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The Costs of Caring: Mitigating the Challenges of the Helping Relationship through Clinical Supervision

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The professional counselor's work is demanding and the stressors can take a toll on the helper, personally and professionally. The purpose of this review was to examine the continuum of undesirable outcomes that can occur, as well as how to mitigate risks through clinical supervision. Supervision was viewed through the lens of Bronfenbrenner's (1979, 2005) concept of protective factors. Literature on alleviating negative counselor outcomes was examined and implications of the review were provided.

Keywords: Burnout, secondary traumatic stress, vicarious trauma, protective factors, clinical supervision

The work of a professional counselor is never easy. A counselor must actively listen to a client's presentation while assessing functioning, interpreting meaning, evaluating body language, conceptualizing the client's real concerns, developing a diagnosis, processing data through a theoretical framework, and developing a strategy for intervention. All of this is done while responding with intentionality, empathy, genuineness, and unconditional positive regard.

The responsibilities of a professional counselor extend beyond simply knowledge and skills to include being authentic and connected to one's clients. In doing so, the goal is to be empathetic; however, the inherent risk in this process is that empathy can turn to sympathy, and the helper can become immersed in the client's material and may take on the clients' problems as one's own. Professional counselors risk becoming enmeshed with clients while losing clinical perspective and objectivity.

The purpose of this analysis is two-fold in examining the various risks inherent in the counseling relationship, or what Figley (1995) calls the "cost of caring" (p. 10). First, this review will examine the continuum of the costs of caring as those risks relate to the field of professional counseling. Second, this examination will focus on how these dangers may be mitigated through clinical supervision, which benefits the helper and the client through objective, third party evaluation of the counseling relationship and the functioning of the counselor.

The Costs of Caring: The Inherent Challenge of Helping Others

The very essence of counseling suggests the notion of a *helping* relationship; that is, the relationship is between one who helps and one who is in need of help. Much of the literature in the helping professions understandably focuses on the client. However, less attention has been paid to the other participant in this relationship, the counselor. While a number of terms have been used to describe the impact of counseling on the helper, no universally accepted term for this phenomenon has emerged (Stamm, 1997). This is likely a result of the many different effects counseling can have on the counselor. These impacts can be viewed on a continuum, from less severe to significant and damaging to both the counselor and the counseling relationship.

An example of a less significant impact of the helping relationship on the counselor dates back to the origins of the profession and Freud's concept of countertransference (1910). In this conceptualization of the helping relationship, it was common and necessary for clients to project their thoughts, feelings, and desires

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on to the therapist, a process Freud (1910) described as transference. Countertransference, then, is the yang to the yin of transference; countertransference occurs when the therapist projects his or her beliefs, attitudes, and feelings on to the client. Freud never fully developed the concept of countertransference, but asserted it was a negative response to the client and was detrimental to the success of the therapeutic relationship (Gorkin, 1987). However, countertransference is also a natural consequence of the development of empathy and a working alliance between helper and helpee (Wilson & Lindy, 1994). Countertransference is assumed to be the result of unresolved conflicts within the counselor's own life, and that resolution of those conflicts is essential to becoming a fully functioning therapist (Gorkin, 1987).

Burnout represents a more significant influence on both the helper and the helping relationship. Freudenberger (1974, 1975) is often credited with introducing the term burnout to describe a consequence of human service work, specifically in the career counseling process. Freudenberger and Richelson (1980) defined burnout as the process of attempting to meet unrealistic, self-imposed goals, the result of which exhausts the helper's emotional, psychological, and physical resources. Maslach (1982) further defined burnout as a relationship between an individual and the environment. Specifically, Maslach (1982) explained burnout as process that affects those who help others and is comprised of three elements: emotional exhaustion, depersonalization, and reduced personal accomplishment.

