Health Services Research and Managerial Epidemiology
Volume 6: 1-9
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DOI: 10.1177/2333392819867017
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Residential Counselors and Self Care: A Retrospective Qualitative Study of Archival Interview Data

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Abstract

Objectives: The purpose of this qualitative inquiry was to understand the barriers related to effective self-care for master's level residential counselors.

Methods: Archival interview transcripts of 77 residential counselors were analyzed utilizing a social constructivist lens to identify perceived barriers to effective self-care. Themes related to levels of self-care influences including individual, supervisory, and organizational barriers to effective self-care emerged.

Results: Results reflected those themes specifically by indicating that counselors can take steps to actively engage in wellness pursuits to promote self-care. Similarly, supervisors and organizations can enhance or impede a counselor's ability to engage in self-care.

Conclusions: Counselors should select work settings that have both supervisory and organizational supports for self-care. This includes encouraging a culture of wellness through support, development, coverage for time off, and other related areas. Implications show that practices and policies are needed to promote effective self-care across individual, supervisory, and agency domains.

Keywords

wellness, self-care, qualitative research, mental health, residential agencies

Turnover is an epidemic for agencies employing mental health workers. Agencies, who provide residential treatment, are at an increased risk of turnover burdens. Recent and historical studies suggest that residential turnover is around 46%.[1-4] Residential treatment center turnover is higher than community based organizational turnover, which ranges from 21% to 35% from varying studies.[1-3] This level of turnover in residential treatment settings influences the well-being of the youth served, the agency's image, and the finances of the organization.[5] Burnout directly contributes to the amount of turnover in the residential service field. The consequences of burnout create the need for effective self-care practices among mental health professionals.[6-12]

With the influences of burnout and work stress being heavily researched, the purpose of this qualitative inquiry was to understand the barriers related to effective self-care for master's level residential counselors. The barriers were defined as the individual, supervisory, and organizational factors, which hindered effective self-care. Residential counselor interviews from a nonprofit agency provided data for the thematic analysis. Emerging themes from the data presented in depth information regarding the barriers related to self-care. Implications indicate that practices and policies need to be in place to promote effective self-care.

Burnout

Burnout is a topic that has been widely studied across a multitude of helping professions.[1-4] Studies report that burnout and secondary traumatic stress lead to issues, such as, ethical

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Submitted June 26, 2019. Revised July 10, 2019. Accepted July 10, 2019.

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behavior impairments. Moreover, professionals providing counseling and psychotherapy will experience occupational hazards of secondary traumatization and burnout.[9] Researchers reported that burnout and secondary trauma create a myriad of symptoms. Some of these symptoms are negative attitudes, irritability, rigidity, increased physical ailments, and other related internal negative psychological states.[1-4] Professionals, who lack social and family involvement, also experience an inability to "care responsibility." Anxiety, substance use, relationship problems, and depression are all conditions associated with burnout and secondary traumatic stress.[1-4] Similarly, counselors who are experiencing these conditions appear bored, miss appointments, arrive late, or lack interest in job-related tasks. Authors report that these symptoms create issues with the quality of care provided to clients and contradict counselors' duties to provide high standards of competence and professional behavior. Moreover, these conditions lead to a lack of competency; which, results in client harm or a lack of overall client welfare.[1-4] These areas are concerning, as they affect clinical care and professional well-being. Additionally, they may contribute to a lack of agency profits and increased turnover. Researchers[9] recommend practicing continual self-reflection and appropriate corrective action in order to remain ethical and provide quality services.

Burnout Across Helping Professionals

Although self-reflection and appropriate action may seem to be simple tasks, counselors and organizations struggle with implementing appropriate corrective action. The Employee Benefits Journal (2002)[10] released an article on worker productivity, which reported that more workers were absent from work due to stress and anxiety than due to any physical illness or injury. Similarly, authors[8] reported that 30% to 50% of physicians experience burnout. Physicians experiencing burnout are more likely to state that they have a poor quality of life, felt that getting work completed was prioritized over work quality, and had overall lower job satisfaction.

In alignment with these studies, researchers[12] state that burnout creates negative emotional experiences on the part of teachers. One researcher[6] stated that burnout reduces school counselors' job satisfaction, quality of services, time with students, and increases feelings of having to "put out fires" continually, and negatively changes their views of the school/work environment. Moreover, burnout burdens are not limited to American professionals, as a study[10] was conducted in Malaysia and identifies that teacher's experience emotional exhaustion, depersonalization, and personal accomplishment issues due to burnout.

