Factors Influencing 'Burn-Out' In Newly-Qualified Counsellors and Psychotherapists: A Cross-Cultural, Critical Review of the Literature.

ABSTRACT

Mental health problems have been established as one of the leading causes of the global burden of disease. Approximately a quarter of all people worldwide will experience a mental disorder during their lifetime. With depression and anxiety becoming the leading causes of mental ill health globally, the numbers of people reporting mental health complaints are set to grow. The dramatic increase in reporting and diagnosis of mental health disorders has been in parallel to a decline in the ability to cope with mental health symptoms and a rise in the incidence of self-harm and suicidal ideation. Whilst mental health assessment and diagnoses are usually the responsibility of general practitioners (family doctors) or psychiatrists, the frontline provision of mental health care is often delegated to counsellors and psychotherapists. Publicly funded counselling and psychotherapy services vary across the globe, but are commonly under-resourced and lacking in adequate funding. This may lead to insufficient clinical supervision and compressed time to complete continuing professional development, which are both vital for new counsellors and psychotherapists to feel confident in providing care, and to learn new skills. Newly-qualified counsellors and psychotherapists may also experience emotional, physical, and mental exhaustion or 'burn-out'. This position paper aims to critically appraise

available cross-cultural literature on the experiences of 'burn-out' by newly-qualified counsellors and psychotherapists, globally. Finally, we shall make recommendations for how best to support the mental health and psychological wellbeing of newly-qualified practitioners.

KEYWORDS

Counsellor; Psychotherapist; Training; Burn-out; Newly-Qualified; Global Mental Health.

INTRODUCTION

Mental ill health has been established as one of the principal causes of disability and disease, with one in four people globally affected by a mental disorder during their lifetime (Vos et al., 2015). At the beginning of the millennium, it was estimated around 450 million people were living with a diagnosable mental or neurological disorder, globally; though presentation to (mental) health services to receive diagnoses and care was estimated as being significantly lower; and uptake of treatment was expected to be lower still (World Health Organization [WHO], 2011). In parallel, it is not only the occurrence of mental health disorders which has dramatically increased, but rather, research indicates the ability to cope with mental health symptoms has declined with the incidence of self-harm and suicidal ideation becoming more prevalent in recent years (McManus, Bebbington, Jenkins & Brugha, 2016).

Traditionally, mental health assessment and diagnoses are usually undertaken as part of the responsibility given to general practitioners (family doctors) or psychiatrists, should the illness be deemed severe and in need of further assessment (Silverio, 2021). However, the frontline provision of mental health care is often delegated to counsellors and psychotherapists, and therefore not usually delivered by a medically trained professional. Publicly funded counselling and psychotherapy services vary across the globe, but are usually under-resourced and lack adequate funding (Vos et al., 2015; WHO, 2011). Lack of resource and funding often results inThis may lead to insufficient clinical supervision and scarce time available to complete continuing professional development, both of which are vital for new counsellors and psychotherapists to feel confident in providing care and to ensure they are up to date with the latest skills, techniques, and practices (Hyrkäs, 2005). These factors have significant implications for the mental health and psychological wellbeing of the practitioners who work within counselling and psychotherapy services. Newly-qualified practitioners may often find themselves with an increased workload and a reduced amount of time to focus on individual clients,. This may leading to them feelings of being undervalued due to their large caseloads, which may not be reflected in their starting salaries (Chang, 2009). Such pressures may have been evidenced as causing newly-qualified counsellors or psychotherapists to experience increased levels of personal stress and overwhelm; due to the excessive and persistent feeling of being unable to meet the demands of their workload (Duggal & Rao, 2016).

There is evidence to suggest ~~that~~ professionals who – by their training – are required to support vulnerable people, may experience distress, caused by a phenomenon known as 'burn-out' (Skovholt, Grier & Hanson, 2001; Thompson, Amatea & Thompson, 2014; Wolfe, 1981). Professional burn-out is the result of severe and prolonged stress within caregiving occupations (O'Connor, Neff & Pitman, 2018; Simionato & Simpson, 2018). Whilst there is extensive literature surrounding healthcare professionals who have experienced this phenomenon after spending a number of years in a role within the mental health sector (Aguglia et al., 2020; Alexandrova-Karamanova et al., 2016; Solmi et al., 2020; Zaninotto et al., 2018), research as to why this occurs in newly-qualified counsellors has come under more forensic scrutiny in recent years (Cieslak, 2016). This cross-cultural, critical review (Grant & Booth, 2009) will discuss the concept of burn-out in further detail – here applied to the specific caring professions of counselling and psychotherapy.

MODELS OF STRESS

In order to understand the nature of burn-out, it is important to understand the mechanisms of stress and their effects., This is especially so ~~in light of the fact that~~ when occasional stress ~~may be beneficial~~has been linked to benefits in adapting to ~~or even necessary for effective adaptation to~~ a fluctuating social environment (McEwen, 2009). It is however, when this stress becomes insurmountable that people can experience negative consequences (Juster, McEwen & Lupien, 2010).

Fight-or-Flight

A common response to stressful situations is the 'fight-or-flight' psycho-physiological reaction to perceived threat (von Dawans, Ditzen, Trueg, Fischbacher & Heinrichs, 2019). This response is critical when encountering dangerous situations, whereby the body prepares to engage with the threat (fight), or run away from it (flight). However, sustained stress can be detrimental to health, for instance when it is prolonged, it can result in an increased risk of cardiovascular disease (Kivimäki & Steptoe, 2018), impaired gastrointestinal function (Bhatia & Tandon, 2005), and has also been repeatedly linked to substance (ab)use (Andersen & Teicher, 2009; Baldwin-White, 2014; Oser, Biebel, Pullen & Harp, 2013).

Yerkes-Dodson Law (Stress-Performance Curve)

Another way which stress has been theorised is the 'stress-performance curve' (Yerkes & Dodson, 1908), whereby every individual is said to have an optimal capacity to cope with environmental demands. When reached, minimal strain occurs, however when demands exceed the optimal level, strain significantly increases (O'Driscoll & Cooper, 2002). Existing research shows a disparity between acute and chronic stress in terms of their effects. Acute stress is inherently transient, and its impact is relatively short-lived, whereas the ætiology of chronic stress is seemingly infinite, often appearing inescapable due to its ongoing nature (Eden, 1990). Burn-out, therefore, can be conceptualised as a form of chronic stress or strain.

