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## **Burnout and Attrition Experiences of New Professional Clinical Mental Health Counselors: An Application of the Indivisible Self Model of Wellness**

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To the Graduate Council:

I am submitting herewith a dissertation written by Adam Forrest Stephens entitled "Burnout and Attrition Experiences of New Professional Clinical Mental Health Counselors: An Application of the Indivisible Self Model of Wellness." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Counselor Education.

Joel F. Diambra, Major Professor

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(Original signatures are on file with official student records.)

Burnout and Attrition Experiences of New Professional Clinical Mental Health Counselors:  
An Application of the Indivisible Self Model of Wellness

A Dissertation Presented for the  
Doctor of Philosophy  
Degree  
The University of Tennessee, Knoxville

Adam Forrest Stephens

August 2016

### **Dedication**

I would like to dedicate this to my nephew, John. May you always remember that your dreams are worth pursuing and that there is always help, love, and support along the way. I'll always be  
in your corner!

I also dedicate this to the many individuals and families I have had the privilege to work with as a counselor. I think back on the celebrations, heartaches, difficulties, and hope and am reminded of why I chose this field. You have all served as teachers to me in your own ways.

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## **Abstract**

Professional burnout is a phenomenon common to professionals working within the helping fields (Figley, 2002). Though common, little exists in the way of formal theories to define and understand the phenomenon and how it may be understood in a progressive, developmental sense (Paris & Hoge, 2010). To date, burnout has primarily been understood and researched through the study of other constructs that fit within the global definition of burnout (Newell & MacNeil, 2010), as well as more constructivist approaches to the phenomenon, stating there are no predictive cycles or types of experiences that result in a perceived sense of professional burnout (Sang Min, Seong Ho, Kissinger, & Ogle, 2010). This study sought to capture the perceptions and lived experiences of new professional clinical mental health counselors who self-reported feelings of burnout that resulted in subsequent attrition from the field of counseling. Using a qualitative directed content analysis approach, this study explored the application of the Indivisible Self Model of Wellness (Myers & Sweeney, 2004) to participant experiences of professional burnout. The analysis of these interviews yielded five key findings: the impact of administrators and mental health treatment systems on the experience of new professional counselors; the reliance on mental health professionals as friends and supports as well as strain in relationships with partners; physiological and behavioral changes impacting a counselor's overall sense of physical health; the complicated and conflicting emotions related to burnout and attrition; and the progressive, cumulative nature of burnout. I discuss these findings as they relate to implications for counselor education and supervision and provide suggestions for future areas of research.

*Keywords:* attrition, wellness, burnout, mental health counseling



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## **Chapter One: Introduction**

### **Chapter Introduction**

Of all professions, the mental health workforce experiences some of the highest levels of attrition due to the taxing nature of working with clients who often have significant mental health issues (Figley, 1995; Figley, 2002; Frandsen, 2010; Lambie, 2006; Lawson & Myers, 2011; Lenz & Smith, 2010; Paris & Hoge, 2010; Sang Min, Seong Ho, Kissinger, & Ogle, 2010; Thompson, Amatea, & Thompson, 2014; Wallace, Jayoung, & Sang Min, 2010; Watkins, 1983). Paris and Hoge (2010) estimate the current mental health field attrition rate to be approximately sixty percent. While there are a wide range of explanations that could, at least in part, help to paint a clearer picture as to the many reasons for this turnover and attrition, this study focuses on one well-known phenomenon that is widely reported among the helping professions; professional burnout. Burnout, a widely-studied and widely-used term in the helping professions, also encompasses such constructs as vicarious trauma, compassion fatigue, secondary traumatic stress, and organizational and systemic stressors in the mental health field (Newell & MacNeil, 2010; Paris & Hoge, 2010). Behavioral characteristics that signify an experience of burnout include depletion of physical and mental resources, personal expectations that exceed ability, and relationships (e.g., the counselor-client relationship) that deplete the energy of the counselor (Watkins, 1983). The term 'burnout' originated from the work of Freudenberger in the early 1970's. He defined the term as "the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results (Freudenberger, 1974, p. 159)." Freudenberger's conceptualization and creation of the term stemmed from his work with clients experiencing chemical addiction and their process of developing a drug of choice as they

“burned through” other drugs, resulting in a lack of motivation and ability for other life tasks (Lambie, 2006, p. 33-34).

Christina Maslach furthered the understanding of the construct of burnout through a tri-dimensional view of precipitating factors that lead to burnout. These dimensions include emotional exhaustion, depersonalization (i.e., lack of empathy and therapeutic presence with clients), and feelings of reduced personal accomplishments in professional work (Lee & Asforth, 1990). Maslach and Jackson (1981) describe the phenomenon of burnout as "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind" (p.99). While the seminal work of Maslach posits three dimensions for assessing an experience of burnout within a helping professional, there is also ambiguity and a lack of a definitive symptom checklist or a predictive cycle that occurs for professionals finding themselves in this experience (Sang Min, Seong Ho, Kissinger, & Ogle, 2010). While a definitive checklist does not yet exist, Maslach and Jackson (1981) suggest three domains, which lead to helping professionals experiencing burnout: personal, social, and institutional. The following section outlines experiences within each of these three domains and points to relevant literature that help to substantiate the validity of this encompassing and systemic view of approaching burnout.

### **Previous Research Related to Counselor Burnout and Related Constructs**

In a recent meta-analysis of burnout literature, Paris and Hoge (2010) discovered 145 articles discussing the construct with only 38 of the articles published within the United States between the years of 1990-2009. As was already indicated in the previous section, the variables that construct the experience of burnout are multiple and complex. Because of this complexity, it is important to examine other relevant constructs that fit within the umbrella of burnout and

often lead to the experience of burnout. These terms include secondary trauma, vicarious trauma, and compassion fatigue (Newell & MacNeil, 2010). While each of these experiences affects the counselor, it seems that the phenomenon of secondary trauma and vicarious trauma relate to specific incidents or specific client cases. Compassion fatigue and burnout, however, derive from prolonged experiences in the helping field and not necessarily one specific client interaction. This could suggest that brief or short interactions with vulnerable individuals may be just as significant in prolonged experience within a counseling role and vulnerable individuals. Lambie (2006) suggests that a critical determining factor in making this distinction rests in whether counselors believe they were able to be impactful with their client. This perspective indicates that a counselor's role and role-awareness helps to frame their personal experience of being helpful and engaging in meaningful work with their clients. It also offers an existential lens for observing career, particularly one within the helping profession. With this perspective, a counselor may see themselves in relation to clients and other professionals and make judgement calls regarding the quality of their work. These judgement calls directly influence a counselor's sense of their fit and longevity within the profession (Lawson & Myers, 2011).

Lambie (2006) defines burnout as "a psychological syndrome embedded in the context of a complex interpersonal relationship involving the person's concept of both self and others in which chronic stress leads to an emotional depletion and then to cynicism and a detachment response (pp. 32-33)." While this definition accounts for the tri-dimensional model offered by Maslach and Jackson (1981), it also helps to broaden the understanding of the term to a more contextually understood basis, with a greater emphasis on interpersonal interactions. This more contemporary definition of burnout suggested by Lambie (2006) allows for the focus to shift

toward a more systematic and contextual view of the construct through examining organizational structure, populations served, interpersonal and intrapersonal dynamics, and how a professional counselor is prepared for the role (Paris & Hoge, 2010; Lawson, 2007; Savicki & Cooley, 1982; Wallace, Jayoung, & Sang Min, 2010; Watkins, 1983; Yager & Tovar-Blank, 2007).

Additionally, burnout can be further conceptualized and understood by examining the context of where the services are provided (e.g., school, agency, private practice, employee assistance programs, or consultations programs), as well as the specialization and training of the counselor providing the services (e.g., school, clinical mental health, and rehabilitation).

In summary, previous research related to counselor burnout is relatively new with the earliest mentioning of the construct documented in the early 1970's by Freudenberger (Lambie, 2006). Since the inception of the construct, other individuals have devoted their research to furthering the understanding of this psychosocial dilemma. The Maslach Burnout Inventory (Maslach & Jackson, 1981) was borne out of this early understanding and helped to create a symptom-based checklist to help professionals assess their peers as well as themselves. This inventory allows counselors to better self-monitor, and understand the construct as well as implications that could potentially arise in their clinical work as a result. As researchers learned more about burnout, the definition and inclusion of other constructs and terms helped lead to a more comprehensive understanding of how this is experienced by professionals in the helping field (Newell & MacNeil, 2010). From an ethical and prevention/early intervention perspective, knowing the differences among terms used under the umbrella of burnout such as compassion fatigue, secondary traumatic stress, and vicarious trauma serves to help counselors receive appropriate supports to combat this impairment. If left unchecked, burnout resulting from one of these constructs could lead to impairment, consequently leading to attrition from the mental



health professions. To combat these experiences, and to gain a better understanding of the construct of burnout, academic training and preparation programs may, in part, serve to build necessary coping and wellness skills to counter future experiences that could lead to the experience of burnout (Lawson, Venart, Hazler, & Kottler, 2007). Following is a section regarding the need to address wellness and self-care in counselor education programs from the perspective that these practices not only serve to benefit wellness and career longevity of the counselor, but also serve to enhance the counseling relationship with clients.

### **Teaching Wellness in Counselor Education Programs**

Following is an overview of the use of wellness education and curriculum practices in counselor preparation programs. The construct of wellness, the inverse of burnout, serves to provide a frame for how we understand burnout and includes constructs that may be combated or even prevented through the means of regular self-care and wellness strategies and practices. Since the field of professional counseling has adopted wellness as a foundation for providing clinical services to clients, the same may apply for the helpers and providers of these services. Using a wellness model as a locus for providing counseling services to clients can also allow for a helping professional to gauge their own level of wellness and consequently assess for symptoms of burnout or other impairment-related experiences (Lawson & Myers, 2011).

With the growing attention to wellness and mental health, the American Counseling Association had the impetus to begin the work of the Task Force on Counselor Wellness and Impairment in the spring of 1991 (Lawson, Venart, Hazler, & Kottler, 2007). The American Counseling Association speaks to the development of the task force as stemming from similar moves by other organizations (American Psychological Association, National Association of Social Workers, and the American Medical Association) and primarily derives from the

perspective of impairment and how burnout eventually hinders a counselor's ability to be present and work with clients (American Counseling Association. n.d.). The American Counseling Association cited the work of Charles Figley and adopted his definition of burnout as the working definition of the taskforce, which states that burnout is, "A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations. (American Counseling Association, n.d.)."

Lawson & Myers (2011) asserted that while the approach to helping in counseling focuses on wellness for our clients, attention to the wellness of the clinician is paramount and positively links to the wellness of our clients. While the literature indicates varying definitions and models of wellness, many researchers have suggested the importance of distinctions between a counselor's personal and professional life. In fact, wellness is multidimensional in that it encompasses physical, emotional, cognitive, and inter/intrapersonal wellness (Venart, Vassos, & Pitcher-Heft, 2007). With the promotion of the importance of a counselor's wellness in terms of their client's opportunity to reach therapeutic goals, counselor training graduate programs are preparing their students to incorporate a personal philosophy of wellness before they begin their professional work in the field (Roach & Young 2007; Savicki & Cooley, 1982; Yager & Tovar-Blank, 2007).

Beginning with the admissions process, counselor education programs focus more on academic achievement and aptitude of candidates by reviewing their academic history, GRE scores, and through questions asked in the interview process (Roach & Young, 2007). While the potential of academic success is important for students beginning their studies in counseling, this model does not account for students' ability to maintain their own wellness and build balance between their personal and newly embarked professional counseling lives. Lambie (2006)

suggests that counselor educators acknowledge this deficit by taking an existential and humanistic approach with counselors-in-preparation, be it through classroom instruction or supervision, to acknowledge inherent stressors associated with the field and the role of being a professional counselor and to search for subsequent meaning in their development.

With a growing attention toward wellness and preparation for work in an emotionally challenging field, counselor educators should be aware of ways in which to educate their students about the practice and benefits of wellness. Wolf, Thompson, and Smith-Adcock (2012) suggest that as we teach empirically grounded counseling techniques and interventions, there is also a need for an empirically valid idea of wellness in counselor training programs. The authors propose that adapting the Indivisible Self Model of Wellness (IS-WEL), an emergence from the Wheel of Wellness model by Hattie, Myers, & Sweeney (2004) would provide a common language for counselor educators to speak of wellness in curriculum and in their work with students. With the use of this model and the beginning of a common language, counselor educators can and would be able to help students develop and build personal wellness plans that would serve them not only as a student, but also as a professional in the field when there is an increased need for self-supervision.

Current literature suggests that counselor education programs traditionally give more assessment weight towards incoming students' past academic achievement and aptitude and give little to no weight in terms of evaluating students from a wellness perspective (Roach & Young, 2007). Despite the lack of this initial assessment of students for program admissions processes, past research has shown that the counseling profession seems to attract individuals who already incorporate wellness principles in their day to day lives (Myers, Mobley, & Booth, 2003; Perepiczka & Balkin, 2010; Roach & Young, 2007). Suggestions for current counselor

educators and individuals who help to plan curriculum for counseling programs on an institutional and national level would do well to consider the role of wellness in counselor preparation. If counselor educators strive to share models and theories of wellness in their training programs adopted by the profession at large, this would better prepare students for professional practice by allowing for a common language with colleagues as well as their ability to self-supervise their professional and personal wellness. While the profession is predicated on a foundation of wellness and strengths-based perspectives in working with clients, a unified model for clinical or supervisory work has yet to be adopted and interwoven into core curriculum (Wolf, Thompson, & Smith-Adcock, 2012).

### **Counselor Personal and Professional Development**

As counselor educators endeavor to help their students create personal wellness plans and build coping patterns that will serve them during the remainder of their professional careers, they must also consider developmental tasks inherent in their preparation programs for counselors-in-training. According to the Integrated Developmental Model of supervision for counselors-in-training, all students enter the profession in training programs lacking in the domains of self and other awareness, motivation, and autonomy, deeming them at a novice level (Bernard & Goodyear, 2014; Leach, Stoltenberg, McNeill, & Eichenfield, 2011; Stoltenberg & McNeill, 1997). Just as these counselors-in-training lack the necessary skills to be proficient counselors, they are also often lacking in wellness coping strategies that will build the foundation for a successful career in the field. There are many models that account for stages of growth and change both personally and professionally in counseling students (Studer, 2007). While many developmental models of supervision account for the development of clinical skills and behaviors, overarching factors of these models seem to suggest that there is a need to look at

counselors-in-training from a humanistic or existential lens to assess for a counselor's ability to engage in what they deem to be meaningful and productive work with their clients (Lambie, 2006; Stoltenberg & McNeill, 1997).

### **Theoretical Framework**

The counseling profession formally adopted the wellness perspective in counseling with a vote from the American Association for Counseling and Development (now the American Counseling Association) Governing Council on July 13, 1989 (Myers, 1992). Since that time, research and intervention strategies based in human development and strengths-based counseling has been a foundation of the profession (Smith, 2001). Because of the prominence and tenets of the profession predicated on this approach in counseling and because this study endeavors to explore burnout, deficient coping styles, and compromised self-care practices for new professional counselors, this study uses a wellness model for human development. In particular, a comprehensive wellness model constructed by leading scholars in the counseling profession, Jane Myers and Thomas Sweeney as it serves as a lens for understanding wellness across all dimensions of life.

The Indivisible Self Model of Wellness was borne out of Sweeney and Witmer's Wheel of Wellness model, a comprehensive approach rooted in Adlerian psychology that explored quality and longevity of life (Myers & Sweeney, 2004). Jane Myers furthered this model with the creation of the Wellness Evaluation of Lifestyle (WEL), which explored and assessed components of the Wheel of Wellness model more deeply (Myers, 1998). From this model, Myers, along with other colleagues in the profession, conducted a series of seven studies to determine and improve the psychometric properties of the WEL (Myers & Sweeney, 2004). After these studies and extensive factor analysis of the many variables within the model, the

empirically based model, referred to officially as *The Indivisible Self*, served to blend together theoretical writing in wellness and human development with quantitative studies designed to test the reliability and validity of constructs from these theories (Myers & Sweeney, 2004).

Adhering to Adler's notion that individuals are best understood as complex, whole individuals that are innately seeking purpose, Myers and Sweeney (2004) drew upon existing research as well as their own studies to delineate five over-arching domains and sub-domains that more clearly delineate specific components necessary. For example, the 'Social Self' domain looks at two sub-domains; friendship and love. The model follows a strengths-based approach that uses past research and theory to conceptualize how individuals perform optimally, rather than seeking to look at deficits (Myers & Sweeney, 2004). Myers and Sweeney (2004) call attention to the fact that some sub-domains, such as exercise and nutrition, look at intentional lifestyle decisions individuals make to define their own idea of personal wellness.

The resulting model of the Indivisible Self (Appendix A) uses systemic consideration (local, institutional, global, and chronometrical) to delineate the five over-arching domains and sub-domains for personal wellness: the essential self, comprised of spirituality, gender identity, cultural identity, and self-care; the creative self, comprised of thinking, emotions, control, work, and positive humor; the coping self, comprised of leisure, stress management, self-worth, and realistic beliefs; the social self, comprised of friendship and love; and the physical self, comprised of exercise and nutrition (Myers & Sweeney, 2004). These five global domains explored in context of systems and time allow for assessment and intrapersonal reflection and awareness regarding areas of wellness as well as areas of deficits. Since the Indivisible Self was a response by Myers and Sweeney, along with collaborating work with other well-known professionals in the counseling field, to approach a complex social problem from a theoretical

and empirical basis, this model serves as an appropriate theory and model for use as a lens when analyzing the data in this qualitative study. A more robust description of the model is included in Chapter Three in discussion of data analysis and methodology.

### **Statement of the Problem**

While burnout in the helping profession is well-documented (Figley, 1998; Frandsen, 2010; Lambie, 2006; Lawson, 2007; Lee & Ashforth, 1990; Maslach & Jackson, 1981; Newell & MacNeil, 2010; Paris & Hoge, 2010; Sang Min, Seong Ho, Kissinger, & Ogle, 2010; Savicki & Cooley, 1982; Wachter, Clemens, & Lewis, 2008; Wallace, Jayoung, & Sang Min, 2010; Watkins, 1983), there is a gap in the literature regarding how the burnout experience leads to experiences that result in attrition for new professional counselors as they assimilate into the professional role of an agency or school counselor. Most research intending to explore attrition experience of counselors is mostly explored within the context of doctoral students in Counselor Education programs, with most of these studies being quantitative-based (Hoskins & Goldberg, 2005; Myers, Mobley, & Booth, 2003; Perepiczka & Balkin, 2010; Roach & Young, 2007; Wolf, Thompson, & Smith-Adcock, 2012). Thus, we lack understanding regarding the experiences that lead to attrition once a student leaves their formal training and is practicing as a new professional. As the literature regarding teaching wellness practices increases in counselor education programs increases, giving attention to students who have left these programs and are engaged in clinical practice serves to show the longer-term benefits of doing the necessary work to incorporate this component into an already very-full curriculum. This study seeks to add one layer, exploring experiences leading to attrition and better understand a range of accumulating variables and factors involved. The findings have implications for how counselor educators and supervisors engage in training and supervision of counselors.

### **Purpose of the Study**

The purpose of this study was to explore counselors' precipitating experiences that lead to attrition in new professional clinical mental health counselors. Using open-ended, unstructured interviews, this study allowed participants to provide personal narratives concerning a multitude of factors that led to their ultimate decision to leave the field of professional counseling. By using Myers and Sweeney's (2004) Indivisible Self Wellness Model, this study analyzed transcribed interviews of new professional mental health counselors who chose to leave the field for a variety of reasons. The use of the Indivisible Self Model provided a frame through which to analyze the gathered data by looking at domains aligning with the model through which participants either overtly or covertly acknowledged a deficit. The overarching goal of this study was to better understand a general sense of the experiences that new professional counselors encountered after their formal academic training that affect attrition. This study serves as an initial study from which to build general inferences for counselor educators and supervisors as well as an impetus for future research that may be both qualitative and quantitative-based.

### **Research Question**

The purpose of posing the research question is to focus the study with the goal of investigating a specific scientific inquiry. This study attempts to understand contextual experiences that may attribute to professional counselor burnout and subsequent attrition and is designed for participants to share a richness of their experiences using narrative interviews. This study seeks to answer the following question: What experiences culminate in burnout and attrition for new professional clinical mental health counselors?



### **Definition of Terms**

Burnout and attrition are layered and multi-faceted constructs that can leave a sense of interpretation for the reader as to the definition of these constructs. Since many constructs used to understand career attrition may be quite large in scope and vary in definition within the literature, I provide the following definitions to communicate the approach to the literature, data collection, and data analysis. Throughout this study, the following definitions bind the framework for commonly used terms in burnout and wellness literature:

#### **Burnout**

For the purposes of this study, I define burnout as “A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations. “ (American Counseling Association, n.d.).

#### **Compassion Fatigue**

Compassion fatigue is exhibited by psychological problems after interactions with clients who have trauma experiences or significant mental health issues. These experiences may include flashbacks, nightmares, and intrusive thoughts and are the result of a sustained draw on internal emotional resources paired with a lack of necessary social and professional supports and the absence of self-care practices (Figley, 1995; Merriman, 2015; Thompson, Amatea, & Thompson, 2014). Additionally, systems-related issues such as the quality of the agency or school, level of support from peers and coworkers, and manageable case load sizes also impact a counselor’s ability to maintain a healthy balance of their personal and professional life (Savicki & Cooley, 1982),

## **Secondary Traumatic Stress**

A term often used synonymously with compassion fatigue, though different in terms of symptomology and presentation. Secondary traumatic stress occurs when counselors experience symptoms parallel to that of post-traumatic stress disorder after engaging in clinical work with a traumatized client or clients (Thompson, Amatea, & Thompson, 2014).

## **Vicarious Trauma**

Vicarious trauma is defined as “the cumulative transformation in the inner experience of the therapist that comes about as a result of empathic engagement with the client’s traumatic material” (Pearlman & Saakvitne, 1995, p. 31).

## **Wellness**

To understand the inverse of burnout, wellness in this study is defines as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (Myers, Sweeney, & Witmer, 2000)."

## **Self-Care**

Self-care is considered the ability of professional counselors to utilize concepts of a wellness model to promote overall physical and mental health. Often these behaviors are intentional and practiced in effort to increase personal wellness.

## **Attrition**

Attrition pertains to professional counselors choosing to leave the field of counseling. Organizational and emotional factors related to the work of the counselor role may be a result of burnout and lead to career attrition (Robinson, Murrells, & Smith, 2005). For the purpose of this study, the working definition of attrition is in regard to mental health counselors who were

employed providing client services that qualified them for professional licensure as a Licensed Professional Counseling and who electively decided to resign their position and enter a state of no longer providing counseling services that fulfill state licensure laws.

A secondary component for the understanding of attrition as it relates to this study is that the ultimate goal is to know more about the lived experiences of individuals who faced some type of professional burnout as a result of personal and/or professional challenges, culminating in career attrition. While there are many other practical reasons for an individual discontinuing counseling practice, such as pregnancy/change in family, relocation, and changes in life circumstances unrelated to the role specifically, to capture the challenges unique to the mental health counseling profession, only individuals falling within these parameters were eligible to participate in this study.

### **Delimitations**

To provide parameters and shape this study, I only included new professionals who had completed their master's degree in clinical mental health counseling within the past two years at the time of data collection. I derived this definition of 'new professional counselor' from the American Counseling Association's classification status practices which state that individuals may retain ACA membership at a reduced annual rate for two years after completion of their master's degree. While there are other subspecialties within the counseling profession, I focus on the experience of mental health counselors in order to account for any typology that might be specific to a particular setting of the practice of counseling. Lastly, with five participants, this data represents only a subset of experiences for those who choose to leave the field of mental health counseling.

### **Limitations**

While this study endeavors to seek richness and thick description for understanding factors that lead to burnout and attrition in the new professional mental health counseling workforce, there are limitations. According to Creswell (2013), while a qualitative study may be meaningful in terms of practical significance, data gleaned from qualitative studies is not generalizable, particularly due to low sample sizes. Especially in the topic of counselor burnout and new professionals' reasons for choosing to leave the field, there are many broad and deep constructs that make pinpointing any specific reasons very difficult (Newell & MacNeil, 2010). This study used efforts to find participants that reached across various roles within the counseling profession and with various demographic backgrounds, though this study's sample only serves to give some tentative insights as to why this problem should be further addressed in future research and how this research may be better structured.

An additional limitation inherent in all qualitative research is the presence of researcher bias (Creswell, 2013). Included in the methodology of this study I outline ways in which I attempted to limit researcher bias, though I also acknowledge this as an inherent factor in qualitative research. Since this study focuses on wellness, and more specifically the Indivisible Self Wellness Model (Myers & Sweeney, 2004), this impacts the lens through which the data collected was analyzed. Since this study uses the antithesis of burnout to understand and provide perspective to the narrative experiences of participants, it left the researcher to make judgment calls regarding how these experiences fit within the Indivisible Self Wellness Model. Also, because qualitative studies that are based in interviews often have a low number of participants (Creswell, 2013) this, of course, only provides a partial window through which to view an experience that includes an unknown number of variables.