Using this definition, burnout can be seen as an emotional response to the powerful and unrelenting strain of working closely with others, especially those who are severely distressed or have a multitude of life stressors (Maslach, 1982). The definition has three critical components: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is characterized by the belief that the counselor's affective resources are consumed and the helper has nothing left to give others (Maslach, Jackson, & Leiter, 1996). Depersonalization is the cyclical development of negative attitudes about clients, or "viewing other people through rust-colored glasses-developing a poor opinion of them, expecting the worst from them, and even actively disliking them" (Maslach, 1982, p. 4). Finally, reduced personal accomplishment is defined as a negative self-evaluation, particularly in regard to the counseling relationship (Maslach et al., 1996).

Burnout is cumulative, that is, it typically manifests initially with mild symptoms that increase in severity if left unchecked (Gentry, Baranowsky, & Dunning, 2002; Maslach, 1982). Burnout typically results from feelings of powerlessness, frustration, and inadequacy in meeting goals and can manifest itself through physical and emotional symptoms such as: sleeplessness, nightmares, headaches, back and neck pain, physical exhaustion, repeated illnesses, irritability, emotional exhaustion, and aggressive behavior (Maslach, 1982; McMullen & Krantz, 1988). It can result from intense work stressors, pressures from supervisors or subordinates, or misunderstandings among co-workers (Valent, 2002).

A more serious impact of counseling on the helper derives in the form of Secondary Traumatic Stress. Figley (1995) originated the term *compassion fatigue*, to describe the posttraumatic stress-related symptoms that may emerge among those who learn about trauma secondhand; Figley (1995) later redefined this phenomenon as Secondary Traumatic Stress Disorder (STSD). STSD is defined as the natural behaviors and emotions that result from knowing about a traumatic event experienced by a significant other; it's the stress that results from helping, or wanting to help, a traumatized person (Figley, 1995). Figley (1999) suggested that STSD symptoms often mirror those of Posttraumatic Stress Disorder (PTSD) and can include re-experiencing the traumatic event vicariously as described by the survivor of the trauma.

Figley (1998) suggests that any number of people can suffer from STSD. Family and friends of a traumatized person may experience STSD, as can helping professionals. For Figley (1998), one must be empathically involved with the traumatized person in order to be susceptible to STSD. Research on STSD has suggested that individuals who work with survivors of trauma often experience similar symptoms to those whom they help (Beaton & Murphy, 1995; Figley, 1995, 1999; Hyatt-Burkhart, 2011; Owens, 2011; Wilson & Lindy, 1994). These symptoms can include sleep disturbances, flashbacks, nightmares, anxiety, avoidance, and hyperarousal (Figley, 1999).

The last and most severe type of disturbance counselors face in their roles as helpers results in the form of vicarious traumatization. Vicarious trauma has been explained as a transformation in a trauma worker's core sense of self, resulting from empathic immersion with the survivor's traumatic experience (Perlman & Saakvitne, 1995). Vicarious traumatization is cumulative and permanent and will manifest itself in both the helper's personal and professional lives (Pearlman & Saakvitne, 1995). Vicarious trauma

involves a profound change in the helper's core sense of self. (Pearlman & Saakvitne, 1995). These changes can cause a disruption in one's identity and worldview, the ability to manage emotions, to maintain positive self-esteem, to connect to others, in spirituality, and in existential worldviews.

Vicarious traumatization can also have an impact on the helper's basic needs and mental schema about issues such as safety, self-esteem, trust, dependency, control, and intimacy (Pearlman & Saakvitne, 1995). Individuals suffering from vicarious traumatization are also vulnerable to intense images and other PTSD symptomology. There are two factors that can impact a helper's susceptibility to vicarious traumatization: the nature of the therapy and its context, as well as the characteristics and vulnerabilities of the helper (Pearlman & Saakvitne, 1995).