MODELS OF BURN-OUT

Burn-out can be characterised as a severe form of strain experienced under certain environmental conditions, pressures, and demands which appear as unresolvable (O'Driscoll & Cooper, 2002). Burn-out experienced by counsellors and psychotherapists can be a persistent, affective response to the intense demands resulting from interaction *with*, and responsibility *for*, the psychological well-being of others (Ganster & Schaubroeck, 1991). Previous findings illustrate there are many serious psychological implications as a result of burn-out (Carod-Artal & Vázquez-Cabrera, 2013; Kakiashvili, Leszek & Rutkowski, 2013). There is evidence to suggest an association between burn-out and reductions in executive functioning, memory and attention, and general cognitive performance, which can have serious implications for those in cognitively demanding professions (Deligkaris, Panagopoulou, Montgomery & Masoura, 2014; Grossi, Perski, Osika & Savic, 2015).

Farber's Three Sub-types of Burn-out

The three sub-types set out by Farber (1990) are derived from different processes depending on personality type. The first of these is known as 'Frenetic Burn-Out' which can develop when ambitious individuals compromise their health, well-being and personal lives due to excessive workload. Next is 'Under-Challenged Burn-Out' which is a form of burn-out related to individuals failing to achieve personal development and job satisfaction from their work. The last sub-type is

known as 'Worn-Out Burn-Out', which occurs from disproportionate day-to-day stress and pressure, resulting in professionals neglecting work tasks (Farber, 2000).

Maslach and Jackson's Three Elements of Burn-out

Another model explaining burn-out is proposed by Maslach and Jackson (1981). Firstly, 'Emotional Exhaustion' relates to continued feelings of fatigue at work and can result in frequent absences. Secondly, 'Depersonalisation' relates to the development of feelings of hostility towards clients and colleagues, which provides an environmental lens with which to frame their work. The third type is slightly different in perspective, where actually it presents as a deficit, rather than an excess. Reduced 'Personal Accomplishment' is where someone feels they are not accomplishing anything worthwhile in their job, which can result in poor motivation and performance.

ISSUES AND CONSEQUENCES

Those who work in mental health and psychotherapeutic roles are susceptible to experiencing negative psychological impact arising from direct patient/client work (Figley, 2002; Sabin-Farrell & Turpin, 2003). A fundamental aspect of the therapeutic process is continued interpersonal interactions with individuals ~~who may be~~ experiencing difficulties of varying degrees (Wolfe, 1981).

Lack of Mentoring

Risk factors associated with burn-out are numerous, but for counsellors and psychotherapists, burn-out ~~may~~ can ~~also~~ be derived from a lack of proper mentoring and skills development opportunities (Duggal & Rao, 2016). Newly-qualified counsellors often approach the profession with so much enthusiasm to help others, and with little regard for the impact of their profession on their own personal mental health and well-being. Newly-qualified practitioners ~~may~~ risk becoming dangerously entangled in a client's detailed traumatic narrative or moment of self-reflection. Furthermore, in some countries such as Australia, the UK, and Spain there is no statutory counselling regulation (Priebe & Wright, 2006); in contrast to the USA, for example, where counselling is a regulated profession where the level of training required is specified by the American Psychological Association licensing board. The lack of regulation can lead to disparities in support, training, and supervision each counsellor or psychotherapist may receive although research has shown no correlation between practitioners' educational attainment and their clinical effectiveness (Wilkerson, 2006).

Adequate Supervision

It is also important to consider race as a factor of supervisory relationships. Good supervision is a key part of therapist wellbeing and preventing burn-out. Tummala-Narra (2004) considered issues ~~which can~~ aris~~e~~ing for minority ethnic therapists in supervision, such as racial and cultural transference, which ~~may~~ hinder their wellbeing and caseload. Conversely, Dalal (2000) looked at

occasions in which ethnicity was considered by the therapist and negative assumptions were made about the client's ethnicity and cultural background, demonstrating that racial differences between practitioner and client can both originate from and afflict the professional at work.

Training should therefore facilitate both time and space for the newly-qualified practitioner to self-explore their own struggles and reflect on conflicts and past experiences, whilst being aware of the culturally- and racially-bound nuances of their experiences and those of their clients. However, with increased pressure due to an exponentially growing list of clients to see, practitioners ~~may not be~~ often are not given the platform to evolve and mend any past conflicts and struggles to the extent whereby he or she could genuinely be in a position to fully support someone else (Chang, 2009).

Lack of Therapeutic Success

The therapeutic relationship is one of the strongest predictors of therapeutic success (Cronin et al., 2014; Norcross, 2010), and a possible explanation for burn-out is where these successes are not experienced which may result in the counsellor or psychotherapist being unable to derive satisfaction from their work with treatment-resistant clients (Cambanis, 2012). If the link between the counsellor's feelings of ineptitude and the success of the therapy itself is considered weak, the counsellor's perception of personal incompetence is enough to affect the therapeutic process and overall wellbeing of the newly-qualified practitioner (Thériault, Gazzola & Richardson, 2009). Blocks or lack of progress within the therapeutic relationship can leave a counsellor or

psychotherapist frustrated and often feeling helpless as to how to motivate or support the client further.

There are many reasons why therapy may not be working. Clients ~~may be~~ pressured into attending therapy to please a partner or family member, or clients ~~may~~ who are not ~~be~~ ready to make changes or engage fully in therapy, are two such reasons. It is also not uncommon for there to be a cultural mistrust in (mental) health services, for example, in Black, Asian, and Minority Ethnic communities (Fernandez Turienzo et al., 2021; Fernando, 2003). This lack of confidence could manifest as a lack of engagement in therapy, which could be a trigger for the counsellor's burn-out. It could also be a problem for minority ethnic counsellors trying to access mental health services for their own wellbeing. Clients who mask or avoid particular topics or lines of therapeutic inquiry may also lead to a series of sessions which the practitioner ~~may~~ will refer to or reflect upon as 'flat' or 'unproductive'. Lack of progress in therapeutic relationships can be attributed to the difference of ethnicity between the practitioner and the client. For example, Altman (2000; 2006) considered white people's blind spot when it comes to their race; and looked at how race is evident in psychotherapy between white counsellors and white clients, whilst also discussing the reparative value of discussing racism. Chang and Yoon (2011) analysed cross-racial therapeutic dyads, concluding that therapists who addressed racial and cultural differences in a compassionate and accepting manner, potentially lessened the significance of the differences for their clients.

