

COUNSELOR IMPAIRMENT

BURNOUT

An area receiving increasing attention is that of burnout and compassion fatigue. The consequences of burnout and compassion fatigue (or any other form of professional impairment) include the risk of malpractice action. Results from the effects of day-to-day annoyances, overburdened workloads, crisis, and other stressors in the work place; burnout and compassion fatigue can be serious and considered similar in many ways to Acute Stress and Post-Traumatic Stress Disorder.

Burnout: It is a "breakdown of psychological defenses that workers use to adapt and cope with intense job-related stressors and syndrome in which a worker feels emotionally exhausted or fatigued, withdrawn emotionally from clients, and where there is a perception of diminishment of achievements or accomplishments." Burnout occurs when gradual exposure to job strain leads to an erosion of idealism with little hope of resolving a situation.

In other words, when mental health counselors experience burnout:

- Their coping skills are weakened
- They are emotionally and physically drained
- They feel that what they do does not matter anymore
- They feel a loss of control
- They are overwhelmed

COMPASSION FATIGUE: A newer definition of worker fatigue was introduced late in the last century by social researchers who studied workers who helped trauma survivors. This type of worker fatigue became known as Compassion Fatigue or Secondary Traumatic Stress (STS). Mental health practitioners acquire Compassion Fatigue or STS as a result of helping or wanting to help a suffering person in crisis. As a result, they often feel worthless and their thinking can become irrational. For example, they may begin to irrationally believe that they could have prevented someone from dying from a drug overdose.

Burnout is gradually acquired over time and recovery can be somewhat gradual. Compassion Fatigue surfaces rapidly and diminishes more quickly. Both conditions can share symptoms such as emotional exhaustion, sleep disturbance, or irritability. Ongoing supervision is the counselor's best defense.

Dealing with Burnout and Compassion Fatigue: A professional mental health counselor can take steps to increase her or his ability to cope and achieve balance in life. Maintaining a healthy lifestyle balance and recognizing the signs of burnout and compassion fatigue are one thing: the responsible mental health clinician will also take action, such as a vacation break or change in schedule or job duties. Counselors also need to not only be aware of the signs and symptoms of burnout and compassion fatigue, but more importantly the situations that may set the stage for their occurrence.

Measures to help prevent burnout or compassion fatigue:

Listen to the concerns of colleagues, family, and friends

- Conduct periodic self-assessments
- Take needed "mental health days" and use stress-reduction techniques
- Arrange for reassignment at work, take leave, and seek appropriate professional help as needed

COUNSELOR IMPAIRMENT

Impairment

- Clinicians should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

Clinicians whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients (patients) and others.

Personal Problems and Conflicts

- Clinicians refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

IMPAIRMENT OF COLLEAGUES

- Counselors who have direct knowledge of a counseling colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice's effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.
- Counselors who believe that a counseling colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, licensing and regulatory bodies, and other professional organizations.

CAVEAT: Generally, each state has an oversight or governing agency where counselors can make reports and or access complaint forms. They can differ in complaint procedure and action. Nationally, The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) conducts investigations. Professional associations monitor membership and usually

have established protocols to investigate complaints as well. These oversight or governing entities gather and analyze complaints, and determine probable cause and disciplinary action. If a complaint is determined to be a possible violation of law it will be investigated by a legal designate.

ASSIGNMENT (Self-reflection and/or Group Discussion)

Think of a situation from your past or conceptualize one that's an example of colleague impairment? (You can also web search these key words: counselor impairment case example)

If you were the counselor in the situation, how would you approach your colleague?

What would you do if the situation were unable to be resolved?