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THE LIVED-EXPERIENCES OF CLINICAL SUPERVISORS WHO DEVELOP
BURNOUT WHILE WORKING WITHIN SUBSTANCE ABUSE REHABILITATION
FACILITIES IN PENNSYLVANIA

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Kevin B. Kumpf

May 2014

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Kevin B. Kumpf

2014

**DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education**

Dissertation

Submitted in Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy (Ph.D.)

Executive Counselor Education and Supervision Program

Presented by:

Kevin B. Kumpf, MS, NCC, ACS, LPC

THE LIVED-EXPERIENCES OF CLINICAL SUPERVISORS WHO DEVELOP
BURNOUT WHILE WORKING WITHIN SUBSTANCE ABUSE REHABILITATION
FACILITIES IN PENNSYLVANIA

Approved By:

_____, Chair
William Casile, Ph.D.
Associate Professor, Counselor Education Program
Department of Counseling, Psychology, and Special Education
Duquesne University

_____, Member
David Delmonico, Ph.D.
Professor, Counselor Education Program
Department of Counseling, Psychology, and Special Education
Duquesne University

_____, Member
Nicholas Hanna, Ph.D.

ABSTRACT

THE LIVED EXPERIENCES OF CLINICAL SUPERVISORS WHO DEVELOP BURNOUT WHILE WORKING WITHIN SUBSTANCE ABUSE REHABILITATION FACILITIES IN PENNSYLVANIA

By

Kevin B. Kumpf

May 2014

Dissertation supervised by William J. Casile

Supervision is an integral part of the counseling field and is considered a discipline in and of itself (Bernard & Goodyear, 2009). The purpose of supervision is to ensure the welfare of client system and to enhance the professional development of counselors. Each supervisor assumes an enormous amount of ethical, legal, and professional responsibility by entering into a supervisory relationship with a counselor. As a result, supervisors require extensive training in addition to the development of a substantive base with regard to the dissemination of counseling services within substance abuse rehabilitation facilities. Additionally, the purpose of this study is to provide an exhaustive, rich description of supervisees who have encountered the burnout syndrome while working within substance abuse rehabilitation facilities.

The results of this study demonstrate that the development of supervisor burnout is connected with being overwhelmed and disengaged with an unsatisfying work environment that is devoid of consistent supervisory support for supervisors. As a result, the development of the burnout syndrome can have implications for a supervisor's ability to provide efficacious supervisory services to counselors.

The findings of this study illuminate the need for specific training experiences with regard to the development of substance abuse counseling supervisors. This study provides specific training recommendations along with suggestions for the integration of supportive measures for substance abuse counseling supervisors. This study also identifies the risk factors and preventative factors that contributes to, or prevents the development of the burnout syndrome for supervisors.

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CHAPTER I

INTRODUCTION

Clinical supervisors within agency settings have struggled historically with finding a delicate balance between clinical and administrative supervisory responsibilities. Never has this been more evident than for supervisors working within substance abuse rehabilitation facilities. Newly minted and frequently unprepared substance abuse supervisors often become susceptible to role shock when confronted with confusion around role expectations, perceptions of how supervisors are perceived differently by former coworkers, and uncertainty with regard to new occupational responsibilities (Watkins, 1993).

Burnout is often associated with caseworkers when they are asked to balance a disproportionate number of administrative and clinical responsibilities consistently over the course of time. Acker (2008) suggested that “the increased job demands, the larger size of the organization, and the heavy caseloads associated with public agencies are more likely to result in workers reporting higher levels of emotional exhaustion and role stress” (p. 305). Maslach (1986) operationally defined burnout as “a response to the chronic work stress typically found in professionals working in care service organizations” (p. 296). Maslach and Jackson (1986) asserted that burnout encompasses three components, which affects caseworkers that are in direct contact with clients: *emotional exhaustion* (exhaustion due to stressful interaction with others), *depersonalization* (indifferent, withdrawn, and jaded responses toward clients), and *low personal accomplishment* (a worker’s negative self-perception and/or negative self-evaluation). Gaines and Jermier (1983) suggested that emotional exhaustion is the first

stage of burnout, and that depersonalization and low personal accomplishment are the result of emotional exhaustion.

Additionally, *role conflict* and *role ambiguity* were identified as potential contributors to the burnout construct (Erera, 1991). Role conflict is defined as “the simultaneous occurrence of two or more sets of pressures, such that compliance with one would make it more difficult to comply with the other” (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964, p. 19). Additionally, Kahn et al. found that role ambiguity occurs when there is a discrepancy between the information that is provided to an employee and the knowledge that is required to perform one’s job competently. Clinical supervisors as well as clinicians are often placed in a precarious position where they are asked to maintain the fiscal health of an agency as well look out for the welfare of clients. Unfortunately, the ideals of a bureaucracy do not always coincide with the goal of providing efficacious counseling services. As a result, clinical supervisors and clinicians are left in a perpetual state of dissonance with risk of liability over what is the correct course of action when faced with an ethical dilemma or adverse clinical issue.

Historically, burnout has been predominately connected with caseworkers that provide direct service to clients. There is empirical evidence to support the idea that the direct service helping professionals are at high risk for burnout because of their consistent, intense involvement with clients (Drory & Shamir, 1988). Conversely, Erera’s (1991) findings show supervisors experience high degrees of depersonalization and an impaired sense of personal accomplishment due to their administrative responsibilities, not through contact with clients. In essence, burnout can be viewed as a

reaction to work related stressors in which supervisors and caseworkers are equally at risk.

The preceding research suggests burnout is an issue that affects caseworkers and clinical supervisors within human service agencies. However, there is a noticeable gap in the existing literature as it relates to the lived experiences of clinical supervisors who experience burnout working within substance abuse rehabilitation facilities.

Statement of the Problem

Clinical supervisors within substance abuse rehabilitation facilities are required to balance multiple clinical and administrative responsibilities simultaneously on a daily basis. Job responsibilities can range from providing clinical supervision to staff, conducting group and individual counseling sessions, participating in administrative meetings, and generally overseeing the day-to-day operations of an outpatient treatment facility. Clinical supervisors within these agencies are expected to instantaneously shift among multiple responsibilities much like a chameleon adapts seamlessly to its changing environment.

Within outpatient treatment facilities, role conflict and role ambiguity abound because supervisors are being overextended and not afforded the necessary information, or the resources that are required to maintain effective outpatient treatment (Erera, 1991). As a result of being pulled in several directions simultaneously, it is not uncommon for clinical supervisors to rely on the experience of their on-site staff to assume a heavier burden comprised of an exhaustive combination of clinical and administrative tasks in addition to their required daily activities. When front line staff members become inundated and overwhelmed with little to no administrative or clinical supervisory

support, as a by-product of supervisor burnout, the chances for role conflict, role ambiguity, and ultimately burnout increase exponentially on a systemic level, therefore degrading staff morale and the effective dissemination of clinical services.

In essence, burnout is a corrosive, systemic phenomenon that affects both clinical staff and supervisors within substance abuse rehabilitation facilities. Erera (1991) suggested the primary origin of all three burnout dimensions for supervisors is organizational policies that are ambiguous and incompatible. Earlier studies addressing human service agencies in general suggest similar findings (Allison, 1983; Brannon, 1985; Bunker & Wijnberg, 1985; Moore, 1987; Prager & Shnit, 1985; Smith-Ring & Perry, 1985). However, there has been minimal research conducted specifically on the factors that facilitate, explicate, or hamper the development of substance abuse supervisors (Culbreth & Cooper, 2008). In addition, the degree to which the burnout dimensions impact the supervisory relationship has yet to be explored empirically.

Purpose of the Study

The purpose of this study is to examine and describe the lived-experiences of clinical supervisors who experience burnout working within substance abuse rehabilitation facilities. This study analyzes the relevant factors and themes that emerge from individual interviews with supervisors in order to develop an understanding and rich description of the supervisors' experience as it relates to the burnout construct and its effect on the process of supervision. Specifically, it is essential to examine the interaction between clinical supervisors and their environment if supervisor burnout is to be thoroughly understood and effectively prevented. Similarly, conducting this qualitative study with regard to supervisor burnout is relevant to the counseling

profession because it will provide insight into the effects of burnout on clinical supervisors as well as the process of supervision, a topic which has received minimal attention, especially within the substance abuse counseling field. Additionally, recommendations for the practice of appropriate supervisor self-care within substance abuse rehabilitation facilities will be important contributions to both the supervision and the substance abuse counseling literature.

Research Questions

The following questions serve as the foundation for this study and were developed through a thorough review of the relevant literature. Additionally, this researcher's knowledge of and expertise with clinical supervision within substance abuse rehabilitation facilities were also used to construct the following questions.

1. How do clinical supervisors within substance abuse rehabilitation facilities describe supervision and its role in their agency?
2. How do clinical supervisors within substance abuse rehabilitation facilities experience burnout?
3. How do clinical supervisors within substance abuse rehabilitation facilities respond to burnout?
4. How do the dimensions of burnout (emotional exhaustion, depersonalization, low personal accomplishment) impact the supervisory process?

The purpose of this study is not to test a proposed hypothesis, as the existing literature has failed to provide an adequate understanding of the experiences of supervisors who experience burnout while working within substance abuse rehabilitation facilities. Specifically, this study will provide a vivid description and enhanced

understanding of the lived experiences of clinical supervisors who experience and respond to burnout while working within substance abuse rehabilitation facilities. This study will contribute to the existing knowledge base with regard to supervision within substance abuse treatment facilities from the perspective of the supervisor, and will also contribute to a refined understanding of the etiology and conceptualization of supervisor burnout.

Significance of the Study

This study examines the lived experiences of clinical supervisors who experience burnout working within substance abuse rehabilitation facilities in Pennsylvania. This study is intended to contribute to the professional development of substance clinical supervisors by examining burnout within the context of supervision as an impediment to professional growth. Through the exploration of the salient elements that contribute to the development of supervisor burnout, preventative measures may be illuminated in addition to self-care practices that are specifically tailored to the needs of substance abuse clinical supervisors, thereby, enhancing the efficacy of supervisory services. The findings and recommendations resulting from this study will be made available to substance abuse treatment facilities with suggestions for decreasing the risks that contribute to supervisor burnout. Strategies for appropriately responding to supervisors who are compromised by the burnout syndrome will also be suggested where applicable.

Limitations of the Study

One of the limitations of qualitative research, and this study in particular is the lack of generalizability due to a small sample size. In essence, the results of this study cannot be generalized to all substance abuse clinical supervisors who experience burnout.

Additionally, my own biases, proclivities, and experiences will impact the data collection and analysis protocol (Kruger, 1988; Patton, 2002). As a result, I have included reflexive measures consistently throughout the study in order to explicitly identify this researcher's biases with regard to the findings. The preceding reflexive measures include peer debriefing, a reflection journal, field notes, and ongoing corroboration with the individual interview informants with regard to the findings (McMillan & Schumacher, 2006).

Additionally, only performing individual phone interviews as opposed to focus groups is another limitation of this study; however, due to the sensitive nature of the topics discussed it was difficult to acquire IRB approval within a substance abuse rehabilitation facility for the purpose of conducting group interviews with supervisors. It was determined during the institution's IRB review process that it was not in the best interest of the agency to have their supervisors discuss a topic such as supervisor burnout amongst themselves within the context of a focus group. As a result, only individual phone interviews with supervisors working within different substance abuse rehabilitation facilities throughout Pennsylvania were used for this study.

Theoretical and Conceptual Framework

This qualitative research incorporates the theoretical framework of Bronfenbrenner's (1979, 2005) bioecological model of human development and Van Manen's (1990) lifeworld existentials. Specifically, the ecological model has been integrated historically to explore the nature of the counseling field (Coyne & Cook, 2004) and was used in this study to illuminate the elements that contribute to supervisor burnout within substance abuse rehabilitation treatment facilities. Similarly, the four lifeworld existentials of lived space, lived body, lived time, and lived other are viewed as the

foundation for how human beings experience their world, “the lived world as experienced in everyday situations and relations” (Van Manen, 1990, p. 101). In essence, the person through lifeworld existentials and the environment form a symbiotic relationship that is alive and dynamic; Bronfenbrenner (1979, 2005) asserted that a person’s development and the environment are interconnected through social avenues that cannot be separated. These two models provide the impetus for understanding the factors and themes conceptually that contributes to the burnout of clinical supervisors, specifically those who work in substance abuse rehabilitation facilities.

Bronfenbrenner’s bio-ecological model (1979) attempts to illuminate how the development of an individual is impacted by a multiplicity of interactive and engaging environments. The bio-ecological model of human development provides a framework for understanding supervisor burnout and its effects on the supervision relationship from a systemic and environmental perspective within substance abuse treatment facilities. Additionally, this model describes the implicit and explicit variables within the environment that affect the supervisor and could also contribute to the development of the burnout syndrome.

Bronfenbrenner’s (1979, 2005) bio-ecological model incorporates four interconnected systems that are “nested inside the other” (p. 3). These systems are identified as the *microsystem*, *mesosystem*, *exosystem*, and the *macrosystem*. The sphere closest to the supervisor or individual is called the microsystem and includes the supervisor’s innermost environment. Bronfenbrenner attested the microsystem plays an integral part in, and may have the largest impact on the supervisor’s development. Examples of microsystems include the relationship between supervisor and supervisee

and the environment in which the supervisory process occurs. The second system is known as the mesosystem and begins to account for the environment in the supervisor's peripheral. The mesosystem usually encompasses coworkers, agencies, friends, extended family members and processes that often occur between microsystems such as work and home (Bronfenbrenner, 1979, 2005). The mesosystem can also account for systemic or organizational concerns for clinical supervisors as it relates to balancing administrative and clinical responsibilities. The exosystem is the third system within the bio-ecological model and accounts for the community, societal, and cultural processes that occurs between two or more settings. Elements within this system relevant to supervision might include managed care entities, government legislation, and county/state licensing agencies. Supervisors are often required to provide appropriate support and/or guidance to supervisees with regard to navigating the exosystem. Lastly, the macrosystem occurs on a much larger level and accounts for all prevailing societal and cultural beliefs. For example, stereotypical beliefs and the stigma often connected to mental health services can be found within this system. When working with the substance abuse population where stereotypes and stigma are prevalent, it is imperative that supervisors support supervisees as they learn to address these concerns that often emerge within the macrosystem. Consequently, the systems within the bio-ecological model of human development share an interconnected relationship. In essence, a change in any one system will have an effect on the other spheres that supervisors may occupy simultaneously.

The second theory, Van Manen's (1990) four *lifeworld existentials* or "existentials," is used as a method for constructing meaning from experience. The first

lived existential is *lived space* (spatiality), which accounts for what is in close proximity to oneself and the way “we experience the affairs of our day to day existence” (p. 103). Lived space examines how a person thinks, and responds behaviorally to a given experience. In terms of supervisors, lived space encompasses the agency environment and the feelings that a person feels when he or she enters that environment. *Lived body* (corporeality) “refers to the phenomenological fact that we are always bodily in this world” (p. 103), and acknowledges our physical existence in the world. Supervisors and supervisees may find themselves in a particular scenario where their bodily reaction may intentionally or unintentionally conceal something about themselves. When a supervisor is placed in the precarious position of occupying the dual role of supervisor and administrator feelings of discontent and role confusion may often arise and become noticeably apparent to supervisees. The next existential, *lived time* (temporality), specifically addresses the subjective experience of time along with one’s personal orientation to the present, future, or past as opposed to objective time in the literal sense. A supervisor’s personal and professional history can affect his or her ability to efficiently disseminate efficacious supervisory services. *Lived other* (relationality) allows the phenomenological researcher to explore the nature of relationships within the context of interpersonal space. Human beings are often defined by relationships; humans “have searched in this experience of the other, the communal, the social for a sense of purpose in life, meaningfulness, grounds for living, as in the religious experience of the absolute other, God” (Van Manen, 1990, p. 105).

Supervisor burnout is a multifaceted occurrence that incorporates personal, systemic, situational, and socio-cultural variables. As such, Bronfenbrenner’s (1979,

2005) bio-ecological model and Van Manen's (1990) lifeworld existentials provide a framework for conceptualizing the lived experience of supervisors who experience burnout in substance abuse rehabilitation facilities.

Operational Definitions

Burnout—Maslach (1982) suggested the three dimensions of burnout include emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA).

Outpatient Substance Abuse Treatment Facility—A substance abuse treatment facility that offers multiple treatment options such as Intensive Outpatient services (Three to five treatment sessions per week for a total of 9 to 15 contact hours) and Partial Hospitalization treatment (Five treatment sessions per week for a total of 40 contact hours). *Substance Abuse Rehabilitation Facility* and *Substance Abuse Treatment Facility* is used interchangeably in the study and includes any agency that provides substance abuse counseling services to clients as the primary method of treatment.

Substance Abuse Counselor—The definition for substance abuse counselor includes any mental health professional that provides substance abuse counseling services within a substance abuse rehabilitation facility.

Substance Abuse Supervisor—A mental health professional who provides clinical supervision within substance abuse rehabilitation facilities to mental health workers, substance abuse counselors, and professional counselors.

Chapter Summary

The purpose of this study is to examine the lived-experiences of supervisors who experience burnout while working within substance abuse rehabilitation facilities. This

study analyzes the relevant factors and themes that arise from individual interviews to determine the manner and extent to which clinical supervisors and the supervisory process are affected by the burnout syndrome. Additionally, this study contributes to the limited literature base on the burnout syndrome from the perspective of the clinical supervisor, which may improve the quality of supervisory services provided to staff within substance abuse rehabilitation facilities. Lastly, this study identifies the inherent risk factors that contribute to the development of supervisor burnout; practical recommendations for supervisor self-care in support of substance abuse supervisors is also provided. This chapter contained the purpose and significance along with the relevant research questions and operational definitions used throughout this study.

CHAPTER II

LITERATURE REVIEW

Introduction

This chapter provides a historical overview of burnout along with the most pertinent definitions and descriptions, which differentiate burnout from similar constructs. The individual and organizational consequences associated with burnout among substance abuse counselors, and clinical supervisors, are presented. The etiology of burnout is elucidated within the framework of contextual work factors associated with the work of clinical supervisors within substance abuse treatment facilities.

Historical Overview

The fundamental elements of burnout have existed and were experienced before the burnout construct was formally presented in the 1970s (Maslach & Schaufeli, 1993). Thomas Mann's (1922) description in the work *Buddenbrooks* is the first literary reference to assign the symptoms of burnout to a fictional character. Mann's protagonist embodies a character that experiences extreme fatigue, cynicism, and disinterest in one's occupational endeavors (as cited in Maslach & Schaufeli, 1993). Schwartz and Will (1953) published a case study of a disconcerted psychiatric nurse, who is the most salient example of a professional suffering from burnout (as cited in Maslach & Schaufeli, 1993). In *A Burnt Out Case*, Greene (1960) presented a disenchanting architect who is spiritually distressed, quits his job, and exfiltrates to a jungle in Africa (as cited in Maslach & Schaufeli, 1993). In essence, the "experience" of burnout has been chronicled historically by literary forerunners before the word was used within an academic context by scholars (Maslach & Schaufeli, 1993).

During the 1970s the word burnout was used informally to describe emotionally exhausted and dejected professionals within the helping professions (Cox, Kuk, & Leiter, 1993; Maslach, 1993; Maslach, Schaufeli, & Leiter, 2001). Freudenberger (1974) was the first scholar to use the term in scientific discourse when he identified the physical and behavioral signs of burnout (Cox et al., 1993). Furthermore, Maslach and Jackson (1981, 1984, 1986) are often credited with developing burnout as a scientific concept that can be measured empirically (Cox et al., 1993).

Research development with regard to burnout has been defined by two distinct phases of inquiry (Maslach & Schaufeli, 1993). During the mid-1970s, the pioneer phase of research development is marked by the description of burnout as a phenomenon that occurs within a social context; however, the research conducted at this time was generally non-empirical in nature (Maslach & Schaufeli, 1993). Throughout the 1980s, the empirical phase of inquiry ushered in an era where researchers explicated their approach to burnout to encompass the social and practical concerns of the 1970s in addition to empirical and theoretical considerations (Maslach & Schaufeli, 1993). Consequently, Buunk and Schaufeli (1993) identified a limitation of the 1980's empirical phase where a multitude of research studies were conducted without using theoretical frameworks, therefore, being considered atheoretical. However, researchers addressed the aforementioned theoretical issues during the late 1980s and into the 1990s by developing consensual agreement on an operational definition of burnout. As a result, numerous theory driven studies were developed to rectify the atheoretical limitations (Buunk & Schaufeli, 1993; Maslach & Schaufeli, 1993).

Currently, theoretically and empirically based studies on the construct of burnout are of interest to researchers (Maslach et al., 2001). Historically, research on the context of burnout has created a bifurcation of opposing views which conclude that the source of burnout either occurs within the individual or on an organizational level (Maslach et al., 2001). According to Schaufeli, Leiter, and Maslach (2008), “burnout was originally viewed as a specific hazard for naïve, idealistic, young service professionals who became exhausted, cynical, and discouraged through their experiences in cold bureaucratic systems serving entitled, unresponsive clients with inaccurate problems” (p. 209). The initial assertion that the etiology of burnout resides within the individual was supported through a plethora of research that advocated for the self-care of professionals who were exposed to occupational stressors (Leiter & Maslach, 2001). As a result, researchers mistakenly purported that an individual experiences burnout due to lifestyle choices and inappropriate coping skills as opposed to organizational work factors (Barber & Iwai, 1996; Maslach et al., 2001; Melchoir, van der Berg, Halfens, & Abu-Saad, 1997).

Conversely, Maslach and Leiter (1997) proposed a model that succinctly integrates the individual and organizational factors of burnout, which allows one to view a professional within the context of his or her environment. Contemporary authors such as James and Gilliland (2001) asserted that burnout should be viewed as an organizational issue where a system’s perspective may be efficaciously employed. In light of recent recommendations to conceptualize burnout within an organizational context as opposed to a problem of the individual, researchers have garnered a scholarly movement to broaden the scope of burnout to include organizational factors.

An exhaustive review of the literature pertaining to job stress and burnout (Leiter & Maslach, 2001, 2004; Maslach & Leiter, 1997), yielded six organizational correlates to burnout. Subsequently, Maslach et al. (2001) used the six organizational correlates to define a comprehensive conceptualization of burnout entitled the “*Mediation Model*” (Leiter & Maslach, 2004, p. 115). The mediation model utilizes a contextual framework to synthesize the plethora of organizational correlates to incorporate six specific areas including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2001, 2004; Maslach & Leiter, 1997; Maslach et al., 2001). The preceding organizational correlates are referred to in the literature as the six areas of worklife (Leiter & Maslach, 2004). Furthermore, the fundamental assertion of the mediation model “is that the greater the perceived gap between the person and the job, the greater the likelihood of burnout; conversely, the greater the consistency, the greater the likelihood of engagement with work” (Leiter & Maslach, 2004, p. 101). In essence, the greater the mismatch between a person and the job in the six areas of worklife, the more plausible it is to assume that the person may experience burnout.

Moreover, Maslach et al. (2001) expanded the theoretical framework of burnout through the development of the mediation model; they also recommended that the construct be refined to include both the negative and positive conditions of burnout. Maslach et al. suggested burnout and its positive antithesis engagement are inversely related to the six areas of work life. *Engagement* can be defined (Leiter & Maslach, 2004)

In terms of the same three dimensions as burnout, the positive end of those dimensions rather than negative. Thus, engagement consists of a state of high

energy (rather than exhaustion), strong involvement (rather than cynicism), and a sense of efficacy (rather than inefficacy). (p. 94)

Through their description of engagement as the inversion to burnout, Maslach et al. (2001) conceptualized burnout as a continuum with three interrelated dimensions: exhaustion–energy, cynicism—involvement, and inefficacy—efficacy (Leiter & Maslach, 2005). These dimensions exemplify the salutogenic perspective (Antonovsky, 1979, 1987, 1993), which considers both health and disease as one continuous process as opposed to separate entities. Maslach et al. (2001) indirectly used the salutogenic approach, although not by name, to expand the burnout construct by describing engagement as the positive endpoint on the continuum of burnout. Specifically, the significance of the burnout-engagement continuum is that engagement represents an optimal goal for burnout interventions. The continuum allows people to consider what factors in the workplace are likely to enhance employees' energy, and resilience; to enhance their involvement and integration with work tasks; and to ensure dedication and efficacious behavior while working (Leiter & Maslach, 1998).

Research endeavors within the past decade of the 21st century, although in their infancy, have aimed to expand the theoretical framework and the construct of burnout (Leiter & Maslach, 2001, 2004; Maslach & Leiter, 1997; Maslach et al., 2001; Schaufeli et al., 2008). Additionally, more is known in the literature about the organizational correlates to burnout as opposed to engagement, which resides at the opposite end of the continuum (Leiter & Maslach, 2004). However, Schaufeli and Salanova (2007) recently identified vigor, dedication, and absorption as the three dimensions that constitute engagement through their use of the Utrecht Work Engagement Scale (UWES).

Furthermore, there is a noticeable gap in the existing literature regarding the lived experiences of clinical supervisors who develop the burnout syndrome; while most research has focused primarily on direct service workers among the helping professionals, there are a few exceptions (Erera, 1991). Erera asserted that supervisors develop burnout like a therapist; however, what differs is their specific burnout experience. Therapists usually exhibit high levels of emotional exhaustion due to their excessive interactions with clients (Gillespie & Cohen, 1984; Maslach & Pines, 1978; Pearlman & Hartman, 1982), while supervisors experience primarily reduced personal accomplishment, depersonalization, and a minimal level of personal exhaustion. For supervisors, the genesis of all three burnout dimensions can be attributed to organizational policies that can be perceived to be ambiguous, vague, or incompatible (Erera, 1991). In essence, the lack of involvement with clients appears to have protected the supervisors from acute emotional exhaustion; alternatively, their engagement in administrative duties exposed stressful policies, which can place them at high risk for role conflict (Erera, 1991). Erera's research identifies a direct correlation between supervisor burnout, role conflict, and role ambiguity; although, the preceding research fails to adequately explain the lived experiences of supervisors who develop the burnout syndrome.