Variables Contributing to a Lack of Self-Care

Variables associated with burnout are wide-ranging, as research presents conflicting results and conclusions in regard to which variables significantly lead to burnout repercussions. An empirical study conducted by the Mayo clinic states burnout did not vary across gender, age, length of time at the employer, relational status, parental status, or other demographic factors utilized.[8] However, this study is directly contradicted by another[10] empirical study, which reports the areas of age, marital status, and gender significantly influenced areas of burnout. For example, male teachers were significantly more likely to report emotional exhaustion, depersonalization, and personal accomplishment when compared to female professionals. Additionally, married teachers experienced significantly higher levels of burnout than unmarried counterparts. Older teachers experienced higher levels of burnout compared to their younger counterparts based upon this empirical study.

Self-Care Interventions

Various studies have researched interventions and their effectiveness with addressing burnout. Interventions range from including educational components, which are a part of graduate programs and address self-care, to researchers recommending for yoga to be offered in the work place.[13-17] Research has utilized both quantitative and qualitative methods for studying interventions, which are related to self-care and wellness.[13-20] Moreover, some studies have sampled counseling students, who are enrolled in graduate programs; yet, other studies have utilized working professionals in their samples.

Two researchers[14,15] used graduate students as their sample set. Although both sets of researchers utilized similar populations, the researchers for these 2 studies utilized different types of research to evaluate the effectiveness of self-care among graduate students. For example, researchers[15] constructed an empirical study with an experimental design and reported that meditation increases students' wellness, life satisfaction, and spirituality. The results from their experimental group compared to the control group were significant in these areas. Yet, another researcher1[3] conducted a qualitative study on the perceived wellness and psychological well-being of The Council for Accreditation of Counseling and Related Educational Programs (CACREP) graduate students. Results indicated that physiological well-being positively influenced wellness, and the authors assert that it is important to encourage pursuits related to this area of well-being.

CACREP (2016) has incorporated standards, which are related to wellness and self-care, into graduate counselor programs in an effort to address burnout within the counseling field. However, the influences of this change have yet to be studied. Additional research is needed to determine the results of these updated guidelines being put in place and their corresponding outcomes on the wellness of students.

However, prior to these standards being implemented, one researcher[17] studied counselors in training and investigated their levels of self-care, burnout, and related supervisory practices that lead to increasing counselor resiliency. From this study, it was noted that counselors in training desire more support, understanding, discussion around balancing duties, and increased practice of self-care to be included in graduate programs.

Similarly, research with working professionals has provided implications on interventions to increase self-care.[21,22] The implementation of yoga in the work place and peer support groups are both recommended as interventions to increase wellness and self-care. For example, one study[10] utilized a counseling peer model, which was intended to allow subjects to be "real" when discussing their support needs for self-care. These authors noted that organizational support for peer collaboration is needed to provide meetings and development endeavors between peers in the workplace. Similarly, when an organization implemented yoga as a stress management tool, researchers[16] asserted that the participants showed significant increases in calmness, comfort, and cheerfulness.

With research, evaluating interventions related to self-care, implications for organizations, supervisors, and counselors are provided within the current body of literature on this topic.[13-17] However, more remains to be discovered in regard to the effectiveness of self-care pursuits by counselors. More specifically, gaps in the literature exist regarding what prevents counselors from using these identified interventions and how the 3-level system of responsibility (counselors, supervisors, and organizations) can be useful in increasing effective self-care.

Self-Care Within Nonprofit agencies

Due to increased burnout risks, high turnover rates, and employee dissatisfaction, increased attention has been given to nonprofit agencies over the past few decades.[23-28] From 1990 to 1995 alone, nonprofit sector employment grew by 35%.[24] Much of research has focused on the differences among nonprofit and for profit providers. Some of the differences are noted to include nonprofit workers having increased intrinsic motivation compared to for-profit workers. Subsequently, nonprofit workers are reportedly significantly more satisfied than for-profit workers.[24] With this, information, some may wonder why nonprofit turnover is overall rated as higher than for profit employee turnover.