### **Researcher Interest**

My interest in counselor burnout and attrition stems from my own observations and experiences within the counseling profession. Having completed a training program in mental health counseling and working in a residential chemical dependency treatment center, I was witness to a fair number of incidents of attrition among staff at large. While I certainly could and do acknowledge many difficult days within my own counseling work and have experienced symptoms of burnout at times, I was very curious as to the reasons professional counselors might choose to leave the field after the amount of time required to complete the degree, significant monetary commitments of obtaining a counseling degree and maintaining a professional career, as well as leaving a field that many enter expressing a desire to be of help and professional service to others. More research conducted in this area will be of benefit to not only those who teach and supervise counselors-in-training, but to professional counselors at large, regardless of where they fall in their professional development. For counselor educators I hope to offer implications for the inclusion of wellness into counselor education curriculum based off of findings from this study, not only for the sake of interventions for working with clients, but also for intentionally building awareness of wellness models and tenets into our own professional practice. For clinical supervisors I hope to offer implications for growing and maintaining wellness and self-care practices that new professional counselors may already bring with them into their work. Additionally, I hope to offer supervisors variables they may not have previously considered that present within the findings of this study. As counselor educators and supervisors work with counselors-in-training and new professional counselors with a wellness-oriented perspective, this might offer opportunities for these individuals to further their development as professionals and build on their own ability to self-supervise their own wellness practices.

### **Organization of the Study**

This study encompasses five chapters. The first chapter offers an overview of burnout and related terms followed by the need for wellness supervisions and teaching practices within the counseling field by offering a brief overview of relevant literature. In Chapter Two, I further the exploration of this literature while also speaking more about career attrition, the use of wellness in supervision and teaching, and professional mentoring in the counseling field. Chapter Three outlines the qualitative methodology that I employed for this study. Chapter Four is a presentation of the data and themes discovered from participant interviews. In conclusion, Chapter Five offers implications for counselor educators and clinical supervisors to better prepare counselors-in-training and new professional counselors so that they may cope with the many demands of the profession. The study closes with suggestions for future research to broaden the depth of knowledge in this area.

## **Chapter Two: Review of Literature**

### **Chapter Introduction**

This chapter focuses on relevant literature regarding factors that lead to burnout among professional counselors such as secondary traumatic stress, vicarious trauma, and compassion fatigue. It includes a discussion regarding how these particular phenomena lead to experiences that might contribute to burnout and, consequently, attrition within the professional field. To add to the depth of understanding burnout within various counseling contexts, one section delineates setting-specific variables encountered by three counseling specialties. Additionally, to understand burnout and precipitating factors that lead to attrition, this study presents counselor wellness literature to offer a perspective for what practitioners are doing to combat and prevent experiences that lead them to burnout. A discussion relating the covered literature ends the chapter to set the stage for the study.

### **Context of Research**

Recent research showed that the mental health field consists of the highest turnover rates at approximately sixty percent per year (Paris & Hoge, 2010). In a field where working with clients benefits with consistency, these numbers represent concern. Since burnout occurs over time, it is perhaps the long-term nature of the experience for the counselor that leads to an eventual change in employment or leaving the helping profession. As stated in Chapter One of this study, Paris and Hoge (2010) conducted a meta-analysis review of burnout literature and remarked on the lack of depth in existing publications regarding the phenomenon. Resulting from that review, they inferred the counseling field recognizes the problems of turnover and burnout but lacks formal research of the phenomenon, indicating a lack of comprehensive understanding of the construct. In addition, the helping field requires a clearer understanding of

what steps help counselors cope with the difficulties of the vocation, particularly within helping professions in the United States. A step in understanding the phenomenon of burnout is to look to other terms commonly used in the mental health field related to a clinician's ability to work with his or her clients. Another step is to consider the concept of wellness as it relates to work in the helping field; a view of wellness presents the inverse, a positive way to relate to work. Following is a discussion through a review of the literature of both these significant areas.

### **Burnout and Related Terms**

Because of the wide range of topics embedded within exploring the construct of burnout, it can appear to be somewhat ambiguous in nature, with the ultimate definition of burnout being unique to the experiences of an individual. Because of this difficulty in sometimes pinpointing specific components of what burnout is, this resulted in some generalized definitions of the phenomenon. Lambie (2006) explains burnout as "to fail, wear out, or become exhausted by excessive demands on energy, strength, or resources." While other definitions of the experience include multivariable components and explanations: depletion of physical and mental resources, personal expectations of the profession and self that are too high, and relationships with clients that are taxing and wear on the counselor over time (Watkins, 1983). More contemporary understandings and definitions of burnout endeavor to allow for the wide range of experiences that may fit within the construct and how these variables, when juxtaposed together, may result in a counselor experiencing burnout. Thus, burnout cannot be framed by a predictive cycle of experiences or symptoms, but rather appears as a unique experience to the individual (Sang Min, Seong Ho, Kissinger, & Ogle, 2010). Due to difficulty in understanding the phenomenon, counselor education programs do not often overtly address the phenomenon and the resulting implications for professional practice.



In order to understand what burnout is and is not, it is important to look at related terms that address impairment and difficulty within the helping profession as well as terminology used to describe the phenomenon of burnout. In order to examine existing and relevant literature this literature review search utilized keywords such as “burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma”. Later, an additional search explored a wellness model, or the inverse of burnout, to further understanding of the complimentary perspective. While this literature review focuses predominantly on contemporary literature, the inclusion of literature from the 1980’s also represents importance as it marked the beginnings of discussions of burnout within the mental health field.

For someone seeking a more advanced understanding of burnout, a quick review of existing literature presents a sense of sub-themes emerging through related terminology in overarching burnout literature. These terms include compassion fatigue, vicarious trauma, and secondary traumatic stress. Research suggests that experiencing any of these phenomena could ultimately lead a counselor to burnout, though some scholars have called for a distinction of the impairment that the counselor is experiencing stating that the cause of the burnout is dependent on the precipitating experience (Newell & MacNeill, 2010). Newell and MacNeil (2010) provided brief definitions of these terms. Vicarious trauma occurs when there is a shift in cognition for the clinician due to continued working with a client or clients who are survivors of trauma. These authors suggested that these experiences with trauma survivors might lead to difficulties in trusting others, feeling safe and questioning spiritual beliefs. Secondary traumatic stress depicts an emotional response on the part of the clinician who wants to help a client work through trauma or crisis situations and may even be witness to traumatic events along with the client. Lastly, compassion fatigue describes a combination of secondary traumatic stress and

professional burnout. Compassion fatigue often occurs through prolonged exposure to taxing therapeutic encounters, depleting a clinician of their ability to feel and convey empathy.

In summary, to understand burnout a clinician must also understand related terminology in order to more accurately pinpoint the nature of their experiences or distress. Overlap exists among the definitions of burnout and related impairment terms as well as the symptomology that might present within both (Newell & MacNeil, 2010). Because of these overlaps clinicians, supervisors, and administrators have a need to be aware of the definition of each in order to procure appropriate resources for staff working on the front line of client services. A high rate of turnover in the mental health field in addition to a relatively small body of research literature on the phenomenon (Paris & Hoge, 2010) presents concern for delivery of services on all systemic levels. To better paint a picture of how burnout presents, more recent publications have traded discussions of burnout at large for exploring different settings where counselors are employed and how burnout may be experienced within these specific settings. The following section provides an overview of the three most common settings for counseling practice.

### **Setting-Specific Burnout Variables**

Although this study focuses on one counseling subspecialty, clinical mental health counseling, it is helpful to understand the variations in terms of workplace settings and other challenges unique to practice as they relate to the counselor's clinical specialty. In this section are a discussion of workplace factors, population considerations, and the cultures of the different subsets of counseling in consideration for how burnout presents in these distinct divisions and factors that lend themselves to burnout within each specific context. For the purpose of this review of literature, the focus is on three sub-specialties within the professional counseling field: school, mental health, and rehabilitation counseling. I omitted other divisions of counseling,

such as college and marital and family counseling, for the sake of brevity and due to the scope of this study.

### **School Counseling**

For counselors working in the schools, a difficulty that is experienced centers around an inconsistency in regards to the school counselors' roles that vary by state, school district, and from school to school (Wilkerson, 2009). While a benefit of a school counselor position is that the role exists within a more immediate system of helpers (teachers, administrators, and parents), of detriment is that the culture of each school may not be one that provides support to the school counselor (Wachter, Celemens, & Lewis, 2008). Research indicates the important need for advocacy and education within schools and school systems regarding the professional training and scope of competence for school counselors so that they may be able to perform job duties that allow them to help students in a meaningful way (Wachter et al, 2008; Wilkerson, 2009).

In an article by Wachter et al. (2008), the authors suggest that one factor that contributes to the experience of burnout among school counselors stems from the language used to describe problematic behaviors of students. The authors cite how often teachers, parents, and administrators fall into a pattern of "problem-centered" language, which can be emotionally taxing for the school counselor. The authors posit that this promotes a culture of not seeing each student as an individual but rather within the confines of the language used to describe them. Wachter et al. suggest that in an effort to address the issue of burnout within the school counseling profession that tenants of Adler's individual psychology are applicable. They state that the use of lifestyle themes help the counselor to better know him or herself through their tendency in the ways of work and in relationships. In a study conducted by these authors through the use of the Stakeholder Survey, the Kern Lifestyle Scale, and the Burnout Measure:

Short Version, results showed that individuals scoring high on a perfectionist subscale reported high levels of burnout while those who scored high in an individual self-esteem subscale reported less experiences of burnout. In a similar study by Wilkerson (2009), using the Maslach Burnout Inventory, data showed that while many school counselors rated high in emotional exhaustion they also reported higher than average levels of personal satisfaction.

In summary, these particular articles allude to the discrepancies that come in the definition of being a school counselor despite the long and distinguished record of accomplishment of this subset of counseling. As suggested in both articles, the need for advocacy remains so that school counselors can practice within their scope of training and competence and be a valuable asset to the helping team within the school system. This may also lead to a decrease in experiences of burnout through school counselors by having more defined job roles and knowing expectations from supervisors and administrators.

### **Rehabilitation Counseling**

While participants for this study only included clinical mental health and school counseling professionals, reviewing a closely related counseling specialty is worthwhile in terms of creating a better context for the construct of burnout. While rehabilitation counseling is a well-established counseling specialty offering clients employment and critical social services necessary for autonomy, I discovered little literature in regards to the presentation of burnout in rehabilitation counselors for the purpose of this literature review. Payne (1989) speaks of the rehabilitation counselor's role and how their work requires them to have a clear understanding and ability to function within the systems in which they operate (agency, community vocational systems, and mental health). It is worth noting the systemic-minded overlap with the Indivisible Self Model of Wellness (Myers & Sweeney, 2004). Payne (1989) suggests four specific areas

for the rehabilitation counselor to focus in their work: self, setting, situation, and solutions. Payne (1989) suggests that due to often the short-term relationship with clients in the rehabilitation counselor role, being able to advocate for clients and refer them to appropriate services is critical for the rehabilitation counselor to feel as if they are being meaningful in their work. The author utilized existing burnout literature in lieu of quantitative or qualitative studies and discussed the four areas in which a rehabilitation counselor focuses on for personal satisfaction and solidarity in his or her work.

In summary, though the merits of this article are helpful, qualitative or quantitative research within rehabilitation counseling in regards to burnout would be more conclusive. It is also interesting to note the age of the article and the lack of subsequent literature discovered that builds upon the assertions made in this article. One potential explanation for this may be that rehabilitation counseling programs are accredited by the Council on Rehabilitation Education (CORE) and thus are not always included in literature relating to other counseling specialties exclusively. Further review of existing literature and research would be helpful in the area of rehabilitation counseling.

### **Mental Health Counseling**

For this purpose of this review of literature, no specific articles included the term ‘mental health counselor’ in the title. Rather, the literature focuses on specific populations seen by mental health counselors (Wallace, Jayoung, & Sang Min, 2010). Newell and MacNeil (2010) suggest that burnout is an “occupational hazard” of the profession and suggests that burnout stems from a “suppression of display of emotion in work with clients regularly and the chronic use of empathy (p. 59).” Newell et al. (2010) cite that burnout comes about over time and consider it multidimensional in that it includes factors regarding the individual, type of

population served, and the agency at large. They state that symptomology includes depersonalization of clients served, emotional exhaustion or empathy fatigue, and a reduction in the counselor's feelings of personal accomplishment in his or her work and role as a counselor. Not surprisingly, this helps to make a case for how burnout leads to a sense of impairment within practicing professionals who face an existential dilemma through the experiencing of burnout.

In a study by Wallace, Jayoung, and Sang Min (2010), 232 abuse-specific (sexual or substance abuse) counselors participated in a study regarding job stress and coping styles. Instruments used included Job Stress Scale and the Brief Coping Orientations to Problems Experienced Inventory. The authors suggest that burnout is an "erosion of engagement with the job (p. 111)," and that it comes from expending too much effort without time away for self-care. Research participants who scored highly in avoidant coping styles reported higher levels of burnout while those who reported more active coping strategies (seeking supervision, consultation, sharing with others) reported less. The researchers also asked participants about the definition of their job and the role they played within their agency. Those who felt a greater sense of ambiguity in their role reported higher rates of burnout. The authors point to the need for clinical supervision so that counselors gain awareness of their coping strategies and how their individual coping styles are of benefit or detriment in their work with clients. Additionally, they suggest a need for advocacy and role definition related to the counseling profession so that counselors conduct the work in which they are qualified to do, and thus garner well-defined roles within the mental health service delivery system.

Another article by Watkins (1983) suggests burnout as a "change in cognition" in which the counselor becomes more cynical, pessimistic, and develops more rigid ways of thinking in terms of the client's correct response in a given situation rather than promoting basic counseling

skills of being open and non-judgmental. He suggests symptoms of burnout such as: “boredom, irritability, and a sense of helplessness,” as well as “becoming ‘clock watchers,’ complaining, risk-taking behaviors, indulgence in drugs and alcohol, completing less work less efficiently, withdrawing from coworkers, and absenteeism and tardiness that could lead to employment dismissal.” He also suggests that a counselor may struggle in interpersonal relationships outside of work with family and that this may lead to difficulties in one’s personal life. Watkins (1983) cited research that suggested some therapists are attracted to partners with emotional issues of their own who need support similar to that of a therapeutic relationship. This consequently leads to a skewed dynamic in the relationship and ultimately promotes resent and subsequent sabotage of the relationship in that it resembles a parent-child dynamic. The author posits three important wellness skills to counter burnout: engagement in personal therapy, setting aside and using frequent private time, as well as associating with individuals whom the counselor sees as healthy and well. He suggests that activities and relationships that help the counselor step out of the role of being and thinking as a helper promote greater wellness in that the professional can act in a more congruent and genuine manner.

In summary, the existing literature appears to do well in focusing of specific populations and client problems rather than directing the focus toward mental health counselors in a more generalized fashion. The emergence of a theme of emotional exhaustion seems apparent within the reviewed articles due to the difficulty of the populations served by mental health counselors (Newell et al., 2010; Wallace et al., 2010; Watkins, 1983). These authors also suggested the need for clinical supervision in situations where impairment symptomology occurs. Further research and review of literature could better examine the training and understanding of clinical

supervisors in addressing the phenomenon of burnout. A later section of this literature review addresses a wellness supervision model.

### **Summary**

While there are differences in duties, definition of role, and type of clients served among the various counseling specialties, it seems apparent from the reviewed literature that burnout describes a phenomenon that is universal to the profession. The lack of a theory to understand the phenomenon explains one possible explanation for the lack of focus on the topic (Wachter et al., 2008). Another possible explanation lies within the various language, terminology, and symptomology cited in the definition of the term (Lambie, 2006; Watkins, 1983; Wallace et al., 2010). The variance in how agencies address burnout (Paris & Hoge, 2010) and in how counselors prepare during their formal academic training to be aware of and act upon symptoms of burnout (Savicki & Cooley, 1982) further complicates the topic of burnout and impairment. In the following sections, I present related burnout terminology mentioned in the previous section and that falls within the overarching umbrella of burnout at large.

### **Compassion Fatigue**

Professional quality of life for individuals providing human services may directly affect the quality of services offered to the individuals to which they provide services (Smart, English, James, Wilson, Daratha, Childers, & Magera, 2013). According to Figley (2002), compassion fatigue "reduces our capacity or our interest in bearing the suffering of others (p. 1434)." In Figley's (1995) model for compassion fatigue, he states that empathy and emotional energy are the motivational factors for working with suffering individuals and necessary for maintaining a working therapeutic alliance. Figley's (1995) model accounts for multiple factors that shape the experience of compassion fatigue: empathic ability, empathic concern, exposure to the client,



empathic response, compassion stress, sense of achievement, disengagement, prolonged exposure, traumatic recollections, and life disruptions. When counselors engage in sustained counseling with clients over time who present with traumatic and stressful issues, counselors are likely to respond with empathy, which in some cases can lead to a lack of professional detachment. This counselor reaction, along with other factors in the counselor's personal and professional life, may lead to an experience of compassion fatigue and emotional exhaustion, which in turn impairs the counselor from being able to use an appropriate degree of empathy with clients. Inversely, counselors who are able to respond empathically to client trauma but also maintain the ability to professionally and emotionally detach all while practicing self-care are able to maintain a health sense of wellness and appropriate empathy with clients.

While some theorists have used the term compassion fatigue synonymously with vicarious trauma, secondary traumatic stress, and burnout (Bride, Radey, & Figley, 2007), Smart et al. (2014) state that a defining factor for the phenomenon of compassion fatigue is the behavioral response a clinician might exhibit after prolonged help to those who are suffering. Some behaviors that might present are helplessness, anger, suppression of emotion, irritability and depersonalization (Figley, 1998; Bride et al., 2007). While burnout may be an over-arching descriptor for the experience of compassion fatigue, it is ultimately experienced through a prolonged series of negative events and situations and may lead to the clinician feeling overwhelmed and exhibiting the aforementioned behavioral signs (Frandsen, 2010). Additionally, compassion fatigue may also result from the experience of secondary trauma, thus the often-synonymous use of the terms. In these cases, the clinician is providing services for individuals who have personally experienced a traumatic event (Figley, 1998). In addition to observable behaviors regarding psychological negative feelings toward clinical work, a clinician

might also exhibit medical complications such as weight loss and headaches (Negash, & Sahin, 2011). Negash & Sahin (2011) also state that a clinician's work context may also play a role as a factor for compassion fatigue based on their ability to be autonomous and establish their own work boundaries.

### **Secondary Traumatic Stress**

Counseling is an intimate experience between a client and his or her counselor. Many counseling cases include discussion of trauma of some type and degree. Due to the intimacy of the counseling relationship and the disclosure of traumatic events by clients with their counselors, these individuals are at risk for developing symptoms of secondary traumatic stress (STS) (Bercier & Maynard, 2015). Figley (1995) defined secondary traumatic stress as the "natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other and the stress resulting from helping or wanting to help a traumatized or suffering person (p. 7)." Although secondary traumatic stress is referenced synonymously with compassion fatigue, the presence of STS within mental health care workers goes beyond the experience of emotional exhaustion with the inclusion of symptomology that parallels that of post-traumatic stress disorder (Thompson, Amatea, & Thompson, 2014). As the severity of this symptomology increases, a counselor's effectiveness is jeopardized with the potential for clinical impairment to occur" (Bercier & Maynard, 2015).

Two separate quantitative studies have shown that approximately 70% of mental health practitioners report exposure to traumatic details in their work with clients ranging from moderate to profound (Robinson-Keilig, 2013). Of the 70% of counselors who engage with clients reporting trauma, approximately 5-15% will report secondary traumatic stress symptoms in a level of clinical severity (Bercier & Maynard, 2015). Since discussing traumatic situations

and events is frequent among counselors in various settings but reports of STS are relatively low within those who do report working with trauma victims, this would suggest that many counselors engage in strategies and practices that promote effective coping. Craun and Bourke (2014) state that many counselors, as well as other professionals who encounter traumatic experiences firsthand or through interactions with others, often engage in ‘gallows humor’ in an effort to connect with colleagues regarding their experiences. Broadly defined, gallows humor is the use of humor as a coping mechanism to deal with situations that evoke fear, danger, or other adverse emotions (Craun & Bourke, 2014).

Other researchers advocate for a more proactive approach to combatting burnout and impairment through psychoeducation for mental health workers about the various constructs related under the umbrella of burnout. Merriman (2015) suggests that counseling students and professionals should be educated about specific symptomology related to working with trauma victims that may present in the helper over time and thus helping them to better self-supervise and seek appropriate supervisory support should they find themselves experiencing any of the previously discussed symptoms. This preventative education on the part of counselor educators and clinical supervisors can also help counselors to distinguish among the various types of constructs within burnout and better identify supports needed to prevent impairment in their clinical work (Merriman, 2015).

### **Vicarious Trauma**

Counselors who work consistently with victims of trauma over a sustained period are more likely to develop signs of vicarious trauma if they consistently overly empathize with the trauma narratives of their clients (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015). As counselors are trained to seek emotional understanding with clients using empathy, for

counselors who conduct sustained trauma-related work, the counselor may lose sense of their own self through continued exposure to traumatic memories and events shared by their clients (Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015). Vicarious trauma differs from the concept of secondary traumatic stress in that it develops through cumulative and sustained exposure to trauma-related counseling work. As counselors engage in delivering this type of service over a long period, they may start to exhibit signs of interference within their feelings, cognitive schemas, memories, sense of professional self-efficacy, and/or their sense of safety (Hernandez-Wolfe, et al., 2015). Hernandez-Wolfe et al. (2015) state that rather than the distress being pathological in nature, it is rather a ‘transmission’ of the trauma-related stress between the client and the counselor. They further denote that counselors who experience vicarious traumatization may be more prone in general to countertransference issues and lack an awareness of these issues, leading to errors that delay or block the counseling treatment.

Through understanding more about these sub-constructs that fit within the umbrella of burnout, clinicians, counselor educators, and supervisors all benefit from being able to further differentiate within identifying a situation of burnout. These additional layers help to provide a vehicle for prescribing remediation practices and monitoring for ethical clinical practices. The following section explores systemic and cultural factors that are inherent in a counselor’s work and extend beyond the counselor-client relationship. While these considerations may often be dismissed as unavoidable or a by-product of the mental health field, it is important for counselor educators and supervisors to keep systemic variables in mind when teaching or supervising students or new professional counselors.

### **Overarching Variables of Burnout**

As indicated in previous sections, a trend in the literature examined the concept of burnout within different contexts and roles of the helping profession. Thinking of burnout through the lens of typology suggests an alternative way of approaching the topic (Sang Min, Seong Ho, Kissinger, & Ogle, 2010). The authors suggest that a typological approach helps to classify different presentations of burnout and thus an individual's experience and observable behaviors differ from another's experience, though their work settings and clients possess similarities. In a study further exploring typology of burnout, Sang Min et al. (2010) surveyed 132 counselors who completed the 5-factor Counselor Burnout Inventory packets at a state counseling conference. Based on their responses the authors divided the participants into three typologies: well-adjusted counselors (balance between personal and professional life), disconnected counselors (lack of symptomology in personal life, but emotional detachment in work with clients), and persevering counselors (significant problems in personal life but that did not impair their clinical ability). The authors suggest that the three profiles aid a counselor and his or her supervisor in addressing specific burnout issues and that appropriate actions correlate with the source of distress and the impact, if any, on client care.

Within the contemporary thinking of burnout, the professional health care systems within which the professional counselor operates, also bears importance. These systems include the agency, mental health delivery system at large, the profession, and managed care. Beginning with early literature on burnout (Savicki & Cooley, 1982), administrative and agency considerations such as adequate breaks throughout the workday, manageable caseload sizes, and supportive administration influenced a counselor's work with clients and their sense of job satisfaction. Paris and Hoge (2010) made assertions that the significant under-addressing of

burnout in the mental health workforce describes one possible reason for the high level of turnover in the field.

Other considerations in understanding burnout points toward a lack of a theoretical understanding of burnout (Wachter, Clemens, & Lewis, 2008), accessibility to adequate supervision in experiencing of burnout and subsequent impairment (Lawson, 2007), and a need for advocacy and greater definition within the counseling profession at large regarding setting-specific duties of counselors (Wallace, Jayoung, & Sang Min, 2010).

In summary, current literature affords the counseling profession generalized related terminology of the term burnout and how it presents within the helping profession at large. Additionally, role-specific literature accounts for various subsets and specialties within counseling and reflects a more comprehensive way of understanding the term through modern delivery practices of client services and role-specific settings (Newell & MacNeil, 2010; Payne, 1989; Wachter et al, 2008; Wallace et al., 2010; Watkins, 1983; Wilkerson, 2009). While certain variables and incidents appear to be specific to the particular role and site, certain factors also seem overarching and thus lend themselves to further defining burnout into typology (SangMin et al., 2010).

Thinking of burnout within a more ecological context, supervisors and clinicians are better able to assess how variables outside of themselves play a role in any impairment they might experience. As noted in the study of typology of burnout (SangMin et al., 2010), awareness describes a critical component in allowing the clinician to seek out supervision so that their experience of burnout does not lead to one of significant impairment. Additionally, the understanding of typologies of burnout and agency factors help supervisors and counselor educators assist working professionals and students who are on the front line of mental health

delivery services (Paris & Hoge, 2010; Savicki & Cooley, 1982). To broaden the understanding of what symptomology and experiences of burnout look like and their consequences on counselors and their clients, it is critical to explore the inverse of burnout. The following section outlines the use of wellness within the field of counseling and its use for counselors, counselor educators, and supervisors.

