Counselor Burnout: Recognizing Signs and Finding Relief

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HIV antibody test counselors have performed extraordinary work over the past 15 years. While many aspects of that work have changed, one constant is the fact that test counseling can take a toll on the well-being of a counselor, leaving a counselor feeling “burned out.”

Burnout refers to feelings of being worn out, either emotionally or physically, especially as a result of long-term stress. Burnout can occur in any profession, but it is particularly prevalent among those in the helping professions, where providers expend a great deal of emotional energy to empathically work with others. While burnout often occurs as the result of long-term stress, for instance, after several years of counseling, it can occur at any time; counselors in their first year of work are particularly vulnerable because their professional coping skills may be less developed.

This issue of the FOCUS Supplement explores burnout and its effect on test counselors. This article identifies signs of burnout, factors that affect burnout, and ways counselors can respond to burnout, or, ideally, prevent it from occurring in the first place.

The Changing Face of Burnout

While the fact of burnout among test counselors has remained constant throughout the epidemic, some of the factors related to it have changed. When testing began in 1985, receiving an HIV-positive result was considered a death sentence. At that time, the stigma surrounding HIV infection was especially strong, and few services were available for clients. In some counseling and testing programs, as many as one in three clients tested seropositive, and regardless of serostatus, client anxiety was high, and counselors had little precedent to know what to expect next in their work. Any of these factors might have led to burnout.

Following treatment advances in the 1990s, the implications of an HIV-positive test result has changed, and some of the despair associated with the work has been mitigated by the hope of treatment success. But HIV remains a life-threatening disease, and a great deal of the HIV counselor’s work is with clients for whom issues of behavior change and risk reduction are particularly complex. At the same time, communities and individuals are responding to HIV disease with less urgency, placing less value on the efforts of people performing HIV work, and overlooking issues of grief and multiple loss.

In the early years of the epidemic, many counselors found camaraderie with peers as they faced the epidemic’s horror; today, that camaraderie has diminished, and counselors may feel more isolated as they face difficult feelings that arise when working with people with HIV and those affected by the epidemic.

Changes in community attitudes toward HIV have been reflected in changes in the attitudes of counselors themselves. In the early days of the epidemic, counselors improvised as they went along, discovering the epidemic and its challenges and developing responses to what seemed unprecedented. Their work was fueled as much by passion as it was by experience, as much in response to an emergency as it was in search of professional fulfillment. Today, that passion has not disappeared, but it has been joined by other motivations; counselors increasingly come to HIV work seeking the professional experience it offers. It is notable that neither passion nor equanimity necessarily affects burnout. In some cases, a high level of passion can lead more quickly to burnout; in other cases, it may keep burnout at bay.
How Burnout Affects Counselors

Scenarios of burnout differ from one counselor to the next. For one counselor, giving more than 10,000 HIV test results, including at least 1,000 seropositive results, led to feeling exhausted and ready to quit. For another, who began test counseling after her brother died of AIDS, the “lack of concern” many HIV-negative people have about the possibility of being infected left her with little interest in her work. One counselor described feeling overwhelmed by the complexity of behavior change: “I didn’t realize how difficult it can be for clients to change unsafe behaviors,” this counselor said. “Even with training and supervision, I feel so powerless, and so unable to help. I feel frustrated at my limitations.”

Sometimes burnout is invisible to its subject: one veteran test counselor had become a poor role model for younger staff, and some of her clients complained to her supervisor that she appeared to not care about them. Indeed, her risk assessment sessions with clients often lasted less than five minutes, regardless of her clients’ concerns. In meetings with her supervisor, the counselor did not consider these facts about her performance to be a problem.

Factors that cause burnout also differ. Among these factors are poorly defined or poorly maintained limits and boundaries with clients, a need for skills or training to perform client-centered counseling, exaggerated expectations of oneself, repetition in job duties, stagnation in a position, accumulation of stress, an absence of a supervision environment to deal with work challenges, poor monetary compensation (for those who work for pay), feeling unappreciated, a lack of personal interests, a need for personal or professional support, and an absence of meaning or importance of a person’s work.3,4

Researchers report that burnout related to health services can be caused by specific situations, such as being in emotionally demanding interactions, being confronted with chronic illness, dying, and death, and working with clients who face numerous challenges. In work settings in general, factors that can lead to burnout include constraining work conditions, time pressures, daily hassles, lack of feedback, and having vague criteria for success.1 Counselors may be vulnerable to burnout if they tend to be extreme in their work styles. For instance, counselors who are overly empathic can become particularly drained by counseling. In response, these counselors may become more empathic or may eventually go to the other extreme and display little or no empathy for clients.