Research has been completed to evaluate some of the items that play into retention numbers for nonprofits. Qualitative themes that emerged from interviews were related to job security based on funding, grants, as well as, trends related to pay, working conditions, and work-related resources.[26] Moreover, a team of researchers[27] asserted that the organizational culture directly influences employee satisfaction and practices. This study concluded that nonprofit workers have primary duties that overshadow the need to advocate for clients. The authors asserted that many respondents have administrative tasks that deter them from stepping too far outside of their organizational roles. This study presents the importance of the organization and their policy influences on nonprofit social service workers.

A separate study. Charlesworth[25] focused his research on nonprofit human service professionals. However, this author utilizes the lens of government policy and regulations as a driving force in nonprofit wages and overall determining factors for driving nonprofit organizational policies and processes. Based upon this study, funding sources, societal norms, and gender influences may decrease nonprofit wages and compensation resulting in negative influences on overall worker satisfaction, self-care, and the workers' associated wellness.

Another researcher[23] builds on these studies by conducting 32 qualitative interviews with nonprofit social service workers. Of this sample, 75% were female, which supports the gender influences noted in prior studies. From this study, workers overall reported that they felt personally aligned with nonprofits and the overall mission and values of nonprofits. These professionals did report negative factors including a lack of supervision, lack of pay, lack of advocacy, and ongoing crisis as being negative burdens of working in the nonprofit sector. These respondents reported that they'd like to change the overall burnout of the staff, have added training for supervisors, and to develop added leadership capacity.

Separately from this research direction, another researcher[28] classified worker interview responses as they related to the overall work, risk, and mission from nonprofit organizations. From this analysis, vicarious trauma, systemic problems, witnessing, client mistreatment, and high workloads were all reported as distressing to workers.[28] Although increased attention has been given over the past decade and beyond to research on nonprofit social service agencies, more remains to be discovered in regard to the influences that these organizational dynamics have as they relate to counselor wellness, self-care, and the associated retention repercussions.[23-28]

Limitations of Current Research

Limitations of current self-care and wellness research are related to their reliability and validity. Studies researching these variables were not replicated to demonstrate reliability and often did not provide a depth of details, which allowed for true replication by future researchers. Other factors, such as, validity may play a part in the differences noted by researchers. For example, many of these studies utilized set and defined populations, which may not generalize to other populations. Sample differences concerning CACREP versus non-CACREP students, graduate students versus working professionals, and comparing American to international samples exist in the current literature.[13-17] These population differences limit the external validity related to these findings and create a need for additional research. The existing literature identifies variables, which influence burnout and interventions, and buffer burnout. However, specific research focusing on what barriers prevent mental health workers from utilizing these researched interventions across the domains related to individual characteristics and external differences is lacking.

Moreover, appreciative inquiry and other methods have been used by researchers[13-17,29,30] to identify trends related to empathy fatigue and counselor stress. However, deeper exploration is needed related to these trends and their impacts on overall wellness and self-care for counselors.

The Current Study

The current study utilizes a social constructivist lens with grounded theory methodology to address these limitations. Research suggests that social constructivism can be used for a variety of professions.[29] This collaborative style can help professionals work together with their organizations to enact positive changes and helps to promote empowerment, as well as, life balance.

This approach can show current themes, which have emerged from the data in regard to what factors are associated with helping or impeding self-care. This provides added depth into this phenomenon and also helps to identify more specific targets that may help to promote wellness based on this feedback. Addressing these issues is needed due to trends from research asserting that counselors experience stress and anxiety as part of the mental health field.[29]

Based upon the reviewed literary findings, the research questions that will be examined are as follows: What factors help to promote wellness and self-care in a residential treatment setting? What factors hinder self-care in a residential treatment setting? What themes emerge from residential counselors' self-care discussions?

Methods

Data were obtained from a nonprofit residential agency. A data permission letter was provided by the agency in order to allow the researcher to utilize data from program evaluations.

