client relationships has to do with feelings of countertransference.

Countertransference is defined as redirection of a counselor's feelings toward a client, or more generally, a counselor's emotional entanglement with a client. Countertransference often happens when the helping counselor doesn’t have personal awareness and self-management. Countertransference is a reflection of breaching a counselor’s internal, and sometimes ethical, boundaries.

Countertransference occurs when a counselor who is a recipient of a transference activity, accepts this and engages with the client at an emotional level, such as:

- Feelings aroused in the counselor by the client
- Feelings to do with a counselor’s unresolved conflict from past or present relationships other than the professional relationship with this particular client

Examples of countertransference:

- Over identifying with client through similar commonalities such as personality, past difficulties, social standing, age
- Feeling parental towards client
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- Sexual attraction – Pope & Tabachnik, (1993) found that the vast majority of counselors (87%) had been sexually attracted to at least one if not more of their clients.
- Client reminds us of someone we have or had strong feelings for (positive or negative)

Self-knowledge and personal awareness are the basic tools in dealing with countertransference and establishing healthy professional boundaries. After looking at the examples of countertransference, a counselor could ask their self these questions:

- Do you find yourself responding to clients and/or individuals in your life with any of the above reactions?
- If so, what does this reveal about you or your emotional needs and internal self-management boundaries?
- What can you do either in counseling or in your personal relationships to respond in a more effective way?

Re-establish the professional relationship by:
- Define personal internal boundaries that align with ethical standards.
- Discuss how you are affected by certain clients either within supervision on with a colleague.
- Get other’s perspectives on whether you are maintaining unconditional positive regard.

Recovering from Burnout

While the tips for preventing burnout are still helpful at this stage, recovery requires additional steps.

- Slow down
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When you’ve reached the end stage of burnout, adjusting your attitude or looking after your health isn’t going to solve the problem. You need to force yourself to slow down or take a break. Cut back whatever commitments and activities you can. Give yourself time to rest, reflect, and heal.

- Get support

When you’re burned out, the natural tendency is to protect what little energy you have left by isolating yourself. But your friends and family are more important than ever during difficult times. Turn to your loved ones for support. Simply sharing your feelings with another person can relieve some of the burden.

- Reevaluate your goals and priorities

Burnout is an undeniable sign that something important in your life is not working. Take time to think about your hopes, goals, and dreams. Are you neglecting something that is truly important to you? Burnout can be an opportunity to rediscover what really makes you happy and to change course accordingly.

- Acknowledge your losses

Burnout brings with it many losses, which can often go unrecognized. Unrecognized losses trap a lot of your energy. It takes a tremendous amount of emotional control to keep from feeling the pain of loss. When you recognize these losses and allow yourself to grieve them, you release that trapped energy and open yourself to healing. Ruth Luban, Keeping the Fire (1996) list these:

- Loss of the idealism or dream with which you entered your career
- Loss of the role or identity that originally came with your job
- Loss of physical and emotional energy
- Loss of friends, fun, and sense of community
- Loss of esteem, self-worth, and sense of control and mastery
- Loss of joy, meaning and purpose that make work – and life – worthwhile
Considerations for Counselors in Recovery

Because stress and substance related cues are major factors contributing to relapse, it is important that recovering counselors are able to speak openly without fearing a backlash. The individual who approaches a co-worker or supervisor to discuss concerns about feeling triggered should be commended for their bravery in facing possible backlash and having the foresight to get help.

Despite a counselor's successful recovery from past substance abuse, they must be aware of sensitivity to stress and cue-induced cravings. As an addiction counselor, there is constant exposure to possible triggers from clients who exhibit substance using behavior. In addition, recovering counselors may come in contact with former using acquaintances or partners who are now clients of the agency they work for, which triggers a memory recall of former substance using days.

*Source: The Recovering Counselor (2012)*

Changes That Help

If you recognize the warning signs of impending burnout in yourself, remember that it will only get worse if you ignore the symptoms. But if you take steps to get your life back into balance, you can prevent burnout from becoming a full-blown breakdown.

Helpful tips:

- Start the day with relaxing. Rather jumping out of bed as soon as you wake up, spend at least fifteen minutes meditating, writing in your journal, doing gentle stretches, or reading something that inspires you.
- Adopt healthy eating, exercising, and sleeping habits. When you eat right, engage in regular physical activity, and get plenty of rest, you have the energy and resilience to deal with life’s hassles and demands.
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- Set boundaries. Don’t overextend yourself. Learn how to say “no” to requests on your time. If you find this difficult, remind yourself that saying “no” allows you to say “yes” to the things that you truly want to do.
- Take a daily break from technology. Set a time each day when you completely disconnect. Put away your laptop, turn off your phone, and stop checking email.
- Nourish your creative side. Creativity is a powerful antidote to burnout. Try something new, start a fun project, or resume a favorite hobby. Choose activities that have nothing to do with work.
- Manage stress. When you’re on the road to burnout, you may feel helpless. But you have a lot more control over stress than you may think. Learning how to manage stress can help you regain your balance.