Newly-qualified counsellors ~~may~~ will often feel a sense of shame or failure especially if they had expected to see rapid results from clients, although due to

their juniority, they may continue to be reluctant to consider terminating therapy if it is not working. These challenging therapeutic relationships coupled with the intense pressure of high caseload volumes and personal feelings of inability or failure in their professional role, ~~may~~ leads to practitioners experiencing burn-out, but not seeking help (Oser et al., 2013). It has also been recognised ~~that~~ immigrant counselling professionals ~~may also~~ experience burn-out due to conducting therapy in a non-native language (Akhtar, 2006).

Vicarious Traumatisation

A prominent characteristic of mental health treatment is patients or clients divulging details of and emotional reactions to traumatic events (Trippany, Kress, & Wilcoxon, 2004). Routine engagement of this nature ~~may~~ can indirectly result in the counsellor feeling distressed and experiencing trauma themselves (Sabin-Farrell & Turpin, 2003). Creating an empathic connection with an individual suffering trauma is an approach which is vital to successful treatment. Methods such as role-play and re-enactment of adverse events can also be utilised as part of the treatment process, however this can have a negative effect on the facilitator (Figley, 2002), ~~and may result~~resulting in 'secondary traumatic stress' (Boscarino, Figley & Adams, 2004). Counselling professionals ~~may then~~have been known to report symptoms indicative of the re-experiencing of their clients' trauma (Zimering, Munroe & Gulliver, 2003), with symptoms including intense and prolonged arousal, hyper-arousal and flashbacks triggered by the client's presence, and sometimes avoidance of particular clients (Figley, 1995; Jenkins & Baird, 2002). Secondary traumatic stress and occupational burn-out therefore

overlap with commonality reached with emotional exhaustion resulting from working with traumatised individuals (Figley, 2013).

Grieving as a Professional

All professionals who 'work in health' will inevitably experience one of their patients or clients dying. Whilst conceptually expected, the experience can often render the professional more affected than expected or first perceived (Lathrop, 2017). Where the concept of bereavement as a healthcare professional has been particularly explored most recently, is in maternity and paediatric services (Bass, 2000; Nash, Barry, & Bradshaw, 2018; Smith, Vasileiou, & Jordan, 2020; Zeidenstein, 1995). It was Laura Zeidenstein (1995), who introduced the concept of 'midwife grief' whereby midwives were said to grieve after the loss of a patient following a period of psychological distress derived from or provoked by a traumatic incident (which may involve both mother and baby or even multiple babies). For counsellors and psychotherapists, the concept of grief after a client dies can also be applied (Veilleux, 2011). The experience of grief itself may be intensified if the death was as a result of suicide (McAdams III, & Foster, 2000), and may further be heightened if the counsellor or psychotherapist is newly-qualified (Ellis & Patel, 2012)

DISCUSSION OF IMPLICATIONS

This cross-cultural critical review has demonstrated that burn-out is a common psychological phenomenon for counsellors and psychotherapists, however it can be even more problematic for those who are newly-qualified. Whilst this appears to be an under-researched area there is evidence to suggest ~~that~~ aspects of the training process ~~may~~ play<u>s</u> a role. For instance, previous literature has found many student counsellors or psychotherapists experience distress, and in some cases debilitating anxiety and depression (Dryden & Thorne, 1991). Previous research examining the effects of therapeutic professions demonstrate many newly-qualified practitioners ~~may~~ experience a change in dynamics in their personal relationships (Guy & Liaboe, 1986); including decreased emotional investment in personal relationships and a reduction in socialisation (Farber, 1983). Furthermore, it is plausible burn-out ~~may~~ affect<u>s</u> ~~a~~ recent graduate<u>s</u> more severely, in that they are less likely to have implemented a healthy balance with respect to their professional and personal life (Truell, 2001). Risk factors for moderate-to-high levels of burn-out in counsellors and psychotherapists include young age, limited work experience, and an over-investment in their clients' issues (Simionato & Simpson, 2018). Experience therefore plays a significant role in coping with the demands of the job.

An alternative explanation as to why burn-out can ensue following training can be found within the motivations for becoming a counsellor. It has been found that many counsellors opt for a career of this nature due to an interest in their own issues and unresolved past experiences (Goldberg, 1991). Furthermore, Alice Miller (2007), a renowned child psychiatrist elaborated on an exploratory model highlighting the many reasons why psychotherapists take on this

profession, stating at the core of the therapeutic dynamic lies the need to cope with and resolve unprocessed childhood trauma. More contemporary research suggesteds a relatively high proportion of therapists are coping with mental illness or a form of psychological distress (Patterson-Hyatt, 2016). There is mounting evidence counsellors, psychotherapists, and psychologists who are on the frontline of the profession, working with clients, are not immune to mental health issues. On the contrary, historically the analytic psychiatrist Carl Gustav Jung (1912/1966; p.116) suggested that *"a good half of every treatment that probes at all deeply consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient",* suggesting the idea of the 'wounded healer'. The 'wounded healer' has been used to describe the idea that it is necessary for a counsellor or psychotherapist to have been through their own pain and suffering as the only way to understand a client's pain and suffering (Jung, 1951). While this archetype has not been shown to impact treatment outcomes specifically (Watts, 2014), there is evidence psychotherapists have higher rates of childhood trauma, including sexual and physical abuse, parental alcoholism, and family dysfunction (Elliott & Guy, 1993). These traumatic experiences, while not suggesting causation to mental health diagnoses, do represent a significant risk factor for those entering the field of mental health where there is consistent exposure to the stressors of others.

Studying and practising counselling or psychotherapy is emotionally-intense work. It requires not only listening to, processing, and trying to support clients' problems and distress, but ethical practice also requires counsellors to process their own emotional responses to the work. The transferential or counter-

transferential relationship can bring up intense and challenging feelings in both the client and counsellor, while a reparative relationship can draw excessively on a counsellor's resources when they are new to the work (Clarkson, 2003). As mental health issues affect one in four people, it is not uncommon for some counsellors to deal with their own mental health issues while they are supporting their clients'/patients'. These counsellors can do some vital work, particularly as they know mental ill health first-hand rather than *"having knowledge"* through reading about it (Baker, Shaw & Biley, p.1, 2013). However, without good supervision and support for their own mental health, it can be difficult to maintain safe boundaries and practise effective self-care. A key aspect of self-development within counselling courses focuses on feelings about the self and addresses past experiences and relationships, which ~~may~~ includes ~~rejection in some manner from their~~ parental rejections during their earlier years (Sussman, 2007). It is therefore highly plausible ~~that~~ burn-out is a product of counsellors coping with not only excessive job-related stress but also internal unresolved childhood issues.