The population of interest included 77 nonprofit residential counselors who participated in a program evaluation. These participants were primarily female. Eight-nine percent of counselors identified as female and 11% identified as male. Age ranges varied from 23.5 to 62 years old. The mode age was 26. Ethnicity varied also, as less than 1% of counselors identified as Asian, 3% identified as having 2 or more races, 4% identified as Hispanic or Latino, 60% identified as white/Caucasian, and 32.5% identified as black/African American. Seniority varied greatly, as the least senior counselor had been employed 1 month and the most senior person had been employed 28.9 months. Data were initially collected by utilizing interviews. Participants were recruited via e-mail by a researcher asking each counselor to schedule a time to meet for their program evaluation interview. All counselors for each program completed this interview for their campus evaluation. In total, 9 programs were visited, and 77 counselors were interviewed. All counselors were employed in the nonprofit sector at the time of this interview. Some counselors may have had secondary employment in other sectors, but this study did not collect data regarding these individual differences related to this area. All participants held a master's degree in social services fields. These degrees included counseling, social work, counseling psychology, and other-related fields. These counselors worked in programs in the southeastern and northeastern regions of the United States. Counselors were informed of the purpose of the interview and were also notified of measures put in place to ensure the confidentially of all feedback provided. For example, the lead reviewer deidentified all interview information prior to creating evaluation reports, which were provided to program leadership at the agency. The researcher was provided with deidentified data responses and submitted an internal review board (IRB) application. Due to the data being deidentified and an archival program evaluation, the internal review committee reported that an IRB was not needed.

The reviews utilized for this research were over 2 years old to further protect any respondent answers from potential repercussions. This time frame was established, as within the 2-year period, many agency counselors had moved to other positions or programs. This further protected subject anonymity and helped to mitigate the potential risks associated with any agency repercussions.

Interview data were collected by master's level licensed clinical interviewers (licensed: counselors, social workers, and marriage/family therapists). All interviewers utilized a semi-structured interview format and were trained by a lead reviewer on the interview prompts. Each reviewer received one training on the discussion questions and review items. After the training, the reviewers had the opportunity to ask question and receive clarification on the education and interview items provided. After the interviews were conducted, the lead reviewer edited all feedback and worked with other reviewers to ensure consistency of detail was provided across all interview entries. All interviewers had residential experience (over 2 years of experience at the time of the interview). Interviewers did not work in the programs, in which they conducted interviews. For example, if an interview worked in program one, they were not assigned to conduct interviews for that program. All interviewers entered information from their observations and interview notes into an excel file. The lead reviewer then edited this feedback and removed identifying information, to deidentify interviewees.

Grounded theory was used to analyze the staff interview responses.[31] The researcher reviewed all responses and coded the data into categories based on emerging themes. From the themes provided, the researcher developed results and implications for counselors, supervisors, and agencies.

Deidentified data were provided to the researcher for analysis. The program evaluation originally encompassed multiple data collection measures including interviews, questionnaires, documentation reviewers, and observations. For the purpose of this study, only interview feedback from counselors, who were asked to discuss self-care were utilized. This prompt was left open to allow for interviewer and interviewee to have open dialogue and collaboration around this topic.

Interviewers asked all interviewees semistructured interview questions by providing a standard prompt to counselors and then asking the counselor to discuss that prompt. Some reviewers had slight variations in this dialogue, as some interviewers would start with "can you tell me about . . . " or "what do you think about . . . ". Sample prompts utilized include "support of supervisor," "quality of consultation," "physical and emotional energy," and "self-care." Interviewers were able

to follow-up with additional questions based on the responses provided and able to engage in dialogue with participants to foster a depth of data.

Results

Data presented categories that the researcher named the 3-tier system of responsibility (counselor, supervisor, organization), as items presented in interviewee feedback corresponded to these themes. Other emerging themes included into these tiers were related to prosocial activities and work roles that appeared to influence self-care. For the research questions of *what hinders, promotes, and what themes emerge regarding self-care*, interviewee responses indirectly asserted that job roles, personal activity engagement, and the level of organizational and managerial support greatly influenced self-care. With respect to these consequences, counselor responses appeared to demonstrate that the levels of supervisor and organizational support, as well as, job roles can either negatively or positively relate to self-care.

From the first tier of counselor responsibly, counselors reported activities that they engage in to promote self-care. One counselor reported that "I take breaks to walk around or vent to another counselor. Sometimes I can play songs in the counselor area to help self-care." Another counselor reported that "I go to my office to self-care and take a minute if I need it." Other subthemes for this tier included responses related to spending time with family, friends, and engaging in activities/hobbies that the counselor enjoys, as evidenced by feedback stating "I like to hang out with friends and take walks," "I like to separate work and home to help balance me," "I am able to read books and hike for self-care," and "I think we are encouraged to take vacations here." These responses appeared to stem from individual differences related to what each counselor views as helpful in fostering self-care and present varying considerations for self-care pursuits.