Defining the Burnout Construct

The first scholarly reference to "burnout" emanated from language used to describe a chronic chemically dependent person in the 1970s (Maslach & Schaufeli, 1993). As a result, the word burnout was not developed within an academic context, but

rather modified from the slang context of the 1970s (Maslach, 1993; Maslach & Schaufeli, 1993; Online Etymology Dictionary, 2014).

When defining burnout as a construct, one must consider the word's etymological influences which provide an alternative frame of reference for understanding burnout in context. Specifically, deconstructing a word is imperative to the process of deducing its meaning in a holistic fashion (Shalif & Leibler, 2002).

Burnout is a compound word that connects "burn" and "out" so an etymological description of both words is required. An etymological origin of "burn" includes brenna "to burn, light," as well as bærnan "to kindle," and beornan "to be on fire" (Online Etymology Dictionary, 2014). An etymological derivation of "out" includes utian "expel" (Online Etymology Dictionary, 2014). When the etymological definitions are combined, one can derive the meaning of burnout to include the expulsion of energy, or the absence of light.

Freudenberger and Richelson (1980) asserted that an individual experiencing burnout is congruous to a structure destroyed by fire. Freudenberger and Richelson compared the barren nature of a burning building to the depletion of a person's internal strength, resources, or desire as a result of being consumed by burnout. Maslach and Leiter (1997) referred to burnout as the antithesis of engagement or the erosion of the human soul. Even though individuals experience symptomology commonly associated with burnout; current contentions suggest that burnout is not a problem of the individual, but rather a product of the environment in which a person works (Maslach & Leiter, 1997). Although there is an existing relationship between individual factors and burnout, the correlation between situational factors and burnout appear to be greater (Maslach et

al., 2001). In essence, burnout is conceptualized in the literature as being contextual in nature as opposed to an individualized clinical phenomenon (Maslach, 1993; Maslach & Leiter, 1997; Maslach et al., 2001).

Multiple operational definitions of burnout exist in the scholarly literature (Freudenberger, 1974; Freudenberger & Richelson, 1980; Golembiewski & Munzenrider, 1988; Leiter & Maslach, 2004; Maslach, 1976; Maslach & Jackson, 1981, 1984, 1986; Maslach, Jackson, & Leiter, 1996; Maslach & Leiter, 1997; Maslach & Pines, 1977; Maslach et al., 2001; Pines & Aronson, 1988; Pines, Aronson, & Kafry, 1981). When burnout research was in its infancy there was moderate disputation over the diverse definitions of burnout (Pines, 1993). Although three definitions of burnout have gained acceptance as the most frequently cited in the research literature, these definitions share fatigue and emotional exhaustion as an integral part of their description (Pines, 1993).

Freudenberger and Richelson (1980) identified burnout as “a state of fatigue or frustration brought about by a devotion to a cause, way of life, or relationship that failed to produce the expected reward” (p. 13). Additionally, Maslach (1982) suggested burnout is “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind” (p. 3). Furthermore, Pines and Aronson (1988) described burnout as “a state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding” (p. 9). While all three definitions are mentioned repeatedly in the literature on burnout (Pines, 1993), Maslach’s definition and the associated standardized measure, Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), are most frequently cited in burnout research (Cordes & Dougherty, 1993; Leiter & Maslach,

2001; Maslach, 1993; Maslach et al., 2001; Schaufeli & Enzmann, 1998). Moreover, the MBI is the most psychometrically proficient and universally used measurement of burnout (Maslach et al., 2001).

Maslach (1982) suggested the three dimensions of burnout include emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). Each dimension of burnout is measured on a separate subscale on the MBI, which is also offered in three separate survey formats. These formats include the MBI Human Services Survey (MBI-HSS), the MBI Educators Survey (MBI-ES), and the MBI General Survey (for all occupations; MBI-GS). Each subscale score of the MBI demonstrates the degree to which each component of the burnout syndrome is present (Maslach, Jackson, & Leiter). For the purpose of this research, Maslach's three-dimensional model of burnout forms the conceptual framework for this study (Maslach, 1982; Maslach & Jackson, 1981, 1984, 1986; Maslach et al., 1996).

Emotional Exhaustion is described as a state of significant fatigue, a void of energy where a person is drained of one's affective and physical resources (Leiter & Maslach, 2001; Maslach, 1993; Maslach et al., 1996; Maslach & Leiter, 1997). It is not uncommon for a counselor to experience frustration along with fatigue as he or she realizes that it has become increasingly more difficult to continue to service clients in an efficacious manner (Cordes & Dougherty, 1993; Maslach, 1982). As a result of the preceding frustration and fatigue, counselors may also experience feelings of apprehension with regard to returning to work (Maslach et al., 2001). Lastly, emotional exhaustion is one of the primary and most noticeable symptoms associated with the burnout syndrome (Maslach et al., 2001).

Depersonalization consists of a negative, disinterested, and cynical disposition along with a deflated affect with regard to one's clients (Leiter & Maslach, 2001; Maslach, 1982, 1993; Maslach et al., 1996). Specially, depersonalization represents the interpersonal context dimension of burnout and can be characterized by a consistent, calloused, or detached response to clients, co-workers, and the organization as a whole (Cordes & Dougherty, 1993; Leiter & Maslach, 2001; Maslach & Leiter, 1997). In essence, depersonalization is synonymous with dehumanization, and the rigid compartmentalization of one's occupational responsibilities (Cordes & Dougherty, 1993). Depersonalization as an extant reaction to emotional exhaustion has been consistently demonstrated throughout the literature (Maslach et al., 2001).

The reduced personal accomplishment component of burnout is also considered the self-evaluation dimension where a therapist experiences feelings of incompetence, and a lack of achievement and productivity with regard to work (Maslach et al., 2001). When a therapist's sense of personal accomplishment wanes, there is a tendency to evaluate oneself in a negative fashion, and to experience the absence of continued professional growth (Cordes & Dougherty, 1993; Maslach et al., 1996). The symptoms most commonly associated with reduced personal accomplishment include disciplinary issues with an employee (Cordes & Dougherty, 1993), low professional self-esteem (Skovholt, 2001), and the absence of intellectually stimulating work (Skovholt, 2001).

While a strong relationship between exhaustion and depersonalization has been identified in the research literature, the correlation of reduced personal accomplishment to exhaustion and depersonalization is more complex and unclear (Maslach et al., 2001). Maslach et al. suggested reduced personal accomplishment is a function of exhaustion,

depersonalization, or possibly a by-product of the interactional effects between exhaustion and depersonalization (Lee & Ashforth, 1996; Maslach et al., 2001). Specifically, a debilitating work situation with chronic overwhelming demands that contribute to emotional exhaustion or depersonalization may ablate a therapist's effectiveness or sense of personal accomplishment (Maslach et al., 2001). Maslach et al. concluded the lack of efficacy arises due to the absence of pertinent resources, while exhaustion and cynicism develop due to interpersonal conflict and an unequal distribution of work related responsibilities. In general, the presence of the three dimensions of burnout has been empirically validated, while the relationship among the three dimensions remains ambiguous (Maslach et al., 2001).

Of the three dimensions of burnout, exhaustion is the most widely researched, and thoroughly reported aspect of the multidimensional construct (Cordes & Dougherty, 1993; Leiter & Maslach, 2001; Maslach, 1993; Maslach et al., 2001). Consequently, some researchers contend burnout is not a multidimensional construct, but rather a single aspect of exhaustion (Maslach, 1993; Shirom, 1989). Although, Cordes and Dougherty (1993) provided support for the idea of burnout as a multidimensional construct through their use of confirmatory factor analysis in a human service sample. In addition, numerous empirical studies identified in the literature support the multidimensional model of burnout (Cordes & Dougherty, 1993; Fimian & Blanton, 1987; Gorter, Albrecht, Hoostraten, & Eijkman, 1999; Lee & Ashforth, 1990; Leiter & Maslach, 2001; Maslach et al., 1996; Maslach et al., 2001). In essence, burnout is a multidimensional construct that includes emotional exhaustion, depersonalization, and reduced personal accomplishment. The symptomology associated with the dimensions within the

multidimensional model of burnout are most frequently assessed using the Maslach Burnout Inventory (Cordes & Dougherty, 1993; Leiter & Maslach, 2001; Maslach, 1993; Maslach et al., 1996; Maslach et al., 2001).

Related Constructs

A continuing trend in current burnout research is to consistently distinguish the construct from constructs that are similar in nature (Burisch, 1993; Densten, 2001; Figley, 2002a). Researchers examine constructs that appear related or similar in order to enhance conceptual understanding, and empirical findings (Burisch, 1993; Figley, 2002a). As is the case within different research realms, one can suggest early burnout researchers rediscovered a phenomenon that could be identified by other names as opposed to a new phenomenon (Burisch, 1993). Similarly, the same argument can be connected to the course of contemporary research with regard to burnout and other closely associated constructs.

Numerous fields aid in the understanding of burnout as a multidimensional construct. These fields include crisis theory, frustration and aggression, reactance and learned helplessness, incentive theory, and exhaustion reaction (Burisch, 1993). Additionally, research on stress (Cordes & Dougherty, 1993), depression, and job satisfaction (Maslach et al., 2001) are commonly cited constructs, which are often mistakenly identified as burnout. Furthermore, research conducted in the field of trauma has also helped to refine the burnout construct (Collins & Long, 2003a, 2003b; Figley, 1998, 2002a, 2002b; Trippany, White-Kress, & Wilcoxon, 2004). While an exhaustive review of the literature with regard to constructs similar to burnout is not the intention of

this review, a brief examination of the research literature that separates burnout from similar constructs is necessary to illuminate the current thinking around this phenomenon.

Burisch (1993) suggested burnout is a broadly used term for identifying ill-defined crises. However, as Burisch himself acknowledged, burnout as defined by the type of crisis he described is nonspecific and indistinguishable in nature. Additionally, a second limitation of Burisch's description is that it does not capture the essence of burnout, but instead offers only a broad description of the burnout construct.

Alternatively, James and Gilliland (2001) distinguished between burnout and crisis by referring to Edelwich and Brodsky's (1980) four stages of burnout (enthusiasm, stagnation, frustration, apathy).

James and Gilliland (2001) described burnout within the framework of crisis when the end stage of burnout, apathy, has been reached. Additionally, although burnout is not typically viewed as a crisis situation, a person experiencing occupational burnout may progress toward a crisis. Specifically, James and Gilliland suggested a crisis develops only when people experience exhaustion to the degree that individuals take unusual measures to find relief, which may include terminating employment, abusing substances, or attempting suicide. Furthermore, a relationship between burnout and crisis could exist in that the constructs may merge at a particular stage of burnout; however, each construct exists independently of the other. Lastly, research to further explain the correlation between apathy and crisis could prove profitable (James & Gilliland, 2001).

Within the field of frustration and aggression research, Stokols' (1975) psychological theory of alienation identifies situational frustration as a developmental process that occurs in a gradual and adjacent relationship between two or more people

(Burisch, 1993). To illustrate the similarities between the burnout construct and the psychological theory of alienation, Burisch explicated the psychological theory of alienation by referring to the career development processes often observed with parole officers, nurses, and novice counselors. Burisch asserted that novice counselors require a moderate degree of optimism while in their infancy within the stages of career development; however, these counselors are often confronted with challenging clients, which make the initial experiences in the field frustrating. Burisch linked the novice's occupational experiences to burnout symptoms such as depersonalization, social withdrawal, and marginal collegial relationships. Initially, Burisch's example appears reasonable; however, just because a novice experiences a common symptom of burnout does not guarantee the burnout syndrome is present. Simply connecting the novice's occupational difficulties and the symptoms associated with burnout does not take into consideration the intervening or moderating variables that may influence the correlation between work and burnout. While frustration and aggression may share similarities with burnout symptomology, burnout is specifically a three-component construct which includes depersonalization, emotional exhaustion, and reduced personal accomplishment (Maslach, 1993).

Additional constructs that appear to be related to burnout are *learned helplessness*, *incentive theory*, and *reactance*. According to Wortman and Brehm (1975), the integration of reactance and learned helplessness include both a hyperactivity and hypoactivity phase, which is similar to the process of burnout (Burisch, 1993). Furthermore, Klinger's (1975) incentive theory corresponds with Wortman and Brehm's assertion by illuminating an individual who disengages from a goal that is unattainable

(Burisch, 1993). In essence, incentive theory may share common characteristics, which are similar to burnout and learned helplessness theory. Similar to the combined reactance and learned helplessness theory, incentive theory may offer important, although unspecific information with regard to the correlation between motivation and burnout, however it does not expose the core components of the burnout syndrome.

Burisch (1993) identified *exhaustion reaction* (Brautigam, 1969, as cited in Burisch, 1993) as a concept that is similar in nature to the construct of burnout. Specifically, exhaustion reaction is explicated as a process that includes irritability, fatigue, tension, decreased capacities, inability to rest and sleep, lethargic mood, and a sense of feeling overwhelmed with responsibilities and demands (Brautigam, 1969, as cited in Burisch, 1993). Indubitably, manifestations of exhaustion reaction (Brautigam, 1969, as cited in Burisch, 1993) and emotional exhaustion (Maslach, 1993) share characteristics that are similar (Burisch, 1993). Conversely, exhaustion is only one dimension within the multidimensional burnout syndrome (Maslach, 1993). Maslach asserted that the burnout construct includes, depersonalization, reduced personal accomplishment, as well as exhaustion. As a result, exhaustion reaction is distinctly different from the multidimensional burnout construct.

Similarly, stress is a construct that is closely related to burnout (Cordes & Dougherty, 1993; Ganster & Schaulbroeck, 1991; McManus, Winder, & Gordon, 2002; Schuler, 1980; Shirom, 1989). Some researchers define burnout as a specific syndrome, a separate form of job-related stress that is commonly experienced within people-oriented occupations (Cordes & Dougherty, 1993; Shirom, 1989). In the United Kingdom, a longitudinal study of physicians found a connection between stress and burnout

(McManus et al., 2002). This research suggests extreme levels of emotional exhaustion produce stress, high levels of stress cause emotional exhaustion, increased personal accomplishment raise stress levels, and depersonalization decreases stress levels (McManus et al., 2002). The preceding inquiry illustrates reciprocal causation between emotional exhaustion and stress, and a directional relationship between depersonalization and stress (McManus et al., 2002). Specifically, emotional exhaustion is correlated to stress (Cordes & Dougherty, 1993; McManus et al., 2002); although, like exhaustion reaction (Brautigam, 1969, as cited in Burisch, 1993) is only one dimension within the triadic structure of the burnout construct.

Furthermore, research suggests a correlation between the burnout construct and depression (Burke & Deszca, 1986; Iacovides, Fountoulakis, Moysidou, & Ierodiakonou, 1999/2000; Jackson & Maslach, 1982; Kahill, 1988). However, in differentiating between burnout and depression, some researchers assert depression is a disorder that compromises a person's life holistically, while burnout is a syndrome attributed specifically to a person's work environment (Iacovides et al., 1999/2000). Conversely, others suggest burnout may manifest itself in multiple contexts that include people carrying caregiver roles and engaging in people oriented occupations (Figley, 1998; Maslach & Leiter, 1997). Similarly, Figley explored familial burnout as a systemic cost of caring. Clearly, burnout and depression may share common symptomology; however, the distinction between the constructs of burnout and depression has been illuminated empirically (Bakker et al., 2000; Glass & McKnight, 1996; Leiter & Durup, 1994; Maslach et al., 2001). The contention is symptoms associated with burnout and depression are similar in nature, while the base constructs of burnout and depression are

dissimilar. Specifically, burnout is an individual syndrome that may, or may not include depressive features.

Maslach et al. (2001) clarified the connection between burnout and job dissatisfaction. They identified a negative correlation between the constructs of burnout and job satisfaction that has been found ranging from .40 to .52. Maslach et al. conceded the constructs are markedly linked, however, caution the correlation is insufficient to permit an inference suggesting that the constructs are identical. Maslach et al. acknowledged that the relationship between burnout and job dissatisfaction is nebulous and as a result, requires further inquiry. A noteworthy contribution to the existent literature would be to determine whether burnout causes job dissatisfaction, or job dissatisfaction serves as a precursor to burnout along with identifying other factors that may serve as antecedents to both burnout and job dissatisfaction (Maslach et al., 2001). In general, burnout and job dissatisfaction are separate but connected constructs (Maslach et al., 2001).

In a contemporary sense, the study of traumatic stress, otherwise known as traumatology, adds an additional lens from which to view burnout conceptually and to differentiate the term from other potentially related constructs (Figley, 1998, 2002b). *Vicarious traumatization* (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), *traumatic countertransference* (Herman, 1992), *compassion fatigue* (Figley, 1995), and *secondary traumatic stress disorder* (Munroe et al., 1995) have all been compared and contrasted with burnout respectively. Occasionally, *vicarious traumatization*, *traumatic countertransference*, *compassion fatigue*, *secondary traumatic stress disorder*, and burnout are labels used reciprocally (Collins & Long, 2003a). While counselors do not

experience clients' traumas directly, counselors are indirect witnesses to their clients' trauma via the counseling process (Figley, 2002b). In essence, counselors often experience traumatic symptoms akin to those chronicled by individuals who experienced traumatic events (Beaton & Murphy, 1995; Figley, 2002b). As a result, counselors encounter several occupational risks as a byproduct of their profession including vicarious traumatization, traumatic countertransference, compassion fatigue, secondary traumatic stress disorder, and burnout (Collins & Long, 2003a, 2003b; Figley, 2002b).

Trippany et al. (2004) asserted that vicarious traumatization and burnout are different conceptually, although, they are also processes that may share common signs and symptoms. Trippany et al. reported burnout includes the inherent psychological stress that usually accompanies working with clients within a helping scenario (Figley, 1995), whereas vicarious traumatization is a traumatic reaction to a specific type of client disclosure. Trippany et al. suggested vicarious traumatization is a phenomenon exclusive to professionals who engage in trauma work.

While burnout can be differentiated from vicarious traumatization, traumatic counter transference is also dissimilar from burnout (Herman, 1992). Within the traumatology literature, countertransference can also be defined as "traumatic countertransference" (Herman, 1992). Herman identified traumatic countertransference as a process where the counselor experiences the same affective reaction to a traumatic event, although to a lesser degree than the client. Conversely, the symptoms most commonly associated with the burnout construct usually develop at a slower rate than either countertransference or vicarious traumatization (Figley, 2002a). Although, those who experience burnout usually encounter a quicker recovery period than with vicarious

traumatization (Figley, 2002a). In essence, burnout and traumatic countertransference are pernicious consequences for counselors regardless of work setting; however, they are also separate and distinguishable phenomena.

According to Figley (2002b), secondary traumatic stress disorder and compassion fatigue describe the same condition respectively. Categorically, compassion fatigue is a more widely used term than secondary traumatic stress disorder (STSD; Figley, 2002b). Similarly, STSD and compassion fatigue are also closely related to post traumatic stress disorder (PTSD; American Psychiatric Association, 1994; Figley, 2002b). PTSD widely recognized as a diagnosis that includes a collection of symptoms experienced by a trauma survivor, whereas STSD and compassion fatigue are connected with a similar combination of symptoms experienced by those who are affectively compromised in a vicarious sense by the trauma of another entity (Figley, 2002b). Furthermore, while compassion fatigue is a type of burnout the two phenomena are also noticeably different (Figley, 2002b). The noticeable distinction between burnout, compassion fatigue, traumatic countertransference, and traumatic stress disorder is in the onset of symptoms (Figley, 1995) whereas compassion fatigue is most commonly associated with a sense of helplessness, abashment, and isolation (Figley, 2002a). The onset of burnout symptomology is gradual in nature and challenges the counselors' ability to provide efficacious services to clients; although, the dynamics of burnout and compassion fatigue are notably different (Collins & Long, 2003b).

While there is a correlation between burnout and similar constructs, burnout is a specific, multilayered process that consists of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 1982). Additionally, burnout can be

distinguished from similar constructs such as crisis theory, frustration and aggression, reactance, learned helplessness, incentive theory, and exhaustion reaction (Burisch, 1993) along with stress (Cordes & Dougherty, 1993), depression, and job satisfaction (Maslach et al., 2001). From the perspective of traumatology, burnout and similar processes were reviewed to identify the synonymous elements along with the differences among the constructs (Collins & Long, 2003a, 2003b; Figley, 1998, 2002a, 2002b; Trippany et al., 2004). Specifically, burnout has been differentiated from vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), traumatic countertransference (Herman, 1992), compassion fatigue (Figley, 1995), and secondary traumatic stress disorder (Munroe et al., 1995).

Sources of Burnout

While examining and attempting to prevent the harmful consequences of burnout, scholars have researched and identified the potential sources of burnout (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001). Predictors of burnout include factors such as individual demographic variables, personality characteristics, and one's attitude toward work. Similarly, Maslach and Leiter (1997) suggested contextual work factors such as workload, control, reward, community, fairness, and values are accurate predictors of burnout. Alternatively, a vital strand of modern empirical burnout research regarding the etiology of burnout is the assertion that organizational variables play a more prevalent role in burnout than individual factors (Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach et al., 2001). There has been a shift in conceptual and operational thinking with regard to the study of the sources of burnout. Initially the consensual belief was that the sources of burnout reside predominately within the

individual while contemporary conceptual understanding identifies the sources of burnout as situated within the organizational work context (Barber & Iwai, 1996; James & Gilliland, 2001; Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach & Leiter, 1997; Maslach et al., 2001; Melchoir et al., 1997). Changing the focus to the organizational work context requires careful consideration of the rules, regulations, and systemic hierarchies within a particular organization (Maslach et al., 2001). Consequently, a contextual approach expands the peripheral vantage point from which to view the organizational structure where work occurs in order to illuminate the sources of burnout (Maslach et al., 2001).

The Maslach Burnout Inventory (MBI), a psychometric instrument that is the most widely used measure of burnout (Cordes & Dougherty, 1993; Leiter & Maslach, 2001; Maslach, 1993; Maslach et al., 2001; Schaufeli & Enzmann, 1998), typically measures the level of burnout. The sources and contextual work factors correlated with burnout are measured by the Areas of Worklife Survey (Leiter & Maslach, 2004). As a capacious volume of research has explored various organizational factors linked to burnout, six contextual work factors were empirically confirmed in the literature (Cordes & Dougherty, 1993; Leiter & Maslach, 2001; Maslach & Leiter, 1997; Maslach et al., 2001). Using the MBI in conjunction with other psychometric measurements allows researchers to develop a comprehensive understanding of the relationship between burnout and organizational practices and procedures (Maslach & Leiter, 1997). Maslach and Leiter (1997) attested the AWS is “one of the most productive compliments to the MBI” (p. 156). The six contextual work factors that are connected with burnout are workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004).

Specifically, the primary source of burnout is a major disconnect between a person and the contextual work factors, specifically within the six areas of work life including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001).

Consequences of Burnout

Aside from distinguishing burnout from similar constructs, scholars have also studied the individual and systemic consequences attributed to burnout. The consequences associated with burnout are consistently prevalent across multiple occupational settings including the human services, health care, educational systems and various other disciplines (Maslach & Leiter, 1997). While there is a paucity of research on the affects of burnout on clinical supervisors working within substance abuse rehabilitation facilities it is reasonable to believe that individual and organizational results of burnout on clinical supervisors working within substance abuse rehabilitation facilities are similar to the individual and organizational consequences of burnout in other human service areas. There is a consensus of agreement among researchers that the burnout syndrome is destructive, costly, and contributes to the impairment of professionals as well as dysfunctional organizational outcomes (Cordes & Dougherty, 1993; James & Gilliland, 2001; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001; Skovholt, 2001; Wright & Hobfoll, 2004).

There appears to be a correlation between the negative consequences associated with burnout and the presence of empathy within the context of the counseling process (Skovholt, 2001; Figley, 2002a). Egan (2002) stated that counselors are trained and expected to convey accurate empathy in their work with clients. Empathic understanding

can be illuminated as “walking in the client’s shoes, and feeling both the agony and ecstasy of the client” (Gilliland, James, & Bowman, 1989; p. 75). Regardless of setting, counselors treat clients who have experienced traumatic events (Trippany et al., 2004), and empathic understanding allows counselors to experience the pain of their client’s traumatic experiences (Figley, 2002a; Skovholt, 2001). Traditionally, counselors’ responses to clients’ traumatic content were normally identified as either burnout or countertransference (Figley, 1995). Empathy is an integral component within the counseling relationship while at the same time increasing the counselor’s risk for burnout (Figley, 1995; Skovholt, 2001). According to Maslach (1993), burnout is the identified cost attributed to caring; this cost transcends monetary expenses and extends to individual and organizational consequences.