The most effective way to combat job burnout is to quit doing what you’re doing and do something else, whether that means changing jobs or changing careers. But if that isn’t an option for you, there are still things you can do to improve your situation, or at least your state of mind.

- Actively address problems. Take a proactive approach – rather than a passive one – to issues in your workplace. You’ll feel less helpless if you assert yourself and express your needs. If you don’t have the authority or resources to solve the problem, talk to a superior.
- Clarify your job description. Ask your boss for an updated description of your job duties and responsibilities. Point out things you’re expected to do that are not part of your job description and gain a little leverage by showing that you’ve been putting in work over and above the parameters of your job.
- Ask for new duties. If you’ve been doing the exact same work for a long time, ask to try something new: a different grade level, a different sales territory, a different machine.
- Take time off. If burnout seems inevitable, take a complete break from work. Go on vacation, use up your sick days, ask for a temporary leave-
of-absence—anything to remove yourself from the situation. Use the time away to recharge your batteries and take perspective.

**Supervision**

As addiction counselors, we have a vested interest in our role and want to provide a valuable intervention. We have feelings for people that we have professional relationships with. Those feelings can be positive or negative, productive or damaging.

Community is a valuable tool in any environment. For addiction counselors, having a supportive community is a healthy way to process feelings and sort out perspective. Other’s “who have been there” are an essential part of helping to keep our perspective on track. Knowing that stress, burnout and fatigue are often an occupational hazard, addictions practitioners must learn how to prevent and reduce workplace stressors.

Utilizing supervision and co-worker support is a healthy way to gain perspective and realign ourselves with professional boundaries and ethical practice.

Research suggests appropriate clinical supervision can reduce staff stress and increase motivation, in addition to providing ongoing skill evaluation. Supervisors must sharpen their skills and take the time to supervise properly. Ongoing communication and onboarding activities will help ensure a high level of employee job satisfaction and engagement. The ways in which a supervisor motivates employees can serve as a tool for stress reduction. When employees are happy, their stress levels decrease.

Supervisors should watch their employees for signs indicating personal or health-related problems such as mood swings, weight gain or loss, tardiness and absenteeism. They should also address the following:

- Relationships between recovering staff and clients
- Professional credibility
- Cultural bias and unfair treatment
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- Staff performance evaluations
- Liability concerns
- Impaired counselors

Supervision can offer staff support and validation, an opportunity to debrief and share reactions to clients’ trauma material. It is also an opportunity to share positive coping strategies. Although there are tremendous pressures today on clinical supervisors to focus on case management, administrative issues and behavioral treatment planning, it is imperative for clinical supervisors to include frequent supervision addressing compassion fatigue issues as part of each staff member’s professional self-care plan. If neglected, good clinicians will eventually experience burnout and inevitably walk away from their jobs.

Wellness Approaches

There are individual, team and organizational strategies for addiction treatment workers while working with traumatized, addicted clients. It is essential, however, for each individual to take responsibility for developing their own personal and professional self-care plans, including a relapse prevention plan for those in recovery.

An important step in addressing this issue is the recognition that compassion fatigue and other stress disorders are real and a common response of compassion and empathy, without which, the counselor would not be successful.

The Tennessee Medical Association in their article on secondary traumatic stress in Mental Health professionals (The Journal, 2006), identifies key balances between being vulnerable and being available to the client’s needs, and taking steps toward protecting one’s own sense of integrity. The TMA studies indicate that there are four important strategies to apply in prevention efforts:

1. Professional strategies – balancing caseloads
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2. Organizational strategies – sufficient release time
3. Personal Strategies – respecting one’s own limits
4. General coping strategies – self nurture and care

Self-Evaluation

Try writing out a schedule for a typical work day including recognition of own unique requirements for pacing, breaks for exercise, rest, and nourishment, and a variety of tasks and self-care practices. Then, at the end of the day, review schedule and ask:

✓ Did your day include an awareness of personal physical, emotional, mental, and spiritual needs?
✓ Did it include a sense of balance?
✓ Did it include time for connection to self and others that is nourishing?