In alignment with individual difference factors, many counselors reported that leadership affects their level of self-care. Counselors' feedback indicated that leadership support can affect self-care in both positive and negative ways. Negative consequences were associated with feedback related to: "The roles of leadership and positions are very poorly defined causing counselors to do all the extra work or it doesn't get done. Recently, this has suffered due to roles not being clear and us picking up more work with less leadership. My leadership is burnt out, so they can't help me self-care." In contrast, other counselors reported feedback, such as, "my clinical manager is supportive and encourages us to take time off." One counselor noted that "I also self-care by processing with my manager, that helps."

Similar to supervisor support, some counselors also mentioned teamwork as influential to self-care: "I think having a good team helps me to self-care, I know when I leave my staff can handle issues. I also think my team communicating helps self-care, because issues don't blow up later—we can be more proactive which is better." This team approach appears to be a subtheme in between the supervisor and organizational tiers of self-care categories. Some counselors reported not having "coverage" for time off, which caused to them feeling "guilty" about taking time off. This was reported for programs with managers, who assigned case coverage to other team members. Counselors reported that this discourages taking time off, as they did not want to give their coworkers additional work. This feedback was only present for some counselors on certain teams, indicating that the manager/supervisor greatly influenced this assignment for coverage and associated process.

From the third tier of organizational responsibility, counselors outlined feedback primarily related to processes and policies that relate to their self-care, for example, one counselor reported, "We need prn to help with coverage, so we can take time off." Another counselor outlined agency suggestions for self-care support "This is really tough if you have a family and have late hours. Plus, many of us have a 1-hour commute. Less documentation would greatly help this." Another idea presented is related to retention considerations and growth opportunities, "I think we can work on this by helping to motivate more counselors to stay. Many counselors leave, as there are no incentives to stay. Senior counselors, who want to stay clinical and not take on administrative roles don't have much opportunity for increases or extra growth in the company. Sometimes it seems as though the company is systematically set up to train new counselors and not keep them. Some counselors quit sooner than they would otherwise, since they have to pay for supervision hours—they'd have to pay back more if they stay longer." Other feedback was more related to agency provided activities that promote or hinder self-care: "Yoga and Zumba should be free. We should have more free self-care encouraged. I do try to take vacations etc to self-care, yet coverage is a struggle with so much work."

With regard to the additional emerging themes related to work roles and prosocial activities, counselors reported that having hobbies and outside of work activities is helpful, counselor described activities of "exercise, having friends away from work, and having a good support network within work" as the most common forms of self-care. Some counselors provided specific activities, such as, "I like to ride horses." in their feedback on how they self-care.

Related to the research question of *what hinders self-care*, some counselors discussed a range of presenting problems and overall group considerations beyond the 3-tier system of categories that influence self-care. One example of such reports was feedback stating that, "sometimes it can be difficult with such a wide range of developmental levels." A suggestion from this counselor was to possibly try separating the group to smaller, more compatible developmental levels/ages. Added clinical concerns related to trauma work/vicarious trauma were also reported to burden self-care, "self-care is encouraged but difficult to do, especially when I have several youth in the trauma narrative at the same time." Job functions also reportedly influenced work stress and self-care, as evidenced by feedback that "There is so much paperwork and case management that the job often spills over into home time."

In regard to the research question *of what helps to promote self-care*, the 3-tiered category system provided evidence that positive supervisor support, team support, agency support, and individual activities all aid in promoting self-care practices. It was noted that these considerations can also hinder self-care if these factors, such as, supervisor support are considered negative or relatively low.

What themes emerge when *residential counselors are asked about self-care*? Many themes emerged regarding self-care based upon counselor location, counselor individual differences, and team dynamics. Trends related to leadership changes and program dynamics were present in responses, a counselor reported that there have been "numerous leadership changes over the years" including consultants and managers, which has led to a lack of self-care among the team. Some counselors identified that interventions targeted to help with self-care have the opposite of the intended consequence, "We do potlucks for self-care, but that's so stressful and frustrates us more—we have to worry about what to make and sign up for etc when we are already swamped." This supports the individual differences contribute to self-care, as this varies from counselor to counselor.

Limitations

Although this method allowed for maximum information to be obtained and coded, this design also had limitations. A convenience sample of nonprofit agency residential counselors was utilized. The self-report interviews from a set and defined sample limit the transferability of these findings to other populations. These were master's level therapists, who received weekly supervision from a licensed clinician and all participants were working toward licensure (receiving supervision, following appropriate state standards, and meeting all job requirements/expectations). All participants were required to complete an interview for their program evaluation, and all interviewees worked at residential facilities.