Burnout has been identified as a contributing factor in numerous psychological and physical ailments such as depression, anxiety, headaches, tension, and decreased self-esteem, along with sleep disturbances, susceptibility to influenza and colds, gastrointestinal disorders, hypertension, and elevated cholesterol and triglyceride levels (Cordes & Dougherty, 1993; Kahill, 1988; Maslach, 1993; Maslach & Leiter, 1997; Maslach et al., 2001; Noworol, Zarczynski, Fafrowicz, & Marek, 1993; Skovholt, 2001; Wright & Hobfoll, 2004). Furthermore, there is a confirmed correlation between burnout and marital conflicts along with increased substance abuse (Maslach & Leiter, 1997). Additionally, burnout negatively affects the quality of care within the human service field as well as consumers (Maslach et al., 1996). From an organizational perspective, employees who experience burnout are often correlated with absenteeism, low morale, job turnover, decreased employee commitment, and job dissatisfaction (Cordes &

Dougherty, 1993; Leiter & Maslach, 1988; Maslach et al., 1996; Skovholt, 2001; Wright & Hobfoll, 2004). While the existing burnout literature does not identify an increase in liability insurance premiums as a consequence of burnout, a connection between increased insurance costs and burnout is definitely possible. Afflicted counselors may require treatment for burnout-related symptoms and clients compromised by inefficient counselors due to the burnout syndrome may seek legal recourse. Specifically, burnout is an imminent risk for human service workers as well as clinical supervisors (Figley, 2002a; Leiter & Maslach, 2001; Maslach, 1993).

Clinical Supervision

Supervision is an integral component to the counseling field and is a unique intervention that is viewed as a supplement to counseling as opposed to an extension (Bernard & Goodyear, 2009). The purpose of supervision is to cultivate the professional development of the counselor and to ensure the welfare of the client or client system. Bernard and Goodyear provided a holistic definition that illuminates the essence of the supervisory process:

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality for professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession. (p. 8)

The role of supervisor bears significant professional, legal, ethical, and moral responsibilities. In essence, supervisors are the gatekeepers to the counseling profession

and must ensure counselor competence in order to protect the welfare of clients. The American Counseling Association (ACA, 2005) Code of Ethics with regard to client welfare states:

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the ACA Code of Ethics. (F.1.a.)

An increased level of importance has been placed on supervision within the field of counseling and is often viewed as a specialization requiring a unique skill set, knowledge, and training (Bernard & Goodyear, 2009; Campbell, 2006). Supervision is a distinct intervention that requires skills that lie outside the realm of traditional counseling. Specifically, supervisors are legally and ethically responsible for the conduct and actions of supervisees. Legally, supervisors should be familiar with the terms vicarious liability and malpractice. Vicarious liability suggests that supervisors may be held accountable for supervisees' actions while malpractice addresses the notion of practicing within the sphere of one's level of competence (Bernard & Goodyear, 2009; Campbell, 2006). For example, if a supervisee is responsible for causing physical or affective harm or injury to a client through an act of negligence like providing services outside their area of expertise, supervisors could be held for their supervisees' behavior and/or actions. In addition, supervision mirrors the counseling profession with regard to

the obligatory responsibility of duty to warn, duty to protect, duty to report, and privileged communication. Supervisors are legally responsible to be adequately trained to provide supervisory services. The credentialing process for supervisors require that one accrue supervision hours and documented training experience germane to the act of providing appropriate supervisory services. Aside from assuring supervisee competency and client welfare, supervisors also occupy the role of evaluator where they are expected to provide relevant and timely feedback with regard to the skill development of supervisees (Bernard & Goodyear, 2009; Campbell, 2006; Magnuson, Norem, & Wilcoxon, 2000).

The Code of Ethics of the American Counseling Association states: “Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills” (F.2.a). Borders and Leddick (1987) purported that many supervisors feel inadequately trained for their supervisory obligations; also few counselor education programs provided formal coursework in supervision. In terms of supervision competencies, Campbell (2006, p. 9) offered the following:

1. Knowledge of the role and function of clinical supervisors.
2. Knowledge of ethical, legal, and regularity guidelines that apply to supervision.
3. Understanding the importance of the supervisory relationship and the ability to facilitate this relationship.
4. Competencies in all areas of client care in which one is supervising.
5. Ability to set goals and create and implement a supervision plan.

6. Knowledge of the models, methods, and techniques in clinical supervision.
7. Knowledge of strategies for supervision and ability to be flexible in style and choice of strategies.
8. Knowledge of the role of systems, cultural issues, and environmental factors and their impact on supervision.
9. Familiarity with methods of evaluation and the ability to implement them appropriately.
10. Understanding of the existence of dual relationships in supervision and the impact on supervisory objectivity and judgment.
11. Strategies to limit harm that may come from dual relationships in supervision.
12. Knowledge of multicultural issues and the ability to respond to multicultural differences.
13. Documentation skills necessary for supervision.
14. Awareness of the requirements and procedures required for licensure and certification if applicable.

Conversely, Magnuson, Norem, and Wilcoxon (2000) identified six principles to describe inefficient supervision that stand in stark contrast to Campbell's (2006) competencies:

1. Unbalanced
2. Developmentally inappropriate
3. Intolerance to differences
4. Poor model of professional/personal attributes
5. Untrained

6. Professionally apathetic

The preceding study illustrates that supervisors require appropriate training and competencies in order to disseminate effective supervisory services. In essence, supervision is a developmental process that functions as a natural continuation to the professional development of counselors.

Substance Abuse Supervision

Over the past two decades, numerous researchers have examined the counselor-supervisor relationship (Ellis, Ladany, Krenzel, & Schultz, 1996), while there has been minimal research on substance abuse counseling or supervision (Culbreth & Borders, 1999; Juhnke & Culbreth, 1994). Alternatively, substance abuse supervision by definition integrates similar elements as are typically found in traditional supervision; however, a good counselor will not necessarily be an appropriate substance abuse supervisor without being well versed in both advanced supervisory techniques and addictions counseling (Culbreth & Borders, 1996; Machell, 1987). For example, effective substance abuse supervisors are encouraged to incorporate a solid, collaborative, working relationship with supervisees, which highlights mutually agreed upon goals that are concrete, attainable, and specific (Borders & Leddick, 1987). Culbreth and Borders also suggested that a positive attitude along with an inherent sense of trustworthiness and commitment on behalf of the substance abuse supervisor are essential elements within a viable supervisory relationship. In essence, this commitment was more important to substance abuse counselors than the supervisor's recovery status. In addition, substance abuse supervision often integrates a substantive didactic component to cover the necessary knowledge and skills that are often overlooked in professional courses; but are

still a necessary requirement to be an effective substance abuse counselor (Ewan & Whaite, 1982). While supervision within the substance abuse field requires a unique skill set, there are also inherent supervisory and administrative challenges that supervisors must address.

Supervision of the substance abuse counselor offers a unique set of challenges within an agency setting due to the complex nature of the substance abuse treatment environment. Specifically, the education level of supervisees within substance abuse rehabilitation facilities may vary significantly from a graduate degree and a state license to a high school diploma and a state or national substance abuse certification (Culbreth, 2000). Secondly, staff members may arrive from different fields of counseling, rehabilitation, psychiatric nursing, or medicine. As a result of the preceding diversity, differences in conceptual understanding may affect the clinician's view of the clients' clinical needs, which could pose a challenge for substance abuse supervisors (Bissell & Royce, 1994; Kavanagh, Spence, Wilson, & Crow, 2002; Powell, 2004).

Additionally, a counselor's recovery status may often become an issue during the supervisory process. Specifically, a substance abuse professional may believe that in order to be effective with clients one must also hold status in recovery. Staff members who hold the preceding belief may resist the assistance of a nonrecovering supervisor (Culbreth, 2000; Powell, 2004). Direct inquiry by the supervisor with an emphasis on collaboration for the benefit of client welfare can be helpful in addressing such an issue with supervisee (Powell, 2004).

Another issue that may affect the supervisory process closely related to recovery status is counselor relapse. From a supervisory perspective if a counselor relapses what

are clients and staff to be told? Who will absorb the counselor's caseload while the staff member seeks personal counseling? These clinical and administrative issues are concerns that the substance abuse supervisor must consider and address during the process of supervision (Bissell & Royce, 1994).

The personal bias of substance abuse counselors in recovery has also been identified as a supervisory concern (Juhnke & Culbreth, 1994; Powell, 1993). In an attempt to be helpful, recovering counselors may be vulnerable to the notion of imposing their own values, experiences, and unconscious beliefs about recovery onto a client. A client's relapse may also invoke an unconscious response in the recovering counselor, which may negatively affect the counseling relationship (Powell, 1993). Asking the recovering counselor to engage in a "recovery expedition" can be helpful by suggesting that the recovering counselor ask others how they initiated their recovery experience and what has been helpful in maintaining ongoing abstinence. The purpose of the preceding expedition is to illustrate that there exists no single method in which a person develops or maintains one's recovery process (Powell, 1993).

Role conflict from the supervisor's perspective often serves as an impediment to the dissemination of efficacious supervisory services. Kavanagh et al. (2002) attested that a common issue within substance abuse treatment facilities occurs when a professional occupies the role of clinical supervisor and administrator. For example, a discrepancy between the requirements of the organization and the needs of the individual supervisee (counselor) are often evident in relation to performance evaluations. Additionally, role conflicts are exasperated when a clinical manager is the sole supervisor at a site and is also from a different discipline than the supervisee (Kavanagh et al.,

2002). Due to inherent budgetary constraints indigenous to substance abuse treatment, it is not always practical or possible to have the supervisor and administrator function as separate entities; as a result; role conflict is an ongoing issue for substance abuse supervisors.

While the substance abuse treatment field offers a complex environment with diverse supervisees (Lewis, Dana, & Blevins, 2002; Powell, 2004), a solid conceptual understanding of supervisees' needs is also required to be an effective supervisor. Sias and Lambie (2008) advocated for the use of a supervisory approach that emphasizes the social-cognitive development of substance abuse counselors and trainees. Sias and Lambie suggested supervision that “focuses on social-cognitive development better prepares SAC-in training to manage the complex substance abuse treatment environment” (p. 70). The integrative social-cognitive development model is a flexible approach that offers a conceptual framework for supervision and provides supervisors “variety and flexibility in establishing a supervision style . . . to maximize trainee development” (Ladany, Walker, & Melincoff, 2001, p. 217).

Supervision in Substance Abuse Rehabilitation

Substance Abuse Supervisors

The origin of the substance abuse supervisor is similar to what one typically finds in related disciplines. According to Machell (1987), the substance abuse treatment field has been involved in a professionalizing process where treatment professionals have pursued continuing education to diversify their therapeutic approaches. As a result, successful clinicians have been promoted to positions of clinical supervision without the same level of preparation that ensured their direct service success. Powell (1991)

suggested that administrators within most substance abuse treatment facilities search for a highly skilled clinician when considering the selection of a supervisor; however, a holistic approach that considers specific personality characteristics could prove to be more profitable. Specifically, Powell asserted that a profile that makes for a good coach, mentor, and cheerleader are essential components of an appropriate substance abuse supervisor.

There has been minimal inquiry into the nature of supervisor development within the substance abuse field. Only Culbreth (2003) and Reeves, Culbreth, and Greene (1997) have explored the supervisory process from the perspective of the supervisor. Culbreth and Cooper (2008) suggested the reduction of role conflict and the creation of supervisory roles that are limited to providing clinical supervision are strategies that can be used to enhance the development of the substance abuse supervisor.

Substance Abuse Counselors

Clients who are afflicted with chemical dependency issues rely on a diverse community of treatment professionals with a multitude of qualifications. While there is limited data in existence on the background and educational qualifications of the substance abuse treatment workforce, outlining an accurate profile of the substance abuse counselor is necessary (Mulvey, Hubbard & Hayashi, 2003).

Brown (1996) noted that the majority of addiction counselors are para-professionals; this term is usually attributed to “ex-addict” counselors whose values were dependent on their personal experiences as ex-addicts as opposed to their educational accomplishments. Conversely, Mulvey et al. (2003) reported that substance abuse counselors are now more educated than what was previously suggested with at least

79.9% holding a bachelor's degree and 48.6% obtaining a master's degree with the majority of treatment professionals being between the age of 40 and 55. The National Certification Reciprocity/Consortium/Alcohol and Drugs (NCRC/AODA) and NAADAC Certification Commission report that they encourage academic credentials for substance abuse counselors (Banken & McGovern, 1992); however, other researchers suggest the professional standards found in these preceding organizations do not require formal academic training (Mustaine, West, & Wyrick, 2003; Page, Bailey, Parker, & Clawson, 1995). While an increased number of counselors have pursued licensure and certification within the substance abuse treatment field due to the advent of managed health care (Keller & Dermatis, 1999), studies reveal a relatively low level of training within the substance abuse counseling profession (Banken & McGovern, 1992; Talef & Martin, 1996). Specifically, substance abuse counseling is best categorized as using an apprentice model of training where the majority of skills, and knowledge required to provide services are acquired through on the job training or under the direction of a mentor or supervisor (Kerwin, Walker-Smith & Kirby, 2006). Lastly, Mustaine et al. (2003) reported that only 48.3% of the respondents in their study on substance abuse counselor certification requirements listed educational requirements that fell within the eight core knowledge areas as defined by CACREP, and none of the respondents met the requirements in all eight areas. In essence, certifying bodies do not require the fundamental counseling knowledge as defined by CACREP, for certification as a substance abuse counseling professional (Mustaine et al., 2003).

In terms of staff retention and challenges, the substance abuse counselors appear to remain in the field for an extended period of time; however, staff turnover within

agencies remains the consistent norm. Additionally, Mulvey et al. (2003) have found that the graying of the substance abuse treatment staff will cause a shortage of substance abuse professionals within the next 10 years. They also asserted that it is in the best interest of the field to encourage novice professionals to pursue careers in substance abuse treatment. Furthermore, quality of care issues have arisen for the substance abuse counselor around funding limits, mandatory “check-ins,” and requirements to measure intervention outcomes with managed care companies. As a result, substance abuse counselors have less access to clients on a regular basis (Gabbard, 1997; Magura, Horgan, Mertens, & Sheppard, 2002).

A critical aspect of working in a time sensitive treatment environment due to the nature of managed care is the ability to effectively and efficiently intervene with clients who are resistant or ambivalent about changing their substance abuse behaviors (Toriello & Strohmer, 2004). As a result, substance abuse counselors have often used a Confrontational Interviewing approach (CI), a direct manner of engaging client issues (Schneider, Casey, & Kohn, 2000). Historically, this approach has been a cornerstone of substance abuse treatment where counselors attempt to break through the resistance of clients to promote, abrupt, quick behavioral changes. From the CI perspective, addiction counselors conceptualize clients in a manner that suggests they have impaired abilities to make constructive decisions, and as a result, pushing clients to accept themselves as an “alcoholic” or addict as well as having personality pathology that is addictive in nature (Hall, 1993; Nielsen, Scarpitti, & Inciardi, 1996). Addiction counselors typically insist that clients refrain from using psychoactive substances and will routinely confront clients’ resistance as an outright denial of pathology (Miller & Rollnick, 2002; Schneider

et al., 2000). The CI orientation is usually correlated with the disease-treatment philosophy (Matano & Yalom, 1991; Yalisove, 1998), which often leads to clients being given ultimatums and their withdrawal from services due to treatment noncompliance (Hall, 1993).

Recent research suggests that counselors who use the CI approach in their work with clients may be ineffective (Toriello & Strohmer, 2004). Miller and Rollnick (2002) have proposed Motivational Interviewing (MI) as an alternative to the CI approach. The MI approach suggests that addiction counselors allow clients to set their own pace with regard to recovery oriented behavioral change, which may also affect clients' perceptions of the substance abuse counselor's credibility and the associated treatment experience (Toriello & Strohmer, 2004). In contrast to the CI approach, MI is a minimally invasive approach, which emphasizes client choice and is also grounded in empirically based counseling theory (e.g., motivational psychology, cognitive dissonance, person-centered theory). Additionally, substance abuse counselors utilizing MI do not mandate abstinence; alternatively, they highlight a problem-solving approach that the clients' responsibility for future chemical use (Toriello & Strohmer, 2004).

Another issue germane to the substance abuse counselor is group membership similarity and its correlation to addiction counselor credibility (Toriello & Strohmer, 2004). Historically researchers have reported mixed results with regard to whether special population clients perceive clients from the same population as more credible (Atkinson, Maruyama, & Matsui, 1978; Heppner & Claiborn, 1988; Strohmer, Leierer, Cochran, & Arokiasamy, 1996). Within the substance abuse field, addiction counselor recovery status has been tested as a group similarity variable with varied results. English

(1987) found that clients experienced addiction counselors with a history of addiction as more expert, attractive and trustworthy while Creegan (1984) asserted that a counselor's recovery status makes no significant difference to clients. More recently, Toriello and Strohmer (2004) have confirmed what was previously believed that an addiction counselor's recovery status is inconsequential which only adds to the mixed results found in prior studies.

Chapter Summary

This chapter reviews the relevant literature germane to the burnout syndrome including the closely related constructs. In addition, this chapter identifies the universally recognized sources and the consequences associated with the burnout syndrome as defined in the professional literature. Furthermore, this chapter also operationally identifies clinical supervision as a construct along with its role within the substance abuse field for both the clinical supervisor and counselor. Lastly, a review of the pertaining literature, which illuminates a profile of the substance abuse counselor/clinical supervisor within the context of their immediate environment, was also explored.

CHAPTER III

METHODS

The purpose of this qualitative inquiry is to examine the lived-experiences of clinical supervisors who experience burnout while working within substance abuse rehabilitation facilities. This study analyzed the pertinent factors and themes that were illuminated via individual interviews with clinical supervisors working within substance abuse rehabilitation facilities for the purpose of developing a rich description of the supervisors' experience of burnout. The intention of this study was to have clinical supervisors illustrate, explain, and describe the essence of their experiences so that a refined understanding of this phenomenon may be developed. There is a noticeable gap in the existing literature as it pertains to the effects of burnout on supervisors working within substance abuse rehabilitation facilities. Therefore, qualitative methods were used to begin an examination of this phenomenon. Bernard and Goodyear (2009) attested that qualitative studies provide a rich source of data in relation to the personal experiences of supervisors and supervisees. While Peshkin (1993, p. 28) suggested there is no "prototype" for qualitative research, this study employs an ethnographic methodological design with a phenomenological perspective to gain a comprehensive understanding of the clinical supervisors who experience burnout. Specifically, this chapter describes the methodological framework, design, methods, data collection and analysis procedures used within this study.

Research Design

Ethnography

The methodological framework used within this study is ethnography with a phenomenological perspective. “Ethnography comes from the Greek *ethnos* meaning people or group and *graphic* meaning to describe” (Glesne, 2006, p. 8). In essence, ethnography provides an interpretation and/or description of the everyday experiences of a culture or group through interviews and observations. The purpose of ethnography is to acquire a thick description and refined understanding of a phenomenon as opposed to offering concrete explanations or to test hypotheses. In the case of clinical supervisors who experience burnout, listening to the voice of these individuals is an integral part of developing a refined understanding of the culture of supervisors who experience burnout within substance abuse rehabilitation facilities.

The primary goal for this qualitative study was to understand the culture and lived-experiences of clinical supervisors who experience burnout while working within substance abuse rehabilitation facilities. Additionally, this study afforded clinical supervisors the opportunity to develop their subjective experiences, stories and realities through the use of individual interviews (Patton, 2002).

Phenomenology

Phenomenology is the attempt to understand how people make sense of phenomena and experiences through the examination of the essences, and meanings of those experiences (Patton, 2002; Van Manen, 1990). Specifically, “phenomenological research is the study of essences” (Van Manen, 1990, p. 10) where the focus is on attempting to understand the phenomena from the culture or groups’ perspective separate

from the biases of the researcher. The day-to-day lived-experiences of substance abuse supervisors who experience burnout were examined in order to understand their perception of the burnout syndrome and the extent to which it affects the process of supervision (Leedy & Ormond, 1985). Patton (2002) asserted that it is imperative to understand the essence and/or shared experiences of informants along with the accurate interpretation of phenomena.

Sample

This study used a sample of four clinical supervisors from Southwestern Pennsylvania who provide clinical supervision to substance abuse counselors within substance abuse rehabilitation facilities. Patton (2002) asserted there are no definitive rules for selecting a sample size in qualitative inquiry and utilizing a purposeful sampling approach provides information rich cases that are germane for the purpose of this study. Since I was primarily concerned with identifying appropriate informants who could illicit concrete, in-depth descriptions of their experiences as supervisors who experienced burnout while balancing administrative and clinical responsibilities of supervision, I used purposeful sampling. Each informant could either currently or has previously experienced any or all of the three dimensions of the burnout syndrome. The informants selected were front line workers who were capable of providing the necessary detailed information and insight required to gain a substantive understanding of how burnout effects clinical supervisors and the process of supervision.

Specifically, the required criterion for inclusion in this study were that informants were actively working within a substance abuse rehabilitation facility as a clinical

supervisor for at least six months and they were also currently providing clinical supervision to substance abuse counselors within these agencies.

Key Informant Interviews

Individual interviews were conducted as the primary data collection method with clinical supervisors who were appropriate for the study base on the description of the criteria for inclusion defined in the preceding section. The purpose of these individual interviews was to allow informants to share their experiences with regard to burnout and to determine how the burnout syndrome has affected the informants on a personal and professional level.

Methods and Procedures

Once IRB approval was received, I used my position as a professional counselor within the substance abuse rehabilitation community in Pennsylvania as the means to acquire access to clinical supervisors who could meet the criteria for inclusion in the individual interviews. Each substance abuse supervisor was sent a letter of inquiry (Appendix A) and a copy of the voluntary consent form (Appendix B) requesting the candidate's participation. The purpose of this study, the tenets of confidentiality, and the criteria for inclusion in the study was included in the letter. In addition, the candidates were asked to mail the signed consent form to this researcher via an enclosed stamped envelope that was included with the inquiry letter within 10 days to confirm their participation.

Upon receipt of the signed consent forms, I contacted each informant to schedule their individual phone interview. Once the informants were scheduled for interviews, a

pre-interview form (Appendix C) was mailed to gather information about their experiences and training as substance abuse supervisors.

At the outset of each phone interview, the purpose of the study was outlined and the tenets of confidentiality, risks and rewards, consent forms, and the protocol for filing a complaint was reviewed. Initially, each individual interview protocol was accompanied by a structured set of questions from which each informant responded. As the individual interviews evolved, each informant responded to follow-up questions in a free-flowing manner.

Individual Interview Protocol

The research and data collection procedure for this study spanned a period of six weeks. Four individual phone interviews were completed with supervisors who met the criterion for participation in this study: they were either currently or have previously experienced at least one dimension of the burnout syndrome, and they were also currently providing supervision to substance abuse counselors within substance abuse rehabilitation facilities.

At the beginning of each individual interview the signed consent form for each informant was reviewed and the purpose of the study was outlined in detail. Next, the informants were asked to introduce themselves by providing their name and specific position within their agency. According to Kruger (1988), it is important for a relationship to exist between the researcher and the informants for the purpose of developing a relationship/rapport based on trust and mutual respect in order to promote appropriate disclosure. I used my skills as a counselor to demonstrate empathy,

genuineness, and unconditional positive regard as a means to build rapport and promote trust.

The interview protocol continued with a list of questions, which was used to provide initial structure and consistency for each of the interviews (Appendix D). The duration of each individual interview was between 45–60 minutes, which afforded informants the opportunity to share their experiences, appropriately respond to the interview questions, and to raise additional issues as needed. The individual interviews were digitally audio-recorded and observation notes were taken during the process to record my own thoughts and perceptions with regard to each informant's disclosure (Patton, 2002).

To conclude each interview, the informants were given an opportunity to share one last experience or make one last comment that was not previously discussed. This was used for the purpose of preparing the informants for the end of the interview. Before terminating each interview, I thanked each informant for their cooperation and indicated that a summary of this study would be made available to them if requested. Lastly, each informant was reminded that a referral for counseling services could be provided upon request should the need arise.

The Development of Protocol Questions

In order to examine the lived-experiences of clinical supervisors who experience burnout while working within substance abuse rehabilitation facilities in southwestern Pennsylvania, it was important to consider developing interview questions to ensure that informants felt invited to discuss issues that were relevant to this study. Following Patton's (2002) recommendation, no more than 10 interview questions were used so that

the informants were given ample time to answer the questions thoroughly. The questions were developed following an exhaustive review of the existent literature on burnout in clinical practice, supervision, and substance abuse counseling. This literature review strategy was based on my experience as a counselor and supervisor within substance abuse rehabilitation facilities. In addition, the questions were developed to support the research questions for this study:

1. How do clinical supervisors within substance abuse rehabilitation facilities experience burnout?
2. How do clinical supervisors within substance abuse rehabilitation facilities respond to burnout?
3. How do clinical supervisors within substance abuse rehabilitation facilities describe supervision and its role in their agency?
4. How do the dimensions of burnout (emotional exhaustion, depersonalization, low personal accomplishment) impact the supervisory process?

Each interview question was designed to be open-ended and to reflect the methodological framework of the lived experiences that informs this study. In addition, Patton's (2002) interview guide approach was considered throughout the development of the following questions that were used throughout each individual interview:

1. What is your experience working as a clinical supervisor within a substance abuse rehabilitation facility?
2. How were you prepared to provide supervision within substance abuse rehabilitation facilities?

3. What dimension or dimensions of the burnout syndrome have impacted you on a professional, or personal level?
4. How have you experienced or how do you currently experience the burnout syndrome?
5. What aspects of your position as clinical supervisor/administrator contribute to the development of the burnout syndrome?
6. How has the burnout syndrome impacted the process of supervision in your work with supervisees?
7. What strategies for preventing burnout for clinical supervisors do you recommend?
8. Are there other questions that I have not asked that would enhance my understanding of how burnout affects clinical supervisors?