Due to limited experience newly-qualified counsellors can initially suffer injuries to their self-image, therefore burn-out may develop in those who already have reduced feelings of self-worth (Mollon, 1989). A further element to consider is social support throughout the training process (Peeters & Le Blanc, 2001). Research demonstrates ~~that~~ work overload, limited autonomy, poor social support and role ambiguity are factors ~~that~~ which can result in stress and burn-out (Chang, 2009). Therefore, the pressure and strain of an intense workload ~~may~~ affects ~~a~~ newly-qualified counsellors's perceptions of their ability to cope with

demands, resulting in distress and fatigue. Research in this area has shown ~~that~~ student practitioners with an absence of support system are significantly more vulnerable to greater levels of continued stress (Kumary & Baker, 2008). Therefore, social support clearly has a major influence on the development of professional burn-out.

RECOMMENDATIONS

It is clear ~~that~~ job-related stress has serious consequences for the physical and psychological well-being of healthcare professionals. The wider implications of burn-out are ~~that it can also~~ impacts to patient care through diminished performance and sickness absence. Therefore, it is important to understand what approaches would be beneficial for educators and employers to introduce in order to improve staff retention (Morris, 2005). There are current provisions ~~that~~ which are already in place that appear to be well supported in preventing burn-out such as clinical supervision. Previous findings indicate that efficient clinical supervision is associated with reduced levels of burn-out. However, importantly there is evidence that inefficient supervision has adverse effects causing job dissatisfaction (Hyrkäs, 2005) and can increase professional attrition (Johnson, Corker, & O'Connor, 2020). Therefore, it is crucial for organisations to continuously monitor the efficacy of their clinical supervision to ensure employees feel they are receiving adequate support. It is well documented ~~that~~ supervision is a positive strategy to provide healthcare workers with regular support and an opportunity to discuss their experiences. Furthermore, it has been concluded ~~that~~

clinical supervision has major implications in improving staff retention, occupational satisfaction, reduced counsellor burn-out, and ultimately patient care (Powell, 1991). Additionally, an effective method found to reduce the likelihood of burn-out is when positive feedback is provided by senior members of staff in conjunction with reinforcement of any favourable aspects of the occupation (Kahn, Schneider, Jenkins & Moyle, 2006).

Whilst it is essential to consider and monitor support once qualified and practising, it ~~may~~ would be beneficial to consider what strategies ~~may~~ can be implemented prior to employment during education prior to employment. More recent research suggest~~ed~~s ~~that~~ counsellor training in integrative approaches better equips newly-qualified counsellors with skills normally associated with experienced counsellors, by giving them greater access to a larger range of counselling modalities to help them manage the stress of more complex caseloads (Lowndes & Terry, 2010). Additionally, recognising and responding to potential negative effects which may occur within the classroom may be a key method in harm reduction. Various approaches have been identified such as encouraging discussions exploring issues which can be experienced when becoming a counsellor (Corey, Corey, & Corey, 2018). Another important consideration is the degree to which counselling courses foster growth and development. Often educational programmes can place great importance on competition and evaluation, which ~~may~~ does not always produce positive effects in students (Blocher, 1987). It is apparent ~~that~~ student counsellors experience significant unresolved disturbances in their relationships with relatives and friends with many reporting feelings of stress and depression. Therefore, Truell (2001)

concludeds that by integrating an additional training component in programmes that which focus on transitioning into the role of a counsellor may beproved highly beneficial.

As previously discussed, a common experience of both student and established counsellors is feelings of disappointment, which can reduce job satisfaction and result in burn-out. This can manifest due to factors such as failure to meet one's own expectations or through lack of therapeutic success. There is evidence to suggest that practicing self-care and compassion can help individual's manage negative feelings, and thus may be be a protective factor in avoiding stress and burn-out (Beaumont, Durkin, Hollins Martin & Carson, 2015). It is vital that counsellors are insistent about their well-being to reduce the likelihood of burn-out. Another aspect of self-care is also acknowledging any personal relationships that may one-sided; individuals in helping professions are often at risk of developing these types of relationships due to their expertise and caring characteristics (Skovholt, Grier & Hanson, 2001). It is important for counsellors to assess their relationships, as social support has been well established as a critical coping mechanism to prevent burn-out.

Based on existing findings there is a strong indication that resilience is a key influence on the ability to cope with stress and burn-out (Connor, 2006). Resilience can be defined as the positive adaptation to adverse experiences in order to regain and maintain mental well-being (Wald, Taylor, Asmundson, Jang & Stapletonet al., 2006). There is research to support that resilience may is also be a protective factor in coping with strain. It is understood that resilience centres on implementing modes of thinking in order to lessen the impact of traumatic

events (Martin & Parry-Williams, 2005). The understanding of resilience has evolved throughout time, ~~and~~where it was once considered to be related to personality factors (Bonanno, 2004)~~,~~ ~~i~~It is now thought that is a dynamic process driven by context and life experiences (Rutter, 2012). This has important repercussions for burn-out outcomes as it signifies ~~that~~ resilience is a construct ~~that~~ which is learned rather than an innate characteristic. Therefore, it is possible for organisations to incorporate resilience training into educational programmes to reduce prolonged occupational stress (Kinman & Grant, 2010).

In more recent years, the concept of vicarious resilience has become of interest with studies examining the effects on psychotherapists who have supported sufferers of political violence (Hernandez, Gengsei & Engstrom, 2007). In order to cope, individuals who have been affected by traumatic events are able to implement defence mechanisms that involve adaptive processes (Engstrom, Hernandez & Gangsei, 2008). Vicarious resilience arises in the same manner as vicarious trauma does for healthcare professionals supporting victims of distress. Counsellors working with trauma survivors may vicariously learn and adopt these adaptive processes in order to overcome adverse experiences. Similarly, to vicarious traumatisation, vicarious resilience is achieved through empathic engagement. Witnessing the resilience, healing and recovery of trauma survivors can be an empowering and positive experience for counsellors (Engstrom et al., 2008). By adopting a strengths-based perspective rather than a deficit-based perspective, and focusing on empathic stamina and post traumatic growth, counsellors are more likely to view their client's trauma responses as

understandable and manageable, helping to maintain healthy boundaries and empathic resilience (Ling, Hunter & Maple, 2014).