Furthermore, the coding of the data into themes relied heavily on the researcher to accurately and fully group responses into the themes. At times, the coded themes may not have accurately conveyed the interviewees' perspectives and could instead have reflected researcher bias. This potential bias was from the researcher's theoretical lens and perspective.

Implications

Counselors, managers, and agencies can utilize these results to best address the overall wellness and self-care pursuits of counselors. Such pursuits may help to mitigate the risks of consequences on ethical behaviors, burnout, and retention. These implications can be utilized across an array of mental health settings, as research has indicated that these core professional concerns arise across a multitude of providers.

Individually, residential counselors can benefit from these results by developing a clear plan to monitor and address self-care needs, such as, taking time off, being aware of their stress symptoms, making time for reflection, and adjusting their self-care regularly. Prioritizing personal events, having supports in place, engaging in hobbies, or other related community activities, and having a dedicated space to take a break when needed may also prove beneficial. Moreover, many counselors reported that strong relationships with their team their supervisor, or other staff have been helpful for their personal wellness. This is reportedly due to these relationships buffering job-related stress. Counselors may want to assess the fit between themselves and potential teammates, supervisors and program staff when looking at counseling positions. Additionally, counselors mentioned that being able to take vacations as needed helped contribute to wellness, while some counselors reported that a lack of coverage hindered their ability to self-care and take time off as needed. Counselors may also want to inquire about vacation policies and ask about program policies related to coverage for time off to ensure adequate assistance will be in place to promote self-care by taking time off.

Similarly, supervisors and managers may find value in creating opportunities for counselors to decompress, building strong team relationships, and creating a culture which values and appreciates wellness pursuits. Supervisors can by having an open-door policy, checking in regularly staff members, and by modeling well-being. Similar to this, some counselors reported that they get support when "I ask for it," mangers can use this feedback to take a more proactive approach in order to support staff by checking in with staff versus having staff take the initiate to reach out for help. Some counselors also mentioned that it was helpful to have upper leadership in some of their regular meetings, as this showed them support. They reported that this helps to show ongoing support versus only seeing upper leadership when an issue occurs. By leaders being present for regular meetings, providing ongoing check-ins and development, supervisors can show their employees that they are supportive of them and are on their side. This helps to create a culture of openness and collaboration. Having an approachable supervisor, who engages in open communication with the team also aids in fostering approachability and transparency, which can create trust among the team and its' leaderships.

To further support counselors, managers can provide added supports to counselors, who have a high caseload of intensive case needs. For example, some counselors reported that certain cases require added time, energy, and resources to aid in locating placement options for clients, treating complex and chronic trauma, and meeting the treatment needs of clients with needs above and beyond what the program typically provides. Counselors reported that mangers can help with case management needs for these high needs cases and encourage healthy boundaries, which promotes overall wellness. Supervisors may want to schedule in time to assist counselors with intensive cases and also utilize the team to help load share as appropriate.

In alignment with this, managers and supervisors will need to prioritize their own self-care and wellness to model this for staff and to adequately be available for staff. One counselor reported that their manager was burnt out and unable to help counselors self-care. Other counselors reported that their

leaders demonstrated healthy boundaries and helped to foster a culture of self-care. Managers will need to ensure their own wellness needs are met in order to support counselors in their own self-care pursuits.

Adding to the supervisory implications, agencies can also utilize this information to assist staff engage in regular self-care. They can do so by providing paid time off and funds to support coverage for time off, exercise classes, space for staff to take breaks as needed, and a budget for team outings. Organizations should also seek to be transparent, as this decreases an “us versus them” mentality and increases a team focused perspective. In alignment with these strategies, agencies can ensure policies and procedures support wellness, encourage leaders to acknowledge the good work that employees do, and also obtain worker feedback.

In alignment with counselor feedback regarding supervisors and self-care, organizations will need to take an active stance on prompting managers and supervisors, who help their employees to increase their own self-care. With feedback reporting that supervisors can strongly encourage or hinder self-care, who agencies promote to supervisory positions becomes significantly important in regard to creating a culture of wellness. The selections of supervisory staff and the perception of overall support are important for agency areas such as retention as well. For example, it is possible that the less likely counselors are to be burnt out by a job then the more likely they may be to stay in that role. This would help to increase retention and seniority among counselors. With retention being a major struggle for nonprofits across the United Sates, agencies may benefit from using this lens of a retention and wellness focus when making decisions about who to promote into leadership roles.