Follow-up questions were also incorporated during the individual interviews on an as needed basis for the purpose of enhancing and clarifying the informants' disclosures. These questions were always intended to be open-ended and minimal encouragers were used to illicit additional discussion. For example, a follow-up question that was often integrated throughout the interview process was "Can you tell me more about that?"

An advantage of using a standardized interview guide is to maintain the consistency of disclosure and the data produced. Alternatively, one major disadvantage to the preceding structured approach is the sacrifice of flexibility in that important topics may be overlooked or inadvertently excluded (Patton, 2002). As a means to offset this limitation, the final interview question was included to afford research informants the

opportunity to discuss other pertinent or relevant information that was not already addressed during the interview.

Instruments

In the case of qualitative research, I, as the researcher, was an instrument in this study. Additionally, observation notes, audio recordings, individual interviews, and the information collected from the Supervisor Pre-Interview Form were used as data collection instruments. As an instrument, I have influenced the nature and course of this study. As a result, I have incorporated reflexive practices throughout the research process in an attempt to diminish researcher bias and associated influence. Patton (2002) asserted reflexivity means that the researcher has consistently evaluated their own voice in addition to that of the informants within the study. To enhance reflexivity, the following practices were used on a consistent basis throughout the data collection and analysis segment of this study: peer debriefing, a reflection journal, observation notes, and ongoing corroboration with the interview informants with regard to the accuracy of the findings (McMillan & Schumacher, 2006). Glesne (2006) recommended the use of the following questions for reflection that were also incorporated: “What is the purpose of the study? What do I observe? What don’t I observe? How do I know that I am right?” As a result of the preceding reflection questions, the primary purpose of the study was always considered and my personal beliefs, biases, and assumptions were consistently bracketed (Kruger, 1988; Van Manen, 1990). Specifically, bracketing was used as a means to remain neutral as a researcher for the purpose of collecting unbiased findings.

To improve the trustworthiness of this study multiple reflexive methods were integrated to explicitly identify this researcher's biases with regard to the findings. Consistent, routine journal reflections within a log were completed on how the preceding biases could affect or influence the study. In addition, ongoing, regular consultation with my dissertation committee members, and peer debriefing was also used (Patton, 2002). In terms of data organization, analysis, and research findings, alternative explanations were considered and explored through the use of the intellectual integrity of this researcher (Patton, 2002). In essence, my experiences and interests as a substance abuse counselor and supervisor could influence my perceptions of supervisor burnout and its impact on the supervisory process. To offset this concern, significant attention was paid to trends, patterns, or extreme/unusual cases that emerged during the course of this study (Patton, 2002).

As the primary researcher, a review of my professional experiences, training, and interest in the study is both necessary and appropriate. I have 10 years of clinical experience performing group and individual psychotherapy with substance abusers within a substance abuse rehabilitation facility. In addition, over the past six years I have also performed individual, group, and live clinical supervision with at least ten practicum and internship students while occupying the role of site supervisor for their clinical experiences. For the past seven years I have been a doctoral student within Duquesne University's Counselor Education and Supervision doctoral program, and it was through these educational experiences that my interest in clinical supervision and my development as a supervisor were actualized. While enrolled in the doctoral program, I received continued support, guidance, and supervision from faculty. However, the same

could not be said for my experiences at the agency level. As result, I was continually exposed to supervisors who appeared to mean well; however, overbearing administrative and clinical responsibilities and the absence of formal supervision training consistently hampered them. As an objective observer, I was able to see the overwhelming nature of clinical supervisors who would become increasingly more withdrawn, jaded, and bitter, as the responsibilities and pressures delegated from upper management would continue to mount.

I have experience and am able to appreciate the process of supervision and its role in the professional development of counselors; however, I have also experienced how the burnout syndrome could possibly be an impediment to the appropriate delivery of supervisory services.

Ethical Considerations

Multiple ethical issues were considered while creating and completing this research study. Informants were given adequate information on the purpose of the study so that an informed decision with regard to their active participation could be made (Glesne, 2006). In addition, each informant read and signed the consent to participate form (Appendix B) before participating in the individual interviews.

Informants were informed their involvement in this research study would be confidential and that no information would be used to identify their involvement in any manner. Informants were also assured that any and all electronic data would be password secured and the digital recordings and all written material will be either erased or destroyed once the study had concluded. However, informants were also informed that the exception to confidentiality would occur in the case of information that emerges

under suspicion of child abuse, or if the informant was in imminent danger to self or others as in accordance with Pennsylvania state law and the professional and ethical standards that govern the counseling profession. All information from this study would otherwise only be available to this researcher and to the members of the dissertation committee in non-identifiable form.

Informants were also informed that they were free to withdraw from the study at any time without consequences. The potential risks and benefits associated with the study were also explained along with the likelihood that the informants' involvement could invoke a negative affective reaction due to their exposure to sensitive content. As a result, a referral to counseling services would be made available upon request from informants or if it is deemed necessary by this researcher. Informants were informed they might not experience any direct benefit through their participation in this study; however, the outcomes from this study may be of benefit to current and future clinical supervisors, clients, and supervisees. Specifically, I integrated the ethical tenets of the American Counseling Association and Pennsylvania state law to form an ethical framework to address and account for any ethical concerns that may arise during this study (Patton, 2002).

Data Collection

Multiple data collection methods were integrated within the context of this study; these methods included note taking and audiotape recordings. Through the use of audiotape recordings direct quotes and the exact words of informants could be extracted and analyzed to identify factors, themes, and patterns amongst the data. Lastly, each informant was consulted and asked to review their own transcribed interview in order to

validate the findings. The purpose of this consultation was to provide informants with an opportunity to offer constructive commentary that could later be addressed in the findings and discussion section (Patton, 2002).

Note taking was used in addition to audiotape to collect data and observations. Levers (2006) asserted the raw data from interviews is evidenced based; however, Van Manen (1990) suggested qualitative research is not an empirically based science. As a result, alternative methods were used to ensure the reliability and trustworthiness of the data. Patton (2002) contended that in qualitative research, several elements affect the credibility of a study: the integration of rigorous and systematic methods, the credibility and experience of the researcher, and confidence in the value of qualitative research. To improve the internal validity of this study, triangulation was employed which included the cross validation of sources, including verbatim accounts, literature reviews, journaling, peer consultation, transcribed data, informant reviews, and informant check-ins.

Triangulation incorporates several data sources for the purpose of cross data validation, consistency testing, and to enhance the validity of this research (McMillan & Schumacher, 2006; Patton, 2002). Specifically, methodological triangulation and triangulation of sources was used to inform this inquiry. Personal notes and verbatim transcriptions of individual interviews were used as multiple forms of data collection. Additionally, a pertinent review of relevant literature, frequent informant check-ins to assist with data interpretations, and peer reviews to receive feedback were also integrated (Patton, 2002). The essence of triangulation is that a singular method of data collection or analysis is not sufficient to explicate a complex human phenomenon such as the lived

experience of supervisors who experience burnout while working within substance abuse rehabilitation facilities.

A digital recorder was used to record each individual interview. Informant check-ins were conducted to verify the accuracy of the data and to clarify and confirm informants' meanings (McMillan & Schumacher, 2006). An additional procedure used to enhance the validity of the data was informant consultation. Each informant was asked to review transcripts and interpretations and to share their reactions to the data.

To ensure the validity of this research, the trustworthiness of the data was considered throughout the research process. One strategy for enhancing the efficacy of qualitative research is transferability, also known as external validity. The results of this qualitative study cannot ascertain the generalizability of these findings to another sample or to this population. However, the results of this study will be useful to inform the purpose and design of future research.

In essence, reliability was addressed by making a concerted effort to adhere to a defined protocol throughout the study (Patton, 2002). Specifically, a systematic protocol was integrated during the individual interviews, while developing specific research questions, and through the data analysis and interpretation or meaning making process.

Data Analysis

In order to gain a rich description of the lived-experiences of clinical supervisors who experience burnout the analysis of data began at the outset of this study. While it is difficult to differentiate between data collection and data analysis in qualitative research (Glesne, 2006; Patton, 2002), the process itself remains fluid and continuous as opposed

to static (Levers, 2006). Consistent reflection and analysis of the data is required in order to identify the essence of a given phenomenon in qualitative research.

The factors and themes that emerged from the individual interviews were described and their meanings were examined and interpreted to capture their essence in context following the general guidelines presented by Glesne (2006). The purpose of this analysis was to organize the data into pertinent information and to allow the data to speak for itself. This iterative process was repeated on a continual basis as new themes emerged, and the data organized until reaching a point of saturation.

Initially, the data analysis process began with a holistic review of the field notes and audiotapes. While completing the preceding review, informal analytic files were developed (Glesne, 2006) and relevant and irrelevant data were separated for the first time (Leedy & Ormond, 1985). Specifically, only the data germane to the purpose of this study was included, all other unrelated data were set aside. While attending to the preceding analytic files, the audiotapes were then transcribed verbatim as they were originally recorded. The verbatim transcriptions were used to record the informants' exact words and to allow this researcher to become totally immersed in the data (Berg, 2007; Patton, 2002). The raw data collected in this study were the information extracted from the individual interviews (Berg, 2007).

The four guidelines for qualitative data analysis as explicated by Patton (2002) and Giorgi (1985) were used in this study. Specifically, the four steps to analysis include: looking at the data holistically, identify meaning units, defining meaning units, and lastly, using an ecological and developmental framework to unify the meaning units into a holistic understanding of the informants' experience. According to Giorgi,

meaning is the most effective word to describe data within a qualitative study. As such, for this study I was interested in illuminating the essence or meaning of the supervisors' internal experiences as it pertains to how they experience (Van Manen, 1990) the burnout syndrome, while also understanding how the extraneous or environmental factors contribute to the development of burnout. Van Manen's four lifeworld existentials of lived space, time, body, and relationship were used for reflective purposes and to add a structured framework to the process. These four lifeworld existentials can be viewed as pieces of the gestalt, which provides the key to understanding an individual in a holistic sense (Van Manen, 1990). Additionally, Bronfenbrenner's (1979, 2005) bio-ecological model of human development was also integrated to assist in developing a refined understanding of the environmental factors that influence the data. Furthermore, in an attempt to acquire a comprehensive understanding of the data, the audiotapes and transcriptions were thoroughly reviewed. During this review process, central themes or "Natural Meaning Units" (Kruger, 1988) or "meaning units" (Giorgi, 1985) were identified. Questions such as the following were included as per the recommendation of (Giorgi, 1985): What themes emerge from the data? What is highlighted here? While I was not able to analyze and review the entire text simultaneously (Giorgi, 1985), an attempt was made to identify patterns, factors, and/or themes through the analysis of the core content amongst the vast amount of data. Once the factors and themes were illuminated, natural meaning units were defined, using the actual words of informants in attempt to organize the patterns to create a cohesive framework of the supervisors' experience who develop burnout while working within substance abuse rehabilitation facilities (Glesne, 2006). The preceding coding process was continued as additional

themes emerged and the groups of data were labeled. Continual reflection on the meaning of the themes based on the associated literature on supervisor burnout was also completed throughout the process (Berg, 2007). As the data and associated themes were labeled, deviant responses, or unusual patterns were also considered. A visual display was used to create a conceptual diagram, which was used to identify patterns and to generate hypotheses (Glesne, 2006). To determine significance (Patton, 2002), the triangulation of data and the agreement from each interview informant with regard to the findings were integrated.

Chapter Summary

The methodological framework used in this study is ethnography with a phenomenological perspective. The purpose of this study is to examine the lived experiences of clinical supervisors who experience burnout while working within substance rehabilitation facilities in Pennsylvania. As a result, the methodological framework was appropriate for this study.

This study integrates methodological triangulation through the use of individual interviews, and relevant professional literature to enhance the efficacy of this research. The theoretical framework of the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and Van Manen's (1990) lifeworld existentials inform this qualitative inquiry. These models provide the impetus for understanding the development of supervisor burnout and its associated effects by illuminating the dynamic connection between clinical supervisors and the social network with whom they are engaged (Bronfenbrenner, 1979, 2005).

This chapter reviewed the methods, protocols, and procedures for this study including purposeful sampling and focus and key informant interviews to gather relevant data. In addition, my collected experiences were reviewed via written reflection and my purpose for conducting this study was also explicated. Lastly, a comprehensive description of the data analysis procedure for this study was also outlined.

CHAPTER IV

RESEARCH FINDINGS

This chapter outlines a case-by-case narrative of the data collected from four individual phone interviews, along with a reflection on my journey of inquiry into the lived experiences of clinical supervisors who encounter burnout while working within substance abuse rehabilitation facilities. According to Patton (2002), the interpretation and analysis process can be described as a “complex and multi-faceted analytical integration of disciplined science, creative artistry, and personal reflexivity, where we mold interviews, observations, documents, and field notes into findings” (p. 432). As such, the data analysis procedure that informs this study adheres to the standards of conventional qualitative analysis.

A total of four clinical supervisors participated in four individual phone interviews for this qualitative research study. The clinical supervisors for this study have been working as supervisors within substance abuse rehabilitation facilities for at least six months and currently provide clinical supervision to counselors within these agencies. The informants were supervisors from three different counties in Pennsylvania, all who are currently employed within substance abuse rehabilitation treatment facilities.

Assigning a letter to each interviewee protected the confidentiality of the informants within this study; this letter identifies the supervisors during the discussion of the research findings. There were three female and one male informant. One out of the four supervisors was licensed as a psychologist within the state of Pennsylvania and all were currently providing clinical supervision to counselors. Of the informants, two had master’s degrees with the two remaining informants holding bachelor’s degrees.

Additionally, supervisory experience among the informants ranged from 35 years to less than one year.

Two of the four supervisors reported providing only clinical supervision; two supervisors provided both clinical and administrative supervision. The current positions reported by the informants included Clinical Director, Site Supervisor, Clinical Supervisor, and OPD Supervisor/Clinical Specialist. The supervisors provide clinical supervision to the following staff: counselors, social work students, therapists, and partial/IOP program staff. One of the supervisors reported having a formal course in clinical supervision and all four reported seminar/workshop training specifically in clinical supervision. Additionally, three of four supervisors reported having in-service training on clinical supervision provided by their employers. Table 1 summarizes other relevant information with regard to the supervisors including education, degree, license/certifications, years working in the field, years working as a supervisor, and supervisory training.

Individual Interview Analyses

The analysis for this study began during the first individual phone interview and continued throughout the data collection process as well as after the field research ended. As the primary researcher, I am aware that I have some degree of influence on the study. As such, a strong effort was made to employ reflexive measures during the individual interviews and data analysis portions of this study. Patton (2002) asserted that reflexivity means that I assessed my own thoughts and perceptions in addition to the voice of the informants. There were two main presuppositions going into this study, both were informed through my personal experiences as a counselor and supervisor within a

Table 1

Informant Identifying Information

	Degree	License	Years working in the field	Years working as a supervisor	Supervisory Training
Informant A	BS	None	9	Less than a year	Workshops, seminars, in-service training
Informant B	MA	Psychologist	38	35	Workshops, seminars, in-service training
Informant C	BA	CCDP	8.5	3.5	Workshops, seminars
Informant D	MA	None	30	18	Courses, workshops, seminars, in-service training

substance abuse rehabilitation facility. First, I believed that clinical supervisors experience burnout due to role conflict and role ambiguity (Erera, 1991; Kavanagh et al., 2002). Second, supervisors develop the burnout syndrome due to a lack of systemic support within the agency/organization with whom they are employed. This assertion comes from my early experiences as a developing counselor within a substance abuse rehabilitation facility where I was in need of quality supervision to further my development. However, my supervisor was unavailable because she was overwhelmed with multiple administrative responsibilities and she was afforded minimal support.

Throughout the study I consistently monitored, examined, and reviewed my affective reactions through personal reflection for the purpose of determining the effect of these suppositions. I remained focused on the primary purpose of the study during the data collection process; however, I remained keenly aware of my preconceived ideas,

beliefs, and assumptions pertaining to the experiences of clinical supervisors working within substance abuse rehabilitation facilities through the use of bracketing.

Specifically, bracketing is a skill of internal regulation where one remains consistently mindful of what they are feeling and thinking with regard to a given experience or situation. Throughout the data collection process, there were times where I become extremely excited over the informants' disclosures because I recognized the supervisors were revealing themes that were consistent with the research presented in Chapter 2. At this point, I needed to remind myself to not lead the conversation in a given direction or influence the informants' disclosure in any way. Additionally, I consistently discussed the nature of my findings and also reviewed my reactions, assumptions, and beliefs with a colleague for the purpose of remaining objective.

The data analysis procedure that informs this study were Patton (2002) and Giorgi's (1985) four steps to analysis: (a) looking at the data as a whole; (b) identifying meaning units; (c) defining meaning units; and (d) synthesizing meaning units into a holistic understanding of the informants' experience. After the interviews were completed, I began reviewing the data by listening to each digitally recorded interview while I reflected on reflection notes. Next, I listened to each interview again and began to take notes for the purpose of identifying factors and illuminated themes. A transcriptionist was hired to produce a verbatim transcript of each phone interview. I reviewed each transcribed interview and used a different colored highlighter marker to begin creating meaning units (Giorgi, 1985) and I also wrote shorthand codes in the margins to begin to identify meaning units (Patton, 2002). I used reflection questions throughout the preceding review process such as "What themes emerge?" and "What is

significant here?” I began by attempting to identify the contributing and preventative factors related to the literature identified in Chapter 2. The factors that emerged from the data could be classified within the following two categories: factors contributing to the development of supervisor burnout and the factors preventing supervisor burnout. This iterative analysis process was repeated as additional factors emerged and I labeled these chunks of data using the words and descriptions provided by the informants. For the purpose of maintaining reflexive practices, I explored alternative explanations for the analysis and findings. I also looked for extreme cases, and similar patterns, and trends that may have emerged during the study.

Note cards were labeled and used to organize the factors within the bio-ecological and lived existential frameworks used for this study in Chapter 5. During the data analysis procedure I followed the sequence of structured questions; however, there were times where additional follow-up questions may have been used to illicit clarification or to elicit a refined meaning for a given experience. In those cases, follow-up questions were emphasized until the informants provided a long silence, repeated a previous statement, or acknowledged that they did not have anything additional to add. These responses were used to determine that a complete informant response to a question had been reached. Lastly, the contributing and preventative factors that emerged from the interviews were then collapsed into themes.

Results

Key Informant Interview A

This interview (see appendix E) was with a bachelors prepared counselor who has completed the required coursework for her Master of Science degree but still must

complete a practicum and internship experience before graduation. This supervisor was employed within a small substance abuse rehabilitation facility in northwest Pennsylvania where she provided supervision to therapists within the agency. She has participated in in-service trainings and workshops on supervision; however, she has not completed coursework in clinical supervision. This supervisor has worked for a total of nine years in the counseling field; five of these years were dedicated to the mental health population with the remaining four years treating dual diagnosis clients. She has been employed as a clinical supervisor for one year. The interview lasted approximately 45 minutes.

To begin the phone interview with informant A, I introduced myself and followed the structured interview protocol designed for this study. This protocol included a review of the purpose of the study, the consent to participate, along with the ideas of voluntary participation, and the notion that the informant had the ability to withdraw from the study at any time. When I asked if there were any questions with regard to the study, informant A stated, “Not at all.”

The first interview question, “What is your experience working as a clinical supervisor within a substance abuse rehabilitation facility?” is an open-ended question designed to illicit the informant’s experience working as a clinical supervisor within a substance abuse rehabilitation facility. Informant A responded, “I have been at this facility for 5 years, but as a clinical supervisor I was one year on July 9th.” After asking this initial question and moving through the structured questions, Table 2 provides a detailed description of the contributing factors and the associated themes that emerged from the interview with informant A.

Table 2

Factors Contributing to the Development of Supervisor Burnout

Themes	Factors Contributing to the Development of Burnout	Data Points
A professional wearing many hats	Balancing Multiple Roles	Burnout stuff comes not from my job but my home life/and then the job.
	Agency imposed financial pressures	I want to make sure we get our numbers; I didn't want to look bad to the company as a supervisor.
	Stressful home life	
	Physical Concerns	I have 3 teenage to adults in my home, children that all have mental health issues.
A lack of self-care	Emotional Concerns	Lets see, since starting with the company I gained over 16 pounds and then ordered a wider chair. This is part of the downside that is where I stress eat.
		I was so afraid that if I didn't step up and get the percent or the number we needed for the month that I was going to be held accountable.

Theme #1: A professional wearing many hats. When the third question in the interview protocol was asked which addressed the dimensions of the burnout syndrome and how they are currently or previously experienced, informant A noted that her “burnout stuff comes not from my job but my home life/and then the job.” She continued, “Oh yeah, I would work all day every day, 7 days a week if I could.” When asked to elaborate, informant A added, “I have 3 teenage to adults in my home, children that all have mental health issues.”

In relation to the burnout syndrome and its connection to her experience as a supervisor, this informant reiterated the stress associated with being expected to meet financial quotas as a mid-level administrator that would require her to serve as the primary treating clinician at times. She began:

I think it was the fact that I am the type that I am always trying to please everyone, I want to make sure we get our numbers; I didn't want to look bad to the company as a supervisor.

Theme #2: A lack of self-care. The concern over supervisor self-care was reported by informant A as a potential contributor to the development of the burnout syndrome. Informant A added:

Let's see, since starting with the company I gained over 16 pounds and then ordered a wider chair. This is part of the downside that is where I stress eat. I know that I need to up my walking; I need to get healthy for me. I do know that is the part I struggle with.

Informant A shared her experiences with regard to the emotional stress she would endure in an attempt to meet the financial demands of her agency. She began:

I was so afraid that if I didn't step up and get the percent or the number we needed for the month that I was going to be held accountable. So when people missed work, I would go ahead and schedule all their patients, and see everybody and anybody.

Table 3 provides a detailed description of the preventative factors and the associated themes that emerged from the interview with informant A.

Table 3

Factors Preventing Supervisor Burnout

Themes	Factors Preventing Supervisor Burnout	Data Points
People you can count on	Reliable peer supports	He is really a joy and a delight and he helps me. I think that is why I was able to take 2 days off last week. Knowing that he is here to cover.
Validation, feedback, and acknowledgment through supervision	Being supported and valued as a supervisor	Right and being valued, that just being valued apart from my director and my program manager telling me what an awesome job I was doing.
A collaborative supervisory relationship with supervisees	Being actively engaged with supervisees	I want my counselors to come in and share with me their thoughts and ideas.
Making an investment in oneself as a supervisor	Taking care of oneself as a supervisor	I am pretty good at having a mental health day once a month to give myself a break from everything.

Theme #1: People you can count on. Informant A openly noted the importance of possessing reliable staff members who can share the clinical administrative responsibilities on a regular basis. When informant A was asked about the factors that can prevent burnout, informant A commented:

I had a not so helpful counselor who didn't have any real experience and it caused me to do quadruple the amount of work, now I have someone who was trained in-house through the company . . . he has been here 5 years as a senior counselor under me. He is really a joy and a delight and he helps me. I think that is why I was able to take 2 days off last week. Knowing that he is here to cover.

Upon further reflection, informant A summarized her experience with regard to the importance of enlisting assistance and support. “Learning not to try to do all, be all, and save all and holding each counselor accountable for their own stuff.”

Theme #2: Validation, feedback, and acknowledgment through supervision.

When considering factors that could offset the burnout of clinical supervisors, the notion of peer or administrative support and supervision was a point of emphasis throughout the interview process. Following the discussion on staff support, informant A was asked to discuss the effects of the supervisory process on the burnout syndrome. Informant A responded: “Yeah it did, you know what it did, the director talking with me on the side and guiding and reassuring me that I am doing a great job. Yes!” When asked to elaborate further, informant A acknowledged the importance of validation.

Right and being valued, that just being valued apart from my director and my program manager telling me what an awesome job I was doing. Them coming back from a director’s meeting out in the middle of PA, letting me know that another director from another company had my back it was awesome! Yes, that helped.

Theme #3: A collaborative supervisory relationship with supervisees. The effects of the burnout syndrome on the supervisory process were also a point of emphasis and were commented on by informant A. Informant A described the importance of establishing a collaborative, supportive supervisory relationship with supervisees as a means to prevent burnout. Informant A stated:

Not allowing things to build up when there is an issue or a concern. Call whoever in and talk to them and share with them as much as you can . . . always trying to figure out how can make it work.

When asked to elaborate, informant one added,

I want my counselors to come in and share with me their thoughts and ideas . . . as long as you have the open relationship, your staff can come to you and talk openly about whatever problems they are experiencing makes it easier.

Theme #4: Making an investment in oneself as a supervisor. The final theme that emerged with regard to the relevant factors that prevent supervisor burnout is the idea of preventative maintenance or appropriate self-care for supervisors. When asked about whether informant A was currently experiencing elements of the burnout syndrome she commented:

I took 2 days off last week but it was more so, I want to say it was more for home than it was here . . . I am pretty good at having a mental health day once a month to give myself a break from everything.

When asked to elaborate as to whether these mental health days were helpful in alleviating the burnout symptoms, she responded with an emphatic “yes!”

Key Informant Interview B

This interview informant was a licensed master’s level licensed psychologist who was employed within a behavioral health services agency in northeast Pennsylvania where he provided supervision to therapists within the agency. In addition to providing supervisory services, this informant would also treat dually diagnosed clients regularly. He has participated in both in-service trainings and workshops on clinical supervision,

although, he has not completed coursework in supervision. This supervisor has worked in the mental health field for 38 years collectively and he has served in a supervisory capacity for 35 of those years. Lastly, he has been employed as a supervisor within a substance abuse rehabilitation facility for the past 10 years. The interview with informant B lasted approximately 50 minutes.