Why, then, would these costs of caring be important to counselors and those in training? A professional counselor who is projecting on to a client, is burned out, or is experiencing STSD or vicarious traumatization, will not be functioning at the highest level possible. Decreased professional functioning can often have a negative influence on the counseling relationship, and may even reach the point of unethical behavior. The American Counseling Association ([ACA], 2014) *Code of Ethics*, specifically discusses issues of impairment and the importance of self-monitoring and monitoring colleagues for signs of "physical mental, or emotional problems" (p. 9) that may prevent the counselor from functioning effectively. Behavior such as depersonalizing clients or being triggered in to a trauma response by a client could certainly meet the level of impairment as indicated in the *ACA Code of Ethics.*

Mitigating the Costs of Caring: Clinical Supervision

If the costs of caring are as significant as the literature suggests, how then can professional counselors mitigate these risks? This question can be examined through Bronfenbrenner's (1979, 2005) descriptions of risk and protective factors. Bronfenbrenner (1979, 2005) argued that risk factors are events in one's life that may potentially interrupt what would otherwise be normal human development. Conversely, protective factors are those things that can serve to defend a person from the potentially harmful influence of risk factors. The literature suggests that effective clinical supervision may serve as a protective factor against the costs of caring described previously (Figley, 1995; Hyatt-Burkhart, 2011; Maslach, 1982; Owens, 2011; Pearlman & Saakvitne, 1995).

One of the key elements of counseling and counselor education is the process of supervision; supervision allows the supervisee to process client cases, receive effective feedback, and develop a professional identity. The development of a trusting and supportive supervisory relationship is essential in order for the supervisee to feel like a mutual participant in a safe, working alliance. The supervisory relationship has been identified as a key factor in a counselor's successful training and development (Menefee, 2007). There are a myriad of factors that comprise a successful supervisory relationship including: building compatibility and trust, creating a safe environment, and addressing expectations surrounding the role of the counselor. Skovholt and Ronnestad (2003) talk about seven stressors of the novice practitioner; two of the stressors most germane to this discussion include developing the proper balance of involvement in the counseling process as well as realistic goal-setting. Having a supportive supervisor can assist in striking that balance, as well as providing a forum for the novice counselor to reflect on the personal and professional impact that helping work can have on the trainee.

As supervision takes place and the supervisory relationship develops, the topics of wellness and burnout should be addressed. As described previously, burnout and poor self-care can lead to counselor impairment. It is critical that counselors-in-training learn about wellness and the risks of neglecting self-care (Roach & Young, 2007). There is a lack of research on trainee wellness, most notably issues related to how wellness develops or wanes throughout a student's journey in a counseling program. Additionally, there is a dearth of literature examining supervisors' focus on topics of self-care and burnout with trainees (Myers, Mobley, & Booth, 2003). Roach and Young (2007) address similar concerns, examining the role of counselor education programs' admissions criteria and gatekeeping processes related to student wellness. The lack of research in these areas indicates that even though there are known significant risks to both counselor and client, it is not clear if and how counselor educators are assessing, teaching, and guiding students when it comes to the costs of caring.

As the experienced professional in the relationship, a supervisor is responsible for being knowledgeable about the risks of the helping relationship, to teach their students about burnout and related concerns, and to

check in with how students are feeling as they progress through their training. Trainee burnout may begin as early as the practicum experience in the graduate program (Thompson, Frick, & Trice-Black, 2011). One possible reason for such early development of burnout is unrealistic goal-setting (Lambie, 2006; Thompson et al., 2011). Skovholt and Ronnestad (2003) describe these unrealistic goals as "glamorized expectations" (p. 53). Excessively high expectations may manifest in the belief that the new counselor will be able to help every client; this may result in an inability to balance both clients' needs with the trainee's stressors (Skovholt & Ronnestad, 2003; Thompson et al., 2011).

Another potential cause of burnout may be the disproportionate drive and excitement that counselors-in-training and new counselors usually possess (Wicks, 2012). Fitzpatrick and Wright (2005) describe this drive and excitement as a fire that may in turn lead to burnout; they write, "something cannot burn out if there was no fire" (para. 9). This sense of being on fire can often leave new counselors and students feeling disappointed when they are not able to complete every planned task or meet every unrealistic goal, despite how much time and effort was exerted (Lambie, 2006).