Closely related to manager selection and development is the influence of leadership changes on staff. Some counselors reported that leadership changes especially repetitive changes decreased the overall climate of self-care within programs. With this in mind, agencies will need to assess how long leaders will stay in leadership roles. To do so, agencies may need to not only assess the supervisor’s intent to stay in their leadership role but also assess other factors that may contribute to leadership changes. These factors may include personal factors (living situations, relocation of spouses for work, family dynamics that may lead to relocation), competence and skills for the role (carefully evaluating if the person is able to perform the leadership role for a long duration of time), and personality factors that may impede the manager’s own ability to self-care and promote a culture of wellness. A few counselors reported that receiving encouragement from their leaders helped them to feel supported. Agencies can integrate this feedback by assessing for personality traits that demonstrate positive, proactive, and overall approachability to best select leaders, who buffer counselor stress.

On the other hand, some programmatic issues were reported as being highly influential in hindering self-care. One such concern reported by counselors is related to programs serving a wide range of developmental levels and ages in one group setting. Programs may be able to utilize this feedback to create policies and procedures that separate clients based on their age, developmental need, and referral behaviors. By doing so, agency staff are able to become specialized in working with that specific group and are more able to implement clinical protocols for those clients without having to find resources and materials that fit large ranges of needs. This may decrease the amount of time counselors reported spending with adapting materials for multiple different groups within one program.

Added practical concerns reported by counselors were related to having multiple youth in trauma therapy at the same time. Some counselors reported that supervision and consultation could help to buffer these concerns of high-stress clinical work. For example, receiving supervision for cases actively in trauma work and receiving consultation on these cases was noted to help relieve some of the added stress associated with this. Counselors also reported that outings helped to build teamwork and helped to foster strong relationships, which aid counselors in being able to manage more difficult and challenging cases without feeling burnout. Agencies can budget funds that allow teams to have outings, team builders, and encourage strong team relationships to address these counselors concerns. Agencies also need to ensure that consultation and supervision are provided to manage the emotional burnout risks from trauma work and promote management of potential secondary traumatization. This can aid counselors in achieving overall wellness and also aids in monitoring the effectiveness of services provided to clients. To effectively address counselor self-care and mitigate the risks associated with a lack of self-care, agencies, supervisors, and counselors will need to communicate with each other and collaboratively identify solutions to the implementation of self-care practices. Collaboration may be key to helping counselors and organizations reach a healthy balance between counselor stress and meeting the demands associated with mental health treatment. Utilizing a team approach allows all parties to voice their concerns and actively engage in addressing areas of need within the organization. By increasing counselor self-care and wellness, agencies and counselors can buffer the negative repercussions of burnout.

Suggestions for Future Research

Future researchers could utilize mixed methods to better understand concepts related to counselor self-care and wellness. For example, the themes of supervisor support, team collaboration and support, agency support, and individual factors could be turned into questionnaires that gather more in-depth information regarding the struggles and progress related to counselor self-care and wellness. Similarly, researchers could have counselors take a burnout inventory assessment and then match participant scores to behaviors and environments which facilitate or impede counselor self-care. A mixed-methods approach could help explain how these reported supports and impediments to wellness influence the counselors’ level of burnout. To add to this study, researchers could provide outcome data from clients (overall agency success rates and details on

outcome measures) to identify the consequences of burnout ratings on client care.

Exploring interventions which target the promotion and implementation of self-care pursuits across each of the 3 tiers of responsibility identified in this study could be beneficial. Intervention studies may provide an increased understanding of how the quality of care provided to clients, staff retention, and overall employee wellness is influenced. Including feedback from supervisors, agencies, or other observers in addition to counselor self-report might enhance the transferability of this study's findings.

Research has provided examples of work roles, duties, and associated factors that contribute to or hinder overall wellness.[13–17] Additionally, research has suggested that agencies, supervisors, and counselors have responsibility in regard to the promotion and implementation of self-care and wellness. Collaboration from all levels of agency staff is necessary to effectively address the pursuit of wellness. With effective problem-solving among agency staff, counselor self-care is possible.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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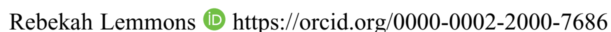
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