To begin the interview with informant B, I introduced myself and followed the structured interview protocol designed for this study. This protocol included a review of the purpose of the study, the consent to participate, along with the ideas of voluntary participation, and the notion that the informant had the ability to withdraw from the study at any time. When I asked if there were any questions with regard to the study, informant B stated, “No.”

When I asked the first interview question to inquire about the supervisory experience of informant B, he responded:

Well, a real quick history on that, I came to the hospital in 1978 as an unlicensed master’s level clinician. I had my training; my master’s was in clinical psychology. They immediately put me in as a supervisor because the supervisor had just left . . . over the years, the programs blended to where there is one supervisor in outpatient services and that is then me.

Table 4 provides a detailed description of the contributing factors and the associated themes that emerged from the interview with informant B.

Table 4

Factors Contributing to the Development of Supervisor Burnout

Themes	Factors Contributing to the Development of Burnout	Data Points
A professional wearing many hats	Middle management	Middle management is the toughest place to be in any system.
	Managing complex caseloads	I mean I have had some clients who have been very difficult. You are co-occurring with a borderline element with actively using, domestic violence, things like that take its toll.
	Balancing multiple roles	I had to question again about emotional breakdowns and things that have been very difficult as a supervisor and administrator at times to meet those requirements.
	Agency imposed financial pressures	I think everyone, well I speak for myself again, in this field and I would say at times I have not been as productive as others because of stresses, financial stresses of the job.

Theme #1: A professional wearing many hats. As I introduced the third interview question, which was designed to illicit informant B’s past and present experiences with regard to the burnout syndrome, informant B outlined the struggles associated with managing a complex caseload:

Emotional exhaustion, well that is again you know, there have been very bad days here. We have had some losses of life of clients . . . I mean I have had some clients who have been very difficult. You are co-occurring with a borderline element with actively using, domestic violence, things like that take its toll.

Informant B openly acknowledged the difficulties and challenges associated with managing multiple responsibilities as a clinical supervisor. Informant B reiterated:

Middle management is the toughest place to be in any system . . . the way I think we call it managing up here you do the best you can to respond to the folks above you and you try to do the best you can with the budget.

After asking a clarifying question, Informant B went on to discuss the challenges associated with managing employees:

I have had employees over the years where I have to do discipline. I had to question again about emotional breakdowns and things in my position that have been very difficult as a supervisor and administrator at times to meet those requirements.

Informant B also shared his experiences with regard to the strain associated with being concerned about employment due to mounting financial demands:

I think everyone, well I speak for myself again, in this field and I would say at times I have not been as productive as others because of stresses, financial stresses of the job. I have been through at least 3 or 4 rounds of cut-backs and lay-offs. I have had, actually this is interesting in relation to D&A, we had to lay off or they left about half of our staff at one point because we were in such financial straits here.

Theme #2: A lack of self-care. The topic of deficient supervisor self-care was discussed with informant B as a potential contributor to the development of supervisor burnout. In contrast with the other informants, this informant was well versed in self-care strategies. When asked about his perception of self-care informant B responded:

I don't think you survive in this area unless you take care of yourself and I have always tried to do that . . . I have tried to keep things in perspective so I don't get devastated when the outcomes aren't as I hoped and I don't get to overly patting myself on the back if things go well.

When asked to elaborate further, informant B spoke of the importance of maintaining a healthy balance between his work and home life:

I don't consider myself a workaholic. I work my time then I enjoy my family and I exercise and I read and I enjoy watching sports. I think the key for me is to keep things in perspective, I can't say that at some level I have not had times when I have been into those realms that you are talking about.

After asking this initial question and moving through the structured questions, Table 5 provides a detailed description of the preventative factors and the associated themes that emerged from the interview with informant B.

Theme #1: People you can count on. When asked about the factors that could offset or prevent supervisor burnout, Informant B cited peer support and socialization at work as two important elements that must be in the forefront of any supervisor's mind.

In terms of peer support, informant B elaborated by saying:

You cannot isolate yourself. The other thing with peer support is that people sense when you are not quite right. You know they will be talking to you, saying are you ok? Do you need a vacation or something? If you isolate, or, if you are in an isolated situation as a supervisor I think this is a prescription for a disaster.

Additionally, informant B also highlighted the importance of socialization at work along with exercise. He began, "I think the socialization, we have an excellent administrative

staff here, you know the secretaries and stuff and you know engaging in a little small talk through the day.” Table 5 identifies the preventative factors and the associated themes.

Table 5

Factors Preventing Supervisor Burnout

Themes	Factors Preventing Supervisor Burnout	Data Points
People you can count on	Reliable peer supports	The other thing with peer support is that people sense when you are not quite right.
Validation, feedback, and acknowledgment through supervision	Being supported and valued as a supervisor	Well I’m the supervisor, but we have other clinical supervisors in other areas and we get together regularly even if it is just passing in the hall to talk about things that we share, to discuss issues we have as a supervisor.
Making an investment in oneself as a supervisor	Self actualization	A lot of this stuff is self-actualization and the process of figuring out who you are... you learn along the way, but I think that is all part of the burnout syndrome, learning how to prevent it.
	Regular exercise	Two or three times a day I exercise on my floor, I actually have a little dumbbell here...three times a week I go at that pretty well and it really makes me feel so much better.
	Creating meaningful experiences	As you get older you look a lot more forward to vacations and just getting away for day trips, things like that.

Theme #2: Validation, feedback, and acknowledgment through supervision.

The next theme that emerged from the interview with informant B focused on the importance of validation and acknowledgment through peer supervision as a factor that

could prevent supervisor burnout. When asked a question about whether he receives supervision at his place of employment, informant B responded:

Well I'm the supervisor, but we have other clinical supervisors in other areas and we get together regularly even if it is just passing in the hall to talk about things that we share, to discuss issues we have as a supervisor for our crisis and access areas.

When asked if he would describe these interactions as peer supervision, informant B said:

Yeah, we are across from each other, one is inpatient, one is crisis and access, and one is some of our other programs, and I get along with all of them, and then we have our executive director over us who is next door to me and he is really excellent.

Theme #3: A collaborative supervisory relationship with supervisees. This informant's perception of the process of providing supervision to supervisees serves as an exception to what was found with another research informant who identified the supervision process as a preventative factor. Informant B stated:

I have actually dreaded going to some meetings because of some information I have to relay or because I know that they are upset about something. So I think that can have a real impact on burnout because there are some elements you cannot control about how people are going to react. I think that is my least favorite thing is supervision/administrative meetings with all the staff.

Sometimes they are gratifying but if you have some kind of information that might not be that nice it is a pretty tense time.

When asked to elaborate on whether the preceding issue was representative of his experience with both group and individual supervision, informant B indicated that:

Once again it depends, my individual supervision with high performers is always enjoyable . . . where as the low performers it is usually their cognitive distortions, they are catastrophizing, trying to make me panic, it seems like it is a crisis all the time.

Theme #4: Making an investment in oneself as a supervisor. The final theme that emerged with regard to the prevention of supervisor burnout is the idea of preventative maintenance or appropriate self-care for supervisors. When asked about how the burnout syndrome affects clinical supervisors along with the role of supervisor self-care, informant B suggested, “None of that is going to matter to somebody if they don’t take it into themselves.” When asked to clarify, he stated:

A lot of this stuff is self-actualization and the process of figuring out who you are. My first trainer in psychiatry . . . said it would take you until you’re 60 until you figure out what you are doing and I thought he was kidding. You learn along the way, but I think that is all part of the burnout syndrome, learning how to prevent it.

Informant B also highlighted the importance of incorporating exercise on a consistent basis into his daily work routine as a way to offset the effects of the burnout syndrome. He began:

Two or three times a day I exercise on my floor, I actually have a little dumbbell here . . . three times a week I go at that pretty well and it really makes me feel so much better, I look forward to those days.

Informant B also shared his perception of the importance of integrating leisure activities or creating meaningful experiences as a way to prevent the onset of burnout:

As you get older you look a lot more forward to vacations and just getting away for day trips, things like that. I like to read and I love, people might think I am silly, I like Andy Griffith, the old sitcoms. I look forward to those because you can disappear for ½ hour.

Key Informant Interview C

This interview informant was a bachelor's prepared clinician with a CCDP (co-occurring disorders professional) credential where she has worked with the substance abuse population collectively for 8.5 years, with 3.5 of those years served as a clinical supervisor providing supervision to counselors who treat substance abusers. Informant C has received training as a clinical supervisor through workshops and seminars, some of which were provided by her employer. In addition, her supervisory work with staff was also supervised on a regular basis; however, she has not completed formal coursework in clinical supervision. The interview with informant C lasted approximately 45 minutes.

To begin the interview with informant C, I introduced myself and followed the structured interview protocol designed for this study. This protocol included a review of the purpose of the study, the consent to participate, along with the ideas of voluntary participation, and the notion that the informant had the ability to withdraw from the study at any time. When I asked if there were any questions with regard to the study, informant C stated, "No."

When I asked the first interview question to inquire about the supervisory experience of informant C responded:

Well for the first six months that I was a supervisor, I had weekly meetings with our executive director to talk about questions that I had, sort of preparing me for everything that I needed to know. I also went to a clinical supervision training that was a week everyday, like all day for a week of clinical supervision training and just kind of preparing you for how to supervise clinicians.

I asked a follow up question with regard to whether she was exposed to models of supervision during her supervision training and informant C stated that she was exposed to “some of them.” After asking this initial question and moving through the structured questions, Table 6 provides a detailed description of the contributing factors and the associated themes that emerged from the interview with informant C.

Table 6

Factors Contributing to the Development of Supervisor Burnout

Themes	Factors Contributing to the Development of Burnout	Data Points
A professional wearing many hats	Managing multiple roles	Just you know taking on a lot with clients, with supervising clinicians, and just getting sort of physically and emotionally exhausted, just needing to rest a little bit.
	Being the go to person	You know you are the person that everybody is looking to know the answers. So if I am here and my door is open and there are people in my office...that can sometimes get overwhelming.

Theme #1: A professional wearing many hats. As I introduced the third interview question, which was designed to identify informant C’s past and present

experiences with regard to the burnout syndrome, informant C reported that balancing multiple roles as a supervisor/administrator has contributed to the development of her emotional exhaustion on a professional and personal level. She stated:

I think me in particular the one that I have experienced in the past and the one sort of the emotional exhaustion, just you know taking on a lot with clients, with supervising clinicians, and just getting sort of physically and emotionally exhausted, just needing to rest a little bit.

When asked a follow up question with regard to how her emotional exhaustion has impacted her personally due to balancing multiple work roles she stated, “Sometimes with the emotional exhaustion stuff, if I am overworked at work, I go home and sometimes it carries over like a physical exhaustion and just not being motivated to do what I usually do.”

Additionally, informant C cited occupying the role of go to person is particularly overwhelming. She reported:

You know you are the person that everybody is looking to know the answers. So if I am here and my door is open and there are people in my office . . . that can sometimes get overwhelming especially when you have whatever else you are doing, clients to work with, or procedures to write, policies, things like that.

Theme #2: A lack of self-care. The issue of supervisor self-care was discussed with informant C as a potential contributor to the development of the burnout syndrome. Informant C acknowledged the dangers associated with deficient self-care as a supervisor but offered an exception to this concern in that she regularly uses exercise. She reported that she uses “exercise to offset emotional exhaustion . . . I come up with things to do just

in my off time with my husband or my family . . . often times I exercise to forget about work.” Table 7 provides a detailed description of the preventative factors and the associated themes that emerged from the interview with informant C.

Table 7

Factors Preventing Supervisor Burnout

Themes	Factors Preventing Supervisor Burnout	Data Points
People you can count on	Reliable peer supports	The most important thing for preventing burnout would be to be able to ask for help when you are starting to feel overwhelmed and need some assistance.
Validation, feedback, and acknowledgment through supervision	Being supported and valued as a supervisor	Yes, yes it is important, our executive director and the clinical director before me were very good in helping me sort out the transition into a supervisory role.
Making an investment in oneself as a supervisor	Regular exercise	What I like about the martial arts is I get to expend energy; it helps me to stay calm and focused.
	Creating meaningful experiences	I come up with fun things to do just in my off time with my husband or with my family, and I think that is important.

Theme #1: People you can count on. Informant C, along with the other interview informants, all shared the idea of the importance of having reliable supports at work in an attempt to alleviate the burnout syndrome. She began:

The most important thing for preventing burnout would be to be able to ask for help when you are starting to feel overwhelmed and need some assistance. I have gotten better at delegating just like the menial tasks that I used to do myself. If I

needed to put together a booklet or something then I would do it myself. Now I have our clerical staff put it together, or you know typing up letters or what not I have somebody else do it...so I can focus my attention on something else.

Theme #2: Validation, feedback, and acknowledgment through supervision.

Other interview informants identified the theme of receiving validation and informant C also acknowledged the importance of receiving support through ongoing supervision.

When asked about her own experiences as a supervisee and the value of supervision for supervisors she began, “Yes, yes it is important, our executive director and the clinical director before me were very good in helping me sort out the transition into a supervisory role.”

Theme #4: Making an investment in oneself as a supervisor. This informant highlighted the importance of exercise as a means to take care of oneself as a supervisor. She began:

Well for myself, like you know I said that I exercise. I have taken up Tae Kwon Do so that helps me to focus and push everything else out of my mind and it gives me an outlet. I belong to a number of YMCAs so I go and I swim and work out on the treadmill and what not just to kind of burn off some of the steam and the stress.

When asked to elaborate, she continued:

What I like about the martial arts is I get to expend energy; it helps me to stay calm and focused. It also helps with some of that compartmentalizing so I can focus on what I doing right then and kind of push all the other stuff out of my brain for that moment.

In addition, informant C shared her experiences with regard to the importance of developing meaningful interests as a means to remove her from work stressors. She began, “I come up with fun things to do just in my off time with my husband or with my family, and I think that is important.”

Key Informant Interview D

This informant was an unlicensed master’s level counselor employed within a behavioral health services agency in southwestern Pennsylvania where she provided clinical and administrative supervision to counselors who provide substance abuse counseling services to clients. She has worked within the mental field for 30 years collectively, while serving as a clinical supervisor for 18 of those years. She has completed university coursework, workshops, seminars, in-service training on clinical supervision and has also received supervision of her supervision of supervisees.

To begin the interview with informant D, I introduced myself and followed the structured interview protocol designed for this study. This protocol included a review of the purpose of the study, the consent to participate, along with the ideas of voluntary participation, and the notion that the informant had the ability to withdraw from the study at any time. When I asked if there were any questions with regard to the study, informant D stated, “No.”

When I asked the first interview question to inquire about the supervisory experience of informant D she responded: “Well there have been many aspects to it. I have learned a lot from doing it and at the same time I’ve learned a lot about the kinds of things that I really don’t like doing.” When asked to expand on this idea, she began:

It's a really difficult job and it takes a lot of time and a lot of work and I find that in an organization that is primarily mental health a lot of times they don't understand the needs of a drug and alcohol program. So as a supervisor of drug and alcohol services I really had to fight to get what we wanted and what we needed from the agency.

After asking this initial question and moving through the structured questions, Table 8 provides a detailed description of the contributing factors and the associated themes that emerged from the interview with informant D.

Theme #1: A professional wearing many hats. As I introduced the third interview question, which was designed to identify informant D's past and present experiences with regard to the burnout syndrome, this informant shared the challenge of working within an unsupportive organization where there is an expectation she will assume multiple roles and as a result, she began to feel a sense of reduced personal accomplishment:

So I am expected to have to take care of all these things that have to do with regulations and requirements and caseloads, but I really don't have the power and the back up to make independent decisions and when I talk about what I would like to do it is often treated as suspect.

Informant D also shared her experiences and frustrations over being in a middle management position with multiple responsibilities but little power:

One of the realities is that I don't really have that much power, I am middle management and that my decisions are not the final decisions ever and that I always have to have my decisions run through the director who is above me and

Table 8

Factors Contributing to the Development of Supervisor Burnout

Themes	Factors Contributing to the Development of Burnout	Data Points
A professional wearing many hats	Balancing multiple roles	I really don't have the power and the back up to make independent decisions and when I talk about what I would like to do it is often treated as suspect.
	Middle management	I think what makes you feel deskilled is being in that middle position and being responsible for basically all paperwork, all the documentation, basically how everyone gets along, and people take their anger out at you, and it's just very difficult.
	Working within an unsupportive agency	You know and what I have seen in working with the agency as long as I have as I have seen administration turn on people that have worked there for many years and have been good employees and I have seen them be fired.
A lack of self care	Unmet supervision needs	I did have a supervisor who was supportive years ago and it did make a big difference and the supervisors that I have had over the last several years have not wanted to be bothered.
	Unreasonable work demands	When I have got people coming to me as a supervisor with real life problems and what I have discovered recently is there is no give, there is no give in what the productivity number has to be, there is no give on the way that things have to be done.
	Incongruence as a supervisor	My philosophy out of being a therapist is to empower people and trust them to achieve... I discovered that I had to be one of those supervisors that was breathing down their collars and that is something that is really not my nature.

the director has to run the decisions through the CEO. I think what makes you feel deskilled is being in that middle position and being responsible for basically all paperwork, all the documentation, basically how everyone gets along, and people take their anger out at you, and it's just very difficult.

In addition to being expected to assume multiple responsibilities, informant D also shared her experiences with regard to working within an unsupportive system. She began:

You know and what I have seen in working with the agency as long as I have as I have seen administration turn on people that have worked there for many years and have been good employees and I have seen them be fired. I've seen them be harassed and so I don't have a lot of trust in the administration.

Theme #2: A lack of self-care. This informant shared experiences with regard to the unmet need for appropriate supervision as a means to promote appropriate self-care due to ongoing financial pressures from the agency:

I did have a supervisor who was supportive years ago and it did make a big difference and the supervisors that I have had over the last several years have not wanted to be bothered with what I think is the heart of supervision. Like all these conflicts that staff have with each other, it really takes away from the quality of the work.

When asked to elaborate further, she began,

The other thing that the agency makes a priority and they've had to and it's taken away from focusing on the well being of employees is the financial situation and

that we have to generate revenue in order to stay open and that's come from the funding cuts at the state and federal levels.

Informant D also shared her experiences with unreasonable work demands, which makes it difficult to practice appropriate self-care. She disclosed:

The person that supervises me, if I had a therapist not meeting their productivity I'm having a really hard time with it. He says it doesn't matter what the excuses are, it has to be this number and I don't care you know? When I have got people coming to me as a supervisor with real life problems and what I have discovered recently is there is no give, there is no give in what the productivity number has to be, there is no give on the way that things have to be done.

Informant D shared her concerns over being required to adopt an incongruent supervisory style in an attempt to meet the work demands of her agency. She began:

My philosophy out of being a therapist is to empower people and trust them to achieve . . . I discovered that I had to be one of those supervisors that was breathing down their collars and that is something that is really not my nature. It's very hard for me.

Table 9 provides a detailed description of the preventative factors and the associated themes that emerged from the interview with informant D.

Table 9

Factors Preventing Supervisor Burnout

Themes	Factors Preventing Supervisor Burnout	Data Points
Validation, feedback, and acknowledgment through supervision	Being supported and valued as a supervisor	I think having somebody who could really supervise and meet the emotional needs, but be really supportive of the emotional needs of the supervisor would really, really, make a huge difference.
	Being respected as a mid-level manager/supervisor	You know when your position is just that of a middle person, I think it is easy for people to not respect you because they know that the final decision is not yours. So that would be really important and also an acknowledgment, some kind of realistic expectation about how much work needs to be completed.
Making an investment in oneself as a supervisor	Creating meaningful experiences	I think you sort of make your own fun; I don't know else to say it. When I created that group with other people that was really fun for me.

Theme #2: Validation, feedback, and acknowledgment through supervision.

Informant D as well as other informants identified the need for ongoing validation, feedback, and acknowledgment as a factor in preventing supervisor burnout. She disclosed:

I think having somebody who could really supervise and meet the emotional needs, but be really supportive of the emotional needs of the supervisor would really, really, make a huge difference. My supervisor now is fine . . . this

supervisor is really standing with me and making decisions, and letting me, you know, take the reins.

Informant D shared her experiences with regard to the need to be respected as a mid-level manager/supervisor during supervision. She began:

You know when your position is just that of a middle person, I think it is easy for people to not respect you because they know that the final decision is not yours. So that would be really important and also an acknowledgment, some kind of realistic expectation about how much work needs to be completed.

Theme #3: A collaborative supervisory relationship with supervisees.

Informant D offered a contrasting view on the idea of having a collaborative supervisory relationship with supervisees as way to offset the burnout syndrome, she viewed the process as a point of stress:

I think when you have that much overall stress it is really hard to behave and really do supervision . . . having it as a nurturing and creative experience is really difficult because what your staff wants to know is whether they are going to be able to keep their jobs.

Theme #4: Making an investment in oneself as a supervisor. Informant D briefly described the value of creating fun experiences as a means to prevent supervisor burnout.

I think you sort of make your own fun, I don't know how else to say it. When I created that group with other people that was really fun for me because I like comedy, I like to laugh, I like existentialism. I did it for myself but it just thrills me that

other people are having fun with it. You really have to try to make your own fun to create these projects or create these environments where you can get fed.

Final Thoughts

After reviewing the transcriptions from the four phone interviews and reflecting on the data analysis procedure from these interviews, the data had finally reached a point of saturation. No new data points had emerged and the themes were consistent across the four interviews. As a result, I terminated data collection.

Informants reported that creating fun, meaningful experiences outside the workplace was a useful strategy that could be used to prevent the burnout syndrome. Informants also believed regular exercise was beneficial. Informants also commented that they believed receiving ongoing feedback, support, and validation from their supervisor was helpful in offsetting a sense of reduced personal accomplishment. Additionally, informants also reported having reliable peer support as being a helpful preventative factor. The informants also suggested that a collaborative supervisory relationship with supervisees, being respected as a middle manager, and self-actualization were useful preventative factors to combat supervisor burnout. All informants cite the stressors associated with being in a middle management position, and occupying multiple roles as a supervisor as contributors to the development of burnout. The results of this study identify factors that contribute to the development of the burnout syndrome which support the established literature on the etiology of the burnout syndrome. For supervisors, the genesis of all three burnout dimensions can be attributed to organizational policies that can be perceived to be ambiguous, vague, or incompatible (Erera, 1991). Conversely, Maslach and Leiter (1997) proposed a model that succinctly

integrates the individual and organizational factors of burnout, which allows one to view a professional within the context of his or her environment. Similarly, James and Gilliland (2001) suggested that burnout be viewed as an organizational construct where a systems' perspective may be efficaciously employed. Additionally, one theme that encompasses many of the factors that contribute to the development of supervisor burnout was labeled *a professional wearing many hats*. The theme *a professional wearing many hats* was used to describe the general attitude shared by the informants who experience the struggles and stresses often attributed to occupying a middle management supervisory position which requires that they function as a conduit between the agency's administration and the front line staff.

Additionally, informants also report agency imposed financial pressures as challenges that contribute to the development of supervisor burnout. Lastly, informants also identified the following emergent factors as burnout contributors: working for an unsupportive agency, a stressful home life, unmet needs for supervision, unreasonable work demands, managing complex caseloads, being the go to person, and incongruence as a supervisor.

Table 10 provides a cumulative listing of the themes identified through the preceding data collection and analysis procedure. Specifically, the themes are organized according to the contributing and preventative factors, which are representative of the burnout syndrome.

Table 10

Summary of Identified Themes

Factors Contributing to the Development of Supervisor Burnout	Factors Preventing Supervisor Burnout
1. Wearing many hats	1. People you can count on
2. A lack of self care	2. Validation, feedback, and acknowledgment through supervision
	3. A collaborative supervisory relationship with supervisees
	4. Making an investment in oneself as a supervisor

Similarities

The most obvious similarities found among all informants were the factors that contribute to the development of supervisor burnout. In all the interviews a consensus was found, the informants identified the stressors associated with being in a middle management position and the difficulties associated with managing multiple roles as a supervisor. In terms of preventative factors, all informants identified receiving consistent validation, support, and acknowledgment from their supervisor as being the most common preventative factor. In addition there were more contributing as opposed to preventative factors with regard to the burnout syndrome. Other contributing and preventative factors were identified and consistently support the themes in this study.

Differences

Upon review of the extreme cases or differences among the informants, some supervisors viewed the supervisory relationship as a point of stress due to the overarching financial concerns of the agency along with the administrative burden of being the

deliverer of troubling policy or procedural changes to supervisees. However, this was not a trend that was found with other informants that discussed the supervisory relationship. In addition, two informants offered an exception to the self-care concerns shared among the remaining informants. These informants reported a strong foundation anchored in self-care, specifically, citing consistent exercise and the idea of maintaining a realistic perspective with regard to unreasonable work demands as useful self-care strategies.

Chapter Summary

I facilitated four individual interviews with recognized experts on providing supervision within substance abuse rehabilitation facilities. Each interview was audio taped; after listening to each tape and reading through notes, the tapes were then transcribed verbatim. The notes were reviewed collectively and a highlighter was used to identify relevant data points along with the associated themes. After reviewing the four transcribed interviews and identifying the relevant factors and themes, the research informants were asked to review his or her transcription for accuracy and also to make suggestions for the inclusion of additional data that was possibly overlooked during the interview process. At this time, I felt confident that the data had reached a saturation point. The redundancy within the data suggested saturation and substantive significance was achieved through the use of triangulation to support the findings.