Developing a Wellness Lifestyle

Every aspect of your life — the place you live, the people you live with, your friends and acquaintances, the things you do or don’t do, the things you own, your work, even things like pets, music, and color, affect how you feel. If you are concerned about your mental health or the quality of your life, you can make changes in your life that will help you to feel much better.

Creating Action

It is not always easy to create change. However, without taking some action, you cannot make changes in your life that may help you feel better. Every time you take positive steps in creating change in your life, give yourself a pat on the back or reward yourself by doing something nice for yourself like taking a warm bath, going for a walk, or spending some time with a friend. You also may want to keep a written
record of the change you are creating in your life in a notebook or journal.

Change takes time and may be difficult. You may have to overcome many obstacles. Take small steps. Don’t give up. Be persistent. Keep working toward whatever it is that will help you to feel better and enjoy your life more. Making change is being able to see beyond yourself to what the solution might be.

Creating change is something you need to do for yourself. No one else can do it for you. Others can help you and support you as you create change but it is up to you to do what needs to be done. You will be the one that benefits from successful change.

If you feel you have control over your own life, you have jumped over the first hurdle to creating change in your circumstances. If you don’t feel you have control over your life, it is important that you take back control. It is very difficult to feel well when you are not in charge of your own life. Make a list of the benefits of taking back control over your life.

**Getting Good Health Care**

You deserve good health care. If you have a good health insurance plan, this won’t be a problem. If accessing health care is a problem, it is worth making the effort to get what you need and deserve for yourself. What can you do to be sure you take care of your body and emotions?

**Lifestyle**

What could you do to make your life more peaceful and calm? For example, save time for yourself in the evening or set aside time every
day to do things you enjoy. You need time to relax and to relieve stress. Sometimes the events and circumstances of our lives make it hard to do this. If you are unable to relax, you may notice physical and emotional health problems. What can you do to take time to relax every day?

**Home**

The space where you live, your home, can affect how you feel. Do you look forward to going home or being at home? If not, what could you change about your home that could make you want to go there and feel comfortable there?

**Employment or Career**

There are difficult aspects of every job or career but, you should enjoy your job or career that increases your life rather than draining it Does your job or career enhance your life and wellness? If it doesn’t, what needs to change? How can you make this happen?

**Diet**

The foods and other substances you put in your body may be affecting the way you feel. Many people have found that they feel much better when they pay close attention to what they put in their body, eliminating some things and adding others. If you feel your diet might be affecting you, notice how you feel half an hour or more after a snack or meal. What can you do to make healthy changes?

**Exercise**
If you are exercising regularly, you will enjoy the following benefits —

- an overall feeling of well-being
- enhanced ability to sleep restfully
- improved memory and concentration
- decreased irritability and anxiety
- increased endurance

Do you exercise regularly to help reduce stress and increase stamina? If not, how could you make that happen?

**Light**

You may notice that you have less energy than usual, feel less productive and creative, feeling sad or depressed as the daylight time gets shorter in the fall or when there is a series of cloudy days. If so, you may have Seasonal Affective Disorder (more commonly known as SAD). You may want to plan ahead, knowing that the fall and winter are hard times for you and that you need to take care to get outdoor light when possible.

**Sleep**

You will feel better if you sleep well. Your body needs time every day to rest and heal.

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According to the National Sleep Foundation in Washington, D.C. 65% of Americans are sleep deprived.
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If you often have trouble sleeping—either falling asleep, or waking during the night and being unable to get back to sleep—one, several of the following ideas might be helpful to you.

- Go to bed at the same time every night and get up at the same time every morning.

- Establish a bedtime “ritual” by doing the same things every night for an hour or two before bedtime so your body knows when it is time to go to sleep.

Spirituality

Just as trauma can result in a loss of meaning, hope, connection and a crushed worldview, secondary, or vicarious, trauma can have the same effects on the addiction practitioner. Clinical literature suggests spirituality as a multi-dimensional human experience. As mentioned, working with addicted clients is occupationally draining. Engaging in spiritually oriented activities can enhance a balanced sense of well-being, and can serve as way to “refuel.”

Action Steps

Individuals can take steps toward their own health and wellness. These positive personal strategies have helped professionals find balance to cope with stress:

- Talking with colleagues about difficult clinical situations
- Attending workshops, social activities with family and friends
- Exercising
Drinking plenty of water. Dehydration causes you to feel fatigued even if you are eating healthy and getting enough rest.