Counselor educators can help their students by reminding them of the importance of slowing down and setting realistic goals, which in turn can help trainees stay focused and enthusiastic, to "ensure there are always embers to keep the fire lit" (Wicks, 2012, p. 102). In a recent study, Thompson et al. (2011) examined trainees' perceptions of self-care, burnout, and the supervision practices related to promoting counselor resilience. This study included 14 graduate students in a master's program who were participating in practicum or internship coursework. A Consensual Qualitative Research (CQR) method was used and interviews focused on students' experiences with supervision, burnout, and self-care (Thompson et al., 2011). The findings indicated that successful supervisors modeled appropriate self-care, talked about their own experiences with burnout, and encouraged their students to self-assess and become self-aware. Additionally, specific feedback and positive reinforcement from supervisors were indicated as possible protective factors for trainees. While this study examined burnout specifically, the same conclusions can be drawn for other costs of caring.

The study recommended a number of important factors to assist in mitigating the costs of caring. These included: (a) supervisors' empathy for students, (b) the need to directly address the topics of burnout and self-care in more detail, (c) teaching students specific methods of wellness and self-care, (d) providing detailed feedback about self-care, (e) providing information about coping strategies for stress, and (f) including specific lessons on how to manage an appropriate work-life balance (Thompson et al., 2011). Close to half of the participants reported that their supervisors were having conversations about these issues with them, specific to burnout and self-care. With the many potential risks facing the novice counselor, guidance, support, and modeling from one's supervisor is essential during these beginning stages of training.

Concentrating on Thompson et al.'s (2011) notion of wellness as a mitigating factor, one method supervisors can use to help their trainees is through focusing on the trainee's own stressors, while also guiding the trainee in the process of helping others (Lambie, 2006; Roach & Young, 2007). The purpose of this parallel process is to demonstrate to trainees that they cannot help others if they cannot help themselves. An isomorphic process exists between the two; if counselors are unable to mitigate the costs of caring, their ability to effectively help clients becomes impaired (Baker, 2003). The presence of a wellness model within a counselor education program may be one method of assisting counselors-in-training when learning how to address stressors, while positively influencing student development and building the resilience necessary to become an effective professional counselor and avoid the various costs of caring.

Roach and Young (2007) describe a wellness model that includes three critical elements: self-awareness, self-care, and personal development, which are also indicated as ethical responsibilities of professional counselors in the *ACA Code of Ethics* (ACA, 2014). With a focus on wellness within the counselor education curriculum, students have the opportunity to develop professional identity, self-awareness, and discuss professional demands. In turn, students in these programs have the potential to decrease their risk for burnout, secondary traumatic stress, and other forms of impairment.

In a study conducted by Roach and Young (2007), counseling students' levels of wellness were assessed, comparing wellness levels for students who were in the beginning, middle, or end of their program. Two-hundred and four students attending CACREP accredited programs participated in this study and a five-level, higher order factor wellness model was used to measure the Creative Self, the Coping Self, the Social Self, the Essential Self, and the Physical Self (Roach & Young, 2007). Findings indicated that

although all the students scored higher on Total Wellness, no significant differences were found between the norm group and the experimental group on assessment of the Social Self, the Essential Self, or the Creative Self. It is important to note that there was a significant difference in Total Wellness by students who participated in a wellness course in their academic programs, although it accounted for a small portion of the variance.

While 48% of the students surveyed participated in an academic program that included a course on wellness, counselor education faculty are not clearly evaluating how this participation might impact student wellness (Roach & Young, 2007). The authors emphasize the need for research on how counselor education programs are including these topics into their programs and how students' wellness changes throughout their time in a counseling program. Without the direct supervision and evaluation from a supervisor, counselors-in-training may be at risk for developing an unhealthy work-life balance and may begin to view work as primary means of defining meaning in their lives.

Another potential cause of burnout can occur when trainees define themselves solely through their work as counselors; the results of doing so include unrealistic goal setting, which has been tied to counselor burnout (Skovholt & Ronnestad, 2003). To moderate this, Lambie (2006) developed a supervisory activity that is based on the importance of congruence between the counselor's personal and professional life. Lambie's (2006) subsequent research on the intervention has proven important in examining supervision as a protective factor for burnout prevention. This approach is grounded in humanism, one goal of which is developing congruence between the personal and professional selves. It is posited that this congruence then leads to higher levels of self-acceptance and a decrease in burnout risk.