### **Wellness in the Counseling Profession**

This section addresses the adaptation and adoption of the concept of wellness by the counseling profession. This study explores how the espoused wellness roots within the profession can serve as an asset for understanding and addressing burnout from a more holistic perspective. As mentioned in Chapter One, the American Counseling Association formed the Task Force on Counselor Wellness and Impairment in the spring of 1991, following suit with other larger health-related professional organizations (Lawson, Venart, Hazler, & Kottler, 2007). While the initial purpose of the task force was to combat impairment that results from counselor burnout, the American Counseling Association (n.d.) has increasingly provided greater attention to wellness and its role for counselors and the work that counselors do with their clients. In an effort to disseminate information and increase awareness of the hazards of burnout, the task force offers free resources for ACA members, including a free self-assessment.

Professional health-related organizations beyond the field of counseling are increasingly promoting awareness of wellness, in regards to both mental and/or physical health (American Counseling Association, n.d.). However, one challenge faced by ACA comes in addressing the broad range of diversity within the field of counseling. As was discussed in a previous section, counselors take on an array of roles and types of interactions with clients given their setting, training backgrounds, and population served. With the difficulty of addressing how burnout and

wellness present within the different counseling specialty areas, the task force operates from the 20/20 initiative adopted by ACA in 2011 which states that professional counselors should unite within the profession in terms of identity rather than specifying themselves in smaller subgroups (Kaplan & Gladding, 2011). One specific goal for the profession that resulted from the 20/20 initiative states, “The counseling profession should promote optimum health and wellness for those served as the ultimate goals of all counseling interventions (Kaplan & Gladding, 2011, p. 371).” It is with this initiative that ACA formally calls for counselors, regardless of work setting or training area, to practice and advocate for clients from a wellness-based mindset.

As previously stated, existing literature provides a unified understanding of what constitutes professional burnout within the mental health professions. However, if we are to understand the phenomenon of burnout, we must also understand how practicing counselors identify and experience wellness while practicing in the profession. While current research specific to burnout lacks in volume (Paris & Hoge, 2010), a trend toward seeing the value of wellness within clients and as professionals continues to grow in the literature (Lawson, Venart, Hazler, & Kottler, 2007). In an article emphasizing the importance of wellness in the counseling profession, Lawson and Myers (2011) write, “The fact that impaired counselors are more likely to harm has been established; similarly, well counselors are more likely to help clients become more well (p. 163).” For some authors promoting a wellness-based approach to counseling, they suggest that wellness begins with the counselor’s personal life, which consequentially extends into their professional practice.

Specific wellness-related literature focuses on the importance of counselors and helping professionals using elements of self-care and wellness within their personal lives as it relates to their work with clients (Lawson, 2007; Lawson & Myers, 2011). A focus of this research points



toward the importance of counselors engaging in meaningful relationships and activities within and beyond their workplace settings. In a study conducted by Lawson (2007), responses from 501 members of the American Counseling Association assessed for career-sustaining behaviors or wellness in the workplace. The five highest-ranking variables by respondents were: “(a) maintain sense of humor, (b) spend time with partner/family, (c) maintaining balance between professional and personal lives, (d) maintain self-awareness, and (e) maintain sense of control over work responsibilities” (Lawson, 2007, p. 28). Of interest in this study is the sample population in that 80.7% of the respondents self-assessed themselves as being “well,” while only 4% reported a level of impairment in their work.

In summary, current research suggests that the counselor’s own degree of personal wellness factors into a client’s success in counseling (Lawson & Myers, 2011). This further builds a case for the importance of the clinician being aware of his or her own wellness and being able to self-monitor impairing behaviors. Logically, the ability to engage in this type of self-monitoring lies with previous experiences and education received during a counselor’s formal training. In the subsequent sections, a discussion and review of relevant literature will build a case for the importance of adopting not only a wellness model in working with clients, but also as practicing professionals. A discussion including the incorporation of wellness into formal counselor education training programs will examine the importance of cultivating wellness habits early in a professional’s career. The sections include the concept of wellness as a developmental phenomenon.

### **Wellness in Counselor Education**

As stated in the previous section, a shift is apparent in thinking about professional counselors and their ability to practice wellness within their personal and professional lives.

Because of this growth and awareness in counselor education programs, some training programs are requiring students to devise personal philosophies of wellness before their first clinical practicum experiences (Roach & Young 2007; Savicki & Cooley, 1982; Yager & Tovar-Blank, 2007). Within this section, a discussion will follow on how counseling programs address wellness and self-care beginning from the admissions process to the incorporation of these concepts into program criteria. Included are suggestions for supervision in cases of burnout as well as how to assess for symptomology and impacts on client care. Additionally, I explore how routine attention to wellness within counselor education curriculum impacts overall counselor development.

Beginning with the admissions process, counselor education programs focus more on academic achievement and aptitude of candidates by reviewing their academic history, comparing GRE scores, and through questions asked in the interview process (Roach & Young, 2007). While the potential of academic success is important for students beginning their studies in counseling, this model does not account for a student's ability to maintain their own wellness and build balance between their personal and professional lives. In a research study conducted by Roach and Young (2007), they divided 204 master's-level students from three CACREP accredited universities into three test groups based on their progress through their respective programs. One group was for students with zero to twelve credit hours, the second group for student with thirteen to forty-four hours, and the third group of students with forty-five to sixty credit hours. All students completed the Five Factor Wellness Inventory in an effort to assess for differences in practicing wellness as a student progresses through a program. The researchers used a MANOVA to compare the data from each of the three groups. The study's findings showed that while most students scored high on concepts of wellness overall that there was not a

statistically significant difference between the three groups. In addition to the quantitative work of this study, the authors also used qualitative-oriented questions asking students about the presence of wellness instruction in their programs and, if present, how this instruction integrated with the program curriculum. Student answers ranged from that of having a specific course to address wellness within clients and within themselves to the concept of wellness synthesized into the CACREP required curriculum courses. The authors suggest that the qualitative aspect of their study was perhaps the most informative regarding current practices and providing implications for current counselor educators.

In a similar study by Myers, Mobley, and Booth (2003), data from 263 graduate students collected from the Wellness Evaluation of Lifestyle also assessed for student wellness. The authors chose particularly to look at first year masters and doctoral students and the wellness that they exhibited. The authors noted that with entry-level students overall, the ratings of wellness were quite high as a group. The wellness scores of first year doctoral students were even higher, which could give merit to thinking of wellness from a developmental perspective. The authors suggest that the field of counseling itself may attract individuals who incorporate wellness practices within their own lives and find that the profession is a match for their personal and professional values. The authors suggest that further areas of study include comparing wellness among males and females, races, and various professional developmental levels.

In another quantitative study conducted by Chandler, Bodenhamer-Davis, Holden, Evenson, and Bratton (2001) master's level students were again the focus of a study that examined physiological responses in students when they encountered stressful situations within counseling sessions that occurred as a part of their counseling skills course. Twenty-four students participated in this study with twelve students being in the dependent group who did

receive biofeedback training and twelve students in a control group who did not receive and feedback but rather conducted their counseling sessions as they normally would for the course requirement. The Symptom Checklist – 90 – Revised assessed for stress symptoms of the counseling students. The study lasted over a period of ten weeks and students in the dependent group received weekly forty-five minute individual biofeedback sessions related to relaxation therapy. Collected data included student's body temperatures in their extremities as a cooler temperature correlates with stress in that the body's blood vessels will dilate in response to stressful situations. A t-test was used to compare the dependent and control groups and showed that students who did receive biofeedback showed a decrease in their stress responses, with the largest change being in the report of somatization in which students reported feeling physically unwell due to the stress of an encounter in their counseling sessions. Other improvements were in the psychoticism and interpersonal sensitivity scales. One interesting phenomenon the authors cite in their study was that while the students receiving biofeedback reported improvements in stress responses, they also continued to report high levels of anxiety. The authors suggest that this is due to the students being in their early curriculum in their program and that this is a response encountered by most students when they begin their counseling work with clients.

While quantitative research helps researchers to more quickly assess for variables that can lead to burnout and impairment in counseling students, some researchers suggest that qualitative approaches with providing supervision and helping students through stressful situations that occur during their training is also of importance (Lambie, 2006; Yager, & Tovar-Blank, 2007). Lambie (2006) suggests that counselor educators adopt an existential mindset as supervisors and teachers as this can help facilitate students in exploring current stressors in their lives and looking for ways of creating meaning through these stressors. He wrote of a

supervision group exercise that he conducted with master's-level students in which he initially asked them to consider what he would like for others to say about them when they die. Students were able to choose between writing reflectively and drawing to express their response to this question. From there, students then disclosed their comments or drawings with the group and shared what they saw as the greatest source of stress in their own lives. Afterward, they shared what they saw as being meaningful in their lives. By comparing their stressors with meaningful components, the supervisor challenged students to address any areas of incongruence or discrepancies in what they had shared. Lambie (2006) writes that patterns present in the exercise for meaningfulness centered around family, spirituality, and relationships in general. Interestingly, stressors that students shared relating to their clinical work centered on dissonance students had with the agencies where they were working with clients. Some students spoke of feeling as if the agency did not always follow through with their humanistic message to serve others and that agency policy or politics sometimes came in the way of this. The supervisor suggested to the group that as a whole the group was centering on what they saw as areas of stress in their lives and failing to prioritize and make time for what they saw as areas of meaningfulness. Students reflected on this and reprioritized their lives around what they saw as meaningful, which in turn students reported feeling more grounded in their work with clients. Lambie (2006) suggests that this type of supervision style and questioning of students can serve as a means of preventing burnout and helping students to examine their reasoning behind being in the field and keeping their priorities in line with what they see as meaningful for their lives.

In another qualitative article, Yager and Tovar-Blank (2007), these authors provided suggestions on how to incorporate wellness instruction and model wellness and self-care behaviors for students in their programs; this represents an effort to build preventative measures

for burnout. They prescribe to thinking of wellness as being developmental and suggest that specific interventions and practices within a counseling education program can help students gain skills and awareness of the phenomenon of burnout and better prepare them to work in a demanding field. They suggest that from the beginning of the program when students present for orientation that a dialog regarding wellness must begin. As these students progress through their program curriculum, discussions of student wellness and self-care occur which, in turn, the authors suggest help students in their counseling skills and working with clients from a wellness perspective. The authors also write a reminder to counselor educators about the need to serve as a model of wellness for students stating that skills and interpersonal styles taught in coursework reflect in interactions with students. Program suggestions these authors made include: asking students to create a wellness portfolio by writing plans and wellness goals, review perspectives on wellness within the American Counseling Association Code of Ethics, integrate a philosophy of wellness into all core coursework, and reminding students to think from a wellness perspective in supervision when their focus may turn too clinical and jaded by agency policy or limitations imposed by managed care.

In reviewing the current body of literature of burnout and discussion of wellness in counselor education programs, it is evident that more research exists geared toward examining this within a master's-level program though it seems that recently more attention directs toward doctoral counselor education programs and the importance of wellness. In a study by Perepiczka & Balkin (2010), data from 173 doctoral students from CACREP-accredited doctoral programs across the country studied student wellness via the Five Factor Wellness Inventory and a demographic survey. Similar to the Myers et al (2003) study, wellness scores were elevated as a group among the doctoral students, which the authors suggest may be a developmental indicator

of wellness and due to the students experience and training in the field. Areas of interest that arise from the study show that areas where wellness scores were low came from the Physical Self scale and the Realistic Beliefs scale. The authors suggest that while most students did well in emotional and cognitive dimensions that taking time to care for physical health is an area of improvement that exhibited in this study. They also noted the low score in Realistic Beliefs, which centers on an individual's ability to set realistic goals or have manageable definitions of being a success, which the researchers link to a high drive for success and competitiveness present in many students seeking advanced degrees. This would seem to suggest that discussing, teaching, and incorporating wellness curriculum is not only vital for entry students, but also remains important for students returning for education specialist or doctoral degrees.

As mentioned earlier in this study, if counselor education programs adopt wellness models that are valued by the profession, this will serve to give students a common language in discussing developmental and wellness-based clinical interventions. Additionally, the use of a wellness model allows students to complete a wellness inventory and note deficient areas early in their training programs. Hattie, Myers, and Sweeney (2004) suggest that since inventories such as the IS-WEL address dimensions of wellness, this allows for the generation of specific wellness plans and goals for each student during their time in a training program. They also suggest that the Indivisible Self wellness model would fit well within most of the core counseling courses and suggest that counselor educators integrate assignments and guide their course material to help students explore these wellness dimensions. They further suggest programs find ways to offer wellness activities for students that extend beyond the classroom, such as workshops or support groups, to provide outlets for students to care for themselves as a student, individual, and a developing counselor. Overall, the authors suggest that the idea of

wellness has variations among each student and counselor. Using an empirically grounded assessment, counselor educators can make recommendations for students early in their programs of study, leading to a greater sense of self-awareness, which may also serve as a preventative measure for burnout in their continued practice of counseling.

Throughout the exploration of the literature, it seems clear that there is an increase in examining components of wellness along with the need to incorporate these elements into counselor education preparation programs for students in training, particularly as a wellness model is a foundation of the profession for our work with clients. One place to begin this focus is the admissions process, as most masters-level programs continue to be more concerned with past academic performance and potential aptitude for the counseling curriculum (Roach & Young, 2007). Since previous research indicates that the field tends to attract students who may already practice some wellness-based techniques or exhibit a greater degree of emotional maturity and wellness in general (Myers, Mobley, & Booth, 2003; Perepiczka & Balkin, 2010; Roach & Young, 2007), the stage is set for blending of wellness teaching in counselor education programs. As stated earlier in this study, the adoption of a wellness model or models would give students as well as counselor educators a common language to share when discussing wellness within the profession, both for clients served as well as for counseling students. While the counseling profession rests on tenets of wellness and understanding healthy human development, we are lacking in unified discussions of wellness as well as formally espoused models by the counseling profession (Wolf, Thompson, & Smith-Adcock, 2012). One way of promoting this wellness dialogue and vocabulary with students is through its use in clinical supervision where counseling students may be more likely to present personal distress as they engage in clinical



work. Following is a discussion of practical methods for incorporating wellness intentionally into the supervisory session.

### **Wellness in Clinical Supervision**

Despite the push by the American Counseling Association and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for a foundation of wellness in the counseling profession, little research and education exists in regards to using a wellness perspective in clinical supervision (Lenz & Smith, 2010). For the practicing counselor or student working in an agency setting for their first time through a practicum or internship, realization of barriers and drawbacks to working in a mental health setting become more apparent. Administrators and supervisors in clinical settings would do well to remind themselves of systemic issues related to the work of their employees such as lower than average pay, emotional demands of patient care, employees who may have more than one job, tendency for agencies to be centered in impoverished areas, and demands of one's personal life (Swarbick, D'Antonio, & Nemec, 2011). As a competent supervisor in a counselor education program, mental health agency, or school setting, it is important to be mindful of these variables in working with supervisees. What follows is a discussion regarding ways to incorporate the wellness model in a clinical model of supervision.

The supervision relationship provides an opportunity for seasoned mental health professionals to serve as models of healthy behaviors for their supervisees (Bernard & Goodyear, 2014). With specific regard to wellness and self-care practices, Merriman (2015) states that supervisors should seek to normalize and destigmatize burnout by intentionally having regular discussions about this construct during the course of supervision. She suggests that this is especially needed for beginning counselors who are in their formal academic training and

completing practicum and internship placements as the custom of addressing any self-impairment will better serve students as they transition into the field and are charged with self-monitoring to a larger degree. Additionally, she states that addressing burnout and compassion fatigue directly in supervision serves as a protective factor for both the supervisee and the supervisee's clients. Like Figley's (2002) model of compassion fatigue, Merriman (2015) suggests that the ability to retain empathy for clients is likely cultivated through healthy supervisee clinical boundaries maintained through emotional detachment from their clients outside of counseling sessions as well as the supervisee's ability to engage in wellness and self-care practices.

In a model proposed by Lenz and Smith (2010), the Wellness Model of Supervision (WELMS), clinical supervisors drive the structure of their supervision time and conceptualization of supervisees by utilizing wellness concepts used with clients. The authors suggest that the success of the model hinges on the use of education, assessment, planning, and evaluation. In this model, supervisees conceptualized their own wellness with the use of wellness inventories to look at areas of strengths and weaknesses. As supervisees meet with their supervisor for subsequent supervision sessions, a continual self-report and evaluation is used to gauge how the supervisee progresses with his or her goals. The supervisee is most responsible for generating goals in this model and the supervisor uses basic tenants of counseling and appraisal skills in helping supervisees to maintain consistency with their work and see areas of deficits. The supervisor also uses elements of teaching and psychoeducation in helping the supervisee better understand concepts of wellness, self-care, and self-awareness. The relationship between the supervisee and supervisor is that of a working relationship with the supervisee setting the pace for establishing and achieving goals. The authors cite that while

concepts of wellness are inherent in many models of supervision, that most models do not address wellness directly. They cite the need for more work in the idea of wellness in supervision with the proposal of new models and building upon existing models. Of note in literature found for this review was the lack of formalized ways to utilize wellness in supervision models. Continued research and further exploration on this topic would be beneficial for the field of counselor education.

Another way of considering supervision looks at the importance of addressing wellness not just with master's-level clinical staff, but also with front-line client care workers such as case managers, residential counselors, and support staff. Some ways that agencies are addressing the needs of employees at large beyond the lens of clinical supervision is by holding educational workshops, providing wellness incentives, and promoting a culture of wellness within the agency (Swarbick, D'Antonio, & Nemec, 2011). As with other models of wellness, the authors of this article suggest that the role of a clinical or administrative supervisor is to model concepts of wellness and to forge working relationships with employees that promote wellness and healthy lifestyle decisions. This in turn has an impact on the care provided for clients and translates into the overall culture of an agency that extends beyond the credentialed clinical staff.

In summary, while there is a lack of literature regarding models of wellness in clinical supervision, it seems clear that a trend is to consider ways in which wellness addresses not only clients but also the employees who serve these vulnerable populations. As addressed in the previous section, thinking of wellness as a developmental component to working in the field also calls for the continued need of supervision and education regarding wellness concepts. While these concepts are of importance in entry-level counselor education programs, continued attention by clinical supervisors and administrators in the field help to maintain the work that

begins with the days of training. Further research and writing in this area will better equip those individuals that serve as supervisors for counseling and support staff.

### **Discussion of Literature**

While burnout has been present in the literature for over thirty years (Lambie, 2006; Paris & Hoge, 2010) and professional organizations recognize the need and importance of addressing the phenomenon of burnout (American Counseling Association, n.d.), there also remains a lack of unity and clarity in regards to the definition of the term. Further complicating the unity of a definition is through related terms such as compassion fatigue, vicarious trauma, and secondary traumatic stress (Newell & MacNeill, 2010). A trend in the literature suggests resources are becoming increasingly available in regards to education of impairment-related experiences within the helping professions. As this trend continues, a more unified way of thinking about burnout and definition of the phenomenon would be beneficial in helping agencies and training programs address this area of need.

While there is emphasis on observable behaviors of burnout as well as internalized clinician experiences of burnout (Newell & MacNeill, 2010; Watkins, 1983), there remains a lack of theory for understanding the phenomenon (Wachter et al., 2008). Given burnout symptomology and clinicians' personal experience as a shared point of reference, there appears to be a wealth of criterion that would allow for a unified definition. This would provide helping professionals a common language in discussing a syndrome of burnout and would help for counselor educators and supervisors anticipate the needs of students and employees. While a generalized list of symptomology is helpful, continuing to refine and adopting a universal definition among the helping professions would increase efficiency in addressing this impairment.

Contemporary definitions of burnout call for a systemic view of the phenomenon (Wallace et al., 2010). Traditional thought was that burnout stemmed from a counselor's work with taxing client populations and the subsequent effects on the therapeutic relationship. Newer relevant literature is clear in the assertion and need to address larger systemic factors such as the culture of the agency, mental health delivery systems, school systems, as well as competency and sensitivity to burnout within administration and supervision practices (Wachter, 2008; Wallace, 2010; Wilkerson, 2009). Formalized education and training for supervisors would be an asset to the field and could lead to more open dialog regarding burnout and decrease the potential for stigma by mental health workers. The incorporation of wellness practices, wellness incentives, and support groups and services within counselor education programs and sites that employ counselors would also be of benefit.

A gap in the literature discovered within this review falls in the lack of a formalized assessment for burnout. A uniformed approach to the definition of burnout would help in generating formalized assessment practices for clinicians in the field. Within the existing studies cited, participants self-reported symptoms of burnout and ranked their own experiences with the experience of the phenomenon (Lawson, 2007; Sang Min et al., 2010; Wachter, 2008; Wilkerson, 2009). An inherent dilemma within this practice is the lack of objectivity and externalized observation. It seems likely that a helper's experience and level of impairment may not always be consciously known and therefore relying on self-reported data leaves the collection of data and experiences lacking. Using existing assessments and the creation of new assessments and inventories of burnout as well as external reports from supervisors working with practicing clinicians, the profession will know more about the phenomenon of burnout.

Additionally, further research in setting and role-specific subsections of counseling would provide greater clarity in understanding microsystems in the delivery of mental health services. Understanding setting-specific variables of burnout would contribute to defining the phenomenon at large and thusly contributing to a universal definition and criterion list. This would also benefit supervision practices within the various subsections by promoting greater awareness of setting-specific variables for supervisors and administrators and would promote a more proactive environment to engaging in a dialogue of burnout and impairment.

It also seems clear that in better understanding burnout there is a need to understand a remedy for the experience, which lies in examining wellness. This seems particularly helpful as it is a foundation of the counseling profession (Lawson & Myers, 2011) and it is through this lens that counselors work with a variety of client populations and through a variety of organizational settings. As Lawson & Myers (2011) suggest, there is a need to consider unity in terms of wellness as a profession, which could also lead to a greater understanding of what not being well, or impaired, may look like. Addressing this early in the beginning stages of counselor development seems important in helping students to contemplate and examine their own wellness as they progress through a training program. Counselor education programs that are intentional in their use and awareness of wellness, either through incorporation of wellness concepts into core curriculum coursework or through the utilization of a wellness course, set the stage for discussions of burnout and impairment that are inherent in the practice of counseling (Roach & Young, 2007; Wolf et al., 2012; Yager & Tovar-Blank, 2007). Current CACREP standards call for a wellness perspective (Council for Accreditation of Counseling and Related Educational Programs, 2009) to be taught in counselor education programs, though few

programs have a sole course for this (Roach & Young 2007; Savicki & Cooley, 1982; Yager & Tovar-Blank, 2007).

Based upon the existing literature, it appears that programs do well in addressing wellness interventions from a perspective of helping clients, but that an area of growth is to further the dialogue of wellness by including the counselor-in-training as being an active participant in this model. Lawson & Myers (2011) suggest that well counselors are able to move their clients toward wellness and that impaired counselors have the potential to cause harm. While existing literature suggests that master's and doctoral counseling students score higher in overall wellness scores (Myers et al, 2003; Roach & Young, 2007), continuing this emphasis during formalized academic training would only serve to further solidify and build on the strengths of students attracted to the profession.

Additionally, models of wellness in supervision within counselor education programs as well as for supervisors in agency settings would be beneficial in further exploring the phenomenon of burnout and helping students and practicing professionals to take preventative measures against experiencing burnout and subsequent impairment (Lenz & Smith, 2010). This furthers the wellness initiative in the counseling profession as being twofold through wellness within the client and the counseling professional. This helps supervisors engage in intentional discussions with supervisees about how wellness presents both in their role as a counselor and more broadly in the agency or school setting. Of importance is the lack of research regarding wellness models of supervision. Furthering this body of literature would be beneficial to practicing supervisors in the presentation of wellness to their supervisees.

Of note in wellness studies conducted in counselor education programs cited in this review represent a minute percentage of accredited counseling programs (Chandler et al., 2001;

Myers et al., 2003; Perepiczka & Balkin, 2010; Roach & Young, 2007; Wolf et al., 2012; Yager & Tovar-Blank, 2007). These studies also relied significantly on quantitative methods of data collection using wellness inventories (Myers et al, 2003; Roach & Young, 2007) and gave minimal attention to phenomenological understandings of burnout within students. The concept of burnout seems to pair well with a qualitative assessment of the phenomenon and thus this presents as a gap in current existing literature. Qualitative studies would further understandings for educators and supervisors in addressing burnout as well as wellness and better allow for integration of these topics into the counseling curriculum.

In summary, while concepts of both burnout and wellness are understood phenomenon in the field, adopting unified definitions would promote clarity in a foundation for helping professionals to discuss both concepts. It appears that symptomology of burnout is an inherent risk within the profession and that all professionals are at risk for impairment if these symptoms go unresolved. This furthers the need for incorporation of wellness practices by individuals in the field in both their personal and professional lives. Counselor educators can initiate this internalized locus of self-assessment for beginning counselors through dialogue of both burnout and wellness during training programs. Additional training and utilization of wellness models by clinical supervisors serves to maintain this awareness for the helping professional throughout his or her career. In Chapter Three, an exploration of one particular wellness model and its application in a qualitative study will demonstrate practical applications and uses for wellness-based strategies with new professionals in the counseling field.



## **Chapter Three: Methodology**

### **Chapter Introduction**

This chapter outlines methods used to answer the research question of this study: What experiences culminate in burnout and attrition for new professional clinical mental health counselors? Since this study involved a variety of factors and individual experiences that would go unnoticed in a quantitative grouping of pre-determined factors, this study utilized a qualitative approach to frame and analyze data collected from participant interviews. Within the qualitative approach of research, I used a directed content analysis approach to analyze the interview data as it allowed for the emergence of themes and subthemes within the theoretical binding of this study. The next section includes a description regarding reasons a qualitative approach was a fit for this study and why content analysis in particular was useful for analyzing the data. Additionally, I outline procedural steps taken for this study, such as creating an interview protocol, sourcing participants, strategies used to bolster trustworthiness and validation strategies, and protecting data and participant identity. Lastly, I discuss the overall strengths of a content analysis approach as well as ethical considerations that are an inherent part of the research process, but more accentuated in qualitative research. To foster an understanding of the use of a qualitative methodology for this study, the following section briefly revisits the nature of this line of inquiry and its purpose and place for research in the social sciences and education.