It is evident ~~that~~ resilience is emerging as a crucial mechanism for improving mental health outcomes (Stainton et al., 2018). Studies have demonstrated ~~that~~ interventions ~~in order~~ to enhance resilience and reduce academic stress are useful. For instance, Steinhardt and Dolbier (2008) conducted a study whereby a four-week resilience programme was administered to students. The findings concluded ~~that~~ those who received this educational intervention had higher resilience levels and were able to effectively cope with stress. Therefore, it appears ~~that~~ resilience programmes may be a valuable resource for stress management and prevention. Furthermore, Figley (2002) reviewed the literature examining compassion fatigue psychotherapists across professional divisions and examined concerns with chronic lack of self-care. Their research concluded that psychotherapists rely on self-care strategies to help prevent compassion fatigue, such as seeking a sense of achievement or disengaging from sources of stress, decreasing exposure to stressors, participating in stress management and self-soothing techniques, and finally, combining exposure to stressors with relaxation. They emphasized the importance of leisure as a vital aspect of self-care and a prerequisite for practitioner's mental health and ability to manage stress. Additionally, Thompson, Amatea, and Thompson (2014) surveyed mental health counsellors in diverse treatment settings. They examined personal and contextual predictors of mental health counsellors' compassion fatigue and burn-out and recommended efforts

to be made to ameliorate burn-out through increasing peer and work atmosphere support.

CONCLUSIONS

To summarise, healthcare statistics provide an insight into the increase in the prevalence of mental health conditions in recent years, this coupled with dramatic cuts in mental healthcare funding and resources has major implications for service users and healthcare professionals. This evidence illustrates ~~that~~ the combination of workplace demands such as excessive workload appears to increase feelings of strain and pressure. With regards to newly-qualified counsellors much of the literature indicates the process of studying counselling can be highly distressing. Student counsellors are likely to experience sudden changes in their self-perception and interpersonal relationships, which can often be unsettling. Factors such as self-efficacy and self-expectations are established to be instrumental in an individual's capacity to cope with prolonged stress, with those who either lack confidence in their abilities or those who fail to meet their expectations being highly susceptible to feel dissatisfied with their job as a result of perceived lack of therapeutic success. Similarly, prior studies indicate ~~that~~ self-esteem ~~can~~ play<u>s</u> a role in burn-out<u>,</u> in that injury to feelings of self-worth during both education and employment can lead to avoidant behaviour characteristic of burn-out amongst newly-qualified counsellors and psychotherapists.

Another element that appears to be implicated in the development of burn-out is the effects of working with survivors of trauma. There is extensive research

to suggest ~~that~~ intense communication with vulnerable individuals can often result in counsellors feeling responsible for the well-being of individuals with severe and complex problems. According to the literature, negative childhood experiences can motivate individuals in the direction towards helping professions. This can be through unresolved familial issues which~~that~~ a counsellor can unknowingly try to resolve through their occupation, or in some cases narcissistic individuals can be attracted to this profession due to caregiver rejection.

Burn-out evidently has personal, relational, and professional consequences. Therefore, it is essential that coping strategies are understood and employed in order to aid healthcare workers cope with the adverse effects' burn-out ~~may~~ causes, as they can be incredibly detrimental to the treatment process and patient care. There is emerging evidence ~~that~~ which advocates a number of harm reduction techniques such as personal counselling and facilitation of discussion during studying in order to address unresolved issues and negative feelings about counselling. Components within education ~~that~~ which focus on the transition from student to professional ~~may~~ equips counsellors for the emotional and practical difficulties they will encounter. Additionally, social support appears to be a crucial aspect of whether counsellors are able to manage their stress levels effectively. Social support has been well documented as a factor ~~that~~ which can potentially hinder or facilitate the ability to cope with pervasive stress and strain. More specifically, emotionally demanding roles without sufficient social support combined with diminished feelings of accomplishment is thought to be a major risk factor in burn-out.

Individual considerations such as self-care, self-compassion, and strong internal beliefs have been discovered to be protective factors. An emerging harm reduction quality that is becoming of significance in recent years is the process of resilience. There is a wealth of supporting research ~~that~~ suggest~~s~~ing resilience can positively impact mental health in helping professions. Theories on the phenomenon of vicarious resilience provide an interesting perspective on resilience as a dynamic mechanism ~~that~~ which can be learned as opposed to being only rooted in innate characteristics. In terms of further investigation, it would be highly beneficial to explore strategies ~~that~~ which encourage personal growth and resilience in counsellors in both education programmes and healthcare organisations in order to reduce stress and burn-out.

References

Aguglia, A., Belvederi Murri, M., Conigliaro, C., Cipriani, N., Vaggi, M., Di Salvo, G., Maina, G., Cavone, V., Aguglia, E., Serafini, G., & Amore, M. (2020). Workplace violence and burnout among mental health workers. *Psychiatric Services, 71*(3), 284–288. DOI: 10.1176/appi.ps.201900161

Akhtar S. (2006). Technical challenges faced by the immigrant psychoanalyst. *The Psychoanalytic Quarterly, 75*(1), 21–43. DOI: 10.1002/j.2167-4086.2006.tb00031.x

Alexandrova-Karamanova, A., Todorova, I., Montgomery, A., Panagopoulou, E., Costa, P., Baban, A., Davas, A., Milosevic, M., & Mijakoski, D. (2016). Burnout and health behaviors in health professionals from seven European countries. *International Archives of Occupational and Environmental Health*, *89*(7), 1059–1075. DOI: 10.1007/s00420-016-1143-5

Altman, N. (2000). Black and white thinking: A psychoanalyst reconsiders race. *Psychoanalytic Dialogues, 10*(4), 589-605. DOI: 10.1080/10481881009348569

Altman, N. (2006). Whiteness. *The Psychoanalytic Quarterly, 75*(1), 45-72. DOI: 10.1002/j.2167-4086.2006.tb00032.x

Andersen, S.L., & Teicher, M.H. (2009). Desperately driven and no brakes: Developmental stress exposure and subsequent risk for substance abuse. *Neuroscience & Biobehavioral Reviews*, *33*(4), 516-524. DOI: 10.1016/j.neubiorev.2008.09.009

Baker, C., Shaw, C., & Biley, F. (Eds). (2013). *Our encounters with self-harm*. PCCS Books.