- Maintaining a healthy diet
- Limiting client sessions
- Maintaining mental wellness
- Balancing caseloads with trauma and non-trauma clients
- Taking breaks, vacations
- Listening to music
- Engaging in spiritually oriented activities: Walking in nature, meditating, journaling, volunteer work, etc.
- Engaging in personal psychotherapy
- Keeping a “praise file” – This is a file of complimentary notes that you read periodically to remind yourself of what a good job you are doing
- Taking a one day vacation. – Take a day off to renew. It can be better than spending an ineffective day at work
- Expanding your horizons – do other kinds of activities
- Reading. – It will get your mind off the “hamster wheel”
- Taking a “fun” class
- Taking the weekend off
- Planning special activities - something to look forward to
- Making a “pampering” appointment – Get a haircut, buy new clothes, a pedicure or massage
- Meditating
- Laughing – use humor to recharge your batteries
- Getting enough sleep. Try and get at least seven hours of sleep per night

The Humanities and Human Spirit program at the John P. McGovern, M.D. Center for Health in Utah helps participants have a sense of balance. Health professionals share and shed their burdens in a non-judgmental and supportive atmosphere. “The object is not to solve each other’s problems,” explains Dr. Thomas Cole, director of the McGovern Center, “but simply to listen and be present with another colleague’s experiences.”
Here are other publications to check out:

- Specific details for exercise, nutrition and mental wellness are outlined in *Self-Care, A Guide for Addiction Professionals* – booklet prepared by Central East ATTC Regional Office addressing challenges in the workplace, the agency role in supporting well-being and self-care approaches.

- Humor can help! *Education World™* offers a free, weekly Education Humor Newsletter.

- BLR® offers a free newsletter, *HR Strange But True!* bringing offbeat, often hilarious, tales from the workplace.

Opt for a free newsletter from Colleen Kettenhofen, workplace expert and contributing author of the book, *Masters of Success*. Newsletter topics include: How to increase energy with top foods, easy exercise tips and techniques; how to manage stress and achieve greater life balance, and how to achieve personal, business and leadership success.

Following is a list of some very simple things you can do everyday to feel better. Use these techniques whenever you are having a hard time or as a special treat to yourself.

- Be present in the moment
- Use your spiritual resources
- Do something fun or creative
- Get some exercise
- Write something
- Do a relaxation exercise
- Do something routine
- Wear something that makes you feel good
- Get some little things done
- Learn something new
- Do a reality check
- Look at something pretty or that has special meaning for you
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- Play with children in your family or with a pet
- Take a warm bath
- Expose yourself to something that smells good to you
- Listen to music
- Make music
- Singing helps
- Make a gratitude list

What is the benefit of a wellness lifestyle? Being the best YOU! For instance, you would —

- feel better physically and emotionally
- have less stress
- have more time to do the things you enjoy
- have time to take good care of yourself
- feel more fulfilled
- improve the quality of your life
- laugh and have fun
- be connected to life, people, and yourself

Why not start today!

Further Resources

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services
Web site: www.samhsa.gov

SAMHSA's National Mental Health Information Center P.O. Box 42557 Washington, D.C. 20015 Telephone (800) 789-2647 (voice) Web site: www.mentalhealth.samhsa.gov
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National Institute on Drug Abuse (NIDA) Office of Science Policy and Communications, Public Information and Liaison Branch 6001 Executive Boulevard, Room 5213, MSC 9561, Bethesda, Maryland 20892-9561

Consumer Organization and Networking Technical Assistance Center (CONTAC) P.O. Box 1 000 Charleston, WV 25339 1 (888) 825-TECH (8324) (304) 346-9992 (fax) Web site: www.contac.org

Depression and Bipolar Support Alliance (DBSA) (formerly the National Depressive and Manic-Depressive Association) 730 N. Franklin Street, Suite 501 Chicago, IL 60610-3526 (800) 826-3632 Web site: www.dbsalliance.org

National Alliance for the Mentally Ill (NAMI) (Special Support Center) Colonial Place Three 2107 Wilson Boulevard, Suite 300 Arlington, VA 22201-3042 (703) 524-7600 Web site: www.nami.org

National Empowerment Center 599 Canal Street, 5 East Lawrence, MA 01840 1-800-power2u (800)TDD-POWER (TDD) (978)681-6426 (fax) Web site: www.power2u.org

National Mental Health Consumers’ Self-Help Clearinghouse 121 Chestnut Street, Suite 1207 Philadelphia, PA 19107 1 (800) 553-4539 (voice) (215) 636-6312 (fax) e-mail: info@mhsselfhelp.org Web site: www.mhsselfhelp.org Resources listed in this document do not constitute an endorsement by CMHS/SAMHSA/HHS, nor are these resources exhaustive. Nothing is implied by an organization not being referenced.

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