### **Qualitative Research: An Overview**

Qualitative research is a philosophically rooted approach applied to examine the “meaning that individuals or groups ascribe to a social or human problem (Creswell, 2013, p. 44). Since qualitative researchers endeavor to know more about complicated social and human issues, Rossman and Rallis (2012) support this inquiry by stating qualitative research is

“recursive, iterative, messy, tedious, challenging, full of ambiguity, and exciting (p. 3).”

Because a qualitative approach seeks foremost to understand these complex social issues rather than to describe or explain them, a researcher may approach one such issue and work inductively or deductively to delineate key contexts and themes embedded within their collected data. In doing this, however, a need for reflective practice on behalf of the researcher is critical to be able to protect the integrity of the data and to acknowledge potential researcher bias (Creswell, 2013).

Historically, research practices have thought it prudent and necessary to keep the researcher distanced from their data to protect the integrity of a study (Fine, Weis, Weseen, & Wong, 2000). While a researcher may seek to know more about a phenomenon or experience through interacting with individuals in a very open-ended manner, a researcher’s presence inherently alters the data collected in a qualitative study (Creswell, 2013). Because of the reciprocal interaction a researcher has with the qualitative research process and due to the unavoidable nature of this relationship, the researcher becomes an integral part of the research process. The use of reflexivity and bracketing in a qualitative study allows for a researcher’s acknowledgement of this process as well as an opportunity to explore positionality and any biases that may consequentially influence the analysis process (Creswell, 2013; Roer-Strier & Sands, 2015).

This study sought to learn more about the lived experiences of new professional counselors and the challenges and perceived barriers they experienced that led to their attrition from the field of professional counseling. Using participant interviewing, I engaged study participants in a narrative interview regarding their interactions with the profession and their lived experiences that lead to their attrition from the field of professional counseling. Upon concluding this study, I hope to glean more information regarding a variety of lived experiences

and how individuals perceived these experiences rather than through focusing on the already-known overarching systemic and clinical barriers in mental health service delivery. Because of this, the goal was to work inductively as participants unfolded their stories to know more about the overlaps and differences among participants that led to the same behavioral outcome of career attrition.

In this study I used an unstructured interview approach to data collection. This approach encompassed a pre-determined interview protocol (Appendix C) that included a list of questions for use with all participants about their experiences in the mental health field and their experience of leaving the field of counseling. However, while this method provided a concrete starting point for the researcher, it was not necessary or always relevant to ask all questions with all participants (Creswell, 2013; Rossman & Rallis, 2012). Since the research question of this particular study endeavored to understand the lived experiences of individuals who have had experiences, such as abandoning a chosen profession, it was foreseeable that some participants may have attributed negative connotations with this decision and their subsequent actions (Mee & Haverback, 2014). Because of this risk and the private nature of the details provided by respondents, protecting client confidentiality was paramount to the research process and interacting relationally with individuals who chose to share their experiences. However, due to the relational nature of qualitative research, particularly through interviews, it was necessary for this researcher to have an understanding of how, as an individual interacting synchronously with another individual, there was an inherent impact. Thusly, interviews are not a neutral data collection procedure as once thought (Fontana & Frey, 2000). Rather, a collaborative examination of collected data and my presence and impacts in the field in totality comprised this type of study and served to frame the results. Because of the wide scope of possibilities and

opportunity for subjectivity that may happen in this type of study, the use of a directed content analysis approach within the realm of qualitative research was employed to aid in guiding me to analyze the collected data in terms of this study's research question.

### **Directed Content Analysis**

Since qualitative research encompasses five approaches (Creswell, 2013), choosing the approach that fits the research question and data collection procedures is fundamental to conducting a strong and meaningful study (Rossman & Rallis, 2012). Since this study sought to know more about the lived experiences of individuals who chose to leave the field of professional counseling and followed an unstructured interview approach for collecting data, the analysis of the data needed a systematic and organized means to make sense of the interview content. More specifically, a directed content analysis approach was especially applicable as it implies that codes of interest used for analyzing data are already well defined (Ryan & Bernard, 2000). In this case, the Indivisible Wellness Model (Myers & Sweeney, 2004) served as the necessary well-defined model, allowing analysis of the transcribed interview data through the lens and scope of this approach to viewing a complex issue.

Additionally, while a content analysis approach was befitting for this study, it was also necessary and prudent to look at further layers of specificity to make sense of the wide range of data collected. Hsieh and Shannon (2005) discuss three types of approaches within a content analysis methodology: conventional, directed, or summative. Conventional content analysis occurs when the researcher organically produces codes from the data collected. Alternatively, directed content analysis sets out to use existing theory and research in the area of interest to guide the creation of the research codes through which the data is analyzed (Hsieh & Shannon, 2005). The authors suggest that the goal of directed content analysis is to further existing

research by adding to inherent gaps that appear in all areas of research. Additionally, this particular approach was fruitful for this study in that while it pulled from open-ended questions to allow participants to share their narrative, it also allows for more structured questioning to assess for various areas that the researcher is hoping to explore (Hseih & Shannon, 2005). Within this study, the use of the Indivisible Self Wellness Model aligned strongly with this approach as it allowed for more directed questions in an effort to gain a more holistic and comprehensive narrative of a participant's experience with burnout and field attrition. Because of the implementation of this approach, pointed questions were sometimes necessary during participant interviews to assess for coping styles and responses within the major domains offered by the Indivisible Self Wellness Model.

### **Summary of Methodology**

In this section I discussed some of the unique aspects of qualitative methodology such as the inherent researcher-participant relationship, researcher bias and positionality, and how comparing the collected data with an existing wellness model allowed for furthering the understanding of coping styles when counselors face occupational stress. Another benefit of this approach is that it offers a secondary lens to show more about the data collection and analysis process. Differing from more traditional qualitative research practices, this approach does provide some allowance in guiding participants to reflect and share about particular aspects of their experiences. This provides a frame of reference for how participants were approached and how the resulting data was reviewed and analyzed, leading to tentative findings and recommendations for the counseling field. The following sections address additional considerations for all qualitative researchers to consider when entering the field and interacting with human subjects.

### **Trustworthiness and Validation Strategies**

Trustworthiness in qualitative research regards determination of the merit and credibility of a study through existing measures outlined for qualitative researchers (Creswell, 2013; Lincoln & Guba, 1985). Specifically, Creswell and Miller (2000) outline eight different validation strategies to ensure the trustworthiness of a study. While it is not necessary or always practical to engage in all eight strategies, inclusion of several of these strategies provides further merit through demonstrating research rigor. I used many of these strategies within this study to add to my credibility as a qualitative researcher as well as to the tentative findings of this particular study.

For this study, I used four strategies outlined by Creswell and Miller (2000) for trustworthiness and validation. Foremost within this study my aim was to provide a rich, thick description regarding the specifics of workplace settings and tasks shared by participants in their interviews. This was in an effort for the reader to decide if the experiences of the participants of this study may be generalizable to their particular settings or experiences. Secondly, I engaged in member checking to determine if summaries and tentative themes coded from participant interviews matched with what participants wanted me to know regarding their attrition experience. If any participant found a discrepancy in the in regards to what they meant to convey, they had the opportunity to clarify with me to ensure greater accuracy of their experience. Third, I engaged in peer review regarding the analysis of my transcribed data. This was particularly important for the design of this study as researchers using a directed content analysis approach may be listening only for evidence that fits within the pre-determined categories rather than a thorough review of all data provided (Hsieh & Shannon, 2005). For this study, I collaborated with my dissertation chair for peer review and debriefing of data analysis in

an effort to eliminate biases that presented during my isolated analyzing efforts. Lastly, throughout the course of data collection and analysis, I maintained a record of decisions made, either as a singular researcher or in conjunction with others, throughout the process. This is often referred to by qualitative researchers as an audit trail and allows researchers and others participating in the research process collaboratively or those who may have questions about the work to know more about the decision-making processes of the study (Cutcliffe & McKenna, 2004). Particularly for this experience, the use of an audit trail served as a guide for this novice qualitative researcher to remember decisions made in regards to data coding.

### **Participants**

This study included five participants, all of whom participated in an unstructured interview that was approximately one hour in length. These interviews were conducted via Skype, an application that allowed for video chatting and helped to account for some of the nuances of face-to-face interaction. All participants indicated having completed a master's degree in clinical mental health counseling and practiced in a mental health agency setting for less than two years before deciding to leave the profession in a way that would not lead to licensure as a professional counselor in their state of practice. Additionally, participants self-selected into the study by identifying that they met the study criteria; they left the counseling profession for reasons directly related to some level or form of distress with the career or counseling role itself rather than logistical or sudden life changes. After seeking and contacting potential candidates through a snowball sample, the data presented in this study reflects five individuals. All identified as graduates of mental health counseling programs and to having electively left the field within their first two years of practice. Of the five participants, there were four females and one male, with all participants identifying as Caucasian. The participants

ranged in age from 26-31. Following is an outline indicating data collection procedures from the aforementioned participants.

### **Data Collection Procedures**

Since this study sought to learn more about the lived experiences of individuals who had left the field of professional counseling, sourcing participants for this study was a critical process in the success of maintaining a sample size that would achieve saturation. Prior to seeking out participants for this study, I noted the recommendations of Robinson (2014) who states that determining a sample size in qualitative research prior to data collection is important as it considers time and practicality of the study. Additionally, I considered best practices in qualitative research design, particularly that of interviewing, and considered the need to reach saturation of themes from my study participants. This was particularly important as qualitative studies based in interviewing seek for participants to have a “locatable voice (Robinson, 2014, p. 29)” within the study, while also seeking to achieve a range of experiences that give a broad spectrum to understand a complex issue.

This study encompassed a homogeneous sample of participants. The shared experience necessary for participation in this study was the lived experience of leaving the mental health counseling profession, termed life history homogeneity (Robinson, 2014). Additionally, this study employed purposive sampling techniques as it outlined criteria necessary for individuals to participate in order to collect data that was relevant to the research question of this study (Bordens & Abbott, 2011). In accordance with delimitations mentioned in Chapter One, this study was limited to mental health counselors who had electively left the profession. For the sake of this study and initial thoughts regarding the challenges of finding research participants, I



did not employ further sampling strategies that would have achieved greater diversity and stratification.

To source participants, I used two strategies. The first method was a blanket 'request for participation' in research disseminated via the CESNET listserv, a professional listserv for counselor educators to discuss any topics related to the field of counselor education. This e-mail (Appendix D) asked for anyone who had completed a master's degree in clinical mental health counseling and chose to leave the field of counseling prior to their second year of practice to consider participating in this study. A secondary criterion for this study was that participants chose to leave the profession based on distress or a lack of continued passion for the field rather than any logistical life changes or sudden life events that might sometimes lead an individual to leave a career. These previously determined delimitations allowed for closer study of the phenomenon of burnout, and, through a culmination of lived experiences, led to professional attrition. The e-mail also outlined that it was not necessary for participants to have a current or former license in their respective field of practice. Additionally, I informed participants that part- or full-time prior employment was acceptable for participation in this study. The request outlined that interviews could take place via in-person meetings, through synchronous live video feed (Skype), or by telephone. In an effort to maintain participant confidentiality and alleviate any anxiety about participating, I stated in my invitation email that any names of participants would not be included in the published results. Further, I assured participants that no specific references to agency or school names, client names, supervisor names, or specific geographic locations were included so that readers could not connect back published findings to an individual or their respective supervisors and employers. Additionally, the request outlined that interviews would be recorded and stored securely for necessary research steps until study

completion, at which time the recordings were to be destroyed. The request for participation email informed potential participants that I would collect basic demographics at the beginning of the interview and that I would use the remaining time for the participant to discuss experiences related to their experience at the time they chose to leave the profession. I invited those interested in participating to respond back to myself indicating their desire to serve as a participant. The invitation email requested the assistance of counselor educators who knew of individuals who met the criterion for this study to forward the invitation to these individuals. Once forwarded, the referred individual had the opportunity to respond back to myself expressing an interest in participating or simply choosing to decline participation by not responding. Presumably, counselor educators from all over the country participating in the CESNET listserv were able to forward the request email, resulting in no way of knowing how many individuals were referred or contacted to consider participation in this study.

The second, and more practical, method for successfully sourcing participants for this study occurred with the use of snowball sampling. Qualitative researchers regard snowball sampling as an appropriate sample strategy in qualitative research when the research involves finding participants who might otherwise be difficult to find (Creswell, 2013). As potential participants were not likely to be members of CESNET, nor were they likely to be actively involved with other counseling professionals, I relied on names and contact information for potential participants from a mutual contact source. I followed up with these leads providing that the referring individual expressed that they met the basic criteria for the study. I emailed prospective participants with further information regarding the study (Appendix E). This allowed potential participant to make an informed decision regarding study participation. These emails were more explanatory and detailed than the generalized request for participation with the

assumption that the recipient would be qualified and had an interest in participating. In this email, the opening section disclosed my name and status as a doctoral candidate at The University of Tennessee – Knoxville with the information that I was completing my dissertation on individuals who have left the field of professional counseling. I again outlined the necessary criteria for being a participant in the event that the referring individual was uncertain or mistaken about the working history of the referred participant. I assured prospective participants of my IRB approval status and informed them that their information would be confidential and that pseudonyms chosen by participants would reflect in the published work to protect their anonymity. I informed participants about the purpose of the study and possible implications the study could have for the field of counselor education as well as clinical supervision. I invited these individuals to contact me via email or phone should they wish to participate in the study or if they had further questions about the study.

Between these two strategies for sourcing participants, ultimately there was only one participant who contacted me directly affirming that she self-identified as being qualified to participate, though she did not later arrange a time for participation in this study for reasons unknown. Of the five participants included in this study, all were recruited through snowball sampling via email. For qualified individuals identified by others from the snowball sampling method, I sent invitation via e-mail and informed them of my purpose in contacting them in the email introduction and included a Study Eligibility Questionnaire (Appendix F) as well as the Informed Consent (Appendix G) for their review and consideration. This also helped to ensure ethical research practice as it allowed potential participants to consider the scope and demands of participation and consider responding to my invitation. Additionally, using e-mail to provide

study information allowed time for prospective participants to consider participation and its potential consequences before agreeing to do so.

Ultimately, there were five individuals who agreed to participate in the study via snowball sampling recruitment. Upon confirmation of agreement to participate and after receiving scanned or mailed hard copies of informed consent, I contacted participants to schedule interview times for a date and time of mutual agreement. As all participants were completing the interview via Skype, I provided them with my Skype identification information and informed them the interview might involve sensitive information regarding their career, which they might prefer to keep confidential, and thus encouraged them to select their physical interviewing space with this in mind. As the researcher, I conducted all of the interviews while at my home with the use of my personal computer, which was password protected and utilized password protection on any files linked to participants in this study.

Prior to Skype interviews, I emailed participants with a reminder of the interview time as well as a reminder that discussing their story about leaving the field of counseling may be very personal and that they should consider where they would like to complete this interview to protect their confidentiality. When I contacted participants for the interview who were using a technology medium to conduct their interview, I confirmed that they were in a place where they could conduct the interview confidentially before proceeding. All participants expressed understanding and consent and the interviews were conducted as scheduled.

The initial part of the interview consisted of a brief verbal reiteration of the purpose of this study and potential implications for the finding of the study. I again confirmed that participants were eligible based on the established criteria and reminded that participation signified consent that any information shared could be used in publishable results, either for the

purpose of this dissertation study or any resulting publications. I also reminded participants that I was recording interviews via two methods. I used a personal digital recorder as well as a Skype recording software that recorded audio and video from each interview for later review. These two methods allowed for a backup of any data in the event of data loss or corruption. All recorded files were later imported to NVivo to allow for the coding process.

I also verbally outlined confidentiality measures previously listed in the detailed request for participation with each participant. In doing this, I informed participants how I was going to store the data securely and reminded them that I would keep recordings until completion of the study, at which time I would destroy them. I reminded participants that they could choose to opt out of participation at any time during or after the interview until the time of formal publication and that they could rescind portions of their interview or the interview in its entirety. The time remaining was for the unstructured interview, beginning with initial open-ended questions from the interview protocol (Appendix C) and included the use of more pointed questions in regards to pre-determined content analysis categories. Since the nature of these interviews was to know more about lived experiences and distress experienced in a counseling career, I approached each interview prepared to provide further counseling resources if needed should any participants self-identify as needing this resource as a result of participation in the interview.

### **Storage of Data**

Since this study included personal information and had the potential for negative consequences should a participant's confidentiality be broken, particularly through the breach of participant identity, I took great efforts to ensure that data was securely stored throughout completion of the study. The safeguard of participant identity protection began with the strategies used for initially contacting individuals and for contact information provided to

individuals who self-identified as being a qualified participant. I gave prospective participants my university-affiliated email address, which requires knowledge of a net ID and password to access, and my personal cell phone contact information, which was passcode and fingerprint protected so that any voicemails were not accessible from the lock screen. The phone I used is my personal property; no other individuals had access to the phone at any time throughout the study. When I conducted interviews with each participant, I recorded them on a portable digital voice recorder as well as through a software program designed to record audio and video feeds during Skype calls. As the recorder was not Internet-enabled, access to the digital files was only feasible for whoever had physical possession of the recorder. As the primary researcher, I conducted all interviews in a confidential location where others were not present or could not hear the interview. I stored the digital recorder in a locked fire and waterproof box in my private residence to which only I maintained a key. I removed the digital recorder from this locked storage container for the purpose of recording an interview or using it to review and transcribe data. The audio and video files were stored on my personal home computer that is password protected and also utilized password protection for file access. Additionally, signed informed consent documents were stored in a locked drawer at my private residence.

After interviews were completed, I independently transcribed each participant interview with the use of NVivo, a qualitative data analysis software program. All transcriptions were saved in this program and were only linked with the computer's hard drive. As an added safeguard, participant names were not included in the transcription. However, for the sake of maintaining an audit trail, individuals and their respective transcripts were assigned a unique pseudonym that were to be used for member checking during the data analysis stage as well as in

the final study publication. Upon study completion, I destroyed any signed or identifying documents along with the interview audio files.

### **Data Analysis**

Analysis of transcribed data was fundamental to the success of this study. As outlined in Chapter One, I used Myers & Sweeney's (2004) Indivisible Self Model of Wellness for the theoretical framework for the directed content analysis. This model was a fitting theoretical binding for this research study as it clearly delineates categories that are essential to considering overall wellness and self-care while also being grounded in empirical research to add credibility to the validity of the variables and domains presented (Myers & Sweeney, 2004). Since the construct of burnout is a complex issue (Figley, 1998), using existing literature and empirically validated research to support the creation of codes was largely beneficial in making sense of the data that was presented throughout the narratives of the participants.

Upon completion of the interview process with all study participants, the first step to initiate analysis of the data was to transcribe all interviews into a typed transcription so that the words used and their placement with other words and phrases was observable and I was able to explore them in depth. For this study, I followed the recommendations of Bailey (2008) who states that the researcher must consider the overall goal of the research project before they begin the transcription work. She states that a critical initial consideration must be the level of detail that is necessary for a thorough analysis. In interviews where considering a participant's tone, body language, or any alterations in speech pattern may indicate something of note to the researcher, Bailey (2008) states that these observations must be woven into the transcription. Because this study aimed to seek to know more about the very personal narratives of individuals who had committed themselves to a profession that they later abandoned, I found it important to

include this level of detail in the transcription process. All transcription was completed by myself rather than outsourcing a third party so as to best account for any nuances in the recording beyond the spoken dialogue.

For the sake of conducting a thorough analysis of the transcribed data, I uploaded all transcripts into the NVivo qualitative data analysis software. Once I had all transcripts uploaded, I tentatively assigned pre-determined codes from the Indivisible Self Model of Wellness for all sections and interactions within each interview. As I assigned these tentative codes to lines of transcribed text, NVivo allowed me to organize these coded sections into code-specific sections, making review of the information within each code readily accessible. Additionally, each participant's interviews could remain intact in order for me to reflect on overall themes and subthemes that emerged within each specific interview. The NVivo program also allowed for comparisons among participant interviews and was able to reflect enumerative data such as the most frequently used codes and specific words or references that occurred or I assigned most frequently among all participants. The use of the NVivo qualitative data analysis software allowed for a higher quality of analysis as it provided opportunities to manipulate the coded material in ways that would otherwise be very time consuming and potentially unmanageable for the scope of this study's goals.

I used a structured model of content analysis to further delineate coding decisions, as it was befitting to the study and provided a context for studying a complex phenomenon. As mentioned in Chapter Three, this study utilized a directed content analysis approach as it employed existing codes from the Indivisible Self Model of Wellness (Myers & Sweeney, 2004) rather than organically analyzing data for appropriate codes. This methodology was chosen to allow for a comprehensive look at how the model could capture the phenomenon of professional



burnout for counselors. Once transcription was complete for all interviews and uploaded in the NVivo software, I began to follow a directed content analysis approach as outlined by Hsieh and Shannon (2005). Since this approach uses existing research to create pre-determined codes, these codes were listed where I had access to visually view all of them when carefully going through the transcription to code the exchanges. Since the Indivisible Self Model of Wellness (Myers & Sweeney, 2004) provides various groupings and subgroupings, data coding was completed in a way to match this format and to stay true to the model. For this, I referenced methods described by Carspecken (1996) to establish low-level and high-level codes. This method uses low-level coding to match data with concrete groups while high-level codes require more judgement and abstraction from the researcher (Carspecken, 1996). To differentiate among the low- and high-level codes, I referred to the visual guide of the Indivisible Self (Appendix A). For the low-level codes, I used the five second-order wellness factors dictated by the model: essential self, creative self, coping self, social self and physical self (Myers & Sweeney, 2004). For the high-level codes, I used variables listed within each of the five second-order factors that emerged in a more concrete fashion within what the participant shared. This analysis method allowed for dual coding to occur in order to provide a more specificity of code use while also painting a picture of the larger constructs and domains shared. For example, a participant may have discussed a lack of self-care practices during their time in the profession. For this study, I would have coded this example under the low-level code of 'essential self' and the high-level code of 'self-care.' In cases where determining a fit for the low- and/or high-level codes, I used peer review to strengthen the cogency of the study. Additionally, in an effort to be mindful of and avoid researcher bias as warned by Hsieh & Shannon (2005) there were some instances where specialty codes had to be included that did not fall within the IS-WEL model in order for

the data to be properly depicted. This analysis method was used for all interviews so that themes within low- and high-level codes could emerge, providing a greater context for both specific areas touched by burnout and attrition as well as broader areas of life that are impacted by the experience.

### **Strengths and Limitations of a Directed Content Analysis Approach**

As already stated in this chapter, there were many advantages in choosing a directed content analysis approach for the analysis of interview data. One advantage with a qualitative approach in general is that this study, along with other qualitative studies in burnout and professional attrition, can help to establish necessary groundwork for strong quantitative research so that quantitative studies better know what to measure and how (Bordens & Abbott, 2011). Since this study was partially in effort to increase the richness of understanding the lived experiences of individuals in a holistic way, the space to allow participants to share their interview narrative was helpful in understanding comprehensive stories rather than pieces that a researcher only wanted to know ahead of time. Additionally, a directed content analysis approach provides opportunity for the researcher to act as somewhat of a guide in the interview process by asking questions to participants that may help to fill a void in what they have shared to provide a more holistic picture (Hsieh & Shannon, 2005). Additionally, this study sought to outline necessary steps for determining methodology prior to sourcing any participants or collecting data. These steps included a review of related literature that pointed toward the existing gap in addressing burnout and attrition beyond the student counselor phase, using multiple methods to ensure trustworthiness and credibility as a qualitative researcher, and considering ethical concerns related to this type of research and interview-based interactions with research participants. Ryan, Coughlan, and Cronin (2007) stress the importance for qualitative

researchers to be mindful of the many methods available for data analysis in qualitative research and to choose a method befitting of the study. As this study is rooted in a theoretical mode, directed content analysis is a sound approach to make sense of the data as the constructs of wellness and burnout are well defined and prevalent in the literature. Because of this, it allowed for me to code data in ways that made practical sense, one of the primary goals of qualitative inquiry (Creswell, 2013).

Despite the appropriateness of directed content analysis for this study, there are inherent limitations of the method. Since this method of analysis requires the researcher to approach interview data with a theoretical framework in mind, some might posit that this study and the researcher conducting this study was highly biased, a usually detrimental component of qualitative research researchers often attempt to avoid (Hsieh & Shannon, 2005). Because of this approach to the experience and the inclusion of probing questions in participant interviews, there is an increased potential for missing codes or ignoring codes that do not fit within the theory selected for the study. While some codes that did not fit in the Indivisible Self Model of Wellness were included in the data analysis, the bias of using this model made interpretation of these outlier codes more difficult to interpret. Additionally, this approach detracts from the inductive nature of qualitative research, one of the more salient characteristics of this type of research inquiry (Creswell, 2013). While this approach to data analysis does present some limitations that are unavoidable, with great care of the data and attention to all components, it was possible to avoid some oversights that may not have presented data in a comprehensive way. For example, Hsieh and Shannon (2005) state that researchers using directed content analysis can decide on new codes to add to the study if the theory used by the researcher does not account for pieces of data that are collected. These oversights are often eliminated through validation

strategies such as member checking, peer review and debriefing, and keeping an audit trail for critical decisions made throughout the analysis process (Creswell & Miller, 2000).