Baldwin-White, A. (2014). Psychological distress and substance abuse counselors: An exploratory pilot study of multiple dimensions of burn-out. *Journal of Substance Use, 21*(1), 29-34. DOI: 10.3109/14659891.2014.949316

Bass, D. (2000). Surfacing after burnout. *The BMJ*, *320*(7229), 259. DOI: 10.1136/bmj.320.7229.259

Beaumont, E., Durkin, M., Hollins Martin, C.J., & Carson, J. (2016). Measuring relationships between self-compassion, compassion fatigue, burn-out and well-being in student counsellors and student cognitive behavioural psychotherapists: a quantitative survey. *Counselling and Psychotherapy Research, 16*(1), 15-23. DOI: 10.1002/capr.12054

Bhatia, V., & Tandon, R.K. (2005). Stress and the gastrointestinal tract. *Journal of Gastroenterology and Hepatology*, *20*(3), 332-339. DOI: 10.1111/j.1440-1746.2004.03508.x

Blocher, D.H. (1987). *The professional counselor.* Macmillan Publishing Company, Inc.

Bonanno, G.A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20-28. DOI: 10.1037/0003-066x.59.1.20

Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health*, *6*(2), 57-66.

Cambanis, E. V. (2012). Treating borderline personality disorder as a trainee psychologist: Issues of resistance, inexperience and

countertransference. *Journal of Child & Adolescent Mental Health*, *24*(1), 99-109. DOI: 10.2989/17280583.2011.639075

Carod-Artal, F.J., & Vázquez-Cabrera, C. (2013). Burn-out syndrome in an international setting. In S. Bährer-Kohler (Ed.) *Burn-out for experts* (pp. 15-35). Springer.

Chang, M. L. (2009). An appraisal perspective of teacher burnout: Examining the emotional work of teachers. *Educational Psychology Review*, *21*(3), 193-218. DOI: 10.1007/s10648-009-9106-y

Chang, D. & Yoon, P. (2011). Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships. *Psychotherapy Research, 21*(5), 567-582. DOI: 10.1080/10503307.2011.592549

Cieslak, D. (2016). Recognizing the propensity for burn-out during formative counsellor development. *Canadian Journal of Counselling and Psychotherapy*, *50*(3-S), S193-S213.

Clarkson, P. (2003). *The therapeutic relationship.* Wiley.

Corey, G., Corey, M. S., Corey, C. (2018). *Issues and ethics in the helping professions* (10th ed.). Brooks/Cole.

Connor, K. M. (2006). Assessment of resilience in the aftermath of trauma. *Journal of Clinical Psychiatry*, *67*(2), 46-49.

Cronin, E., Brand, B. L., & Mattanah, J. F. (2014). The impact of the therapeutic alliance on treatment outcome in patients with dissociative disorders. *European Journal of Psychotraumatology, 5*(22676), 1-9. DOI: 10.3402/ejpt.v5.22676

Dalal, F. (2000). Ethnic tradition: A source of emotional well-being or a cause of emotional pain? *European Journal of Counselling and Psychotherapy, 3*(1), 43-60. DOI: 10.1080/13642530050078556

Deligkaris, P., Panagopoulou, E., Montgomery, A.J., & Masoura, E. (2014). Job burn-out and cognitive functioning: A systematic review. *Work & Stress, 28*(2), 107-123. DOI: 10.1080/02678373.2014.909545

Dryden, W., & Thorne, B. (Eds.). (1991). *Training and supervision for counselling in action.* SAGE Publications.

Duggal, C. & Rao, M. (2016) Challenges experienced by novice counsellors. In S. Sriram (Ed.) *Counselling in India.* Springer.

Eden, D. (1990). Acute and chronic job stress, strain, and vacation relief. *Organizational Behavior and Human Decision Processes, 45*(2), 175-193. DOI: 10.1016/0749-5978(90)90010-7

Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice*, *24*(1), 83-90. DOI: 10.1037/0735-7028.24.1.83

Ellis, T. E., & Patel, A. B. (2012). Client suicide: What now? *Cognitive and Behavioral Practice, 19*(2), 277-287. DOI: 10.1016/j.cbpra.2010.12.004

Engstrom, D., Hernández, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. *Traumatology, 14*(3), 13-21. DOI: 10.1177/1534765608319323

Farber, B. (1983). *Stress and burn-out in the human service professions.* Pergamon Press.

Farber, B. A. (1990). Burn-out in psychotherapists: Incidence, types, and trends. *Psychotherapy in Private Practice, 8*(1), 35-44. DOI: 10.1300/J294v08n01_07

Farber, B. A. (2000). Treatment strategies for different types of teacher burn-out. *Journal of Clinical Psychology, 56*(5), 675-689. DOI: 10.1002/(SICI)1097-4679(200005)56:5%3C675::AID-JCLP8%3E3.0.CO;2-D

Farber, B., & Heifetz, L. (1982). The process and dimensions of burn-out in psychotherapists. *Professional Psychology: Research and Practice, 13*(2), 293-301. DOI: 10.1037/0735-7028.13.2.293

Fernandez Turienzo, C., Newburn, M., Agyepong, A., Buabeng, R., Dignam, A., Abe, C., Bedward, L., Rayment-Jones, H., Silverio, S. A., Easter, A., Carson, L. E., Howard, L. M., Sandall, J., & on behalf of the NIHR ARC South London Maternity and Perinatal Mental Health Research and Advisory Teams (2021). Addressing inequities in maternal health among women living in communities of social disadvantage and ethnic diversity. *BMC Public Health, 21*(176), 1-5. DOI: 10.1186/s12889-021-10182-4

Fernando, S. (2003). *Cultural diversity, mental health and psychiatry: The struggle against racism.* Routledge.

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3-28). The Sidran Press.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58*(11), 1433-1441. DOI: 10.1002/jclp.10090

Figley, C.R. (2013). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. In Treating compassion fatigue (pp. 115-128). Routledge.

Freudenberger, H.J. (1974). Staff burn-out. *Journal of Social Issues, 30*(1), 159-165. DOI: 10.1111/j.1540-4560.1974.tb00706.x

Ganster, D. C., & Schaubroeck, J. (1991). Work stress and employee health. *Journal of Management, 17*(2), 235-271. DOI: 10.1177/014920639101700202

Goldberg, C. (1991). *On being a psychotherapist.* Aronson.

Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal, 26*(2), 91–108. DOI: 10.1111/j.1471-1842.2009.00848.x

Grossi, G., Perski, A., Osika, W., & Savic, I. (2015). Stress-related exhaustion disorder–clinical manifestation of burn-out? A review of assessment methods, sleep impairments, cognitive disturbances, and neuro-biological and physiological changes in clinical burn-out. *Scandinavian Journal of Psychology, 56*(6), 626-636. DOI: 10.1111/sjop.12251

Guy, J. D., & Liaboe, G. P. (1986). The impact of conducting psychotherapy on psychotherapists' interpersonal functioning. *Professional Psychology: Research and Practice, 17*(2), 111-114. DOI: 10.1037/0735-7028.17.2.111

Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process, 46*(2), 229-241. DOI: 10.1111/j.1545-5300.2007.00206.x

Hyrkäs, K. (2005). Clinical supervision, burn-out, and job satisfaction among mental health and psychiatric nurses in Finland. *Issues in Mental Health Nursing, 26*(5), 531-556. DOI: 10.1080/01612840590931975

Jenkins, S.R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. *Journal of Traumatic Stress, 15*(5), 423-432. DOI: 10.1023/a:1020193526843

Johnson, J., Corker, C., & O'Connor, D.B. (2020). Burn-out in psychological therapists: A cross-sectional study investigating the role of supervisory relationship quality. *Clinical Psychologist, 24*(3), 223-235. DOI: 10.1111/cp.12206

Jung C. G. (1951). *Fundamental questions of psychotherapy.* Princeton University Press.

Jung, C. G. (1966). New paths in psychology (R. F. C. Hull, Trans.). In H. Read., M., Fordham & G., Adler (Eds.), *The collected works of C.G. Jung* (vol. 16, 2nd ed.). (Original work published 1912). Routledge & Kegan Paul.

Juster, R. P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience & Biobehavioral Reviews, 35*(1), 2-16. DOI: 10.1016/j.neubiorev.2009.10.002

Kahn, J., Schneider, K., Jenkins-Henkelman, T., & Moyle, L. (2006). Emotional social support and job burn-out among high-school teachers: Is it all due to dispositional affectivity? *Journal of Organizational Behavior, 27*(6), 793-807. DOI: 10.1002/job.397

Kakiashvili, T., Leszek, J., & Rutkowski, K. (2013). The medical perspective on burn-out. *International Journal of Occupational Medicine and Environmental Health, 26*(3), 401-412. DOI: 10.2478/s13382-013-0093-3

Kinman, G., & Grant, L. (2010). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *The British Journal of Social Work, 41*(2), 261-275. DOI: 10.1093/bjsw/bcq088

Kivimäki, M., & Steptoe, A. (2018). Effects of stress on the development and progression of cardiovascular disease. *Nature Reviews Cardiology, 15*(4), 215. DOI: 10.1038/nrcardio.2017.189

Kumary, A., & Baker, M. (2008). Stresses reported by UK trainee counselling psychologists. *Counselling Psychology Quarterly, 21*(1), 19-28. DOI: 10.1080/09515070801895626

Lathrop, D. (2017). Disenfranchised grief and physician burnout. *The Annals of Family Medicine, 15*(4), 375-378. DOI: 10.1370/afm.2074

Ling, J., Hunter, S.V., & Maple, M. (2014). Navigating the challenges of trauma counselling: How counsellors thrive and sustain their engagement. *Australian Social Work, 67*(2), 297-310. DOI: 10.1080/0312407X.2013.837188

Lowndes, L., & Hanley, T. (2010). The challenge of becoming an integrative counsellor: The trainee's perspective. *Counselling and Psychotherapy Research, 10*(3), 163-172. DOI: 10.1080/14733141003751614

Martin, F., & Parry-Williams, J. (2005). *The right not to lose hope: Children in conflict with the law – A policy analysis and examples of good practice.* The International Save the Children Alliance.

Maslach, C., & Jackson, S. (1981). The measurement of experienced burn-out. *Journal of Organizational Behavior, 2*(2), 99-113. DOI: 10.1002/job.4030020205

McAdams III, C. R., & Foster, V. A. (2000). Client suicide: Its frequency and impact on counselors. *Journal of Mental Health Counseling*, *22*(2), 107-121.

McEwen, B. S. (2009). The brain is the central organ of stress and adaptation. *Neuroimage, 47*(3), 911-913. DOI: 10.1016/j.neuroimage.2009.05.071

McManus S, Bebbington P, Jenkins R, Brugha T. (Eds.) (2016). *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014.* NHS Digital.

Miller, A. (2007). *The drama of the gifted child.* Basic Books.

Mollon, P. (1989). Anxiety, supervision and a space for thinking: Some narcissistic perils for clinical psychologists in learning psychotherapy. *British Journal of Medical Psychology, 62*(2), 113-122. DOI: 10.1111/j.2044-8341.1989.tb02818.x

Morris, L. (2005). The process of decision-making by stressed social workers: To stay or leave the workplace. *International Review of Psychiatry, 17*(5), 347-354. DOI: 10.1080/09540260500238488

Nash, M., Barry, M., & Bradshaw, C. (2018). Midwives' experiences of caring for women with early pregnancy loss in an Irish maternity hospital. *British Journal of Midwifery*, *26*(12), 796-805. DOI: 10.12968/bjom.2018.26.12.796

Norcross, J. C. (2010). *The therapeutic relationship.* In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (pp. 113-141). American Psychological Association.

O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burn-out in mental health professionals: A systematic review and meta-analysis of prevalence and

determinants. *European Psychiatry*, *53*, 74-99. DOI: 10.1016/j.eurpsy.2018.06.003

O'Driscoll, M. P. & Cooper, C. L. (2002). Job-related stress and burnout. In P. Warr (Ed.), *Psychology at Work* (pp. 203-228). Penguin Group.

Oser, C. B., Biebel, E. P., Pullen, E., & Harp, K. L. (2013). Causes, consequences, and prevention of burn-out among substance abuse treatment counselors: A rural versus urban comparison. *Journal of Psychoactive Drugs*, *45*(1), 17–27. DOI: 10.1080/02791072.2013.763558

Patterson-Hyatt, K. (2016). *Distress among psychologists: Prevalence, barriers, and remedies for accessing mental health care.* [Unpublished doctoral dissertation]. Antioch University Seattle.