Difficulties detaching from a client’s struggles—and the fact that test counselors must accept a limited role in assisting clients—can also induce burnout. A client’s circumstances may seem so compelling to a counselor that after a counseling shift, the counselor continues to think and worry about the client. Counselors may be particularly susceptible to this occurrence when the client’s experience is not unlike their own and they “over-identify” with the client. Sometimes a counselor may repeatedly review a difficult session and how he or she could have changed its direction. Reviewing a session can be helpful; allowing it to overly intrude can lead to burnout.

Signs of Burnout

Burnout becomes apparent through changes in behaviors or feelings. Signs may include being less able to counsel in a client-centered fashion, engaging in exceptionally short or long counseling sessions, expressing less interest in clients, and feeling disinterested, distracted, or depressed.5

A requisite of test counseling is being able to remain focused on the client as an individual, tailoring the session and its priorities to each client’s unique circum-

The Final Supplement

This is the final issue of the FOCUS Supplement on HIV Antibody Test Counseling, which has been published for more than 10 years by the UCSF AIDS Health Project, with funding from the California Department of Health Services, Office of AIDS. We will use the resources that supported the Supplement to enhance our other publications and training programs. We thank the Office of AIDS for its ongoing support. And, we thank you, the counselors doing the work on the front lines, for your incredible contribution to the efforts to stem the epidemic; we plan to remain at your side.
When experiencing burnout, however, counselors may allow their own priorities to define the interaction with clients. For instance, a counselor may focus on completing the risk assessment form at the expense of a client’s concerns about getting HIV through casual contact.

Burnout may become apparent in the amount of time a counselor spends in a session. Counselors experiencing burnout are likely to abbreviate their sessions, and may believe they have covered all the relevant topics even when they have not done so. Counselors may also lengthen their sessions. The presence of short or long sessions does not in and of itself signify burnout, but it may be a clue.

Burnout may also manifest as decreased interest in clients. Counselors may find themselves judging clients more than empathizing with them, feeling boredom as they listen to clients, or daydreaming during sessions. Counselors may betray such a lack of interest to clients by being impatient or reluctant to get into the “nitty gritty” of HIV-related risk. Counselors who are burned out may say the same thing in the same way to a wide range of different clients. In addition, burnout may display itself as anger or disappointment with coworkers, supervisors, the counseling and testing program or agency, and funding sources. For instance, counselors who were previously satisfied with their work may complain about their work responsibilities, even if conditions and assignments have remained the same.

Counselors experiencing burnout often find themselves becoming rigid and resistant to change, both regarding the structure of test counseling sessions and relationships with colleagues. Counselors may find that they feel increasingly “entitled,” for instance, believing that they should be allowed to choose which clients they will see or not see. Counselors may no longer look forward to their counseling work or they may increasingly be absent for work.

Burnout induced by test counseling sessions can extend to experiences beyond the test site. For instance, counselors may become depressed, lose their sense of humor, show physical signs of distress such as headaches or diminished energy, or increase alcohol or other drug use.

References
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Treatment: Responding to Burnout
The best approach to dealing with burnout is to remain vigilant of its early signs, to heed these as an indicator that change is necessary, and to then make changes. Many strategies for dealing with burnout can also be used to prevent it from occurring in the first place.

Setting and Keeping Boundaries. Although it can take practice to achieve, it is healthier for counselors to leave a client’s problems at the end of a session. It is critical for counselors to set emotional boundaries that allow them not only to exercise the empathic nature of their work but also to protect themselves from the emotional overinvolvement that may arise from taking on a client’s pain. It may be necessary for counselors to devise mental reminders that reinforce separation and boundaries throughout the session. For instance, when a counselor discloses personal information that he or she ordinarily does not disclose, the counselor should notice this and consider that it might be a sign of difficulty or exposure to burnout.

Taking a Break. Taking breaks between test counseling sessions allows counselors to acknowledge the enormity of the test counseling experience, and to recognize, and perhaps resolve, some of the feelings that may have arisen as a result of a session. Feelings, such as anger toward a client, oneself, or society, are not appropriate for counselors to express during sessions, but ignoring such feelings can undermine counseling, cause or exacerbate stress, and lead to burnout. Breaks may include personal reflection in a quiet place at the test site, or leaving an office for fresh air or even a walk.