### **Ethical Issues in Qualitative Research**

The research process is rife with ethical decisions beginning with choosing a construct to study and deciding how conducting it will present the gathered data in a way that is true to life and accurate (Bordens & Abbott, 2011). Additionally, qualitative research can make research boundaries more difficult to discern in that the researcher-participant relationship employs a more relationally focused context as the research ultimately includes pieces of the participant as well as pieces of the researcher (Aluwihare-Samaranayake, 2012). Since one of the fundamental purposes of qualitative research is to seek to learn more about complex social problems (Creswell, 2013), there are more opportunities for researchers to be involved with participants who have faced negative or oppressive life situations in this relationally-based research method. For this study, participants were asked to share personal aspects of their lives that lead to a significant decision of leaving a profession for which they had spent a great deal of time, money, and training to obtain. An individual's career directly corresponds to their sense of self and outward identity to others (Mee & Haverback, 2014), so it can be difficult and anxiety provoking for participants to disclose feelings and events related to this experience.

With this knowledge in mind from the initial stages of this study and the review of relevant research that covers a wide range of burnout, career satisfaction, and attrition, there were many opportunities for participants to feel possible adverse or negative reactions to participating in this study. To address this on the front end of involvement, the request for participation email as well as the tailored individual contact email both stated the potential for this to occur given the sensitive and personal nature of this topic. As the primary researcher, I

offered to assist individuals to the extent that was ethical and realistic in locating any appropriate services or aid in seeking supports to counter experienced negative effects of participation.

Additionally, being thorough in letting participants know what the purpose of the study involves and how data will be collected, analyzed, and protected was a way to avoid ethical dilemmas that may have arisen so that trustworthiness and credibility as a qualitative researcher was enhanced by taking prudent and necessary steps to be respectful of participant rights (Creswell, 2013).

Additionally, I informed participants that they reserved the option to withdraw from participation at any time, whether it was during the interview itself or after the interview was completed.

Although, in a further effort to be informative to participants, I shared a verbalized timeline for dissertation publication with data findings with participants to inform them that withdrawal of their interview data would not be possible after that time. While ethical considerations in research, and particularly qualitative research, are many and widely varied (Bordens & Abbott, 2011), many of these difficulties were taken into account prior to any involvement with participants. The attention to ethical considerations was forefront throughout this study from the review of literature to the sharing of findings and the consequential implications for professionals in the field of counselor education and supervision.

### **Chapter Summary**

This chapter served to provide an overview of qualitative inquiry and its inductive, naturalistic approach to research. I spoke to the merits of the use of content analysis, particularly directed content analysis, for this study given the purpose and research question that this study sought to answer. Since the directed content analysis approach is more directive than most qualitative traditional research methodologies (Hsieh & Shannon, 2005), I discussed what this meant in terms of setting up the study, collecting data, and analyzing the data. I provided an

overview of the Indivisible Self Wellness Model (Myers & Sweeney, 2004), the theoretical binding for this study, and how it was used to analyze and code data from participant interviews. I then discussed the strengths and limitations of the directed content analysis approach; while fitting for this study, it created difficulties for objectivity with the data and increased the potential for researcher bias. I further addressed these limitations in the ethical considerations section along with steps I took to anticipate and minimize any ethical complications that could arise without a thorough informed consent of the research participation process. The section also addressed the unique relationship of the researcher and the participant that is specific to qualitative research and the consequential impact and implications it has on the validity of the data. The next chapter details the data collected from study participants and how I used a directed content analysis methodology to make sense of and interpret the themes of this study.

## **Chapter Four: Findings**

### **Chapter Introduction**

In this chapter, I report findings attained from interviews conducted with five participants who have electively left the field of professional counseling due to their experience with burnout. As this study utilized a directed content analysis approach with the Indivisible Self Model of Wellness (Myers & Sweeney, 2004) providing the overarching themes and sub-themes, I present findings applicable to each theme as appropriate. These five themes are: “Coping Self”, “Social Self”, “Essential Self”, “Physical Self”, and “Creative Self.” To assist in the readability of this section, participant-selected pseudonyms replace real names to protect confidentiality. Closing this chapter is a brief summary and discussion of the salient findings that resulted from this study.

### **Thematic Analysis**

This section presents data collected from all five transcribed participant interviews as they relate to the five pre-existing global domains from the Indivisible Self Model of Wellness (Myers & Sweeney, 2004). Using these five pre-determined themes and their corresponding sub-themes, I used transcribed interviews to code data as it related to each of the themes, using sub-theme codes to collect aggregate coding data for the five global themes. While there is a high degree of homogeneity among participants within each theme, I also present any conflicting data or differing perspectives where applicable. Following the discussion of each theme is a table that synthesizes and reflects pertinent data related to each of the five themes.

#### **Theme 1: “Coping Self”**

This theme proved to be the most encompassing theme related to this study as participants described interventions or attempts to combat personal experiences of burnout,

particularly related to stress-management and perceptions of self-worth as mental health counselors. Sub-categories outlined by the IS-WEL are: leisure, stress-management, self-worth, and realistic beliefs. While the term ‘coping’ may be largely defined, to follow with the theoretical assumption of this study and provide clarity to collected data, this theme specifically addresses self-directed activities intentionally chosen for therapeutic benefit or value as well as expressed cognitions of beliefs about efficacy and worth as well as realistic beliefs and boundaries.

**Leisure.** The sub-theme did not yield significant results as few participants explicitly addressed leisure activities that were purposefully used to intervene with any negative experiences of their counseling work. One notable exception to this, however, was expressed by Alex. In his interview, Alex recounted how his weekends were an escape from the monotony that his counseling work had become. He spoke of usually filling this time with friends, particularly centered around recreational activities. He reflected, “[My friends and I] would stay busy on the weekends. We went camping, went to concerts, traveled when we could, and were generally always into something.” While Alex said that this was helpful to him in terms of his personal wellness and staying connected with others, he also reflected about how this served as a means of avoidance about the burnout he was experiencing. He remarked that while staying busy on weekends he was able to put the difficulties of his work week and client situations to the back of his mind. He also noted the irony that his coworkers would often remark about his high level of self-care after hearing of his weekend activities.

For most participants, they noted a distinct lack of activities outside of their working activities. Often this was marked by a sense of mental and physical exhaustion after the end of a long day or taxing work week. Amanda spoke of her enjoyment of coloring and puzzles, which



she stated was a way to her recharge as a natural introvert after giving so much of her time to interacting with other people through her work in a busy agency. For Amanda, part of her burnout became more apparent when she noted a decreased frequency of these behaviors and often opted for sleeping over taking the time to do an activity that previously brought her fulfillment. Inversely, Joy shared about noticing her difference in behaviors after she elected to leave the field. She stated, “I guess part of me felt like I got some of my life back, because at the job I was working I didn’t have any free time.”

**Stress-management.** This was a salient sub-theme throughout all five participant interviews, with each interviewee describing various ways, both successful and unsuccessful, that they actively attempted to address their experiences of burnout or occupational stress. Three participants, Anna, Joy, and Amanda, spoke about how much of this stress was related to organizational and systemic policies and structures. Joy spoke of her expectations of serving 35 clients a week and said, “I mean, that’s a 40-hour work week where you only have 5 hours to do all the paperwork for 35 clients!” Anna spoke of high pressure from agency administration. She said, “Because if you couldn’t reach your certain number, there were penalties of some sort. And . . . thankfully they never were . . . certain penalties were never truly carried out . . . but the threat of them were really hard to deal with.” Amanda also spoke of these pressures, particularly related to documentation, stating, “I remember every vacation I went on last year, just like a trip or a wedding, I was just always doing notes . . . like that’s all I remember. I don’t feel like I ever stopped working at that job.”

Riley spoke of the difficulties of using intentional interventions, even with the awareness of burnout and the significant role it played in her counseling effectiveness: “I tried rearranging my schedule – didn’t work. I tried to space my clients out – didn’t work. I tried to force my way

into doing more parts of the job that I really enjoyed – didn't work. Nothing worked!" Alex spoke of his strengthening of professional boundaries in terms of his flexibility in scheduling client sessions: "I used to be very accommodating. I would do late evening sessions . . . I even scheduled a couple sessions at 7:00 AM a couple times to help a client who had to get to work. But eventually those long days got to me. I think by the time I realized that I was already bitter about something that I had allowed to happen."

**Self-worth.** All participants spoke of their sense of self-worth as it related to their experience with the field and their effectiveness with their clients. In particular, a reoccurring pattern that emerged was the perception participants had of their work after they became aware of their professional burnout. Said Anna, "I didn't feel like I was doing the job very well . . . and, um, I'm a prideful person, so I like to do things well . . . and it didn't feel like I was doing that." Riley expanded on this sense of her effectiveness saying, "It wasn't a feeling of fulfilled exhaustion. It started out that way but slowly became an 'I hate this' type of exhaustion." She also spoke of her surprise that she would experience burnout in a career she had entered so adamantly, particularly so early in her career. She stated, "I know a lot of practitioners who have practiced for 30 years and they still love it. I felt like something was wrong with me."

Anna spoke of further systemic pieces that impacted her sense of self-worth. While she noted and appreciated the support of her coworkers and immediate supervisor, she said, "So, yeah . . . with insurance it was about proving that you're doing it . . . a 'worthy job' that deems being paid for." Alex echoed this sentiment stating, "I often felt like I was impacting my clients . . . and my coworkers and supervisor at work would tell me that. But I always felt nervous about utilization review seeing my notes and deciding whether they were getting effective enough services." Amanda spoke of these issues as well, but also remarked on her lack of

support from administration and being passed over for a job that she had verbally been promised, saying “So that was kinda like the turning point for me when I was like, ‘I will not be staying here!’ Because I didn’t feel very supported . . .”

Riley stated that she has come to see the situation very differently now that she is in a helping career that does provide personal fulfillment and a sense of contribution for others and herself. She stated, “Like, I actually lived burnout. I survived burnout. And I found my way to a happy, fulfilled place, despite of burnout. So in the end it was positive for me, but not everyone finds that place.”

**Realistic-beliefs.** This sub-theme manifested through accounts of how participants came to see the field of mental health counseling and the inevitability of the difficulties of the work. For Anna, she spoke about discrepancy in her beliefs about the field during graduate school versus when she entered the field as a new professional. She shared how during her internship she worked with three long-term clients and enjoyed the space to conceptualize their counseling issues. After receiving an employment offer from the same agency that provided her internship experience, her caseload increased significantly. While reflecting about the transition in hindsight, Anna remarked, “I had no idea! And a lot of that is just . . . you have to be there and experience it because it’s such a complicated system that . . . there’s no way that you can explain that.” Amanda stated, “I left the job in December with 74 people on my caseload. You don’t even have 74 slots per week! So I don’t know how it’s even a realistic expectation.”

One participant, Riley, spoke about how the experience of burnout specifically was an examination of her realistic beliefs about this phenomenon and what it looks like. Riley stated, “I think burnout is presented as something that happens down the road to lots of counselors . . . not necessarily something that can happen so early in your career.” With her own experience she

stated a wish to have “had a realistic conversation with someone” in the field about burnout and what actions she needed to take. Reflecting on her own barriers of shame and guilt about her experience of burnout, she stated “I think stressing the importance of not getting sucked into stigma and embarrassment is critical. Maybe discussing it as somewhat inherent would help. . . I don’t really know. But maybe it would help those who burn out to feel less isolated and shameful.” In consideration of this perspective, as well as those of the other participants, the following chapter will explore the implications of these experiences and what they might mean for improving the way that we train and supervise mental health counselors.

### **Summary**

The theme of the ‘Coping Self’ encapsulated many of the issues presented by the participants of this study, particularly experiences of trying to manage internalized stress levels associated with their burnout experiences. Additionally, all participants spoke of the turmoil experienced in the field and how this experienced their sense of self-worth or effectiveness in their counseling role. In particular, the perceived self-worth of these participants seemed to be two-fold in nature. Firstly, participants spoke of a sense of guilt, embarrassment, or stigma related to their experiences of burnout. This often lead to experiences of self-doubt and questioning the fitness of the profession. Secondly, participants spoke of the overall culture of the agencies where they were employed. All five participants shared of some degree of discord between the front-line clinicians working with clients on a daily basis and the administration of the agency, including clinical supervisors and organization leadership. Four of the five clients specifically stated that they felt a distinct lack of support from leadership. This lack of support ranged from the inconsistency or lack of qualified clinical supervision to policies adopted and enacted by the agency that were not perceived as caring for the clinicians themselves, such as

high caseload expectations, high travel demands, threats of punitive action for missed deadlines, and focus on perceived problems rather than overt displays of support and encouragement to clinicians as they engaged in their work with stressful client situations and presenting concerns.

## **Theme 2: “Social Self”**

This thematic area represents how participants did or did not use social support systems and how these supports were affected because of their burnout within their professional workplace, with family members, and with significant others. Sub-themes outlined by the IS-WEL (Myers & Sweeney, 2004) are ‘friendship’ and ‘love.’ Though all participants spoke of the importance of coworkers and others who could understand their situation, these sub-themes focus specifically on how relationships outside of the professional setting were impacted due to the taxing nature of the work.

**Friendship.** All participants spoke of the importance and comfort that they found in relationships with coworkers or other mental health counselors who had some understanding of their day-to-day lives. Three of the five participants spoke about not only the professional workplace relationships and the role they played in their overall burnout experience, but they also spoke to how these relationships were critical outside of the professional context as well. One participant, Joy, spoke about enjoyment in spending time with coworkers in a casual setting outside of work hours. In reference to administrative pressures and challenges she stated, “But I would say when we really got together and were helpful . . . it wasn’t really like complaining about clients, but like corroboration.” Anna stated that she also relied on friendships made in her graduate program with other mental health counselors who were employed at other agencies. She shared, “So that was helpful to an extent, to talk to friends . . . my counseling friends, about what was going on.”

While all participants spoke of the comfort and empathy provided by other clinicians who understood the challenges of the field, they shared that their burnout caused some duress or adverse consequences in familial relationships or friendships with others who were not associated with the counseling field. Anna stated, “And so, it kinda took away from other things going on in the world that were not related to my job . . . and so I wasn’t talking about those things with other people.” She also added, “My engagement with people was kind of crummy. It was very . . . it was very self-centered I think, and not mutual, probably . . . which doesn’t give you good connection with people.” Alex also spoke of this impact, stating “A lot of my friends, my male friends in particular, didn’t really understand my work, so I didn’t say a whole lot about it . . . which seemed kind of odd as it was such a big part of my life.”

**Love.** All five participants shared that their relationships with their partners was impacted because of the stress associated with burnout in their professional lives. Anna and Riley spoke about how they relied on their partners as an outlet for sharing their difficulties from work, though both experienced some adverse consequences as a result. Riley shared, “I guess I was afraid to seek support, outside of complaining to my fiancé every day . . . which got old for both of us really quickly.” Anna added, “[My boyfriend] unfortunately did have to listen to a lot . . . and I think he . . . there was a big part of him that just checked out because a.) he didn’t know how to fix it . . . and b.) that’s all I wanted to talk about . . . like how miserable I was. And so, it makes it hard on a relationship for sure.” Amanda spoke of an inverse complication where she tended to hold many of these emotions and difficulties inward. Regarding her relationship with her boyfriend, Amanda stated, “And so I remember trying to have a conversation with him about like . . . ‘I need an hour after work, from like the time I get home until I can see you. I can text

you, that's fine. I can't talk to you on the phone for that hour, because I just need to like decompress.' And it took months for him to see that is what I needed to recharge."

Joy echoed many of the sentiments shared by other participants stating that she wanted to rely on the relationship with her husband as a support, though she often lacked the emotional energy to do so. She shared how this led to more immediate complications in her relationship with her husband and her subsequent decision to leave the field: "Well one big [impact] that really urged the decision for me to quit was that me and . . . my husband were fighting constantly. Constantly fighting." She shared of one particularly vivid memory that was a casual conversation which led to deeper emotional issues in the relationship. As the discussion became increasingly emotional, Joy shared how she quickly felt a sense of being overwhelmed, "And I just looked at him and said, 'I can't answer that question right now. I really can't give you any attention right now, I really don't have it in me.' And it really hurt his feelings, understandably. But, I was just like . . . 'I really can't give you what you need right now as far as like an emotional connection or conversation.'" She recalled how this one argument challenged them to confront issues in their marriage directly: "[My husband] was like, 'Something has to change . . .' And I was like, 'Yeah, I agree.'"

### **Summary**

All participants acknowledged the important impact that burnout had in their relationships. While some participants shared how their experience initially seemed very internalized and individual, they recognized that as the situation continued their social and romantic relationships were inevitably touched by their burnout experience. Many turned to their coworkers not only as professional supports during work hours, but also in friendships outside of work where they could speak candidly about their difficulties and frustrations. While

all participant spoke of the impact their burnout had on their relationship with their partners, several participants shared how they experienced conflicting thoughts and emotions as they wanted to be open and honest with their partners about their difficulties experienced at work, but they also did not have the energy to invest in doing this or they noticed a decrease in their emotional ability to attend to the relationship like they would want. It is worth noting the consistency that all participants spoke of the cathartic nature of coworkers and peers who could understand their struggles as friends as well as turmoil and conflict in romantic relationships due to diminished capacity for the emotional presence that established prior to their professional burnout.

### **Theme 3: “Essential Self”**

This theme of wellness examines how central personal identifiers and personal beliefs and practices helped to create perspective, consequently playing a large role in participants’ professional work life. While issues such as culture, gender, and spirituality are often not overtly discussed within the workplace setting other than in clinical supervision, some participants related their experiences to understandings within this area. Additionally, in terms of best capturing the experiences of participants, the ‘cultural identity’ sub-theme was interpreted broadly and included participants’ views of how they perceived themselves as mental health counselors and the impact these beliefs and values had on their burnout experience. The four sub-themes outlined by the IS-WEL are: spirituality, gender identity, cultural identity, and self-care.

**Cultural Identity.** While a wellness definition of culture is broad and incorporates values and beliefs that are impacted by race, ethnicity, gender, religion, family, and other global experiences, for the purpose of this study I explored the idea of culture through the lens of what



participants shared as being their own beliefs and views about what being a mental health counselor entailed. Some participants remarked that these beliefs and values were instilled in them through their graduate training, while others made no mention of the origin, rather stating the belief as being true to their own experience, though all five participants commented about the importance of their perceived role of a mental health counselor's duties and ability for impact with clients. Joy specifically addressed this dissonance she felt within her own experience in terms of her present behaviors and how she wanted to be as a professional mental health counselor: "At some point in session it was like I wasn't there for them. Like I was just . . . like the activities I was doing were just ones that I knew because I didn't want to have to think of new things. They weren't necessarily harmful . . . but they weren't well thought-out or tailored to any of the clients I was seeing . . . because some of them were moving more slowly than I wanted them to . . . I just kinda wanted to get them over with, so I could move on to the ones I thought were more . . . active? Which isn't right, because they are all active."

Alex also shared of his experienced dissonance in terms of what initially drew him into the field, "I come from a very helping-oriented family, so it seemed like a natural fit with how I was raised and how I see myself as a person . . . But I started to feel like I was ineffective in a lot of ways. I was spending a lot of time trying to please administration and insurance – things clients wouldn't even necessarily know about . . . which didn't feel like the kind of helping that was most effective or what I wanted to be doing."

Some participants spoke of this discord and how it ultimately resulted in their action of leaving the profession, but that they perceived this as important for their own identity. Amanda shared, "I feel like I was not really myself last year. At all. And I think it's honestly taken me until like . . . last month to feel more of myself again." She ended her interview reflecting on a

new job she was about to begin providing case management services rather than direct counseling, “I just want to help people. That’s all I want to do. So, if it’s therapy, it’s therapy. If it’s not, then it’s not. Like, I just can’t sacrifice . . . like I don’t even know how people stay at that job for years to get licensed.”

**Gender Identity.** While this sub-theme was breached indirectly in relation to other areas of life, such as communication styles with romantic partners and coworkers, only one participant directly addressed the impact that gender had on his experience in the field of counseling. Alex reflected on his precipitating burnout experiences and how he sees them now in retrospect. He reflected, “I wish I had been more active about getting help through supervision or talking to others. I think a part of why I didn’t was because . . . growing up in a family with male figures who held on to masculine norms, I was indirectly taught to kind of ‘tough it out’ rather than showing weakness and getting help. While I knew that was important from what I learned in graduate school, it was hard for me to understand that on an emotional level and put it into practice.”

**Self-Care.** The most salient sub-theme in the ‘Essential Self’ global theme was in relation to self-care and the role it played in the lives of the participants. Many participants remarked on the overt discussions regarding this practice that occurred during their graduate training. Said Amanda, “I feel like constantly in graduate school we were always told, ‘Burnout prevention,’ and like . . . I think I had all these great ideas for how I would prevent it . . .” Riley echoed this sentiment, stating that it was often a reminder during her training, but she feels as if there was no depth to that conversation: “And I feel like self-care is kind of glossed over. It was like, “Self-care is important. Make sure you’re running every day and eating healthy and seeing your friends and you’ll be fine!”” She reflected how, in hindsight, she had a better understanding

of the comprehensive nature of self-care and that it should be taught in a “holistic, realistic, and individualized sense.”

Similar to cultural identity and participants defining what is important in seeing themselves as mental health counselors, some participants spoke of self-care and its relation to their desire to leave the field. Amanda commented on the frustration she felt with having a desire to practice better self-care, but the reality of her situation: “I feel like a lot of times you’re told you can’t take care of clients if you’re not taking care of yourself. There’s no time to take care of yourself! And I don’t even really feel like it was a matter of being stubborn. I just didn’t know where the time was going to come from.” Joy echoed this sentiment of the shadow between having an understanding of the importance and role of self-care versus applying what you know about it into daily life. She reflected, “I think a lot of times it’s easier to talk about setting boundaries than it is to do it in practice.” Riley shared about this frustration also and how it still evokes emotions for her: “I really like the idea and practice of counseling. That’s why I’m still involved indirectly . . . but I just don’t want to practice anymore, which makes me feel sad. I guess I feel tarnished in that way. Sometimes I feel like I gave up . . . but I have to remind myself that that’s OK when it makes you a healthier person.”

**Spirituality.** Though often a template for how individuals build their beliefs and values about the world and their impact, no participants overtly addressed the role of spirituality and/or religion in their burnout experience. However, while there were no overt statements, all participants did speak of their personal journey and their path to fulfillment. Alex reflected, “I felt guilty and embarrassed about leaving at first. I was worried about what my family would say after I spent all that time and money getting my master’s degree.” He concluded by saying, “I’m

at peace with my decision now. It's taken me a while to get there, but I did the right thing for me."

### **Summary**

The 'Essential Self' global theme was a way to better understand the perspectives, values, and beliefs of the participants in this study. For data collected from the five interviews, all participants spoke of their personal journeys in understanding they were experiencing burnout and what this meant from them as clinicians, as well as the impact that it had, or might have had on their clients. Much of this was trying to reconcile the experience, as all participants shared that they began their master's programs enthused about their future careers in mental health counseling and had envisioned they would maintain that career path in life. The 'Essential Self' domain captured the individualized experiences and how they were guided by larger systems, such as family, coworkers, and their own beliefs about how they wanted to be as vocational individuals in the world.

### **Theme 4: "Physical Self"**

This theme accounts for behavioral aspects of participants that relate to two specific subthemes most often attributed with physical health: exercise and nutrition. While many participants did specifically address these two sub-themes and the impact they had on their overall physical wellness, an additional sub-theme was noted in this category relating to adverse physical observations and consequences relating to prolonged experiences of occupational stress and burnout.

**Exercise.** Only one participant remarked on the role of exercise in her overall physical health. Anna shared that exercise had always been an important part of her daily lifestyle and in line with her values of caring for her body and attending through her mental health through

physical activity. She remarked how the decrease and eventual absence of it was indicative for her of the severity of her burnout. Anna shared, “I wish I had worked out more because that’s a good de-stressor for me. I think I tried . . . I just couldn’t. . . where I was I just couldn’t do it.” For Riley, she recalled that it was often “preached” in her master’s program, but that she did not place high merit on the statement as she saw it as more of a cliché and globalized view of what wellness is and should be.

**Nutrition.** Three participants commented on gaining a better understanding of their degree of burnout through observations regarding their nutrition. Amanda commented on her difficulty in maintaining a routine and proper diet saying, “I felt lightheaded a lot because . . . you don’t have time to eat during the day. I would try really hard to like eat breakfast, because I knew . . . they would have us scheduled back to back.” Alex shared with a laugh in his interview, “There were days where I would be leaving work and I would have to consciously think if I had eaten lunch that day. Some days it was actually really hard to remember! I know that missing meals is really bad for you.” Similarly, Joy commented about her own job of doing in-home visits and traveling over a wide catchment area. She shared, “I felt like I was living out of my car – big time. Like I would keep snacks in there to try and eat between visits.” Amanda also shared how these behaviors resulted in more long-lasting consequences for her: “I really felt like I gained 15 pounds just working the last year because I never had the time to eat, and when I did I was starving, so I would just grab food on the way home.”