Peeters, M. C., & Le Blanc, P. M. (2001). Towards a match between job demands and sources of social support: A study among oncology care providers. *European Journal of Work and Organizational Psychology, 10*(1), 53-72. DOI: 10.1080/13594320042000034

Powell, D.J. (1991). Supervision: Profile of a clinical supervisor. *Alcoholism Treatment Quarterly, 8*(1), 69-86. DOI: 10.1300/J020V08N01_05

Priebe, S., & Wright, D. (2006). The provision of psychotherapy: An international comparison. *Journal of Public Mental Health*, *5*(3), 12-22. DOI: 10.1108/17465729200600022

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology, 24*(2), 335-344. DOI: 10.1017/s0954579412000028

Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? *Clinical Psychology Review, 23*(3), 449-480. DOI: 10.1016/s0272-7358(03)00030-8

Silverio, S.A. (2021). Women's mental health a public health priority: A call for action. *Journal of Public Mental Health, 20*(1), 60-68. DOI: 10.1108/JPMH-04-2020-0023

Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burn-out among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, *74*(9), 1431-1456. DOI: 10.1002/jclp.22615

Skovholt, T.M., Grier, T.L., & Hanson, M.R. (2001). Career counseling for longevity: Self-care and burn-out prevention strategies for counselor resilience. *Journal of Career Development, 27*(3), 167-176. DOI: 10.1023/A:1007830908587

Smith, P., Vasileiou, K. & Jordan, A. (2020). Healthcare professionals' perceptions and experiences of using a cold cot following the loss of a baby: A qualitative study in maternity and neonatal units in the UK. *BMC Pregnancy Childbirth* 20(175), 1-9. DOI: 10.1186/s12884-020-02865-4

Solmi, M., Granziol, U., Danieli, A., Frasson, A., Meneghetti, L., Ferranti, R., Zordan, M., Salvetti, B., Conca, A., Salcuni, S., & Zaninotto, L. (2020). Predictors of stigma in a sample of mental health professionals: Network and moderator analysis on gender, years of experience, personality traits, and levels of burnout. *European Psychiatry 63*(1), 1-9. DOI: 10.1192/j.eurpsy.2019.14

Stainton, A., Chisholm, K., Kaiser, N., Rosen, M., Upthegrove, R., Ruhrmann, S., & Wood, S. J. (2019). Resilience as a multimodal dynamic process. *Early Intervention in Psychiatry*, *13*(4), 725-732. DOI: 10.1111/eip.12726

Steinhardt, M., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health, 56*(4), 445-453. DOI: 10.3200/jach.56.44.445-454

Sussman, M. (2007). *A curious calling: Unconscious motivations for practicing psychotherapy* (2nd ed.)*.* Jason Aronson.

Thériault, A., Gazzola, N., & Richardson, B. (2009). Feelings of incompetence in novice therapists: Consequences, coping, and correctives. *Canadian Journal of Counselling and Psychotherapy*, *43*(2), 105-119.

Thompson, I. A., Amatea, E. S., & Thompson, E. S. (2014). Personal and contextual predictors of mental health counselors' compassion fatigue and burn-out. *Journal of Mental Health Counseling, 36*(1), 58-77. DOI: 10.17744/mehc.36.1.p61m73373m4617r3

Trippany, R.L., Kress, V.E.W., & Wilcoxon, S.A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development, 82*(1), 31-37. DOI: 10.1002/j.1556-6678.2004.tb00283.x

Truell, R. (2001). The stresses of learning counselling: Six recent graduates comment on their personal experience of learning counselling and what can be done to reduce associated harm. *Counselling Psychology Quarterly, 14*(1), 67-89. DOI: 10.1080/09515070110059133

Tummala-Narra, P. (2004). Dynamics of race and culture in the supervisory encounter. *Psychoanalytic Psychology, 21*(2), 300-31. DOI: 10.1037/0736-9735.21.2.300

Veilleux, J. C. (2011). Coping with client death: Using a case study to discuss the effects of accidental, undetermined, and suicidal deaths on therapists. *Professional Psychology: Research and Practice*, *42*(3), 222-228. DOI: 10.1037/a0023650

von Dawans, B., Ditzen, B., Trueg, A., Fischbacher, U., & Heinrichs, M. (2019). Effects of acute stress on social behavior in women. *Psychoneuroendocrinology*, *99*, 137-144. DOI: 10.1016/j.psyneuen.2018.08.031

Vos, T., et al. (2015). Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *The Lancet, 386*(9995), 743-800. DOI: 10.1016/S0140-6736(15)60692-4

Wald, J., Taylor, S., Asmundson, G. J., Jang, K. L., & Stapleton, J. (2006). *Literature review of concepts: Psychological resiliency*. British Columbia University.

Watts, H. E. (2014). *The plight of the wounded healer: Unraveling pain as a precursor to practicing potent psychotherapy*. [Unpublished master's dissertation]. Pacifica Graduate Institute.

Wilkerson, K. (2006). Impaired students: Applying the therapeutic process model to graduate training programs. *Counselor Education and Supervision*, *45*(3), 207–217. DOI: 10.1002/j.1556-6978.2006.tb00143.x

Wolfe, G. A. (1981). Burnout of therapists: Inevitable or preventable? *Physical Therapy*, *61*(7), 1046-1050. DOI: 10.1093/ptj/61.7.1046

World Health Organization (2011). *Mental health atlas 2011.* World Health Organization.

Yerkes, R.M., & Dodson, J.D. (1908). The relation of strength of stimulus to rapidity of habit-formation. *Journal of Comparative Neurology and Psychology, 18*(5), 459-482. DOI: 10.1002/cne.920180503

Zaninotto, L., Rossi, G., Danieli, A., Frasson, A., Meneghetti, L., Zordan, M., Tito, P., Salvetti, B., Conca, A., Ferranti, R., Salcuni, S., & Solmi, M. (2018). Exploring the relationships among personality traits, burnout dimensions and stigma in a sample of mental health professionals. *Psychiatry Research, 264*, 327-333. DOI: 10.1016/j.psychres.2018.03.076

Zeidenstein, L. (1995). Breaking the silence: Finding a voice for loss. *Journal of Nurse-Midwifery, 40*(4), 317-319. DOI: 10.1016/0091-2182(95)00019-g

Zimering, R., Munroe, J., & Gulliver, S. B. (2003). Secondary traumatization in mental health care providers. *Psychiatric Times, 20*(4), 1-4.