In addition to breaks between sessions, counselors may benefit from scheduling time off work. While taking more time off from work than usual can be a sign of burnout, taking some time off can also be a way to prevent or deal with burnout. Time away from work can give a counselor a break from burnout-causing routines and can expand the context of life beyond working. Ideally, time away from work should be relaxing and not laden with responsibilities or expectations. Counselors may enjoy planning an outing or even an extended vacation. Depending on the severity of a person’s burnout, leave-taking may need to extend for periods of time longer than routine vacations, and sometimes indefinitely.

Counselors should seek separate professional, personal, and “play” lives, and nurture interests outside of their work and outside of helping people. Counselors sometimes feel they want to, or even need to, spend “free time” learning about the epidemic. This can be valuable, but it can also make it impossible to escape from thoughts of work. Counselors who seek to
get away from such habits may feel guilty about avoiding television reports about the epidemic, seeing it as his or her personal responsibility to stay abreast of HIV-related information. Getting away from thoughts of the epidemic can be particularly difficult for a counselor whose personal life is strongly affected by HIV, either because of his or her own infection or the infection of friends or family members. Experiences beyond the epidemic are particularly important for these people.

*Assessing the Role of Work.* Sometimes counselors have unrealistic expectations about their work with clients, and they can benefit from an assessment of the role of their work in their lives. By discussing expectations with colleagues, friends, or supervisors, counselors can assess these expectations and gain new perspectives on their work.

By taking a personal “inventory” of their lives, some counselors may find that they place too much emphasis on their work and neglect other aspects that might fulfill them. This assessment may also help counselors to recognize what is most important to them about their work, for example, working intimately with a diverse group of people to help prevent HIV infection, discussing areas of life that most people would rather not discuss, and being on the front lines of the epidemic. A self-assessment may affirm for counselors the value of their work; or it may lead counselors to reconsider their careers or the role of work in their lives.

*Communicating with Supervisors, Colleagues, and Others.* Counselors may view it as a weakness to disclose their struggles to supervisors, but under the best circumstances, supervision sessions are the ideal environment in which to discuss concerns about burnout. Supervisors may be able to implement changes that might reduce stress and reinvigorate counselors. Supervisors should make sure that counselors have opportunities to express problems with emotional overload and workload adjustments, and supervisors should make sure that emotional support of counselors is not a “reward,” but an integral part of counseling work.

*Developing Coping Strategies and Honoring Feelings.* Counselors should learn to recognize and express or otherwise resolve feelings of grief, anger, or sadness. Counselors may do this by undertaking personal psychotherapy, engaging in rituals, or remembering anniversaries. For example, counselors at a test site might make a ritual of remembering each other's birthdays or employment start dates, or the anniversary of the death of a former colleague. Counselors can use their feelings to spur their commitment to work. For instance, early in the epidemic, outrage fueled the activism that secured treatment and social services. Today, healthy ways to express feelings may include creative expression or political work, or tasks as simple as cleaning one’s home or car, exercising, or getting rid of old belongings.

Counselors should be particularly attentive about how they are handling the most difficult emotional pieces of their work, and focus on dealing with these feelings in ways that bring relief. Counselors may benefit from participating in support groups or spiritual or religious rituals. They may find creative outlets—for instance, through drawing or dancing—to express those aspects of the work that are heavy or stressful. One counselor conscientiously writes about stressful sessions each day before leaving his work site; by doing this, he is able to leave the stress of his job behind in the journal. Other stress management approaches such as relaxing in a quiet environment or using stress-reduction mental imagery techniques can be useful.

*Spending Time with Colleagues.* Sometimes, being with colleagues in any setting may feel no different from being at work in a counseling session, but it can be useful to be sensitive to the enjoyment of time with co-workers. Such experiences can make work more satisfying, and evoke a spirit of unity, rather than the isolation that may mark individual counseling sessions. Activities that may encourage alliance include staff retreats with an emphasis on fun and “light” activities and end-of-shift social periods.

*Conclusion.* Counselor awareness is the key to preventing and managing burnout. First, counselors should seek to be aware of burnout, its effects, and various ways to manage it. Second, they should remain cognizant of how they respond to clients and to their work responsibilities. Without such awareness, a counselor may be more likely to suffer the effects of burnout and to stifle feelings related to it. Beyond counselor awareness, it is important for supervisors to watch for signs of burnout among staff, to make discussions of burnout a part of supervision with counselors, to bring empathy to such discussions, and to consider appropriate interventions.
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