**Additional findings.** While the IS-WEL (Myers & Sweeney, 2004) provides only the sub-categories of nutrition and exercise, it was necessary to include an additional category to capture the other physical health symptoms that participants shared related to their burnout experiences. Riley shared how not only her mental wellness suffered due to her occupational

burnout, but that her physical health was consequently compromised as well: “I was always tired and I got sick all the time! That really was a significant clue to me that something was wrong.” Both Alex and Joy also commented on a global sense of fatigue that accompanied their burnout. Alex shared, “I would be so tired when I got home. All I wanted to do was eat, maybe watch some mindless TV, and go to bed. When the alarm clock would go off the next morning it was all I could do to get out of bed sometimes.” Joy again shared of the toll her in-home commuting visits had on her overall health. She shared about sometimes having gaps in her schedule, but often being in a different county from her office or home. She recalled, “So I would, like, park at grocery stores and sleep in my car for like an hour and nap . . . and then kinda wake up . . . and try to get more awake for the next client.”

For Amanda, she spoke to the more long-term and severe effects on her sleep hygiene, which in turn caused complications in her mental and physical health in general: “Pretty much until I started this job, like even through grad school, I never had problems sleeping. Like it was pretty much ‘head to pillow’ and pass out until the morning. But I would say probably from like a couple months in . . . I still don't sleep through the night. And I don't mean I just wake up once. Like I usually wake up every two hours . . . umm . . . and I felt myself having like . . . these horrible nightmares, not even about clients, but just about like not finishing my notes.”

### **Summary**

While the ‘Physical Self’ domain of the wellness model accounts for behavioral activities such as diet and exercise, participants shared that these experiences were often symptomatic and accompanied other physically-related issues. In some cases, participants shared that other physical symptoms may have been due to a lack of quantity and quality of sleep, but participants also spoke of physical issues such as stomach upset, headaches, excessive fatigue, and insomnia.

As with any wellness model, this reflects the direct ties among life stressors and one's global physical health. For all participants, these physical symptoms were strong indicators of the severity of their burnout level.

### **Theme 5: "Creative Self"**

The final of the five themes addresses how participants used creative strategies in terms of coping or approaching their stressful work experiences. For the purpose of this model and analyzing of participant data, creativity is defined and understood through fluidity in practices and problem-solving to search for better balance and wellness. Sub-themes outlined by the IS-WEL (Myers & Sweeney, 2004) are: thinking, emotions, control, work, and positive humor.

**Thinking.** Several participants expressed an initial complication in their identification of their burnout was related to a lack of clarity in being able to identify its presence, and, even after identifying it, being able to understand and identify the severity of it and how it was impacting them not only on a personal level, but also the quality of the care they provided for clients. Joy shared, "While I was being burnt out, like I knew that something was different . . . but it took me a while to figure out that I was so different . . . like, really different. The energy I was putting out there was so negative. And I didn't even really notice as much." Riley spoke of having difficulty, even in retrospect, understanding all that occurred. She shared, "Looking back, it feels much more intense and convoluted than I can recall from that time. Maybe I just wasn't in a place to understand it then . . . or even try to make sense of it."

An additional manifestation of this category was noted in how Anna spoke about her work moving from one of care and empathy to one of strategic thinking, particularly in regards to fulfilling goals imposed by agency administration. Anna shared, "Like it really was like a . . . strategize your sessions based on how many you could get." She spoke of the business mindset

of agency administrators and thus their prompting to shift scheduling to increase agency profits: “Sometimes my supervisor would say, ‘OK, could you get a family session in?’ Because if you do a family session for 30 minutes you make just as much as when you do a single . . . or an individual session for 45 minutes. So you could get two family sessions in an hour and get twice the amount of clients, or money . . . or whatever.”

Alex and Riley shared of their shift in perception about their work in general. Alex recalled, “I remember driving into work one day after visiting with family and just feeling so angry. I thought about it some more . . . and I must have been almost seeing work as ‘the enemy’ in that it was robbing me of other things I enjoyed in life . . . and I was resentful about it.” Riley spoke openly about this pervasive negative outlook as well stating, “I had negative thoughts about my work all the time. I just didn’t want to be there – dreaded every client. Sometimes I prayed my clients would cancel their sessions. It was ugly . . . and it made me feel terrible about myself as a professional.”

**Emotions.** Closely related to these shifts in cognitions, and a subsequent aspect of human behavior, is the resulting emotions noticed by participants about who they were as counselors and who they might want to be. Anna shared about what she saw as a culture of fear in her agency where quality of client care was secondary to keeping accurate and timely documentation. She commented, “I also felt like there was just this intense fear that . . . all of us therapists had in our office . . . like ‘Oh my gosh, I hope I wrote that note right, because they’re going to audit this and do all these things.’” She went on to share how she felt emotionally “tired,” and that by the six month mark of her employment, “There was something there that was like . . . that just didn’t feel right.” She commented, “I think I was really confused as to why [the work] didn’t feel good.”



Amanda shared her frequent feelings of guilt related to the quality of her clinical work. She shared, “There were so many sessions where I would walk in or go to grab a client from the lobby and I was like . . . ‘I didn’t even get to do what I said I would do for them the last time.’ I just got, like, really very hard on myself and frustrated that I didn’t even get to do what I told them I would do . . . to take 5 minutes and . . . it’s very frustrating . . .”

As introduced briefly in the results of ‘cultural identity,’ some participants also spoke of an evasive sense of guilt, shame, and embarrassment related to struggling in their role as a new professional mental health counselor. Riley spoke of remembering times when other professionals were discussing burnout from an academic sense and how she felt that she “had this shameful secret to hide.” Anna mirrored this as she shared, “It was hard . . . really, really hard to kind of let go of some of that . . . but I tried to . . .” Amanda also echoed this experience, but went on to share that she continues to struggle with her understanding of where she is with this emotionally. She shared laughingly, “And so, I don’t know if it’s like my guilt of, ‘Well, I just spent millions (not really millions) of dollars and I’m not doing therapy!’ Is that why I want to do therapy? Or do I want to do therapy because I like it?”

**Control.** This sub-theme focused on and accounts for participants’ attempts to understand, accept, and actively manage feelings of imbalance and occupational stress and burnout. This builds further on the ‘stress-management’ theme introduced earlier and accounts for how participants attempted to maintain or build a sense of control in their day-to-day life despite their professional difficulties. Interestingly, Anna shared of finding some sense of comfort in an externalized experience of control that came through her supervisor being very watchful and involved in her clinical work. Anna shared, “I appreciated [her diligence] to some extent, because being so ‘green’ you, like, wanna know that you’re doing everything as best as

possible . . . and that if anyone came to question you about it then at least you did everything possible to be helpful.”

Most participants shared that their experience with control came through micro-management at the administration level or trying to find ways to build their own sense of control despite their difficult circumstances. Alex shared, “I feel like I got really good at putting on a poker face . . . and it probably looked like to others that I was approaching the work day with a lot of energy. Maybe a part of me was hoping I could trick myself into believe that also.” Riley shared in this sentiment stating, “I was going to ‘will’ myself out of burnout . . . I was a great ‘faker,’ which is scary to admit. I knew that someone who wanted to be there could’ve helped so much more.” Anna shared a similar experience, but also spoke of her desire to overcome that mindset, “That was a lot of personal work for me . . . to try and stay in the moment with my client. But . . . it became more consuming than I realized.”

**Positive humor.** Several participants remarked on a noted change in their humor, particularly with supportive coworkers. Some participants spoke of this shift in humor as a coping mechanism to make light of the difficult client cases and stress and frustration with management and agency policies. Anna reflected on how she recalls this happening with some frequency: “So, you know, if someone said something, like one of my coworkers, or one of my counselor girlfriends . . . if they said something negative about [frustration with management] then we would kind of commiserate in it . . . and it would just kind of go further and further down the rabbit hole until the point where it wasn’t productive.” Reflecting on actions she wished she had taken to address burnout later in the interview, Anna added, “Well I wouldn’t have complained about things as much.” She added, “Some of it I needed, but I don’t think I

would have complained as much. I would have tried a little harder to focus more on the positive things . . . and try to be more in the moment.”

**Work.** This sub-theme encapsulates the focus of the study in that each participant’s wellness we jeopardized due to the difficulties they experienced in their workplace setting. It is, however, important to note that all participants commented on their excitement and passion for the field from the time of their admission into a graduate counseling program and upon taking their first job post-graduation. Alex reflected, “Part of me really misses the excitement I had in graduate school for counseling. It felt like it was so much easier to empathize . . . whereas now I feel like I have to really work at it. That’s a change I don’t really like.”

### Summary

The ‘Creative Self’ domain provided a lens for analyzing how participants spoke of their experiences with burnout and attempted to make personal changes to make their work experience better, or to find a vocation that was more fitting to their skills, values, and beliefs. Hearing about participants’ thoughts, emotions, and experiences of control (both internalized and external) painted a picture of their interaction with the profession and how individual beliefs and views combined with their experiences of burnout. These experiences included trying to regain ‘mental control’ over their situation to ‘will’ themselves out of burnout, often masking emotions relates to burnout due to feelings of stigma, shame, and embarrassment, and reflections about how clients now see the field of counseling versus how they felt in their graduate training and beginning their careers. Table 1 on the following page provides a summation of comments related to each of the five overarching themes and the sub-themes within each.

Table 1. Participant quotes related to each theme

<b>Coping Self</b>	
<b>Sub-Theme</b>	<b>Participant Quotes</b>
Leisure	- Joy: "I guess part of me felt like I got some of my life back, because at the job I was working I didn't have any free time."
Stress-Management	- Anna: "so not being able to really focus on, 'OK, so what's going on with this client?' I was having a hard time staying in the moment sometimes with my client because I was concerned about who was coming in next." - Riley: "So many factors. . . I would say primarily the stress of the very specific client situations I was dealing with. . Definitely some administrative changes at the agency where I worked that put me in some terrible positions."
Self-Worth	- Alex: "It was hard enough being a new counselor . . . you know, already feeling vulnerable, but then adding burnout on top of that was really hard." - Joy: "I really disagree with a lot of their policies and . . . just the way they treat their clinicians and their field workers" - Anna: "I didn't feel like I was doing the job very well. . . and I'm a prideful person, so I like to do things well . . .and it didn't feel like I was doing that. . . But then I felt pressured to tell other people . . . not telling other people . . . but helping other people find those things that make them feel more comfortable in their personal live and professional lives . . . But I wasn't doing that for myself very well. So, like, weirdly hypocritical."
Realistic Beliefs	- Anna: "I don't think we ever talked about DCS that much, but that was a huge part of my job was . . . working with DCS workers . . . working with kids in the systems, families, foster parents. Man! I had no idea . . . and a lot of that is just . . .you have to be there and experience it because it's such a complicated system that . . . there's no way that you can explain that." - Alex: "I think I often minimized my own burnout . . . I would tell myself that it was normal and just part of working in this field."

Table 1. Continued.

<b>Social Self</b>	
Sub-Theme	Participant Quotes
Friendship	<p>- Anna: "So . . . that was helpful to an extent, to talk to friends . . . my counseling friends about what was going on."</p> <p>- Joy: "I gave a month's notice because I really . . .like I love my coworkers and I knew that my leaving would mean that they would have more work to do and I didn't want to kinda like screw them over . . . but I wanted to get outta there."</p> <p>- Amanda: "I think coworkers were the most important thing for me there."</p>
Love	<p>- Amanda: "And I would just snap at him even though there was nothing wrong. Just because I was so irritated that I was always having to work, and he just got to always leave work at home. Which was irrational, but I was always jealous about that."</p> <p>- Joy: "He was really upset because I wasn't spending any time with him, I was working all the time. And I was upset because I was stressed and so I was like, "Why are you asking me to do things? I have so many things to do!"</p>

<b>Essential Self</b>	
Sub-Theme	Participant Quotes
Cultural Identity	<p>- Anna: "The second main reason was because I didn't agree with the mental system as being more of a . . . um, quantity of clients that I had to see as opposed to the quality of care I could give my clients, and ethically that really bothered me a lot."</p> <p>- Joy: "like it was more that than anything to do with the actual . . . the actual counseling was my favorite part! It was all the other stuff I was just like, "Why is this attached?"</p>
Gender Identity	<p>- Alex: "I wish I had been more active about getting help through supervision or talking to others. I think a part of why I didn't was because . . . growing up in a family with male figures who held on to masculine norms, I was indirectly taught to kind of 'tough it out' rather than showing weakness and getting help. While I knew that was important from what I learned in graduate school, it was hard for me to understand that on an emotional level and put it into practice."</p>

Table 1. Continued.

<b>Essential Self (Cont.)</b>	
Sub-Theme	Participant Quotes
Self-Care	<p>- Riley: "And on the rare occasion someone would point [burnout level] out . . . like a boss at work or something . . . I was very defensive. I guess I left myself without much support by building that wall."</p> <p>- Anna: "I thought it was weird to be a therapist and be so unhappy in my position . . . and like not doing the things that I needed to do to try and take care of myself."</p> <p>- Amanda: "And I was surprised how blunt I was . . . because I'm pretty . . . I think I'm pretty passive, and I was just kinda like, "Listen, I had a job, I worked 60 hours a week minimum . . . I am not . . . I'm a very hard worker, but I cannot do that again."</p>
Spirituality	<p>- Alex: "I felt guilty and embarrassed about leaving at first. I was worried about what my family would say after I spent all that time and money getting my master's degree. . . I'm at peace with my decision now. It's taken me a while to get there, but I did the right thing for me."</p>

<b>Physical Self</b>	
Sub-Theme	Participant Quotes
Exercise	<p>- Anna: "I exercise a lot, but I wasn't using that as much. I was so exhausted after working all day . . . I just wasn't using it enough. I tried to, but it was just harder."</p>
Nutrition	<p>- Amanda: "My health suffered so much . . . like I had to go to the doctor a lot . . . and it was too much, like it just got to that level."</p> <p>- Alex: "Yeah . . . I was bad about skipping lunch while at work, but equally as bad about picking up fast food on the way home from work, especially when it was late, because I knew I would be too tired to cook and clean up when I got home. I knew it wasn't good for me . . . but I guess the exhaustion of it just got to me."</p>

Table 1. Continued.

<b>Physical Self (Cont.)</b>	
Sub-Theme	Participant Quotes
Additional Findings	<p>- Joy: "And then like sleeping . . . like I didn't get enough sleep, but when I did I felt a lot better."</p> <p>- Amanda: "I would always have nightmares Tuesday . . . sometimes I would fall asleep before I sat my alarm, and then those were definitely the nights that I would have nightmares about going in late and being fired because I was late to treatment team. Or . . . umm . . . I don't know . . . just all these like crazy nightmares and that I really wasn't sleeping well."</p> <p>- Alex: "I was tired all the time! I felt like I never got caught up on sleep. Maybe it was my subconscious way of avoiding the elephant in the room."</p>

<b>Creative Self</b>	
Sub-Theme	Participant Quotes
Thinking	<p>- Anna: "You're so miserable sometimes that's all you can focus on. You're not looking for the positives. You're looking for how it can fail."</p> <p>- Amanda: "I don't know . . . like I think, in my head I tell myself, 'One day I'll go back to therapy,' but I feel like that's just a lie. I don't know if that's something I really would do."</p>
Emotions	<p>- Alex: "Emotionally I usually felt drained . . . and when I did allow myself to confront those emotions it would start to feel overwhelming so I would try to push them back again."</p> <p>- Anna: "there's a fear that, you know, they're not doing their job correctly, and so you have to make sure you're doing your job correctly, and it still might not work out that is really best for the client."</p>
Control	<p>- Anna: "And [my supervisor] kept asking me good questions, like 'What are you gonna do about that?' . . . like 'What could be different for you?'"</p> <p>- Joy: "and so it was like so much paperwork to get them services. But, you know, it was necessary, because I wanted them to be there, but it was just to the point that they weren't really getting what they came there for."</p>

Table 1. Continued.

<b>Creative Self (Cont.)</b>	
<b>Sub-Theme</b>	<b>Participant Quotes</b>
Positive Humor	<p>- Anna: “We would joke, like 'What crap thing happened to you at work today?' Instead of like . . . 'Was there anything good about your day?'”</p> <p>- Alex: “Maybe it’s just my own bias, but it seems like a lot of people in the mental health field use humor as a way to make things look like they are OK.”</p>
Work	<p>- Alex: “Part of me really misses the excitement I had in graduate school for counseling. It felt like it was so much easier to empathize . . . whereas now I feel like I have to really work at it. That’s a change I don’t really like.”</p>

### **Key Findings**

This study used the Indivisible Self Model of Wellness (Myers & Sweeney, 2004) as a guide to analyze participant data regarding lived experiences of the phenomenon of burnout and subsequent attrition from the profession of clinical mental health counseling. Through this examination of the data through this theory, five key findings emerged from the data: “Administrative and Systemic Factors”, “Impact of Relationships”, “Physical Health”, “Complicated Emotions”, and “Progression of Burnout.” These five key findings are made apparent through a holistic view of wellness prescribed by prominent counselor educators, and upon which many of the profession’s interventions and professional values are founded. By examining all participant data from this holistic ideal of wellness, this helped to address the research question of this study: What experiences culminate in burnout and attrition for new professional clinical mental health counselors? The five key findings related to this research question are as follows:



1. All five participants experienced some degree of burnout due to agency administrative dynamics and procedures and/or third party involvement in client treatment.
2. For each of the five participants, all reported finding support in coworkers or other mental health professionals as well as some degree of difficulty in their relationships with significant others.
3. All of the five participants experienced adverse symptomology and/or behaviors in terms of their physical health or physical health practices.
4. Each of the five participants reported feelings of ambiguity, cognitive dissonance, or conflicting feelings regarding their experience of burnout and subsequent decision to leave the profession.
5. All of the five participants were cognitively aware of the progressive nature of their burnout, though each describe the global experience of burnout as a combination and culmination of various factors rather than any one or group of specific circumstances.

### **Summary of Findings**

This chapter presented specific participant data as well as the collective experiences among each of the five participants of this study as they related to the five global themes of the IS-WEL (Myers & Sweeney, 2004) model. These five global themes dictated by the model are: “Coping Self”, “Social Self”, “Essential Self”, “Physical Self”, and “Creative Self.” While these five pre-existing themes largely encapsulated participant experiences, in some instances these themes were expanded upon to incorporate important data gathered from participants relating to their experience. To promote validity of appropriate analysis, I provided each participant with a copy of their interview transcription as well as relevant findings from their personal interview as it related to each of the five global themes previously listed with the opportunity to amend,

clarify, expand, or redact any information. In each case, participants stated that the summarization of individual findings were representative of their experience. In the key findings section, I applied the IS-WEL (Myers & Sweeney, 2004) to the aggregate data to discern notable characteristics from each of the five participants that helped to answer the core research question. This analysis resulted in the five key findings listed above that provide insight into the complicated variables which factor into the decision of a new professional mental health counselor to electively leave the field of counseling. In the next chapter, I provide a global summarization of the collected data with an interpretation of how it relates to literature discussed in Chapter Two of this study as well as implications for the field of counselor education and supervision of new professional clinical mental health counselors. I also suggest ideas for areas of future research in this topic to build off of this study and build on the profession's limited knowledge base regarding this experience.

## **Chapter Five: Discussion**

### **Chapter Introduction**

This chapter provides an overview of this study and offers an interpretation of collected data with a discussion of how the data inform the study's research question and apply to current understandings of experiences within both burnout and wellness. Additionally, I provide a discussion of the limitations of this study. Next, I provide a discussion of implications this study has for the field of counselor education and counseling supervision in terms of better preparing and supervising new professional clinical mental health counselors. Lastly, I propose ideas and suggestions for furthering research within this area.

### **Overview of Study**

This study explored the lived experiences of participants who encountered a culmination of factors which resulted in their professional burnout and subsequent attrition from the field of professional clinical mental health counseling. This study implemented a qualitative methodology, specifically a directed content analysis approach. While there is a wealth of literature that addresses the phenomenon of burnout and related experiences under the umbrellas of burnout and wellness, there is little research in the way of actively soliciting experiences and seeking first-hand data from individuals who have electively chosen to leave the field due to experienced that resulted in burnout. The primary research question of this study was: What experiences culminate in burnout and attrition for new professional clinical mental health counselors? To answer this, I interviewed five individuals who met the criteria of having graduated from a mental health counseling program and had no more than two years of post-graduate counseling work experience in a mental health agency. Due to the potential for significant differences in participant narratives, the Indivisible Self Model of Wellness (Myers &

Sweeney, 2004) was used as a theoretical and organizational lens for understanding the data from each of the participant interviews. After a discussion of limitations associated to this study, I will discuss the five key findings as they relate to the current literature on burnout and wellness, offering tentative implications counselor educators and supervisors for licensure-seeking mental health counselors.

#### Limitations of Study

In order to present the data and the subsequent findings and implications concluded from this study, I will first seek to address the inherent limitations associated with this study so that any implications can be seen within the context of this particular study. Limitations that I will address and which are associated to this study are: the directed content analysis approach for interpreting the data, the inherent lack of generalizability associated with qualitative research, researcher bias, and the difficulty of studying a broad experience while attempting to reflect the nuances and voices of each participant.

The first limitation I will address for this study is in regard to the use of a directed content analysis approach to interpreting the participant data. As previously stated in Chapter Three, one concern in designing this study was in regard to the potentiality for very diverse experiences and perspectives from the study's participants. In order to pragmatically address this issue while also providing a theoretical lens, a directed content analysis approach was chosen. More specifically, I chose to use as my theoretical lens the Indivisible Self Model of Wellness (Myers & Sweeney, 2004) so that the phenomenon of professional burnout might be viewed and understood through an inverse, polar construct. This was largely due to the fact that wellness models are more empirically grounded and better understood, while empirical theories of burnout and the many constructs under the umbrella of burnout remain somewhat elusive (Wachter, Clemens, & Lewis, 2008). While this decision helped to more quickly make sense of a wide range of data, there are

also inherent limitations resulting from this approach to the data. Hsieh and Shannon (2005), define three such limitations specific to a directed content analysis approach. Firstly, they state that the research approaches the data with an informed bias, which might lead to them falsely associating some data as evidence for a particular theory. Secondly, they state that when conducting interviews, researchers who utilize this method might be more prone to lead, or inadvertently give “cues to answer in a certain way” (Hsieh & Shannon, 2005, p. 1283). Lastly, the researchers state that this approach breeds an emphasis on theory that might result in the overlooking of contextual pieces unique to the phenomenon being studied.

These concerns are well noted and highly applicable for this particular study. The use of the IS-WEL model for interpreting data did provide a potential structure for a biased perspective by seeing data through this theoretical mindset, even if unintentional. One decision I made in order to help mitigate this was the use of the wellness model to explore burnout. My hope was that by viewing burnout through its inverse construct, this would help to provide some objective distance, albeit marginal. Measures I took to promote trustworthiness in this study included a pre-established interview protocol, which served as a general guide to account for various components of interest. During the interviews, I was careful to ask follow-up questions or check for accuracy for any statements that were not clear. Lastly, I provided participants with full transcripts of their interviews along with an invitation to modify, redact, or clarify any information from their interview to more accurately reflect their experience. I provided a two-week deadline for this review and informed them that beyond that deadline it would be necessary to include the transcription as-is to meet publication deadlines.

While a directed content analysis approach does make the researcher susceptible to bias throughout the course of the study, from research design through to the analysis of the data, a

final objective-oriented measure to help monitor this bias appeared through the coding procedure. As I chose to use NVivo software for this process, the program was able to offer various presentations of the data, including how many codes were used within each interview, the number of times used, as well as the aggregate numbers for all codes among all interviews. It was readily apparent that all participants spoke mostly within the ‘Coping Self’ domain, followed by the ‘Creative Self’ and ‘Essential Self.’ This pattern was consistent among all five participants, lending to the credibility of a consistent analysis process. Also, throughout this study I have included many participant quotes, reflecting their wording and prose as accurately as possible, thus allowing for the reader to make some inferences and decisions about the data that is presented.

In addition to the potential for researcher bias, it is also important to note that I served as the sole coder of the data collected in this study. While certainly a limitation in this study, I believed the effects to be somewhat mitigated due to the implementation of the directed content analysis approach as I was not in a position to organically derive appropriate codes for the data. Also, as this study relied on a member checking approach to increase trustworthiness, I believed this to also help in offsetting some of these limitations. For future research in this area, the use of additional coders and audit trails related to the coding process could increase clarity in this type of research and lend to new understandings of this type of data.

The second limitation mentioned for this study is its lack of generalizability, inherent in all qualitative research (Creswell, 2013). Since this particularly study only includes the narratives of five participants who qualified for participation, it is clearly a marginal representation of the population, although it does allow for a richness of description and exploration into these five experiences. While participants were employed at different agencies,

worked with different client populations, and had varying administrative and supervision experiences during their embarkation into the field, this variance does help to provide some unique nuances to the data. However, all participants in this study were Caucasian, at similar developmental levels (all within 20-29), and hailed from one particular state in the Southeast. While workplace settings varied, there was a high degree of homogeneity among participants that likely impacted the findings of this study.

The third limitation, which is again inevitable in qualitative research, is that of researcher bias (Creswell, 2013; Creswell & Miller, 2000). While specific to the directed content analysis approach, it is also a factor in all qualitative studies. As stated in Chapter One of this study, I have a personal interest in the phenomenon of burnout and career-sustaining behaviors for professional counselors. As also mentioned, I have made numerous informal observations from my own clinical, teaching, and supervision experiences which have resulted in my own personal understanding and experience with the construct of burnout. In an effort to minimize this bias, the findings and discussion will focus solely on the data collected from the five participants of this study. While I offer some tentative implications about the field of counselor education and supervision at large, it is important to acknowledge that the data is only a true representation of these five individuals and that any implications should be taken with consideration.