CHAPTER V

DISCUSSION

Clinical supervision is an often overlooked but integral part of the mental health field that requires appropriate training as well as the acquisition of a specific body of knowledge in order to supervise appropriately. The purpose of supervision is to enhance the professional development of the supervisee and to ensure the safety and welfare of clients. Multiple ethical, legal, and professional responsibilities are attached to a person who carries the title of supervisor and, as a result, the supervisor often functions as a gatekeeper to the counseling profession and is ultimately responsible for ensuring the competence of supervisees. Currently, there is a limited amount of research on supervisor burnout or the factors that facilitate, explicate, or hamper the development of substance abuse supervisors (Culbreth & Cooper, 2008). In addition, there has been minimal research performed on the effects of burnout on supervisors providing supervision within substance abuse rehabilitation facilities, even though, research suggests multiple work responsibilities and large caseloads within agencies can result in reported higher levels of emotional exhaustion for workers (Acker, 2008).

The focus of this study was to examine the lived-experiences of supervisors who develop burnout while working within substance abuse rehabilitation facilities in Pennsylvania. The supervisors in this study reported concerns over the demands associated with being in a middle management position along with the stressors associated with being required to balance multiple roles simultaneously. These findings are supported by relevant literature that suggests supervisors are more likely to develop burnout due to contextual work factors such as workload, fairness, values, reward, and

community (Maslach & Leiter, 1997). In addition, research on the development of burnout indicates that organizational variables play a more significant role than individual factors (Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach et al., 2001), which is consistent with the findings of this study.

The purpose of this study was to develop an understanding or conceptual framework for organizing the experiences of supervisors who develop burnout while working within substance abuse rehabilitation facilities. This study was designed to acquire and develop a thick description and refined understanding of the supervisors' experience with the burnout syndrome. These experiences were elicited from individual interviews with supervisors who currently provide supervision to counselors within substance abuse rehabilitation facilities. This study's purpose was not to identify and test a hypothesis, but "discovery—the identification of those system properties and processes that affect and are affected by the behavior and development of the human being" (Bronfenbrenner, 1979, p. 38).

In order to develop a sophisticated understanding of a complex phenomenon such as supervisor burnout, it was essential to hear the voices of the supervisors working within substance abuse rehabilitation facilities. This study afforded the supervisors the chance to communicate the challenges and stressors associated with occupying a supervisory position within a substance abuse rehabilitation facility while experiencing a dimension or dimensions of the burnout syndrome. This study provided an improved understanding of the contributing and preventative factors with regard to the etiology of supervisor burnout. Additionally, recommendations for the prevention of burnout can

now be specifically made for supervisors within agencies with high risk factors for developing the syndrome.

Patton (2002) asserted that qualitative research interpretations exceed the simple description of reported data. This chapter will incorporate a discussion and reflection of the initial and the continually evolving findings of this study. This chapter draws conclusions using the relevant literature and the data gathered in relation to the theories used to develop the conceptual framework that informs this study. First, a review of the themes that emerged from the factors that contribute and prevent supervisor burnout is discussed. Next, recommendations for the prevention of supervisor burnout and a discussion with regard to appropriate support for supervisors based on the literature and the findings within this study are identified. Lastly, limitations, and recommendations for future research are reviewed in detail.

Four individual, audio-recorded phone interviews were conducted with experienced supervisors who currently provide supervision to supervisees while working within substance abuse rehabilitation facilities. To ensure data saturation, the appropriate interview informant reviewed each transcribed interview in order to authenticate the data and to provide additional insight and clarification when needed. No new or emergent factors/themes were revealed during the preceding process; therefore, the data was accurate and consistent which increases the reliability of the study.

This research provides important information that leads toward a more refined understanding of the lived-experiences of supervisors who experience the burnout syndrome while working within substance abuse rehabilitation facilities. In essence, there is minimal literature or research available that explicates the development of the

burnout syndrome from the supervisor's perspective or explores its effects on the development of substance abuse supervisors (Culbreth & Cooper, 2008).

Summary of the Findings

Two primary theories were used to interpret the data collected from the individual interviews with substance abuse supervisors. The two theories used in this study to explain the multi-layered supervisor burnout phenomenon include the bio-ecological model of human development (Bronfenbrenner, 1979, 2005) and Van Manen's (1990) lifeworld existentials. These models provide a prospective lens to highlight and unearth the factors that contribute to the development and prevention of supervisor burnout. Supervision is a dynamic process that necessitates interaction between multiple things, including individual, social, and environmental factors. In essence, a person and the environment are interconnected, forming a social system that is inseparable (Bronfenbrenner, 1979, 2005). The themes that most accurately reflect the essence of the factors that either contribute to or prevent supervisor burnout were listed under the following two categories: Factors Contributing to the Development of Supervisor Burnout and the Factors Preventing Supervisor Burnout.

Factors Contributing to the Development of Supervisor Burnout

The two themes that emerged from the factors that contribute to the development of supervisor burnout were labeled *Wearing many hats* and *A lack of self-care*. *Wearing many hats* was used to describe the general notion of a supervisor who is required to balance multiple roles simultaneously on a regular basis without much supervisory support. Acker (2008) suggested that "the increased job demands, the larger size of the organization, and the heavy caseloads associated with public agencies are more likely to

result in workers reporting higher levels of emotional exhaustion and role stress” (p. 305). Examples provided by the supervisors in this study include managing a difficult caseload, providing supervision, and being responsible for the fiscal health of an agency while occupying a middle management position with little real authority. This suggests that the substance abuse supervisors in this study are stressed while being pulled in multiple directions simultaneously as opposed to being placed in an environment where they were given a clearly defined role. Similarly, occupying multiple clinical and administrative roles can create difficulties with regard to maintaining a substantive supervisory relationship with supervisees, specifically in terms of evaluating a supervisee’s progress (Ronnestad & Skovholt, 1993).

The second emerging theme, *A lack of self-care*, was used to describe the process of not taking care of oneself in a consistent or appropriate fashion and can be perceived as a consequence of the burnout syndrome (Cordes & Dougherty, 1993; James & Gilliland, 2001; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001; Skovholt, 2001; Wright & Hobfoll, 2004). The supervisors’ comments from the study included,

Since starting with the company I gained over 16 pounds and then ordered a wider chair. This is part of the downside that is where I stress eat. I know that I need to up my walking; I need to get healthy for me.

Another supervisor’s comments suggest that it is hard to care for oneself, let alone others when you are burdened with the financial demands of your agency.

The other thing that the agency makes a priority and they’ve had to and it’s taken away from focusing on the well being of employees is the financial situation and

that we have to generate revenue in order to stay open and that's come from the funding cuts at the state and federal levels.

Culbreth and Cooper (2008) suggested the reduction of role conflict and the creation of supervisory roles that are limited to providing clinical supervision are strategies that can be used to enhance the development and the well being of the substance abuse supervisor. The findings in this study suggest supervisors working within substance abuse rehabilitation facilities could benefit from being in a supervisory position with a few clearly defined responsibilities as opposed to a role mired in ambiguity and uncertainty which seems to contribute to the development of one or more dimensions of the burnout syndrome.

The findings from this study are consistent with the established research on the etiology of the burnout construct. Specifically, the primary source of burnout is a major disconnect between a person and the contextual work factors, specifically within the six areas of work life including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001). As a result, the most obvious concern illuminated in this study is that if substance abuse supervisors are continually burdened with the increased demands at work such as assuming ambiguous roles with multiple responsibilities, then a disconnect with the preceding work factors is more likely to occur, specifically within the six areas of work life.

Factors Preventing Supervisor Burnout

In contrast to the factors contributing to the development of supervisor burnout, the supervisors in this study shared fewer protective factors to offset the burnout syndrome. The preventative factors reported by participants in this study are consistent

with what is required to keep a supervisor engaged in the workplace. Engagement can be defined (Leiter & Maslach, 2004)

In terms of the same three dimensions as burnout, the positive end of those dimensions rather than negative. Thus, engagement consists of a state of high energy (rather than exhaustion), strong involvement (rather than cynicism), and a sense of efficacy (rather than inefficacy). (p. 94)

One preventative factor reported by the supervisors includes: consistently receiving supportive feedback and validation from their supervisor during supervision. In addition, developing reliable peer supports along with the idea of creating fun experiences that are meaningful were also identified by the informants.

The preventative factors described by the participants were categorized under the following labels: *people you can count on, validation, feedback, and acknowledgment through supervision, a collaborative supervisory relationship with supervisees, and making an investment in oneself as a supervisor*. *People you can count on* represents the idea of have appropriate staff support at your disposal as a means to shoulder some of the burden attributed to being responsible for multiple roles as a supervisor.

Now I have someone who was trained in-house through the company . . . he has been here 5 years as a senior counselor under me. He is really a joy and a delight and he helps me. I think that is why I was able to take 2 days off last week.

Validation, feedback, and acknowledgment through supervision represents the notion of receiving support, guidance, along with a general sense of appreciation from your supervisor on a consistent basis as opposed to feeling a sense of isolation. Generally, supervisors shared it was helpful to receive direction or encouragement from their

superior on a consistent basis because the feedback they received validated they were doing an appropriate job. *A collaborative supervisory relationship with supervisees* represents the idea of maintaining a supportive relationship with supervisees based on development, personal improvement, and growth where both participants can benefit from the exchange. Supervisors shared having a transparent relationship with supervisees allows for the consistent sharing of thoughts and ideas as well aiding in the resolution of problems. *Making an investment in oneself as a supervisor* represents the idea of doing what is necessary to be self-supportive on a regular basis even while being surrounded by unsupportive conditions. In relation to *making an investment in oneself*, supervisors stated the importance of integrating frequent mental health days, exercise, self-actualization, and leisure activities as a way to recharge on a consistent basis.

People you can count on. This study focused on supervisors within the context of their work environment, primarily the work setting. It is imperative to understand the importance of nurturing and developing a supportive environment comprised of individuals you can ultimately trust and count on as a means to prevent supervisor burnout. The results of this study emphasizes the importance of establishing a work environment that allows a person to feel supported as opposed to devalued. When describing the culture of a supportive environment, the word “helpful” was used to emphasize its importance. When describing what it was like to have reliable colleagues that could be used to alleviate stress, one supervisor called him a “joy” and a “delight to work with.” The research reviewed on work engagement (Leiter & Maslach, 2004; Maslach et al., 2001) supports the concept of “people you can count on” which suggests a

person is more engaged when they are supported at work (Leiter & Maslach, 2004; Maslach et al., 2001).

The findings within this study support the assertion that developing a supportive work environment aligns with research on work engagement, specifically the six areas of work life including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001). By identifying reliable colleagues who are competent, one can increase the likelihood of creating an engaging work environment for supervisors by decreasing their workload, which may in turn promote a sense of fairness and community involvement at work. In essence, by integrating the additional work life factors, one can increase the possibility of achieving work engagement for supervisors by changing the work environment and its associated culture. Similarly, engagement is described in the literature as the antithesis of burnout which highlights its importance in relation to the debilitating organizational work context from which burnout is believed to originate (Barber & Iwai, 1996; James & Gilliland, 2001; Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach & Leiter, 1997; Maslach et al., 2001; Melchoir et al., 1997).

Validation, feedback, and acknowledgment through supervision. Receiving *validation, feedback, and acknowledgment through supervision* was a second theme that emerged from the interviews with supervisors: these processes were identified as a primary mode of support and a factor in preventing supervisor burnout. Receiving consistent, supportive supervision from a competent supervisor was described by a supervisor as: “Having somebody who could really supervise and meet the emotional

needs, but be really supportive of the emotional needs of the supervisor would really, really, make a huge difference.”

Although minimal research exists on the supervision of substance abuse supervisors, Culbreth and Borders (1996) suggested that a positive attitude along with an inherent sense of trustworthiness and commitment on behalf of the supervisor are essential elements within a viable supervisory relationship for substance abuse counselors. The results of this study support the notion that the substance abuse supervisors value and appreciate a committed, empathetic supervisor who validates and supports their position along with their needs. Another supervisor described this theme by stating:

Right, and being valued, that just being valued apart from my director and my program manager telling me what an awesome job I was doing. Them coming back from a director’s meeting out in the middle of PA, letting me know that another director from another company had my back it was awesome! Yes, that helped.

Substance abuse supervisors in this study emphasized the value that is placed on receiving validation and support through regularly scheduled supervision with their supervisor. The Code of Ethics of the American Counseling Association states:

Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (F.2.a)

Specifically, in order to adequately supervise counselors, substance abuse supervisors must also receive supervision on a regular basis for the purpose of sustaining their own well being as well as to enhance the nature of their own supervisory skills to further assist the client system they serve. The implications from this study highlight the need for substance abuse supervisors to receive appropriate support and validation via an ongoing, collaborative, and encouraging relationship with a supervisor.

A collaborative supervisory relationship with supervisees. Substance abuse supervisors within this study identified the idea of cultivating *a collaborative supervisory relationship with supervisees* as an effective tool that could be used to prevent supervisor burnout, provided the relationship was not contaminated by other related work issues. One supervisor noted, “my individual supervision with high performers is always enjoyable.” Another supervisor stated:

I want my counselors to come in and share with me their thoughts and ideas . . . as long as you have the open relationship, your staff can come to you and talk openly about whatever problems they are experiencing makes it easier.

The findings of this study support the idea of developing a collegial and relationship oriented supervisory process with supervisees, a topic that has been well documented in the literature on substance abuse supervision (Cohen & DeBetz, 1977; Kennard, Steward, & Gluck, 1987; Reeves et al., 1997; Usher & Borders, 1993; Worthington & Roehlke, 1979).

Supervisors in this study shared the belief that when possible, engaging in an active, collaborative supervisory process with supervisees was enjoyable, helpful, and ultimately increased their satisfaction as a supervisor, which could lead to an increased

sense of work engagement. In an optimal scenario, quality supervision may and will occur on a consistent basis; however, the work environment described by the supervisors within this study is one that endorses role confusion, change, and ambiguity. However, the supervisors within this study seemed to accept the reality of their situation in that they developed a flexible approach to supervision while being expected to occupy multiple roles, even though such role confusion may compromise the supervisory relationship (Campbell, 2006). Specifically, the supervisors were willing and able to make an investment in the supervisory relationship when time permitted. The flexibility found among supervisors within this study supports the research on resilience and hardiness, which encourages people to develop acceptance and to adopt a balanced perspective on the positive and less than ideal aspects of life (Antonovsky, 1985, 1987; Nygren, Norberg, & Lundman, 2007).

Making an investment in oneself as a supervisor. The supervisors within this study acknowledged the importance of *making an investment in oneself as a supervisor*, although, each informant managed to integrate this philosophy with varying degrees of success and in different ways. One supervisor stated:

As you get older you look a lot more forward to vacations and just getting away for day trips, things like that. I like to read and I love, people might think I am silly; I like Andy Griffith, the old sitcoms. I look forward to those because you can disappear for ½ hour.

Another supervisor shared a similar sentiment to the previous supervisor in that she recognized the value in being able to “check out temporarily.” She said, “I have taken up Tae Kwon Do so that helps me to focus and push everything else out of my mind.”

Another supervisor openly described the value she found in creating her own fun or enjoyment. She began:

I think you sort of make your own fun; I don't know else to say it. When I created that group with other people that was really fun for me because I like comedy, I like to laugh, I like existentialism. I did it for myself but it just thrills me that other people are having fun with it.

A third supervisor identified the idea of taking mental health days as a useful strategy to combat the burnout syndrome. She stated:

I took 2 days off last week but it was more so, I want to say it was more for home than it was here . . . I am pretty good at having a mental health day once a month to give myself a break from everything.

Collectively, supervisors in this study understood the significant value attached to the notion of making an investment in oneself, even though the process by which a person does so took on different forms. Furthermore, the results of this study align with the research on self-supportive behavior as a means to alleviate the symptoms associated with the burnout syndrome. For example, emphasizing the importance of taking time for oneself, satisfying your own needs, and emptying one's mind can make the difference between becoming burned out and remaining healthy (Gustafsson & Strandberg, 2009).

Supervisors in this study generally agreed that it was important to remove themselves from the stresses of work as a way of offsetting the effects of the burnout syndrome and for self-preservation purposes. The related research and the findings in this study suggest that taking the necessary time to address one's needs, regardless of their form is an effective strategy to combat burnout. In essence, making an investment in

oneself as a supervisor is another way to set limits to ensure one's optimal health (Gustafsson & Strandberg, 2009) as both a supervisor and as a person. As such, the theme of making an investment in oneself appears to be an effective strategy in preventing supervisor burnout.

Theoretical and Conceptual Framework

Supervisor burnout is a complex, multi-layered phenomenon that includes interaction between the individual, cultural, environmental and social aspects of the supervisor. The relationship that exists between a person and the environment is an unavoidable certainty. The development of a person cannot be alienated from the social systems with whom they are engaged (Bronfenbrenner, 1979, 2005). Looking at supervisor burnout from an ecological perspective allows for a more comprehensive understanding of the supervisors' experience as many of the contributing factors occur within the context of one's environment. Furthermore, it is imperative to conceptualize the individual supervisors through a lens that illuminates the challenges or factors that influence their environment or social system holistically. Specifically, it was hypothesized that the impact of supervisor burnout would be felt at all spheres or environmental levels, which would impact the supervisor on both a professional and personal level. For example, the theme of *wearing many hats* represents a scenario where a supervisor is forced to assume multiple clinical and administrative roles simultaneously; this role confusion could affect the microsystem, or the supervisory dyad. The mesosystem is an extension of the peripheral and includes coworkers, agencies, friends, and extended family members. Within the mesosystem, processes can intersect which allows for experiences to occur within different settings or microsystems

such as home and work (Bronfenbrenner, 1979, 2005). The theme of *people you can count on* is reflected in the mesosystem and it emphasizes the importance of the culture within an organization or agency. Additionally, it also highlights the concerns of what could occur if that system does not consider, validate, or address a supervisor's needs with regard to supervisory or administrative support. Additional associated risk factors found within the mesosystem include: unreasonable work demands, managing complex caseloads, agency imposed financial pressures, and being stuck in a middle management position. Additionally, the theme *a lack of self-care*, found within (Bronfenbrenner, 1979, 2005) the exosystem and the macrosystem highlight the affective and physical needs of the supervisor, which are often neglected due to being distracted by issues within the microsystem and the mesosystem. These neglected needs can have a negative impact on the supervisor's development on both a personal and a professional level.

A final implication to consider is the "ecological fit" between the supervisor and the substance abuse rehabilitation facility in which they work (Bronfenbrenner, 1979). As is noted in the research on the training of substance abuse supervisors, Powell (1991) suggested that administrators within most substance abuse treatment facilities search for a highly skilled clinician when considering the selection of a supervisor; however, a holistic approach that considers specific personality characteristics could prove to be more profitable. In addition, many of the supervisors who participated in this study ranged from being adequately prepared to assume a supervisory role to being underprepared. As a result, substance abuse supervisors may be asked to assume a role within an agency when they are unequipped to adequately manage the inherent stressors associated with such a position, therefore, resulting in a poor "ecological fit" systemically

which could result in the increased likelihood that a supervisor may develop elements of the burnout syndrome.

Similarly, Van Manen's (1990) four lifeworld existentials or "existentials" were also used as a method for constructing meaning from the supervisors' experience with regard to the burnout construct. Specifically, the first lived existential is lived space (spatiality), which accounts for what is in close proximity to oneself and the way "we experience the affairs of our day to day existence" (p. 103). Lived space examines how a person thinks, and responds behaviorally to a given experience. In terms of the supervisors in this study, lived space encompasses the theme of *receiving validation, feedback, and acknowledgment through supervision*. For example, supervisors often felt supported, valued, encouraged, and empowered when they retained a consistent connection with their supervisor. In addition, lived body (corporeality) "refers to the phenomenological fact that we are always bodily in this world" (p. 103), and acknowledges our physical existence in the world. The theme of *making an investment in oneself as a supervisor* embodies the ideal of lived body. For example, supervisors in this study would regularly exercise, create meaningful experiences for themselves, and routinely take mental health days as way of acknowledging and attending to one's sense of self. The next existential, lived time (temporality), specifically addresses the subjective experience of time along with one's personal orientation to the present, future, or past as opposed to objective time in the literal sense. The theme of a *collaborative supervisory relationship with supervisees* is aligned with the existential, lived time. For example, supervisors in this study emphasized the importance of the collaborative supervisory relationship with supervisees, although, they also acknowledged the need for

flexibility in relation to being physically or affectively present in the relationship while being simultaneously bombarded with a disproportionate number of work demands. Lived other (relationality), allows the phenomenological researcher to explore the nature of relationships within the context of interpersonal space. Human beings are often defined by relationships (Van Manen, 1990). The theme *people you can count on* also emphasizes the importance of peer relationships as a form of support, which can combat elements of the burnout syndrome. For example, supervisors in this study expressed the need for ongoing peer, supervisory support, and interaction, citing that the responsibilities associated with their position were more manageable when they were able to delegate and receive support.

The findings in this study offer a plethora of information and implications for practicing substance abuse supervisors, the substance abuse treatment field, and counselor educators as trainers of future counselors within the addiction field. The information acquired from this study provides an understanding of the etiology of supervisor burnout along while illuminating the preventative factors that can be highlighted and employed by supervisors within the substance abuse treatment field. In light of the above findings, specific recommendations for the preparation and support of substance supervisors are explored below.

Recommendations for Preparing Substance Abuse Counselors and Supervisors

The results of this study highlight the need for supervisors and supervisees to develop a specific knowledge base and to acquire the necessary skills to effectively provide services efficaciously within substance abuse rehabilitation facilities. The substance abuse rehabilitation facility offers many unique issues systemically that

counselors need to effectively manage. This section reviews the assertions made in the existing literature along with the findings in this study to provide relevant recommendations to prepare and support counselors and supervisors who choose to work within a substance abuse rehabilitation facility.

There is an inherent need for clinical supervisors working within substance abuse rehabilitation facilities to have the necessary knowledge, skills, and training within the realm of clinical supervision in order to be able to provide effective supervisory services. What follows is a brief description of the recommendations that could aid in the development of clinical supervisors working within substance abuse rehabilitation facilities.

Recommendations for Supervisor Training

The information provided in this study provides tangible evidence that specific training is needed to conduct supervision effectively within substance abuse rehabilitation facilities. Specifically, supervisors need specific training with regard to the burnout-engagement continuum. The continuum allows for administrators and supervisors to consider what factors in the workplace are likely to enhance supervisors' energy, resilience in order to enhance their involvement and integration with work tasks (Leiter & Maslach, 1998) as opposed to becoming disengaged and withdrawn due to dimensions of the burnout syndrome that may develop if work engagement is not achieved. Additionally, supervisors within this study identified a variety of supervisory training experiences. These experiences ranged from minimal training, attending workshops, in-service training, and formal graduate coursework. Subsequently, there are national standards for approved supervisors that require the completion of training hours and

supervised experiences. Specifically, the Approved Clinical Supervisor (ACS) credential offered through the National Board for Certified Counselors (NBCC) requires specific coursework dedicated to clinical supervision along with 100 hours of supervised clinical supervision. Additionally, many substance abuse supervisors do not receive adequate initial supervisory training and the literature supports the notion that many professionals within the counseling field are providing supervision without proper training (McMahon & Simons, 2004; Stoltenberg, McNeill, & Delworth, 1998). Many of the supervisors in this study reported they received minimal supervisory training as opposed to being chosen for their position primarily based on their experience as clinicians.

Stoltenberg et al. (1998) proposed a comprehensive framework that integrates both didactic and experiential elements in the development of clinical supervisors. Many of the substance abuse supervisors in this study cited a range of supervisor preparatory experiences highlighting workshops and in-service trainings. Stoltenberg et al.'s IDM Model purports that the level of supervisory training reported by supervisors in this study is inadequate for developing appropriate supervisory skills. The development of a clinical supervisor is developmental in nature and requires an individual to develop a sound theoretical understanding of supervision theory, followed by practical experiences where the person assumes the role of supervisor, and lastly, he or she is given specific feedback from a more seasoned supervisor. Learning only through the assimilation of didactic information offered through supervision workshops and in-service trainings is limited in that it does not afford the developing supervisor the opportunity to receive formative and summative feedback, a process that is an integral part of supervisor development (Stoltenberg et al., 1998).

Magnuson et al. (2000) identified principles of lousy supervision and they include: unbalanced, developmentally inappropriate, intolerance to differences, poor model of professional/personal attributes, untrained, and professionally apathetic. The preceding principles can be a concern for unprepared or untrained substance abuse supervisors. In addition, supervisors in this study who did not receive adequate supervisory training may be more likely to be developmentally inappropriate, unbalanced, apathetic, or, unprepared and untrained. Alternatively, supervisors who received training from a more structured approach such as the IDM Model (Stoltenberg et al., 1998) have a substantive understanding of supervisees' developmental levels, including specific recommendations for change, and they also effectively intervene in a manner that facilitates the appropriate growth and development of supervisees.

While training within a developmental model the supervisors develop incrementally over time, with the acquisition of new skills and knowledge the supervisor assumes different stages of proficiency (Stoltenberg et al., 1998). The development of the clinical supervisor is a gradual, but continual process, which suggests the need for ongoing supervision and support in order to promote optimal levels of functioning for the developing supervisor. The research on the IDM model (Stoltenberg et al., 1998) supports the findings in this study where all supervisors reported that ongoing support, validation, and encouragement through an ongoing connection with a supervisor was helpful in preventing the development of supervisor burnout and with offsetting the symptoms associated with burnout.