The study used two supervision groups; one group included four participants with varying levels of professional experience, and the second group included nine participants that were all new counselors. In the sixth week of group supervision, members of the groups were given 20 minutes to write a personal meaningfulness statement, which was described to members as a "personal epitaph" (Lambie, 2006, p. 40). The participants were also asked to identity what causes them the most stress in their lives. Group members then reflected on the congruence between what they wrote in their personal statements and their identified stressors. The most common things that group members identified as meaningful included: family, religion and spirituality, being a good partner and friend, and being a good person (Lambie, 2006). None of the participants identified work as something that was most meaningful to them. Similar stressors between the groups included: work, unrealistic expectations of their work, difficult clients, and work climate.

These findings directly reflect the incongruence that has the potential to cause burnout. Lambie (2006) writes, "This discussion launched a dialogue among the supervisees on how they were trying to achieve balance in their lives…it is interesting that all the supervisees stated that they had never thought about their life values in relation to their stress and happiness in this way" (p. 41). By reflecting on this self-reflection activity, participants were able to realize what is most important to them as compared to where their energy is being expended. The participants identified that the activity helped them to start trying to achieve congruence in their lives (Lambie, 2006). As a result, they were able to identify what gives life meaning as well as reflecting on how they can appropriately balance life meaning with the significance of being a successful counselor.

This study demonstrates how self-reflection in supervision can help counselors and counselors-in-training recognize incongruence. Ward and House (1998) also examined reflexive supervision, arguing that supervision should promote the development of a professional identity and self-awareness through reflection, rather than a singular focus on skill development. A reflective model of supervision may be particularly helpful to students by giving them an opportunity to work with their supervisors on processing broader professional issues. This comprehensive vision of supervision allows for more critical concerns to be addressed, such as how to prevent burnout and practice self-care.

Ward and House's (1998) model of problem-solving and reflective supervision includes four phases: Contextual Orientation, Establishing Trust, Conceptual Development, and Clinical Independence; according to the model the counselor-in-training moves through each of these four phases. Beginning with the Contextual Orientation phase, supervisors help their trainees confront the anxiousness and perfectionism that are common for new counselors, clarify anything that students may not be understanding in their skill development and/or classes, and teach students the importance of ethics. In the Establishing Trust phase, supervisors focus on building trusting relationships with their supervisees, which in turn encourages honest and open self-reflection. The third phase, Conceptual

Development, includes helping students turn their experiences in training into meaningful schemas, that is expanding their specific experiences as trainees in to larger, conceptual frameworks. Through self-reflection and building a trusting relationship with their supervisors, students are able to further develop as a counselor and reach the end goal of Clinical Independence. By reaching this last phase, the supervisee has become comfortable taking risks and is confident when defining a professional identity (Ward & House, 1998). This self-reflective model requires that supervisors help students learn from their training experiences; simultaneously, supervisors must create a trusting environment so that the student can move from seeing oneself as a trainee to a self-image of a capable and competent professional counselor.

It is clear from the literature that more research on the use of supervision to mitigate Figley's (1995) "cost of caring" (p. 10) is necessary. For example, issues of the wellness of counselors-in-training could be further explored, as could the infusion of wellness in to counselor education curricula. Additionally, more attention could be paid to issues of wellness and self-care in the supervisory relationship. Most importantly, a further quantitative study examining the relationship between the costs of caring and supervisory theories, styles, and interventions would be beneficial. As indicated previously, the counseling relationship may prove beneficial for the client, but can often come at a cost for the counselor. These costs can significantly impact the effectiveness of the counselor, and subsequently the outcomes for the client. Ensuring counselors are functioning effectively is not only an ethical imperative, it is also critical to the success of clients in the therapeutic process.

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