Lastly, one limitation that is particularly relevant to this study is the difficulty of exploring a largely-defined construct while still honoring and giving diligence to the voices of the participants that comprise the whole. For this study, I endeavored to give each participant what Robinson (2014) describes as a 'locatable voice.' In an effort to do justice to this, I have included participant quotes throughout Chapter Three. These quotes are included throughout the

presentation of findings in the chapter as well as some additional, relevant quotes that are included in Table 1 in the same chapter.

While each of these limitations has some type of impact on the design, operation, and analysis for this study, I took steps to minimize these impacts when aware of them. My hope is that this study will add a small amount to an under-explored field, which in turn will help guide counselor educators and supervisors in being better attuned with new professionals as they work to establish their professional work-life balance. I also hope this study prompts additional studies and attention to this important phenomenon.

### **Discussion of Key Findings**

The analysis of participant interview data for this study yielded five key findings. These findings include: the impact of administrators and mental health treatment systems on the experience of new professional counselors; the reliance on mental health professionals as friends and supports as well as strain in relationships with partners; physiological and behavioral changes impacting a counselor's overall sense of physical health; the complicated and conflicting emotions related to burnout and attrition; and the progressive, cumulative nature of burnout. Together, these five findings represent the most significant data when applying the IS-WEL (Myers & Sweeney, 2004) to understand precipitating experiences resulting in burnout and attrition.

Following is a discussion of each of the study's five findings within the context of literature discussed in Chapter Two of this study. In an effort to best understand the study findings, this section will explore the findings within the context of what we already know about the constructs of counselor burnout and wellness. When helpful, I provide specific participant quotes to further paint the picture of how I arrived at each of these findings.



### **Key Finding 1: Administrative and Systemic Factors**

The first key finding of this study is the high degree of impact that clinical supervisors and agency administrators had on the overall perceived self-worth and vocational morale of the new professional counselors. Along with this, the first finding also seems to suggest that the mental health delivery system at large also impacts the counselor's perceived sense of self-worth and overall happiness and experience of fulfillment in their clinical role. While the research question of this study seeks to find what *experiences* result in professional attrition, this first finding begins to offer some insight into this question. Specifically, participants described their perceptions and feelings of discord with agency administrators or disenchantment with the mental health delivery and treatment system (i.e., insurance). Often, these encounters with an individual or systemic barrier resulted in cognitions and emotions that were taxing on the new professional counselor, thus suggesting that it may have been largely influential in the participant's ultimate decision for leaving the profession.

Some specific circumstances shared by participants that resulted in this perception of being unsupported in regard to supervisors and administrators included: high caseloads, emphasis on completed sessions and paperwork over quality of sessions, the use of fear and threats of punishment in order to meet documentation deadlines, being promised consideration for a vacant position and later being overlooked for an outside candidate, focusing on liability aspects of the counselor's work rather than their wellness and coping with the demands of the position, disorganization within the agency, and unhelpful/unrealistic suggestions about improving work situations when concern was expressed. Some thoughts and feelings mentioned in relation to these circumstances included: feeling unsupported, dismissing concerns, and angry. Joy shared how she felt a sense of betrayal for her loyalty and hard work for the agency after

being assured consideration for a vacant position that would allow her to move from in-home visits to completing assessments in the office. She discovered that this was not the case upon seeing the new hire with no opportunity to interview or being made aware of why she was not considered.

In regard to mental health delivery and treatment services, several participants commented on necessary interactions that they had to maintain in order to do their jobs. Two particular systems that were explicitly cited by Anna, Joy, and Amanda included the Department of Children's Services and the state version of Medicare which compensated the agency for therapeutic services provided to their clients. Commenting on this large amount of paperwork that was necessary for clients to receive these services, Joy commented: "And so it was like so much paperwork to get them services. But, you know, it was necessary, because I wanted them to be there, but it was just to the point that they weren't really getting what they came there for." Anna spoke of the many facets of her job, including regular interactions with DCS, kids in state custody, families, and foster families. She reflected, "Man! I had no idea . . . and a lot of that is . . . you just have to be there to experience it because it's such a complicated system that . . . there's no way you can explain that [in school]." Feelings participants shared in relation to these aspects of the job were overwhelming, stressful, and doing a "worthy job" in order to receive third party reimbursement.

Employee morale and its correlations with productivity and longevity are not new areas of study. The same is true for professional counselors, which early pioneers in the field cautioning about protecting counselors when there is a wide demand for services. In an article published by Savicki and Cooley in 1982, the authors remind administrators and supervisors to be mindful of allowing for adequate breaks throughout the day, keeping caseload numbers

manageable, and being supportive of the employee's clinical and professional development as this in turn yielded a better sense of job satisfaction and more confident work with clients. As the field of counseling has grown and other sub-specialties have developed, researchers in this area are quick to remind counselor educators and supervisors about the importance of being mindful of setting- and systemic-specific variables (Newell & MacNeil, 2010; Payne, 1989; Wachter et al, 2008; Wallace et al., 2010; Watkins, 1983; Wilkerson, 2009). Additionally, Paris & Hoge (2010) state that agency supervisors who become comfortable in their administrative role may be apt to forget the rigors of front-line counseling work, which may consequently lead to discord with administration and employees. In Riley's case, she spoke of difficulties in her trust in supervision as a self-care practice beginning with her early days in the graduate training. She shared, "Nope, [burnout] was never addressed in supervision. I had no supervision at work. And I was too embarrassed to share [about burnout] in supervision at school. Come to think of it, I really had no strong supervision anywhere during my [new professional] period of my life." It is perhaps these issues that fail to recognize, empathize, and support new professional counselors that lead to one of the highest vocational attrition rates (Paris & Hoge, 2010).

Data related to this finding were consistent among all five participants: The absence of attentive and responsive clinical supervisors, administrators that operated primarily with business interests rather than client or employee welfare forefront in agency planning, and the taxing external demands of working with other agencies that provide collaborative services or reimbursement for counseling services lead in perceptions and experiences of being unsupported, under-valued, and at times ineffective because of other necessary steps that impeded the ability of the counseling work. This finding parallels seminal literature regarding the importance of attending to counseling employee needs (Paris & Hoge, 2010; Savicki & Cooley, 1982) though it

provides the narrative of these employees after a breach in the trust that that agency is capable and willing of meeting the developmental needs of the new professional.

### **Key Finding 2: Impact of Relationships**

The second finding of this study is that relationships of different types and dynamics played a critical role in the understanding, catharsis, processing, and, at times, heightened distress for all five participants in their experiences of counseling burnout. Here it is worth noting that there was a consistent divide among all participants regarding the role of relationships as they contributed to experiences of burnout. This divide is also represented within the ‘Social Self’ domain of the IS-WEL (Myers & Sweeney, 2004) model, which lists ‘friendship’ and ‘love’ and captures participant narratives about the importance of friendships and tenuous relationships with romantic partners.

After analyzing the data, it was striking how all participants had remarked on the importance of friendships as a support during the active time of employment when they became aware of dissatisfaction with their work. Additionally, three of the five participants specifically stated that their friend network primarily consisted of other mental health counselors employed in the same agency. Anna remarked on the ability of her counseling friends, both employed at the same agency and elsewhere, to empathize and better understand her circumstances. Amanda stated that friendships she made with coworkers “were the most important thing for me there.” Joy shared in this sentiment, and went further to say that when she did decide that leaving the profession was right for her, she opted to give a month’s notice rather than two weeks as she knew that her leaving the agency would have an impact on the stress and workload of her friends that would remain.

The second consistent pattern among the five participants was remarks on some level of distress in relationships with their partner at the time of experiencing burnout in their counseling roles. These difficulties ranged from lack of time together with at-odds schedules, unfamiliarity of the mental health system and subsequent difficulty in communication and empathy on behalf of the partner to elevated contempt and acknowledgement that burnout in the counseling profession was also having significant impacts on the relationship at some and that “Something has to change.” It is also prudent to note that participants consistently communicated their want to be able to express openly about their internal frustrations related to burnout in their workplace settings, but that many times physical and/or emotional fatigue hampered these efforts or the partner had difficulty in being able to relate and provide empathy about the distress at work. In some situations, this was more of a misguided frustration with the job that spilled into the relationship. Amanda shared, “He would try and talk to me, and I would just snap at him, even though there was nothing wrong. Just because I was so irritated that I was always having to work and he just got to always leave work at home. . . Which was irrational, but I was always jealous about that.” Riley spoke about wanting this dynamic with her partner but that it resulted in an additional stress: “I guess I was afraid to seek support, outside of complaining to my fiancé every day . . . which got old for both of us really quickly.”

Lambie (2006) was one of the first scholars to address the interpersonal aspects of burnout. In his definition, he remarks on the “complex interpersonal relationship involving the person’s concept of both self and others” (Lambie, 2006, p. 32-33). A study by Lawson (2007) presented findings that appeared to confirm that professional counselors see maintaining healthy friendships, family relationships, and romantic relationships were all necessary in order to experience holistic wellness. Now, most wellness models are systemic in nature and account for

healthy relationships in a variety of settings, with work and family being among the primary relationships (Wallace et al., 2010). While the literature is quick to list the importance and merits of healthy interpersonal interactions in various relationship dynamics, there is little regarding the dynamic or role of the counselor's partner. This is particularly interesting as this relationship presents unique challenges, such as being able to discuss work frustrations without breaching confidentiality and feelings of shame and guilt that may accompany relationship difficulties, particularly for those counselors who work with couples and families.

For this finding, the divide in experiences related to burnout and attrition is a unique one. Counselor educators and supervisors would do well to be cognizant of variance in relationship satisfaction and wellness rather than addressing global social wellness. Even with counselors who report supportive coworkers it can prove beneficial to make further inquiries about how this help is offered. For example, Anna shared about a pattern of gallows humor that became commonplace when interacting with other counselors at her agency: "We would joke, like 'What crap thing happened to you at work today? Instead of like . . . 'Was there anything good about your day?'" Alex spoke to the power of this and his own tendency and observation of other counselors to mask confidence and comfort with the job by using a cynical type of humor to have more casual ways of introducing current difficulties.

### **Key Finding 3: Impacts on Physical Health**

While early and contemporary understandings of burnout account for global difficulties and a general unbalancing, most definitions account more for psychological distress than physical health complications (Lambie, 2006; Maslach & Jackson, 1981; Newell & MacNeil, 2010). While this psychological distress may often lead to behavioral changes, such as isolation, depersonalization, and irritability (Newell & MacNeil, 2010), most understandings and accounts

seem to capture more of the internalized cognitive and emotional experiences or observable behaviors, either in an individual context or in relation with others.

It was telling in this particular study that all five participants offered insight into physical health challenges without any health-specific prompts in my questioning. In most cases, this information would be offered after I inquired about what steps, if any, had been taken to attempt to counteract or improve the burnout experience. The IS-WEL (Myers & Sweeney, 2004) model offers only two areas within this domain: exercise and nutrition. Only Anna spoke of the importance exercise had played in her life, and its absence while she was working was indicative of her burnout level, or, more specifically, her lack of desire to engage in exercise. In regard to nutrition, all participants spoke about behavioral patterns and observations in regards to their eating habits. Alex and Joy spoke of often skipping meals, particularly lunch, due to having a full schedule or being busy at work. Alex joked that some days he would have to intently think about if he had lunch or not upon leaving work. Amanda shared that she experienced weight gain as she would often go long periods between meals, so when she did eat she very hungry and would often pick up convenience food on the way home from work rather than cooking.

Of particular interest within this finding was that all five clients also spoke about other physical symptoms and health-related issues that did not neatly fit within the ‘exercise’ or ‘nutrition’ sub-categories. The most prominent reoccurring theme was that of fatigue, both mental and physical. Joy and Amanda both spoke of difficulties in their sleeping patterns, including a perpetual sense of not getting “enough sleep.” Amanda also reflected that while working her sleep patterns altered significantly and remained an issue. She summed up part of her experience by saying, “I would always have nightmares Tuesday . . . sometimes I would fall asleep before I sat my alarm, and then those were definitely the nights that I would have

nightmares about going in late and being fired because I was late to treatment team. Or . . . umm . . . I don't know . . . just all these like crazy nightmares and that I really wasn't sleeping well."

Though this one hour interview did not yield enough information to know more about the severity and frequency of these occurrences, it is striking that such a significant change would occur and continues to be an issue for Amanda to this day.

Lastly, Riley and Amanda spoke of often being sick. Riley shared, "I got sick all the time! That really was a significant clue to me that something was wrong." She went on to share of her experience in her new helping-related career that she has yet to be sick once. Amanda echoed this experience stating that many days she felt an overall sense of physical discomfort. These behaviors are striking and make practical sense in terms of wellness models and belief in the idea of balance being a necessary precursor for wellness. With the day-to-day experiences of anxiety, stress, and intra- and inter-personal conflict, it seems likely that our bodies would respond in a significant way to this chronic stress. While none of the participants specifically referenced health-related concerns as an experience that definitely resulted in career attrition, again it makes practical sense that this compounded experience of physical discomfort would result in the decision to find a more fitting career.

As already previously states, the IS-WEL (Myers & Sweeney, 2004) theoretical binding and model for this study did not provide a clearly relevant subtheme to clearly reflect this reoccurrence regarding changes in physical health as a result of their burnout experience. As such, one potential implication for future researchers and scholars in this field would be to incorporate this aspect of wellness into holistic paradigms to more accurately reflect the inherent binding between our psychological and physical states of wellness. This could be of particular benefit as these physiological symptoms may be identified more quickly than psychological



distress and thus can assist counselor educators and supervisors in the training and supervision process, particularly in regard to helping students and new professionals build an awareness of how to self-supervise. Attunement to one's physical health as a means of better exploring psychological health seems to be of practical merit and achieves the overall goal of wellness in being holistic and comprehensive. Future research and new developments in neuro- and bio-psychology may better inform some of these links.

#### **Key Finding 4: Complicated Emotions**

The fourth key finding centers around emotional experiences just prior to, during, and after leaving the mental health counseling profession. Once again, all participants remarked on their personal emotional journeys as it related to their awareness and acceptance that they needed to end their work in the profession. Amanda shared one striking story that involved going to visit family in another state with her boyfriend. Upon returning to her home state, she broke down crying. Though this resulted in her and her boyfriend feeling confused about what had happened emotionally, Amanda is clearly able to reflect in retrospect that this was related to the pervasive dread over her workplace experience.

Figley's (1995) seminal work in the area of compassion fatigue explores the necessary qualities for helpers to work successfully with clients. He specifically states that two key components to this equation are empathy and emotional energy (Figley, 1995). For all five participants in this study, their abilities for empathy and true experiencing and exploration of emotions had been dulled by the cumulative impacts of burnout, in some cases with them being unaware how quickly it had progressed, or that they were even experiencing it at all. Riley shared about this issue in her own work and a sense of guilt that accompanied her recognition of what was happening and a pervasive sense of having "a shameful secret to hide."

Anna spoke about a particular sense of conflict in her emotional aspects related to her counseling work. She recalled clients fondly, even stating that “it was never the clients” that ultimately resulted in her decision to leave the field. She spoke of the constant push to see more clients and increase caseload and production. She expressed feeling genuine care and concern for her clients but also how “it just ethically felt weird for me.” Amanda shared her own sense of feeling conflicted, particularly when engaging in group supervision with her coworkers once monthly to discuss workplace and professional issues. She shared how this often resulted in a cynical type of humor to engage lightly in dialogue regarding burnout, though at other times she shared how others were open about their own frustrations and questioning their fitness for the profession or the agency. Amanda shared being torn with this revelation stating, “It made me feel better, but it also made me more sad that his many people felt this horrible at work.”

Perhaps it is only fitting that much of what participants shared regarding their process of leaving the profession and seeing things from the outside was most often coded in the ‘Essential Self’ domain, particularly under the sub-theme of ‘self-care,’ which is how several participants couched this experience. Anna reflected on her emotional process immediately following her decision to leave the profession: “So, like, you don’t really want your dream to die that quickly . . . but I also really value my sanity. And so, it was trying to figure out: ‘Do I make myself happy because I fulfilled a goal that I had forever and ever, amen?’ Or . . . ‘Do I work on being presently happy in the moment . . . and that might mean not being a therapist.” Alex also spoke candidly about his emotional journey and finally feeling a sense of being “at peace” with the decision, though it was initially tinged with shame for leaving a profession he had spent a considerable amount of time, money, and energy to achieve. Amanda summed up her current emotional state and perspective of what’s next for her: “I don’t know if this sounds sad . . . but

that was probably one of the more important things for when I was looking for a job right now where I can have a life after it . . . because it's too traumatizing and much too taxing on my health for me to continue a job like that. So, it's not a therapy job . . . but it's probably better for my life to take this job."

Similar to the fifth finding, which I will discuss next, this finding outlines an emotional progression that was largely shared among the five participants. In its simplest terms, the progression began with negative feelings or surprise after an awareness of being burnt out, the next stage was often one of guilt and shame in regard to leaving the field due to the high level of investment by that point, and the final stage was post-attrition and often encapsulated conflicting emotions of a fondness for the opportunity to help others and engage in client work, but also a sense of relief and solidarity that was not experienced during the time of working as a counselor.

### **Key Finding 5: Progression of Burnout**

Related to the fourth finding of this study, the fifth and final finding is in regard to the progression of burnout experienced by participants. As mentioned in the previous finding, the beginning of burnout did not coincide with an immediate cognitive awareness of what was transpiring. It was only after prolonged exposure and the addition of other symptoms such as fatigue, a general sense of disconnect, dread of going to work, and difficulty in empathizing with difficult client narratives that participants began to have a cognitive realization that they were experiencing burnout, often at a significant level by the time of cognitive awareness.

This may be due, in part, to a stigma associated with mental health counseling in particular that asserts the notion that client cases will be more severe than other types of cases, thus it is only natural to feel a heightened sense of difficulty and emotional fatigue after engaging with clients (Wallace et al., 2010). For several participants, it was only after noticing changes in

behaviors, such as altered diet practices, problems sleeping, or changed communication patterns in romantic relationships, that they began to have a realization of their state of burnout. Watkins (1983), an early pioneer in the study of the phenomenon wrote about this change of cognition that often accompanies the experience, often marked by an abandonment of basic counseling skills for other, more detached traits. Amanda shared one such observation in her own progression as she recalled hating Wednesdays when she began work as they were a day of long meetings. She recalled that before she left the agency that she had come to look forward to Wednesdays as it meant that she would have fewer clients to see that day.

Alex commented on the change in his ability to empathize with others that progressively worsened throughout his employment. However, though he had the cognitive awareness of what was occurring, he also did not like the change in himself as he saw it inconsistent with his personal and professional values. Much of these symptoms and experiences fit within an understanding of compassion fatigue, marked by behavioral and psychological changes and the decrease and eventual absence of self-care practices (Figley, 1995; Merriman, 2015; Thompson, Amatea, & Thompson, 2014). Previously mentioned issues that fit within this phenomenon include the reoccurring nightmares of Amanda, changes in diet habits experienced by all, and may also include physiological changes as a result of this decline in mental wellness.

This finding specifically addresses the research question of this study as the data from the participants of this study help to provide evidence that rather than one or a handful of significant events, the phenomenon of burnout is most likely experienced systemically and touching all domains of wellness. This is reflected in the data acquired in this study as all five domains of wellness and each sub-theme have data that fit within the pre-determined category. It is important to note that no participants identify their decision to leave the profession because of

any specific experience, circumstance, or situation. The five findings of this study seem to point toward holistic understandings of burnout and how progression of burnout occurs through cumulative and compounding events, which in some cases resulted in a lack of emotional and cognitive clarity for participants at the time of their burnout experiences as well as in hindsight and making interpretations and meanings of the events.

### **Summary of Key Findings**

In this section, I discussed the five key findings that resulted from the collective analysis of five former mental health counselors regarding their personal experiences in leaving the profession. These five findings are: administrative and mental health treatment and systemic issues impacting workplace happiness and fulfillment; the impacts of relationships, both positive and negative, with coworkers, other mental health professionals, and significant others; the overall impacts of burnout on physical health and wellbeing; the resulting complicated emotions that accompany awareness of burnout, decisions about one's future in the field, and the decision to leave the profession; and the unique progression of burnout that was specific to each participant but a result of compounding experiences. Using Myers and Sweeney's (2004) Indivisible Self Wheel of Wellness model provided the framework for understanding a complicated construct and making sense of the data collected among the five participants. The findings from this study carry implications for counselor educators who embark on training future counselors and supervisors who oversee their clinical work during graduate training and their pre-licensure work years. Following is a discussion of these implications and how these two parties might use the findings of this study to meet the needs of current and future new professional mental health counselors.

### **Wellness Approach to Understanding Burnout**

As mentioned throughout, this study used Myers and Sweeney's (2004) Indivisible Self Model of Wellness to conceptualize and analyze the phenomenon of burnout within new professional clinical mental health counselors. This approach allowed for a more comprehensive view of what burnout entails, how it impacted counselors in this study, and, more specifically, what areas of wellness may have been lacking or absent and contributed to the experience of burnout among the five participants in this study. As the IS-WEL (Myers & Sweeney, 2004) is rooted in empirical research, this helped to bolster the qualitative and constructivist design of this study by providing structure about how we are well and practice wellness through the lens of quantitative data.

The analysis of the data through the IS-WEL (Myers & Sweeney, 2004) was very telling in terms of which areas of wellness participants in this study openly discussed in relation to their experiences. Participants spoke on their reliance of certain aspects of wellness, such as strong relationships with peers and coworkers, or the absence of some fundamental elements of wellness, such as proper nutrition and exercise. In many cases, participants were able to self-identify which aspects of their personal wellness were jeopardized or absent through their existing knowledge and conceptualization of wellness. While this speaks to their graduate training in counseling and learning about wellness explicitly, it may also offer some insight as to how society understands and views wellness and how our relationships, work lives, and physical health are all inter-connected and affect how we approach various life tasks and relationships.

Some particular strengths of the IS-WEL (Myers & Sweeney, 2004) as it relates to this study were in how it helped to capture nuances of experiences. For example, all participants spoke to their reliance on coworkers or other mental health professionals while also speaking to

the difficulties they encountered with their significant others as a result of their professional burnout. This was clearly captured in the ‘Social Self’ domain under the sub-constructs of friendship and love. This helps to point to the dichotomous or conflicting experiences individuals may encounter within a particular aspect of life and adds to the richness of better understanding a complicated and personal construct. The model also accounts for this as it explores some constructs that are relatively straightforward to assess, such as how one eats or exercises, to more complex constructs such as how gender and spiritual identity impact how we approach the world and how we conceptualize wellness on a personal level. This speaks to the richness of empirical research and how our understandings of personal identity, burnout, and wellness constructs have evolved over time.

While the IS-WEL (Myers & Sweeney, 2004) accounts for a complicated and personal understanding of wellness, it also inherently provides difficulty from a research perspective. In this study, it was most difficult to capture elements within the ‘Essential Self’ domain, particularly the sub-constructs of spirituality, gender identity, and cultural identity. As these constructs in particular are pervasive throughout all our experiences of life, from a qualitative perspective the participants in this study did not always identify their experiences directly through an understanding of spiritual/religious beliefs, for example, even though we can hypothesize that these values and beliefs play greatly into how one approaches their work and a sense of personal fulfillment. Because of this, coding within this domain was most difficult and limited to overt mention of any of these constructs. Future research through the application of this model may benefit through the use of more pointed questioning or assessment in these constructs that are harder to define.

For this study, the IS-WEL (Myers & Sweeney, 2004) served as a strong grounding for making sense of understanding burnout and also organizing data collected from participants, however there was one gap that was of intrigue in this study. As noted in Key Finding 3, all participants noted some form of physical symptomology or complications as a result of their professional burnout. However, the model only includes the sub-constructs of nutrition and exercise within the ‘Physical Self’ domain. While participants spoke about deficits and challenges in these two areas as well, the resounding responses were often related to symptoms of fatigue, physical illness, and poor sleep hygiene or sleeping impairment. This pointed toward a gap within this model accounting for other physical health practices outside of eating well and getting sufficient exercise. In the case of these participants, it appeared that much of their physical symptomology was directly related to emotional and psychological demands of their professional burnout. This also seems to be more in line with contemporary social understandings of wellness and the importance of proper sleep hygiene and practices and the connection our biological and psychological selves share. As research in burnout and wellness continues, this may be one area of particular interest that could yield greater insight into both wellness and burnout.

### **Implications for Counselor Educators and Clinical Supervisors**

As stated earlier in this chapter, the qualitative methodology and limited number of participants do not provide for a generalizability of this study’s findings, though some core implications emerge that may be of benefit to counselor educators and clinical supervisors, as well as those who wish to further research in this area. Here, my hope is that as counselor educators and supervisors we will routinely give pause to consider how we educate and supervise our students and make adjustments when needed. I believe this area of instruction to be one of



those areas where continual adaptation is necessary as the employment outlook for mental health continues to change in both positive and less positive ways, and because of the continuing changing nature of the profession, client issues, expectations from administrators, and ways counselors must interact with allied professionals, other agencies, and third party insurers.

The first implication yielded from this study is grounded in current culture at community mental health agencies, the type of employment held by each of the five participants. As has already been discussed, at least by the participants of this study, all participants experienced some degree of conflict with administration in terms of adequate supervision and resources or the realities of their caseload. In a time where there are many concerted efforts to decrease mental health stigma and promote treatment, as a profession, in conjunction with other mental health providers, we must also plan to meet the expected demand. The primary purpose of doing this is so that we may better ensure the welfare of the front line clinicians who are engaging in the daily rigor of emotional taxing work. From an ethical perspective, we should be prepared to offer the supports to allow them to do this job effectively. The ethical and professional implications extend beyond our duty to students and supervisees, but also to the clients that these students and supervisees will serve. Being ethical advocates for promoting client welfare, we must understand that in order to achieve this we must also make counselor welfare a primary goal as they are innately linked.