Recommendations for the Support of Substance Abuse Supervisors

Supervisors working within substance abuse rehabilitation facilities are often unprepared and ill equipped to provide appropriate supervision to supervisees even though they may have been appointed to a supervisory position due to their skill as a clinician in the field. Alternatively, one's competency as a supervisor must exceed his or her proficiency level as a clinician (Association for Counselor Education and Supervision [ACES], 2003); although, few supervisors actually receive supervision of their own supervision with supervisees (Campbell, 2000). While many substance abuse supervisors may feel unprepared to meet the multiple demands of their position, continuing education, peer supervision, and continuing education trainings could possibly limit feelings of isolation and reduce burnout.

The Reduction of the Supervisors' Workload

Supervisors within this study consistently identified the struggles associated with being required to juggle a disproportionate number of work roles. As a result, being overwhelmed at work may influence a supervisor's perception of fairness as well as the culture of the agency in which he or she is employed. A reduction in the supervisor's daily workload could reduce burnout symptoms, specifically emotional exhaustion. As the research on burnout purports, the primary source of burnout is a major disconnect between a person and the contextual work factors, specifically within the six areas of work life including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach et al., 2001). In essence, by reducing a supervisor's workload one can begin to create the conditions for improving the six areas of work life, therefore enhancing work engagement.

Peer Supervision in Substance Abuse Rehabilitation Facilities

Campbell (2006) suggested supervisors require ongoing supervision and consultative services in order to enhance clinical skills, provide efficacious supervisory services, and remain within ethical guidelines through the use of peer or group supervision. The supervisors in this study expressed a need for ongoing support, validation, and encouragement that can often come from participating in a supervisory process with either a supervisor or their peers. Bernard and Goodyear (2009) advocated for the use of peer supervision to discuss ethical issues, decrease isolation, offset burnout, vent feelings about work environments, and share knowledge and suggestions for improvement and to welcome constructive feedback. Additionally, Campbell (2006, p. 61) offered the following guidelines for appropriate peer supervision:

1. Review purpose and goals of peer supervision.
2. Review group dynamics, such as how members prefer to receive feedback, expectations, and each member's role and function.
3. Use tapes or role-plays to improve feedback, insight, and suggestions.
4. Discuss time limits of group and ways to evaluate the group's effectiveness.

One recommendation from this study that can be used to prevent supervisor burnout is for substance abuse supervisors to advocate for their own needs in a proactive manner if the agency with whom they are employed does not meet such demands.

Specifically, developing peer supervision groups with other supervisors in the area outside of their agency could be a useful strategy to combat the emotional exhaustion, reduced personal accomplishment, and depersonalization dimensions associated with the burnout syndrome. For example, if many of the symptoms associated with the burnout

syndrome can be attributed to unchanged systemic concerns inherent to the substance abuse rehabilitation facility, then it may be helpful for supervisors to participate in group supervision with peers. Group supervision can offer an opportunity to create a sense of universal understanding among peers who share similar experiences as opposed to the isolative alternative within their agency. This collective consciousness of understanding and support among peers can offer the much needed validation and encouragement that supervisors in this study seemed to value and appreciate as a tool to combat the burnout syndrome.

Limitations of the Study

This qualitative research design used four substance abuse supervision experts for the review of supervisors' lived experiences that develop the burnout syndrome while working within substance abuse rehabilitation facilities. Initially, it was the intention of this researcher to incorporate focus groups as part of the research design for the purpose of enhancing the trustworthiness of the collected data and to provide a more rich description of the burnout phenomenon. However, due to the varied distance that exists between participants across the state of Pennsylvania, the use of focus groups was neither practical nor possible. In addition, there were also several attempts to recruit additional participants beyond the four informants who participated in this study. After an exhaustive search of the substance abuse rehabilitation facilities located throughout the state, no new participants were found which ultimately made it difficult to adequately reach the point of data saturation. Additionally, the challenges associated with this recruitment procedure could possibly be attributed to the generalized stigma often associated with the burnout syndrome, the time constraints often associated with being

overwhelmed by multiple work responsibilities, and the potential fear connected with discussing systemic agency issues that may contribute to the development of supervisor burnout within the context of a focus group. Although, qualitative studies do not necessarily require a large number of subjects in order to provide a rich and trustworthy description of the phenomenon (Bronfenbrenner, 1979; Glesne, 2006; Patton, 2002; Van Manen, 1990). To ensure the consistency and reliability of the data, I asked each research informant to review a completed transcript of their interview to ensure that the data was accurate and complete.

Another limitation pertains to the data collection procedure used for this study. Each interview was audio-recorded over the phone as opposed to being conducted in a face-to-face fashion. Due to limited resources and the time constraints placed upon this study, it was not possible to conduct interviews in person due to the location of the informants being scattered throughout the state. As such, this interviewer was unable to obtain important information with regard to the agency setting, along with any non-verbal behavior that was present among informants that may have been helpful in enhancing my description of supervisor burnout.

The potential for researcher bias may have influenced the results of this research study. I, the researcher, am employed as a counselor within a substance abuse rehabilitation facility and at times, I have not been the recipient of appropriate supervision from supervisors. In essence, my perceptions of the supervisor burnout phenomenon can both enhance and limit this study. Similarly, my personal interests, biases, and experiences with the phenomenon may have influenced the data collection

and analysis procedure. As a result, I employed reflexive practices throughout the study to ensure that the preceding biases were omitted.

Questions Generated

The following questions emerged from the discussion of the findings from this study: (a) Does institutional support offset the development of supervisor burnout? (b) Do substance abuse supervisors feel they are adequately equipped to manage the multiple roles they are often asked to assume within their agency? (c) Are substance abuse supervisors at greater risk for burnout than supervisors within other human service systems? (d) What preventative factors does a substance abuse supervisor possess who is highly engaged at work as opposed to a supervisor with low work engagement? (e) Does peer supervision serve as a preventative factor for the development of supervisor burnout? (f) Does group supervision serve as a preventative factor for the development of supervisor burnout? (g) Do substance abuse supervisors feel they have received adequate supervision training? (h) What personal characteristics are inherent to the development of a competent substance abuse supervisor in addition to being a skilled clinician? (i) What are the specific preventative factors that can enhance supervisor resilience with regard to supervisor burnout?

Implication for Future Research

Several questions and recommendations for future research have been illuminated. As the results of this study demonstrate, supervisor burnout is an often overlooked, but real phenomenon that if not adequately addressed will either directly or indirectly affect supervisors, clients, and entire agency systems. Additional research initiatives and empirical studies on supervisor burnout within substance abuse

rehabilitation facilities as well as agency systems is needed to develop a comprehensive understanding of this phenomenon.

The sample in this study was acquired from supervisors who provide supervision while working within substance abuse rehabilitation facilities throughout Pennsylvania. However, additional studies comparing supervisors' experiences with burnout from other settings outside of Pennsylvania are also needed. Additionally, further research is needed to explore the protective factors inherent to other agency systems outside of the substance counseling field to determine if these factors could also be of benefit to substance abuse supervisors.

Another question worthy of future research is to determine if peer supervision offsets the development of the burnout syndrome for supervisors. It is important to note, each supervisor within this study emphasized the importance of receiving consistent validation and encouragement through their participation in an ongoing supervisory process.

Finally, there is minimal research available that supports the development of the substance abuse supervisor. Specifically, additional research focusing on the methods and interventions used by substance abuse supervisors along with an assessment of their effectiveness with counselors could be beneficial to the counseling and supervision field. Specific questions would include: What supervision models and techniques most effectively enhance the development of substance abuse counselors? What types of supervision do substance abuse counselors prefer?

Conclusion

The purpose of this study was to examine the lived-experiences of clinical supervisors who develop burnout while working within substance abuse rehabilitation facilities in Pennsylvania. This study was developed through my own personal experiences as a developing counselor who was in need of appropriate supervisory support at a time when I was a novice in the field; however, the preceding support was not often received.

The findings that emerged from the data collected in this study support the assertion that substance abuse supervisors' struggles with burnout affected all spheres of their lives. Supervisors experienced various aspects of the burnout syndrome such as emotional exhaustion, depersonalization, and reduced personal accomplishment; however, their response patterns and adaption methods differed.

A noticeable experience shared among supervisors in this study was their need for the consistent validation, support, and encouragement that is often fostered through ongoing supervision and engagement at work. Conversely, all supervisors reported that being required to assume multiple roles simultaneously without consistent supervisory, administrative, or peer support would often lead supervisors to experience increased levels of emotional exhaustion, reduced personal accomplishment, and depersonalization. Furthermore, the integration of a peer support/supervision model systemically may serve to mitigate mounting agency pressures along with the generally unsupportive environment that substance abuse supervisors often experience at work.

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APPENDIX A

RECRUITMENT LETTER

Dear _____

You are cordially invited to participate in a qualitative research study to be conducted by Kevin Kumpf under the supervision of Dr. William Casile associate professor of the Department of Counseling, Psychology, and Special Education at Duquesne University. The study is to be completed in partial fulfillment for the degree of Doctor of Philosophy in Counselor Education through the EXCES Counselor Education Program at Duquesne University. The study intends to explore the lived experiences of substance abuse clinical supervisors who experience burnout while working within substance abuse rehabilitation facilities. The study hopes to provide insight into the phenomena of supervisor burnout, and to identify the defining experiences that led to the development of the burnout syndrome. Additionally, strategies for the treatment and prevention of the burnout syndrome will also be explored.

The individual interview should take approximately 45-60 minutes and will ask a series of questions focused on identifying your lived experiences with regard to the burnout syndrome and its effects on the supervisory process.

Your participation in this study is of course voluntary and you may experience a negative emotional reaction to the topics discussed. If this occurs, counseling services will be made available to you upon request. You are free to decide not to participate in this study or to withdraw at any time. Even if you chose to participate you may withdraw at any time by notifying the project the primary researcher identified in the Consent to Participate form. Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence. Your response will be considered only in combination with those from other informants. The information obtained in this study may be published or presented at conferences but your identity will be kept strictly confidential.

If you are willing to participate in this study, please sign the voluntary consent form below and return it using the stamped return envelope.

Sincerely,

Include enclosure(s) as applicable:

Consent to Participate Form

APPENDIX B

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

DUQUESNE UNIVERSITY

Department of Counseling, Psychology & Special Education
Canevin Hall
Pittsburgh, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The Lived Experiences Of Clinical Supervisors Who Develop Burnout While Working Within Substance Abuse Rehabilitation Facilities In Pennsylvania.

INVESTIGATOR:

Kevin Kumpf, MS, NCC, ACS, LPC
Doctoral Candidate
Executive Counselor Education Doctoral Program
1717 Village Green Drive
Jefferson Hills, PA 15025
Cell Phone: 412-889-2080
Email: KKumpf678@hotmail.com

ADVISOR:

Dr. William Casile
Pittsburgh, PA 15282
Office Phone: 412-396-6112
Email: Casile@duq.edu

SOURCE OF SUPPORT:

This study is being performed as partial fulfillment of the requirements for the doctoral degree in the Executive Counselor and Supervision Education Program at Duquesne University.

PURPOSE:

You are being asked to participate in a research study that seeks to examine the lived-experiences of clinical supervisors in southwestern Pennsylvania who experience burnout working within substance abuse rehabilitation facilities. In addition, you will be asked to allow me to audiotape your interview. The interviews will be taped and transcribed; all subject identifiers will be deleted during the transcription process. The preceding requests will be the only ones made of you.

RISKS AND BENEFITS:

If you agree to participate in this research study, understand that it is possible for one to have a negative emotional reaction to the topics discussed. If this occurs, counseling will be made available to you upon request. You have the right to withdraw from the interview at any time. While you may not benefit directly from your participation in this study, however, the results from this research may benefit future counselors, supervisors, and clients.

COMPENSATION:

You will not be compensated for your participation in this research study.

CONFIDENTIALITY:

The content within this research endeavor will remain confidential. Your involvement or participation in this study will not be disclosed in any fashion. The lone exception to the tenets of this confidentiality is in accordance with state mandate to report to authorities in cases where a child is being abused or there is imminent danger to yourself or others. Otherwise, all information will be available only to the investigator and in de-identified transcriptions to the dissertation committee. The digital recordings and researcher notes will be kept in a secure location in the researcher’s locked filing cabinet until the conclusion of the study. The information and data will only be coded by the investigator, Kevin Kumpf. All electronic data will be double password secured and the digital recordings will be erased at the conclusion of this study.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this research study. You are free to withdraw your consent to participate at any time.

RESULTS:

A summary of the results of this study will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT:

I have read the above statements and understand what is being requested of me. I also understand that my participation is confidential, voluntary, and that I am free to withdraw my assent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project. If at any time I am not satisfied or have concerns regarding this study, I may inform Kevin Kumpf. I have the right to do so anonymously as well. I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board at 412-396-6326.

Informant’s Name (please print)

Informant’s Signature

Date

Investigator’s Signature

Date

APPENDIX C

SUPERVISOR PRE-INTERVIEW FORM

Supervisor Pre-Interview Form

Name: _____

Occupational Position: _____

Current Employer: _____

Professional Credentials: _____

(B.A., M.A., Ph.D., Ed.D., L.P.C., L.S.W., L.C.S.W., etc.)

Please check the type of supervision you provide:

1. Clinical _____ 2. Administrative _____ 3. Other _____ (Please list)

Please list the nature of the supervision training you received:

Please list the location where you provide supervisory services:

How many years have you worked in the field as a mental health professional?

How many years have you worked as a substance abuse supervisor?

Please bring this completed form with you to the individual interview. If you have questions or concerns please contact Kevin Kumpf at 412-889-2080 or kkumpf678@hotmail.com. Thank you for your time and cooperation.

APPENDIX D

SEMI-STRUCTURED INTERVIEW PROTOCOL

I. Introduction

A. Introduction of the researcher

B. Purpose of the study

C. The following statement will be read to each interview participant:

“This research will remain confidential and the information acquired in this study will not be used to identify you in any manner. The exception to this confidentiality is that Pennsylvania state law requires that a report be made to authorities in cases where a child is being harmed or abused or if you are a danger to yourself or others. This researcher is required to adhere to the American Counseling Association Code of Ethics and Pennsylvania state law. As such, information will only be available to this investigator and in non-identifiable form to the dissertation committee.

As a research informant, you are permitted to withdraw from this study at any time without fear of repercussions. You are under no obligation to participate in this study and are free to withdraw your consent to participate at any time.

As in any research endeavor, there may be risks and benefits associated with your participation in this study. There is a possibility of experiencing a negative affective reaction to the discussion topics and counseling will be made available upon request in these cases. In addition, you may not directly benefit from this study; however, the results of this study may aid future counselors, supervisors, and clients.

All electronic data will be double password secured and the digital recordings will be erased at the conclusion of this study. The digital recordings and this researcher’s notes will be kept in a locked filing cabinet until the study has concluded. Are there any concerns or questions?”

E. All informants will read, review with the researcher, and sign the informed consent form.

II. Interview Questions

A. What is your experience working as a clinical supervisor within a substance abuse rehabilitation facility?

B. How were you prepared to provide supervision within substance abuse rehabilitation facilities?

- C. How have you experienced, or how do you currently experience the burnout syndrome?
- D. How has the burnout syndrome impacted the process of supervision in your work with supervisees?
- E. What dimension or dimensions of the burnout syndrome have impacted you on a professional and personal level?
- F. What preventative, self-care, or wellness strategies do you currently employ to offset the burnout syndrome?
- G. What aspects of your position as a clinical supervisor/administrator contribute to development of the burnout syndrome?
- H. What recommendations do you make with regard to strategies for preventing burnout for clinical supervisors?
- I. Are there other questions that I have not asked that would enhance my understanding of how burnout affects clinical supervisors?

III. Termination

- A. Questions and Concerns
- B. Referrals if necessary or requested by informants

APPENDIX E

TRANSCRIPTIONS

INTERVIEW A

Interviewer: Participant one – this research will remain confidential and the information acquired in this study will not be used to identify you in any manner. The exception of this confidentiality, is that Pennsylvania state law requires that a report be made to authorities in cases where a child is being harmed or abused or if you are a danger to yourself or others. This researcher is required to adhere to the American Counseling Association Code of Ethics and Pennsylvania State Law. As such, information will only be able to this investigator in a non-identifiable form to the dissertation committee. As a research participant, you are permitted to withdrawal from this study at any time without fear of repercussions. You are under no obligation to participate in this study and are free to withdrawal your consent to participate at any time. As in any research endeavor, there may be risks and benefits associated with your participation in this study. In addition you may not directly benefit from this study, however the results of this study may aid future counselors, supervisors, and clients. All electronic data will be double password secured and the digital recordings will be erased at the conclusion of this study. The digital recordings in this researchers notes will be kept in a locked filing cabinet until the study is concluded. Are there any questions or concerns with the statements that I have read to you? Read to you?

Participant A: Not at all.

Interviewer: Ok. Why don't we go ahead and get started then. Um... the first question that I have for you participant I deals specifically with um your experience working as a clinical supervisor within substance abuse rehabilitation facilities. Could you talk a little bit about the nature of your experience?

Participant A: I have been at this facility for 5 years, but as a clinical supervisor I was one year July 9th.

Interviewer: OK and how were you prepared to provide supervision with substance abuse within substance abuse rehabilitation facilities? Did you receive training of some kind, anything of that nature?

Participant A: Um I did but I think it was this is Pennsylvania where is that, um the training, I went through the training by the state.

Interviewer: Ok.

Participant A: It was Monday through Friday supervising training yes. It was a lot of hours, 40 some hours or more.

Interviewer: You said 40 some hours or more?

Participant A: Yeah I believe.

Interviewer: Ok and besides that training was there any additional training that you participated in?

Participant A: Um.

Interviewer: Like any course work?

Participant A: Other than hands on as a senior counselor under the first supervisor. I was like her right arm.

Interviewer: Ok great. um...now I have some general questions about umm the burnout syndrome if you will. I guess the different dimensions and are you familiar with what those dimensions are off hand or would you need me to kind of review those...

Participant A: You don't have to read them over to me, your fine. Ah, I have, my burnout stuff um comes more from not my job per say but my home life slash and then the job.

Interviewer: Ok.

Participant A: you understand?

Interviewer: I understand. The home life tends to be more stressful for you at this point.

Participant A: Oh yeah I would work all day every day 7 days a week if I could.

Interviewer: Could you elaborate a little bit on what you mean by home life?

Participant A: I have 3 um teenage to adults in my home children that all have mental health issues.

Interviewer: Ok.

Participant A: Um one, well my son is no longer there. He was a very bad drug addict and involved with gangs. He moved out since, he has his family and a child. Um my second one um, is in my home right now she is very chaotic, she is a very bad rapid cycling bipolar slash borderline. And then my last one is 19 and she is mentally retarded.

Interviewer: So it sounds like you do have your hands full um pretty full at home then.

Participant A: That's right.

Interviewer: Um previously have you ever experienced any um elements of that burnout syndrome with regards to work? In any fashion?

Participant A: Um, I took 2 days off last week but it was more so, I want to say it was more so for home than it was here. But it did overlap into here when I couldn't take one more thing, I needed two days off. I am pretty good at having a mental health day once a month to give myself a break from everything.

Interviewer: And that is pretty helpful for you then?

Participant A: Yes.

Interviewer: Ok.

Participant A: I've learned over the last year to lean on my other management parts so that I don't burnout.

Interviewer: And is that something that you learned over the course of time or experience?

Participant A: Oh Yeah that's over the last year definitely. I had a not so helpful senior counselor who didn't have any real experience and it caused me to do quadruple the amount of work, now I have someone who was trained in-house through the company um 5 years been here as a senior counselor under me. He is really a joy and delight and helps me. I think that is why I was able to take 2 days off last week. Knowing that he was here to cover.

Interviewer: So what I hear you saying is having a more reliable staff that is trustworthy and helpful for you enables you to offset some of that burnout I guess that you may be experienced previously.

Participant A: Right.

Interviewer: OK ...um in the past when you were experiencing some of those things you know you had mentioned, that you had another employee there or counselor who wasn't as reliable, could you talk specifically about what elements of the burnout syndrome you experienced that time when you were asked to do 3 or 4 times the amount of work?

Participant A: I think it was the fact that I am the type that I am always trying to please everyone, I want to make sure we get our numbers, I didn't want to look bad to the company as a supervisor like um my director was told well like you hired her I hope she works out because we haven't had a real good rate with supervisors here. Um...so I was afraid that if I didn't step-up and get the percent or the number we needed for the month that I was going to be held accountable. So when people missed work, I would go ahead and schedule all their patients, and see everybody and anybody... and I just learned from

myself and and even today as an example, my counselor called 4:30 this morning and cancelled. She said right away it's ok go ahead and move them from today to Friday when she was going to be off. But then I came in and went to my program manager and said I have time at 7:30 I can see this one. But she is like no don't do that it is the counselor's responsibility. Let her switch everything to Friday.

Interviewer: Ok.

Participant A: Learning not to try to do all, be all, and save all and holding each counselor accountable for their own stuff.

Interviewer: Has made has made things definitely a little easier for you it sounds like.

Participant A: Definitely, definitely.

Interviewer: And when you were experiencing burnout were you also providing supervision to staff members?

Participant A: Yes, yes and I was utilizing my director for my own, because I have to verbally warn, I had three counselors going out at the same time not doing what they needed to do. I had verbal warnings going out, I had written warnings going out, I had one leave early, like just left, and the second one said you are not going to take me down and she just quit that day. And then we had to great rid of the last senior counselor because he wasn't doing what he was supposed to be doing. So I had a lot of stuff going on but I was able, I think I was able to get through it knowing again that I had an awesome director and program manager who were backing me up and guiding me through this new experience.

Interviewer: Did you find that it was difficult for you to provide supervision when you were burnout?

Participant A: Umm...I don't know because I had I had a prior supervisor. I would go in for validation and that supervisor was not a good supervisor they would say I don't need to tell you you are doing a good job you should know that. So I have always been very good with my staff um listening to them, reassuring them, no it did not affect that I don't believe so.

Interviewer: Do you feel that the supervision process on any level helped to offset some of the elements of burnout?

Participant A: Yeah it did, you know what it did. The director talking with my on the side and guiding me and reassuring me that I am doing a great job. Yes.

Interviewer: So the validation, if you will, seemed I guess you could say seemed to offset some of those symptoms.

Participant A: Right and being valued that just being valued apart from my director and my program manager telling me what an awesome job I was doing. Them coming back from a director meeting out in the middle of PA, letting me know that another director from another company had my back it was awesome. Yes, that helped.

Interviewer: It is always nice to have that reassurance if you will that you are doing a nice job because often times you know often times when you get into a position like that if you don't have any experience with it it can be somewhat overwhelming not necessarily knowing you know what is the right you need to take with things especially with managing staff.

Participant A: Yeah and I think what helped too was the fact that my director has been in the program here with the company fourteen plus years. The program manager they knew a lot of things that I didn't know. They really were there for me.

Interviewer: It sounds like that is something you try to replicate with your supervisees at this point. Providing them with that support if you will.

Participant A: Right.

Interviewer: Would it be possible for you to talk a little bit about self-care and wellness strategies?

Participant A: Ha ha ha lets see since starting with the company I gained 16+ pounds and then I ordered a wider chair that is part is the downside that is where I stress eat. Um, I know that I need to up my walking, I need to get healthy for me um... I do know that and that is the part I struggle with.

Interviewer: Now you say that you struggle with that is that because you don't have the time necessarily or um is something else kind of in play with that?

Participant A: Its my own behaviors, my own way of coping is eating um and the fact that I have a broken back and I have gotten older, I do less, I don't know.

Interviewer: So some of those things have made it a little bit more difficult if you will.

Participant A: Yes.

Interviewer: But you do recognize the value of self-care and wellness as a way of offsetting some of the burnout elements. Do you have any recommendations with regards to strategies for preventing burnout for clinical supervisors just because it seems like you have some experience under your belt as a supervisor at this point. Um...can you think of anything moving forward that you think maybe helpful for future supervisors?

Participant A: Allowing the staff to come in and become comfortable enough with where and what they are doing or saying. Letting them know it is ok if they don't like what management is doing it is ok to ask who, what, where, when as long as they are not

being insubordinate and allowing them to have a voice um when I have my staff meeting um once a week, even just this last one, a nurse was very upset about a couple of different procedures and I am like wait a minute, you have a voice here. Tell what you want, lets get it done, lets get it in the minutes, lets bring it to the table. Allowing them to have that voice and also teaching them to be team players here. Our staff here, our bucket, our money or whatever causes raises and that is based off a team approach. This person has got to do their job and the doc has to do his job, my counselors have to do their jobs. I'm always screaming out and constantly sending out emails great job team you did wonderful. I allow them in supervision to process and then I don't tell them what they should or should not have done, I ask them what they think.

Interviewer: Could you talk a little bit about the nature of the supervision that you receive as a supervisor?

Participant: Um right now my supervisor is located in Rhode Island. Once a month she does a phone in and does an hour with me on the phone. Eventually it will be web face to face. I also am scheduled to go out to Rhode Island, where our home company is, I went last year it was called a Supervisors LU. We all get together. I will be going out September 8th to 13th and that is when you learn all these new things and more about the company, but I think that is very helpful.

Interviewer: Ok

Participant A: But, if somebody sits here with me and does one on one I don't get that.

Interviewer: You think that would be beneficial for you to have that available?

Participant A: Sure, sure would. It used to be that way but the guy that had that part retired.

Interviewer: So at this point you are pretty much the supervisor at the site.

Participant A: Yes.

Interviewer: Ok

Participant A: I have um let me think, I have fourteen counselors here, eight of which are under me, and the other 3 or 4 are under my senior counselor.