A second implication is in regard to how prepare upcoming mental health counselors. This begins with the master's training and into the embarkation of a professional career until the counselor obtains licensure in their state of practice. As already mentioned in Chapter Two of this study, counselor education programs vary considerably in terms of how wellness is taught, used, and valued among counselor education programs. As Riley shared in her interview, some

presentations of wellness and self-care remain ill-informed and perpetuate a stereotype. As counselor educators, very often approaching our teaching from a constructivist perspective, we must offer opportunities for students to better understand the constructs of wellness and self-care on a personal level if there is to be any value or buy in to these practices. Additionally, we must discuss how to translate this into client work, through the use of intentional interventions or incorporation into hallmark counseling theories. Within this study, while most participants struggled to identify differences they would have liked to have seen in their graduate training, most were quick to identify a desire for more supportive supervision that honors the vulnerabilities of being a new professional.

For supervisors of master's-level and new professional counselors, it would be prudent to encourage candid, frequent dialogues pertaining to self-care, drawing on these discussions to current performance so that any arising issues may be addressed proactively. As noted among the findings in this study, a commonality was a delayed awareness of the experience of burnout. For participants in this study, this was largely due to a sense of stigma, consequently resulting in shame, guilt, and/or embarrassment about experiencing burnout, particularly so young in a career. As with other stigmatized barriers, we must promote frequent and honest dialogue to change this culture, thus prompting changes in behaviors of new professionals to seek supports more openly. Embedded within this is the need to humanize burnout, with the realistic understanding that all counselors are emotionally taxed and that client presenting issues paired with other life circumstances will inevitably compromise performance for all counselors at points in their career.

### **Role of Researcher**

As already stated in Chapter One, I approached this area of research with a keen personal interest, not knowing what I would find, though having past experiences and observations of my time in a community chemical dependency treatment center to draw on. The initial process of bringing clarity to this study was a difficult road. I realized the somewhat daunting task before me as I was endeavoring to study a construct that could offer a wide range of responses and experiences, though a part of me was also curious about what this would mean, should it be how this study progressed. Through frequent consultation with my advisor, peers, and other professionals, I was able to more clearly define the purpose, goal, and research question. With some help from my dissertation committee members I was also able to further refine this study to focus on the experiences of new professional mental health counselors in particular as the importance of setting-specific variables in burnout are a real consideration. This made practical sense and helped to provide a stronger binding for this study.

Transitioning from the role of counselor, to counselor educator, to researcher in a short period of time was a journey that was often rife with exasperation, frustration, and floundering to establish a foothold to keep on the path. After embarking in the data collection stage of this study, I found a rekindled passion and interest for the topic that had become somewhat mired in the long days of literature review and thinking and rethinking about methodology design. I found that my counseling skill sets were of great value in a qualitative approach that was seeking to hear and understand participant experiences. In many ways, the parallels with counseling was uncanny and brought a sense of confidence, though I always thought of many more questions I could have asked, but tried to bound this energy in the understanding that a researcher's time with participants is often limited by these practical measures.

I entered the period of data transcription and analysis with a slight dread, which was partially grounded as transcription work can be maddeningly tedious. I was also entering back into unfamiliar waters that caused me to question my own self-worth as a researcher and question the many subsequent decisions that are inherent in any research study. Once I began to analyze the data, I too was presented with conflicting emotions regarding the process as in some ways it seemed as if it should be rather straightforward, especially using a directed content analysis approach, though at other times this was incredibly frustrating as I questioned and questioned again which code was most reflective of what the data presented. In some instances I would move previously coded data or sets of data after working my way into a more informed realization of how best to define each sub-theme that was a part of this study. Although I had a theory and design that allowed for some deductive-oriented approach to the data, at times I felt lost in terms of how I would make sense of all this data within such a large construct.

Many fears were alleviated once I had my final data set and began to view the data in different ways. Although I had assumed patterns and findings might be easier to spot with the directed approach, I was mistaken in that assumption. There were times where I had to turn off the computer and forget about what I had spent hours immersing myself in so that I could come back to it with a clearer head and perhaps see things that I had been blind to before. After enough times of doing this, the pieces started to come together and I continued on this process until I have what you see before you now.

I learned many lessons through this process, not only as a researcher, but about myself. As with any new experience in life, there's always that initial hesitation, questioning capability, and sometimes the runaway catastrophe bandwagon that would remind me of high attrition rates among doctoral students as well. I faced many demons throughout the process, one of which

being the unusual and lonely feeling of conducting a research study relatively independently. While I have worked on manuscripts and other qualitative research projects with others as a team, this was my first time doing it alone, with my advisor serving as a guide to help me find my way. Bless him for his patience.

This study also helped me to question my own assumptions, quite a few times, actually. I would at times find myself being intrigued and excited when participants shared similar experiences and narratives, as I could imagine the grand tapestry of qualitative inquiry unfurling before me. I had to find a way to center back into the work and make a concerted effort to hear not only what was being said, but also things that were being hinted at, implied, or danced around. Ultimately, this caution proved useful for me as a researcher in that it caused me to be more mindful and thoughtful in my analysis of the data and in making inferences about what was emerging. Even now, as with many research projects, I still would like to know so many more things and have so much more information so that this study might have a stronger impact, which in turn might result in more practical applications about how counseling students and new professionals are trained and supervised.

If presented with the opportunity to do it over again I would probably run for the hills and hide a few days. But after that hiatus, I would come into this study with a clearer idea of what I wanted to know and viable ways in which I might get there. As participants in this study commented about their preparation for the daunting tasks of mental health counseling work, sometimes you just have to get in there to learn how to do it as there is no other good way to teach it. I would say that this whole process could be summed up succinctly in that regard: Just getting in there and doing it.

I value the lessons I've learned along the way and the development of my efficacy as a researcher to tackle similar research projects as I transition from the role of doctoral candidate to assistant professor. Now that I have done it, I expect I will, in turn, get my chance to guide another soul through this process at some point down the line. My hope is that I will be able to remember these days and respond with empathy and genuine care, while prompting them to remember to engage in self-care practices!

### **Recommendations for Future Research**

This study was conceptualized and designed as an initial study in what could easily be a series of studies to continue to further this area of research and better understand the experiences of individuals who are often forgotten about once they leave the field. To me, in many ways it is just as important to know as much about those electively choosing to leave the profession as it is to know about others who want to gain entrée into mental health counseling. In this section I will discuss some of these recommendations for how this research may be furthered to continue to add to this under-represented area of research. While these recommendations are by no means exhaustive, I hope that they provide groundwork for future exploration into the phenomenon of burnout and career attrition in the counseling profession.

#### **Recommendation 1: Diversifying and Expanding Participants**

The most striking and obvious recommendation to further this research would be to use the existing groundwork and methodology of this study, but to solicit more participants as well as more diverse participants. As stated earlier, this study is the result of five non-practicing mental health counselors, all Caucasian, and residents of one state in the Southeastern United States. While another qualitative study would not yield generalizable results, it would carry greater practical weight and validity by recruiting participants from across the country with

various education experiences, racial and ethnic identities, gender identity, and various clinical populations served. Doing this would paint a larger picture and could provide insights in regards to better understanding the climate of mental health agencies around the country and how experiences in the field may differ given any number of variables.

### **Recommendation 2: Expanding Counseling Subspecialties**

While the counseling profession has worked diligently to alleviate the fragmented identities that are grouped into the field of professional counseling under the American Counseling Association's 20/20 initiative, from a practical perspective these lines remain drawn with little cross-learning as students often have very different employment goals. However, as school counseling programs alter their curriculum requirements to be more equitable with mental health counseling, this discrepancy may lessen over time. As noted in Chapter Two, setting-specific variables are a necessary part of exploring and understanding burnout experiences due to different expectations beyond the counseling work. This study could easily be replicated replacing populations with school counselors, rehabilitation counselors, marriage and family counselors, and addictions counselors. It could also be expanded globally, as was my initial thinking in designing this study.

### **Recommendation 3: Expanding Study to Explore Effective Teaching and Supervision**

As the development and interest of this study was largely conceptualized with counselor educators and supervisors in mind, further research in this area might seek to add to perceptions of effective instruction in burnout and wellness as well as effective supervision experiences or strategies for working with distressed supervisees and students. While the ultimate goal with this type of research is to proactively humanize the phenomenon, it would be remiss to believe that

much of the work will not continue to be in response to students and supervisees who find themselves in elevated states of burnout.

### **Summary of Discussion**

This chapter provided an overview of this study with specific attention to the limitations associated with this type of design methodology and overall structure of the study. From there, I discussed the five key findings introduced in Chapter Four providing substance with participant quotes and considering the data within a larger, global picture. I then discussed implications for counselor educators and supervisors in terms of best practices for preparing graduate students and new professionals for the inevitable experiences of burnout, with a focus on decreased stigma through increased dialogue. I then reflected on my own journey from the inception of this study through to its completion, along with lessons learned along the way. I closed this chapter offering recommendations for future research, which include diversifying participants, conducting similar studies with other counseling subspecialties, and furthering understanding of burnout and wellness by incorporating means to measure and/or understand experiences in counseling education programs or supervision.

This study sought to better understand the narratives of individuals that are often forgotten and undocumented once they decide to leave a discipline of study. To be effective counselor educators and supervisors, this study embarked to know more about these participant experiences so that teaching and supervision practices could be informed about experiences that lead individuals to electively leave the profession after significant emotional and financial investment in obtaining their mental health counseling degrees. My hope is that this study will prompt further studies that explore these constructs with the intent to continually improve the



way that we prepare and support counselors who work day in and day out with individuals who need their highly trained skills.

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**Appendices**

## Appendix A

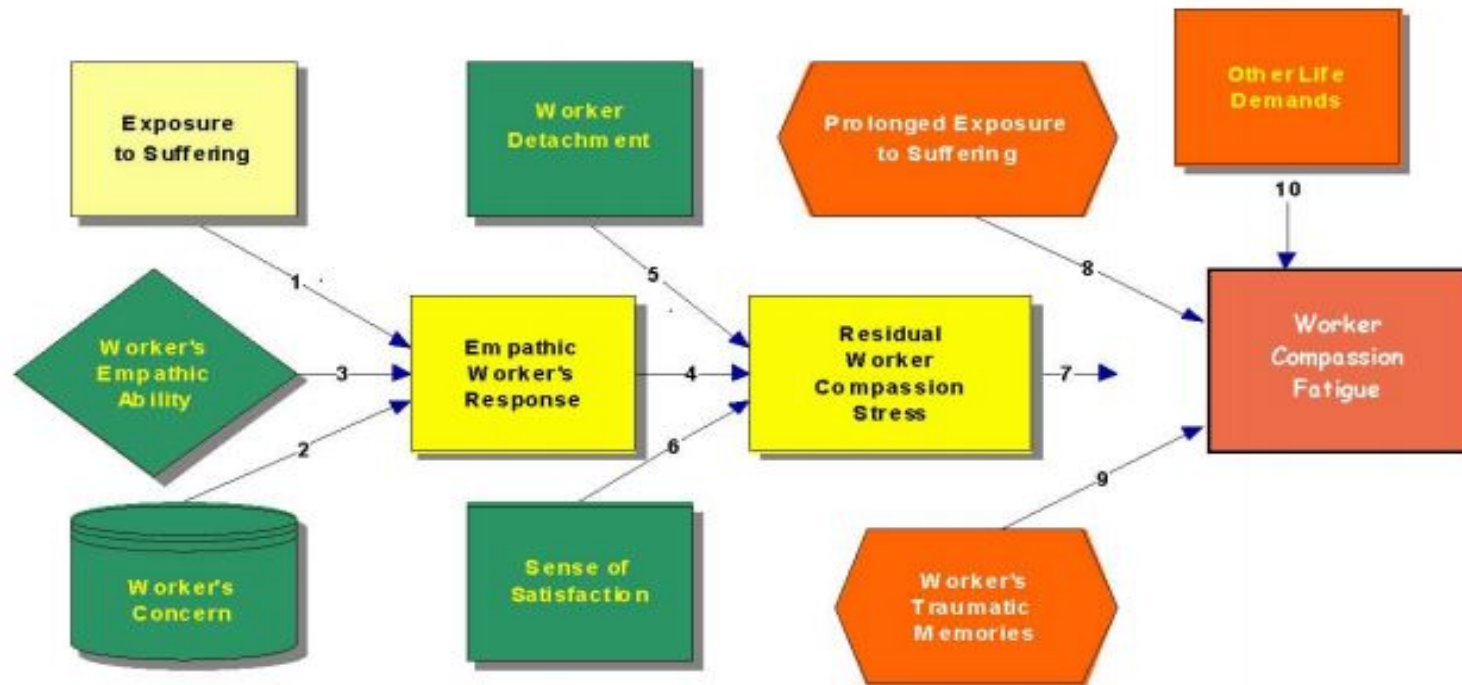


Figure 1. Model of Compassion Stress and Fatigue (Figley, 2002)

## Appendix B

## THE INDIVISIBLE SELF: *An Evidence-Based Model Of Wellness*

**CONTEXTS:****Local (safety)**

Family  
Neighborhood  
Community

**Institutional (policies & laws)**

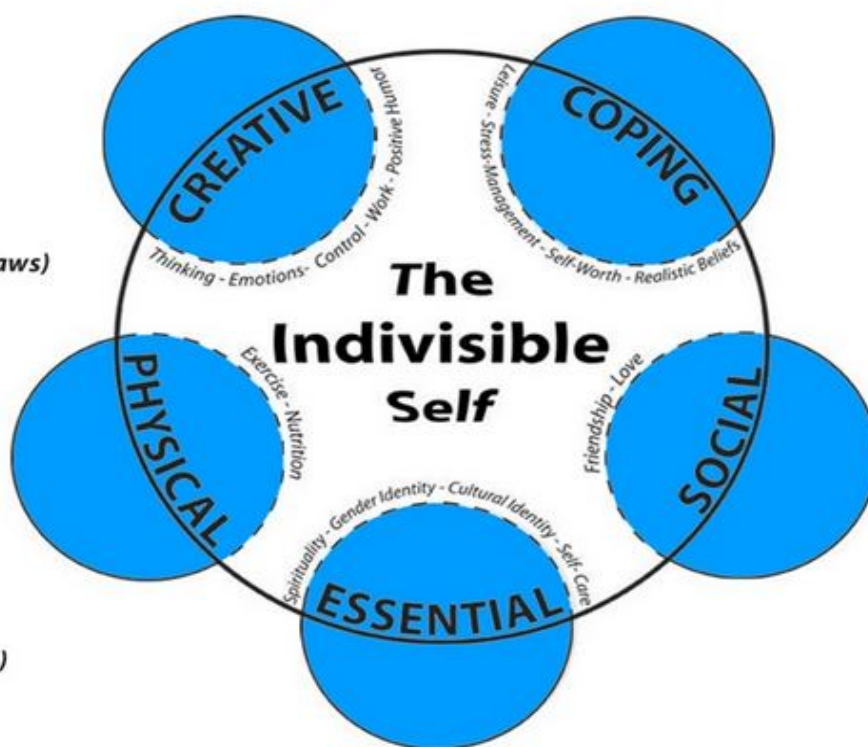
Education  
Religion  
Government  
Business/Industry

**Global (world events)**

Politics  
Culture  
Global Events  
Environment  
Media

**Chronometrical (lifespan)**

Perpetual  
Positive  
Purposeful



© T. J. Sweeney & J. E. Myers, 2003.

Figure 2. Indivisible Self Model of Wellness

(Sweeney & Myers, 2004)

## Appendix C

Adam F. Stephens, M. S., NCC

Interview Protocol: Attrition Experiences of New Professional Mental Health Counselors

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

Contact Method: In Person

Skype

Phone

Interview Questions:

1. Tell me about your experience of leaving the field of counseling.
2. What aspects of the profession were of greatest concern to you?
3. What experience(s) lead to your awareness of being burnt out with the profession?
4. What are some things you did to manage the stress of the role?
5. What were things like for you on a personal level after you left the profession?

Follow-Up Questions:

Ask participant for examples based on responses to interview questions

1. Essential Self
  - a. Spirituality
  - b. Gender Identity
  - c. Cultural Identity
  - d. Self-Care
2. Physical Self
  - a. Exercise
  - b. Nutrition
3. Creative Self
  - a. Thinking
  - b. Emotions
  - c. Control
  - d. Work
  - e. Positive Humor
4. Coping Self
  - a. Leisure
  - b. Stress-Management
  - c. Self-Worth
  - d. Realistic Belief

## Appendix D

### Request for Research Participation CESNET Email

Dear Colleagues

You are invited to participate in a dissertation research study examining burnout experiences and subsequent attrition of new professional clinical mental health counselors from the field. The objective of this study is to understand various constructs under the umbrella of burnout that may lead to an individual electing to leave the profession. This study is conducted under the advisement of Dr. Joel Diambra and has been approved by the Institutional Review Board at The University of Tennessee – Knoxville. As potential participants are likely not members of this listserv, I ask for your assistance in identifying individuals who may qualify. Please forward this email to any individuals whom you believe may be eligible for participation.

In order to qualify for this study, participants must meet ALL of the following criteria:

- Graduated from a master's clinical mental health counseling program
- Voluntarily elected to leave the field of professional counseling prior to reaching two years after the master's graduation date.
- Left the profession due to experiences of burnout rather than changes in life circumstances that warranted leaving employment.

Participants will complete an interview that is approximately 60 minutes in length regarding their experiences in the field of professional counseling and circumstances that led to their decision to leave the field. The results of this study will inform counselor educators and supervisors in ways to help prevent and better monitor for burnout during formal academic training as well as during new professional classification through education and supervision practices. Interview data will be kept in a secure location and results reported in the dissertation study will not include names or any other information that could be used to identify participants. Additionally, participants may withdraw from this study at any time during the interview or after the interview has been completed until the date of the study's publication. Interested individuals should contact the primary researcher at [asteph18@vols.utk.edu](mailto:asteph18@vols.utk.edu) for more information.

Thank you for considering this request.

Warmly,

Adam F. Stephens, M.S., NCC



## Appendix E

### Request for Research Participation – Referred Individual

Dear \_\_\_\_\_,

I am sending you this request for research participation on behalf of this study's primary researcher, Adam Stephens. Please respond to the provided email address should you wish to gain more information or wish to participate in this study.

My name is Adam Stephens and I am a doctoral candidate in Counselor Education at The University of Tennessee – Knoxville. I am contacting you with an invitation to participate in a dissertation research study that seeks to examine experiences of burnout and the process that lead to an individual electing to leave the field of mental health counseling. The purpose of this study is to better inform counselor educators and supervisors in appropriate supports and assisting in the development of career-sustaining strategies for new professional counselors. This study is being conducted under the advisement of Dr. Joel Diambra and has been approved by the Institutional Review Board at The University of Tennessee – Knoxville.

In order to qualify for this study, you must meet ALL of the following criteria:

- Graduated from a master's counseling program in clinical mental health counseling
- Voluntarily elected to leave the field of professional counseling prior to reaching two years after the master's graduation date.
- Left the profession due to experiences of burnout and career dissatisfaction rather than changes in life circumstances that warranted leaving the profession/employment.

Participants will complete an interview that is approximately 60 minutes in length via Skype regarding their experiences in the field of professional counseling and circumstances that led to the decision to leave the field. The results of this study will inform counselor educators and supervisors in ways to prevent and better monitor for burnout during formal academic training as well as during new professional classification. Interview data will be kept in a secure location and results reported in the dissertation study will not include names or any other information that could be used to identify participants. Participants reserve the right to withdraw from the study at any time during the before, during, or after the interview is completed up until the date of formal publication.

If you are interested in participating in this study, please respond to the primary researcher of this study, Adam Stephens, at [asteph18@vols.utk.edu](mailto:asteph18@vols.utk.edu) indicating your desire to participate or to request more information about this study.

Thank you for considering this request.

Warmly,

Adam F. Stephens, M.S., NCC

## Appendix F

### STUDY ELIGIBILITY QUESTIONNAIRE

#### Burnout and Attrition Experiences of New Professional Clinical Mental Health Counselors: An Application of the Indivisible Self Model of Wellness

This qualitative study seeks to better understand the lived experiences of new professional clinical mental health counselors and experiences that lead to personal and professional burnout resulting in attrition from the field of professional counseling.

In order to participate in this study, you must meet all of the requirements:

- Graduate of a 60 credit hours master's clinical mental health counseling program
- Formally commenced post-graduate employment as a full- or part-time clinical mental health counselor
- Practiced no more than two years post master's education
- Electively left the field of professional counseling as a result of professional burnout
  - \*Leaving the field of professional counseling in this study is defined as discontinuation of work that would otherwise result in obtaining or maintaining status as a Licensed Professional Counselor in your state of practice

## **Appendix G**

### **Informed Consent Statement**

#### **Burnout and Attrition Experiences of New Professional Clinical Mental Health Counselors: An Application of the Indivisible Self Model of Wellness**

##### **INTRODUCTION**

You are invited to participate in a dissertation research study examining burnout experiences and subsequent career attrition of new professional clinical mental health counselors. The objective of this study is to understand various constructs under the umbrella of burnout that may lead to an individual electing to leave the profession. The purpose of this study is to analyze participant interview data for tentative themes regarding what reasons new professional clinical mental health counselors cite for leaving the profession. The results of this study will inform counselor educators and clinical supervisors in ways to help prevent and better monitor for burnout during formal academic training as well as during new professional classification through education and supervision practices.

This study is conducted under the advisement of Dr. Joel Diambra and has been approved by the Institutional Review Board at The University of Tennessee – Knoxville.

##### **INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY**

Participation in this study will require involvement in one face-to-face or virtual (Skype or phone) interview with the primary investigator of this study. Interviews are expected to be approximately one hour in length and will include a series of open ended questions regarding your experiences of working and leaving the clinical mental health counseling profession.

Upon completion of the interview, you will be provided with an electronic transcription to ensure that your responses were accurately recorded and consistent with your experiences. Review of your interview transcript should take approximately 1 to 2 hours, depending on the level of feedback you wish to provide. You will have one week from the receipt of the transcript to respond with any changes. If you do not respond within this timeframe the data will remain unchanged from the interview and will be included without revision in data analysis. While review of your interview transcript is not required for participation in this study, it is helpful in determining that your experience is documented and reflected in a way that is accurate.

Additionally, as this study is interview based, ensuring accuracy of participant responses is fundamental to ethical and professional research practice. To accomplish this, all interviews will be audio recorded so that they may be transcribed for data analysis. To protect against the loss of any data, interviews will have two simultaneous methods of audio recording. Review of these recorded interviews will be limited to the primary investigator, the faculty dissertation advisor, and a professional transcriptionist.

##### **RISKS**

While this study has a minimal level of risk as it requires reflection of lived personal experiences, there are potential risks of involvement. Some potential risks might be shame or negative stigma around leaving a professional career and/or the recollection of unpleasant or adverse career experiences. Additionally, as this study includes the use of audio recording for participant interviews, a breach of confidentiality, while unlikely, is also possible.

### **BENEFITS**

While there are no known direct participant benefits as a result of participation in this study, the study seeks to add to an area of literature that is relatively sparse through acknowledgement and exploration of participant's lived experiences. The findings have potential implications for counselor educators and supervisors who teach and supervise clinical mental health counseling students and practicing counselors in terms of identifying career and personal burnout issues to better ensure self and client welfare.

### **CONFIDENTIALITY**

Participant information will be kept confidential throughout collection, analysis, and publication of findings. Audio recordings will be saved in password protected files or in a fireproof lockbox. Only the primary researcher, faculty advisor, and a professional transcriptionist will have access to audio recordings. Any electronic files such as transcribed interviews and data analysis documents will be password protected on the primary researcher's personal computer. Upon completion of the study, all audio recordings will be destroyed. Printed study documents will be kept in a secure location at the University of Tennessee – Knoxville for a period of three years. After this period they will be permanently destroyed.

Additionally, as this study relies on personal narratives, published findings will omit any specific references that might link participants to this study. Participants will select a personal alias that will be used to identify their comments in the final publication.

### **CONTACT INFORMATION**

If you have questions at any time about the study or the procedures of this study you may contact the researcher, Adam F. Stephens, M.S., NCC, at [asteph18@vols.utk.edu](mailto:asteph18@vols.utk.edu), or the supervising faculty advisor, Joel F. Diambra, Ed.D., LPC-MHSP, NCC. If you have questions about your rights as a participant, you may contact the University of Tennessee IRB Compliance Officer at [utkirb@utk.edu](mailto:utkirb@utk.edu) or (865) 974-7697.

### **PARTICIPATION**

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your interview audio recording and any transcribed data will be permanently destroyed and not used in the data analysis and findings of this study.

---

### **CONSENT**

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's Name (printed) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Vita**

Adam Stephens is a native of Gainesville, GA, but has lived in Knoxville, TN for the past eight years. Adam is the son of Ron and Sharon Stephens of Gainesville, GA and has one older sister, Alisha Adams, of Oklahoma City, OK. Adam attended the University of Georgia for his Bachelor of Music degree in Music Therapy and graduated in May of 2007. He began his graduate studies as a master's student at the University of Tennessee in the fall of 2008 when he began the Mental Health Counseling program. After completing his master's degree in December of 2010, Adam began working as a family therapist at Cornerstone of Recovery in Louisville, TN. He returned to the University of Tennessee for his Doctor of Philosophy in Counselor Education in the fall of 2012. Adam plans to continue to teach and supervise future counselors and counselor educators after securing a professorship position.