Interviewer: Ok. So besides the things you mentioned with regard to prevention or burnout to supervisors is there anything else you can think of that you would suggest moving forward for newly minted supervisors, if you, will in the field?

Participant A: Um not allowing things to build up when there is an issue or a concern. Call whoever in and talk to them um share with them as much as you can to get them to find the right answers. Not like reprimand type stuff not always in your face you did that wrong. Always trying to figure out how we can make it work. I want them to use their

brain. I don't want them to think. I think it is a good idea that the counselors be respected where they are in their careers. It may not be looking at the supervisor as a know all be all. They have a voice and they have a right to put their opinions out there.

Interviewer: So in other words what I hear you saying helping the counselor if you will to foster some sense of autonomy as a professional will probably alleviate some of the stress for the supervisor.

Participant A: I have I have a young a very young assistance counselor who I have worked with once a week, I have to do an hour supervision with him with another patient. I also have to do an hour work with him being in my office. He rose above and beyond. He is always here to try to help. He wants to help, he is a focused team player. I am ready for him to take over and do some extra stuff.

Interviewer: Ah ha.

Participant A: Leaning on some of my staff and not in a bad way but helping them to feel appreciated and then that helps me to in getting work done.

Interviewer: Takes some of that pressure off of you I guess you could say?

Participant A: Exactly I think the more you involve your staff sometimes depending on the job you work at I think that helps. It helps everyone because it makes the people who work under you feel more appreciated. Um they feel good about coming to work. I don't have any of my counselors right now out of all 12 of them none of them hate to come to work.

Interviewer: That's definitely saying something about your abilities as a supervisor that is not always the case in the field as you know I'm sure.

Participant A: Right. And the other thing when I worked on the psychiatric unit I ran two different floors, I did a lot of stuff as a mental health worker. I disliked the fact that I was told and it got back to me that mental health workers were a dime a dozen. I felt so devalued there, I said if I would ever move on in my career I would not have that way of empowering with staff. I felt like because I spoke up and saw something I didn't like that why I was shown the door. Because I was a dime a dozen and it was easy to replace me. I think age is what causes a lot of wisdom for supervisors to take what they have learned throughout their years and try to bring it into what they are doing.

Interviewer: Would you say on some level that professional experience in the field is almost somewhat more valuable than what you might experience say um some form of training with supervision?

Participant A: Definitely. I have been able to grow and learn and say oh I shouldn't say this and maybe I shouldn't do that. I want my counselors to come in and share with me

their thoughts and their ideas. We can still try it might not be the best it may not work out then again it might be over the top, you don't know.

Interviewer: So it sounds like having that working collaborative relationship with your supervisees help to foster the you know openness, which once again earlier you mentioned something along the lines that it is important for you as a supervisor to not let things build up

Participant A: Never.

Interviewer: As long as you have that open relationship your staff come come to you and talk openly about whatever problems they are experiencing makes it easier for both of you to address them.

Participant A: Right.

Interviewer: Ok are there other questions I have not asked that would enhance my understanding of how burnout affects clinical supervisors. Is there anything I didn't ask you about that you would want me to know?

Participant A: Um no ... I think that again it comes off of what I have learned from other jobs or even in school when I went to a certain college and I felt as if I was being told this is the way it is regurgitate it and that's it. I wasn't allowed to think outside the box. I think sometimes it is very important as a supervisor to think outside the box as well as encouraging your staff to think outside of the box. It is ok to have questions, it is ok. But I can't fix them if I don't know.

Interviewer: So once again having that open relationship with staff sounds to be pretty important for you.

Participant A: It is. I'm not to the sense I want to go break bread,

Interviewer: No.

Participant A: and have dinner, I know my boundaries, but when I'm here at work, I'm here at work. But our company is based off of team play. And that was really hard for me to learn. I applied for this position 3 different times and didn't get it. Other people had more experience, other people had more time with the company. But other people didn't stay, ha ha. They are kind of gone.

Interviewer: But you stayed the course it sounds like.

Participant A: That's right and I also told them this was the third and final time I would step-up from the position and if I wasn't hired I was going to finish my schooling myself because I only have practicum and internship and then I have my masters. Oh yeah.

Interviewer: Ok well participant I appreciate you talking the time to speak with me about some of these experiences you've had. It sounds like you have a wealth of experience and I am happy you were able to participate in the interview.

Participant A: No problem

Interviewer: Thank you.

INTERVIEW B

Interviewer: Ok participant two what I am about to do is read you a brief statement just outlining the protocol for confidentiality and things of that nature um before we get started here, so why don't I go ahead and do that.

Participant B: Ok.

Interviewer: Ok – this research will remain confidential and the information acquired in this study will not be used to identify you in any manner. The exception of this confidentiality is that the Pennsylvania state law requires that a report be made to authorities in cases where a child is being harmed or abused or if you are a danger to yourself or others. This researcher is required to adhere to the American Counseling Association Code of Ethics and Pennsylvania State Law. As such, information will only be available to this investigator in a non-identifiable form to the dissertation committee. As a research participant, you are permitted to withdrawal from this study at any time without fear of repercussions. You are under no obligation to participate in this study and are free to withdrawal your consent to participate at any time. As in any research endeavor, there may be risks and benefits associated with your participation in this study. In addition you may not directly benefit from this study, however the results of this study may aid future counselors, supervisors, and clients. All electronic data will be double password secured and the digital recordings will be erased at the conclusion of this study. The digital recordings and this researcher's notes will be kept in a locked filing cabinet until the study is concluded. Are there any questions or concerns with the statement that I have read to you?

Participant B: No.

Interviewer: Ok. Why don't we go ahead and get started Um... the first question that I have for you Participant B deals specifically with your experience working as a clinical supervisor within a substance abuse rehab rehabilitation facility. Could you tell me a little bit about the nature of that experience?

Participant B: Ok, our clinic here, I'll give you a little history on it, we have an outpatient D&A clinic that is what we are licensed for, we are we can take up to 115 clients that is if we have full staffing and we you know are licensed by the Department of Drug and Alcohol programming and when they come over here and license us. We have

on staff, myself as the um as the facility director, our CEO is the project director and we have a clinical supervisor who works directly under me. The clinical supervisor acts as both a supervisor of the other staff and a clinician and does carry a caseload. We have addiction counselors two and one, and that depends on degree, the two levels are a masters level and the one are bachelors level. Currently, we have a very small school based program basically because of we just couldn't afford financially due to reimbursement to keep it as both an on onsite and school based program. So right now we have, in addition to the clinical supervisor, we have, who is part-time, we have two other part-time counselors, but they are working about 37 hours a week and then we have what we have what you would call a fully part-time 20 hour a week part-time and they are fully in the school that is seasonal. In the summer, it drops off to virtually nothing unless they can keep some of the kids involved and in the winter it is more full programming. Ah, while I'll stop there...do you have any questions about that?

Interviewer: Um could you just talk a little bit about the nature of the population that you see there are they adolescents, adults, both?

Participant B: Yes what we are licensed to see is junior high and high school. We can actually under exception and exceptional circumstances we can see grade school. We are not in the grade schools very much. Our license does not have a problem with that as long as there is good reason and its kind of a unique circumstance, but we are primarily in the junior highs and high schools around this area.

INTERVIEWER: Ok, ok, Sure. Could you tell me a little bit about the nature of your experience, I guess you could say, how you were prepared to provide supervision within substance abuse rehabilitation facilities? Were you formally trained as a clinical supervisor? Did you take trainings? Did you have course work? Things of that nature?

PARTICIPANT B: Well, a real quick history on that, I came to the hospital in 78 as an unlicensed master's level clinical. I had my training, my master's was in clinical psychology. They immediately put me in as a supervisor because the supervisor had just left. So, I was supervisor of the outpatient program and not the D&A program, so it was outpatient mental health it was a separation between the two and I eventually got licensed under the supervision of a psychologist. Over the years, the programs blended to where there is one supervisor in outpatient services and that is then me, although I have been kind off been in different routes over the years. I would not say that I had any formal training as a clinical supervisor um other than you know workshops I have attended...

INTERVIEWER: Sure.

PARTICIPANT B: For instance you know in the area of drug and alcohol in the area of co-occurring and I currently have a certified co-occurring disorders professional. So that's basically do you have the continuing education and the background? My background over the years has been initially it was mental health and then you know with all the issues of co-occurring it kind of has blended over into other side.

INTERVIEWER: Right.

PARTICIPANT B: In my schooling though, my masters I did not get any courses in supervision.

INTERVIEWER: Ok, ok great. I have a couple of questions for you Participant B with regard to the burnout syndrome specifically. I know whenever I sent you the invitation letter to participate in the study I had listed in there some of the specific elements related to the syndrome. Do you remember off hand what those are? If not, I can always review them for you.

PARTICIPANT B: Yeah you might want to probably because I don't have that paperwork right in front of me.

INTERVIEWER: Ok that's fine. Um more or less they are 3 components to the burnout syndrome you know or the definition of the burnout syndrome that I am using for this dissertation study. They are reduced personal accomplishment, emotional exhaustion and depersonalization. Um with reduced personal accomplishment, this is considered the self-evaluative dimension to the syndrome. Where a person experiences feelings of incompetence and the lack of achievement in productivity with regard to work. In terms of the emotional exhaustion this deals specifically with the person with state of fatigue, a void of energy, where a person is drained of one's effective and physical resources and then the depersonalization consists of the negative disinterested and cynical disposition with a deflated sense of affect with regards to ones clients and or supervises. Um so more or less that is how we are operationally defining the burnout syndrome for this particular study. Um with that um I wanted to ask you a little bit about how you have experienced that syndrome. Based on how I have just defined it or are you currently experiencing the dimensions of burnout syndrome either currently or previously?

Participant B: Um I said, as would anybody in this field, I have gone through periods of burnout to a degree. I've been, In fact, I have been to 2 or 3 trainings on burnout in this field and um I think that I have managed to not get to the level that you are talking about with those three areas myself because, you know, I am almost 62 and I don't think you survive in this area unless you take care of yourself and I have always tried to do that. I have tried to keep things in perspective. Um I um I am a strong component of motivational interviewing client centered which by itself by its nature is non-domestic ah forward thinking um patient empowerment format. Um and so I don't get devastated when the outcomes aren't as I hoped and I don't get overly patting myself on the back if things go well so I think that is the key to keep things in perspective. Um I don't consider myself a workaholic. I work my time and then I enjoy my family and I exercise and I read and I enjoy watching sports. I think then the key for me to keep things in perspective. I can't see that at some level I have not had times when I have been into those realms that you are talking about.

INTERVIEWER: Probably to some degree.

PARTICIPANT B: That I was not component.

INTERVIEWER: Right, right. A lot of times what you will find in the research literature is that a burnout and the syndrome can occur on a continuum if you will, so people may experience elements of this syndrome as you just said to a degree but not maybe to an extreme degree to where it would prevent you from functioning in a professional capacity or in an efficacious way. So if we were to just move forward with this and think about the syndrome as a continuum if you will um could you talk a little bit about how these may have affected you on some level as a professional or on a personal level. Cause you said that you did experience maybe some of them to a degree but maybe not fully.

PARTICIPANT B: Right, restate the three headings, I don't know how good my memory is these days.

INTERVIEWER: Reduced personal accomplishment, emotional exhaustion, and depersonalization.

PARTICIPANT B: Ok, um well lets take those one at a time.

INTERVIEWER: Ok.

PARTICIPANT B: I think everyone, well I speak for myself again, in this field and I would say at times I am not been as productive as others because of stresses, financial stresses of the job. I don't know how it is. I mean in this hospital, I've worked in this hospital for 30+ years and there has been pretty regularly every year issues with survival. I have been through at least 3 or 4 rounds of cut-backs and lay-offs. I have had, actually this is interesting in relation to D&A we had to lay off or they left about half of our staff at one point when we were in such financial because we were in such financial straits here. This is when we became primarily school based. It was very tough to say goodbye to people who have worked here a lot of years. You know when we talked to our licenser about it they said if you have one person you are seeing on site you can have everything school based. We have 2-3 people on site. So that um that can effect productivity and just wanting to come to work at times when there is that stress. Um emotional exhaustion, well that is once again you know there have been very bad days here. We have had some losses of life of clients, um you know there has been suicide in the co-occurring population. Ah there has been accidental overdoses, so you lose people and that takes its toll. Here we have if something tragic happens it is kind off like a psychological autopsy where we all meet and we go over it and there is not finger pointing, it is kind of to ventilate and also to learn from it. I think that helps, but um and then emotional exhaustion of clients. I mean I have had some clients who have been very difficult. You are co-occurring with a borderline element, um your co-occurring with actively using, domestic violence, things like that that takes its toll. I have to involve the legal system at times. I have to 302 people, you know involuntary commitment them. I have to go to court at times over that stuff. So that type of stuff can be emotionally exhausting but it has never been to the point where it has been daily and continuous.

INTERVIEWER: So there is a natural ebb and flow to it if you will. There be times when it is worse than others.

PARTICIPANT B: Right there are some days you cannot believe how the day is going and then it seems like the next day ah it's gone and it's amazing. Ah I used to be bus boy when I was a teenager and if you have never worked in a restaurant there is a time a goofy time when you do not think you are going to survive you are not going to get the tables clean, you are going to upset the customers and then all of the sudden the place is half-empty and you know you survived it. It's like a tidal wave. And that's how it is with this. You walk in the door and a lot of times you didn't expect it. Now the depersonalization, I think there is an element of that at times where it is just so devastating like if you had a suicide in the system of someone you knew for years and then there is co-workers, you know we have had co-workers in our system here, we have had co-workers who had nervous breakdowns, ah so that that and we have had co-workers who developed serious medical conditions. We had patients who have developed serious medical conditions, so that you can kind of feel like you not quite there at times.

INTERVIEWER: Sure ok.

PARTICIPANT B: Does that answer that?

INTERVIEWER: Yes it does. I appreciate that that was a very detailed response thank you. Um kind of going along the lines with the three elements or the dimensions of burnout as we said earlier. I wanted to talk a little bit about your specific position as a supervisor/administrator and to see if there are specific aspects of your position that may contribute to the development of burnout syndrome. If so, could you maybe speak to what those might be?

PARTICIPANT B: OK as a supervisor/administrator what factors in our system here contribute to this?

INTERVIEWER: Right exactly what elements do you see systemically or just in your position individually that could contribute to it.

PARTICIPANT B: I would say the key issues ah one middle management is the toughest place to be in any system I think. You have licensors, you have supervisors above you, you have financial people. Because we do budgets with have both. In the administrative, you have administrative clinical and administrative financial. So from one end to the other you are always answering to other people above you and then you have to communicate that effectively to the staff below you so they stay positive. So the way I think we call it managing up here you do the best you can to respond to the folks above you and you try to do the best you can with the budget. I have to say this hospital has been excellent in supporting programs like ours because everything but our inpatient unit loses money. To be honest we don't get reimbursed enough per service for what do. And D&A is in that mix so the hospital has always said to the best you can, but you always wonder what the bottom line is. Um so that is a big stressor the financial side and um as

with any system in supervising there is the three levels of employee, there is the high achiever, the middle achiever and the low achiever. And the low achievers take 90% of your time. So the other two and it is usually a mix of about you know it is like a bell shaped curve. You have a couple of high achievers on one end, the people who are doing what they need to in the middle, and the ones that take all the time ah so the curve seems kinds of skewed. Like I have had employees over the years where I have had to do discipline um I had to question again about emotional breakdowns and things in my position that have been very difficult ah as a supervisor and administrator at times to meet all those requirements.

INTERVIEWER: It seems like you have to wear a number of different hats almost simultaneously at times.

PARTICIPANT B: Right and I am also called a clinical specialist so I will see clients, I will do evaluations, and to tell you the truth, I like that the best. I find that the least stressful. If I go over and do a neuro-psychological screening on inpatient or do a quick IQ screening and do group over on inpatient as a clinician. I found that is actually where I get some relaxation. If you want to avoid burnout don't totally do supervision or totally do administration. I don't think that is as gratifying.

INTERVIEWER: And that's interesting that you say that because in doing some research for this dissertation one of the things that you see mostly in the literature deals specifically with burnout in clinicians and how direct contact with clients, over the course of time, can produce some of this emotional exhaustion, some of these things we are speaking about. But you are kind of talking about it now from the other end. From an administrative position and all the different responsibilities that you have and sort of have and it sounds like some of the same effects.

PARTICIPANT B: Yeah I think anything, yeah too much of anything will burn you out. I could not imagine be like saying in private practice and day after day in an office, especially if it is not a group practice where you get to ventilate to other people. In fact I have people who have gone off privately and they tell me at times they are very lonely unless they can network with someone out there. It gets to be a grind. They can pick and choose their caseloads so that can make a little easier. If you don't take on really tough cases, but I think that in a community mental health center in a D&A clinic or rehab that the burnout rate would be very high if that is all you are doing. I like the mix of administrative supervision and clinical because I find the satisfaction in all of them but I found frustration in all of them, but I have to say I am less frustrated by my caseload and my groups and stuff. I think that is like a vacation from the administrative stuff for me.

INTERVIEWER: Sure it is I can understand that. In terms of the supervisory component to your position, could you talk a little bit about how you feel or have felt that the burnout syndrome may have impacted the process of supervision with supervisees?

PARTICIPANT B: Well that's once again, it depends on the blow back you get from your supervisees about the changes and the issues that are going on. I have gotten very

frustrated with staff at times in a clinical supervision meeting or administrative meeting that kind of mix. And it times I have actually dreaded going to some meetings because of some information I have to relay or because I know that they are upset about something. So I think that can have a real impact on burnout because there are some elements you cannot control about how people are going to react. I always know going into my meetings that there are going to be some that are going to take it positively, some that are going to be quiet, and some that are going to rage about it so um I have, I think that is my least favorite thing is supervision/administrative meetings with all the staff. Sometimes they are gratifying but if you have some kind of information that might not be that nice it is a pretty tense time.

INTERVIEWER: Do you find that is mostly true in-group staff meetings or on an individual basis?

PARTICIPANT B: That once again depends; my individual supervision with the high performers is always enjoyable. Even if they have an issue they are facing it in a realistic way and they have got a handle on it. Where as the low performers it is usually you know there cognitive distortions, they are catastrophizing try to make me panic, it seems like it is a crisis all the time and trying to help them refrain the low performers are extremely resistive about like your just as administrator your just this, so that the depends on the person. That is once again where you look forward to it or you dread it. Some people like dread it all the time.

INTERVIEWER: I understand. It almost sounds like there is a parallel process in the sense that a degree to what you are experiencing is some element of the burnout syndrome in the extent to which you are experiencing it is directly correlated to your ability to respond to a more demanding supervisee vs if you are experiencing less of any one of these things it may be a little bit more manageable. Not to say that it's still not frustrating. You know I would think that your ability to respond to it would be vastly improved.

PARTICIPANT B: Yes, you hit the nail on the head there. And if I had all low performers was it about stress I don't think I can tolerate it; I know I couldn't. But thank God I don't think that happens in many situations to where every moment is negative and stressful.

INTERVIEWER: And I think as you said earlier in the interview it is more of the bell curve variety where you are going to have those outliers on the end of the tails and you are going to have a lot of those people in the middle which can offset some of those things.

PARTICIPANT B: Right In fact when I think about it the day, the week, and the month are kind of a bell shaped curve. You have some days that you would just assume forget. I guess life is a bell shaped curve.

INTERVIEWER: It can be at times. Since we talked a lot about you know burnout specifically could we maybe shift gears a little bit and have you talk a little bit about self-care, wellness strategies that you might try to employ to offset the burnout syndrome. I know at the beginning of the interview you alluded to some of those things. But could you maybe elaborate on some now?

PARTICIPANT B: Yeah um I think for me personally I take time out for myself through the day. Even if it is to just get up from my desk and walk a paper down the hall. I think the socialization, we have an excellent administrative staff here, you know the secretaries and stuff and you know engaging in a little small talk through the day. Two or three times a day I exercise on my floor and if it is just stretching, I actually have a little dumbbell here and I, three times a week I go at that pretty well and really makes me feel so much better I look forward to those days. You are not supposed to do that every day. Well I am only talking about 5-10 minutes. What else do, I eat alone most of the week. I cannot stand the cafeteria. I think when I used to go to the cafeteria everybody would talk about work and you wouldn't get any break from what was going on. So I like to eat in my office, maybe read the paper, just totally forget about everything, close the door. I exercise, I play basketball a little bit, and what else, I lift weights at home a little bit on the other days, but it is a different work out. I like spending time with my family. As you get older you look a lot more forward to vacations and just getting away for day trips things like that. We have pets, which the only sad things about pets is that they die. We have six, three dogs and three cats, and the one cat is about a couple days away from being have to put down. So that is the downside of that. But my pets, we take them for walks, they are always happy to see you unlike people. So but those are the kind of things, I like to read and I love, people might think I'm silly, like Andy Griffith, the old sitcoms. I look forward to those because you can disappear for ½ hour and following sports can be stressful because if you have a favorite team and they are not doing well, but I find a lot of enjoyment in that. We are thinking of starting to go fishing my wife and I.

INTERVIEWER: So it sounds like you make a concerted effort to incorporate these self-care elements into your life, which I think is a really positive thing.

PARTICIPANT B: I think if you don't you lose it; I mean you won't do it. I think if you develop a good habit it is imperative vs. a bad habit. I literally think my head would explode if I didn't do some of that stuff, especially the getting up and walking and getting a little stretch and exercise in the office.

INTERVIEWER: In a professional sense, do you receive supervision at your place of employment.

PARTICIPANT B: Um well I'm the supervisor, but we have other clinical supervisors in other areas and I we get together regularly even if it is just passing in the hall to talk about things that we share issues, we have a supervisor for our crisis and access area,

INTERVIEWER: So it is like peer supervision if you will...

PARTICIPANT B: Yeah we are across from each other, one is inpatient, one is crisis and access, and one is some of our other programs, and I get along with all of them, and then we have an executive director over us who is next door to me and very again really excellent. Again they all are most I think are all licensed LCSW, and LPC's things like that.

INTERVIEWER: Ok. Just one final question Participant B, are there any other questions that I have not asked that might enhance my understanding of how burnout effects clinical supervisors?

PARTICIPANT B: I think you have covered it. I mean I hope my answers have covered it. I think your study and trainings and all that none of that is going to matter to somebody if they don't take it into themselves. A lot of this stuff is self-actualization and the process of figuring out who you are. My first trainer in psychiatry when I was in a state hospital setting working said it will take you until your 60 until you figure out what you are doing I thought he was kidding. But I think it takes that long to really figure out what you are doing. You learn along the way, but I think that is all part of burnout syndrome, learning how to avoid that.

INTERVIEWER: Preventative maintenance if you will.

PARTICIPANT B: Right but see there are people who just don't ...I have been to trainings on burnout and you can tell once again about maybe less than 1/3 of the people are extremely negative. And then there are others and some take it in and you can just tell the ones came that came in with a chip on their shoulder and they are the ones that are destined to be burned out I think. Because they don't have it inside to make the changes necessary. I'm not saying they can't. It just seems like their lifestyle and a pattern is half cup empty, cup half empty.

INTERVIEWER: I understand. And being an administrator/supervisor yourself do you have any specific recommendations that you could think of with regard to strategy for preventing burnout for clinical supervisors.

PARTICIPANT B: Um well I think that peer support is very important. Um well I think that each person who is in a position like mine they just have to kind of look at themselves, are they doing the right things to take care of themselves, and that depends a lot on your personality type too. Like type A, like I am probably more a type B with a little bit of A. I think you can put out any kind of workbook and thing like that. Probably the best thing is to have people stop and really and look at themselves and assess themselves before they even go to the training to see if they have the right attitude.

INTERVIEWER: And it would even and that's true and it would even seem to think and I would even seem to think that the peer to supervision would be helpful in the sense that there you could really help foster some introspective thinking with regard to the self-care piece and just there overall perception of the work they are doing with clients or other

supervisees. It is an idea or opportunity for people to expand their awareness around those things.

PARTICIPANT B: Yeah but you cannot isolate yourself. And the other thing is the peer situation people sense if you are not quite right. You know they will be talking to you saying are you ok, do you need a vacation, or something. But if you isolate yourself or if you are in an isolated situation as a supervisor I think that is a prescription for disaster. And you can be set up for that in various companies and organization or settings you know where it is competitive that if it isn't conducive to that kind of sharing that is really tough. In some settings it may be if you open up a little bit the other person will go tell the boss you know he is losing it you know. So there has got to be a strong element of trust.

INTERVIEWER: That's make sense. Well Participant B that is all the questions that I have for you at this point unless there is something else you would like to discuss with regard to this.

PARTICIPANT B: No hey when the study is done can I found out the outcome?

INTERVIEWER: Absolutely, one of the things that I will do, just to let you know, all of these phone interviews will be transcribed and when I get the written transcriptions would I would like to do is to be able to send you a copy of the transcription from your interview. That way you can review it for accuracy and if there is anything in the interview that you would like taken it I can do that.

PARTICIPANT B: Ok

INTERVIEWER: In addition when the study is completed I will send you, if you would like, a copy of the completed dissertation.

PARTICIPANT B: That would be great.

INTERVIEWER: We can do that for you.

PARTICIPANT B: Ok well I hope it is helpful to you and the folks that you are trying to help with this one, I think it's a good area; I think it's an excellent topic. And if you think of anything else just call me ok?

INTERVIEWER: I will definitely do that, thank you so much for your time Participant B.

PARTICIPANT B: Ok take care

INTERVIEWER: Ok take care, bye.

INTERVIEW C

INTERVIEWER: Okay, I am going to go ahead and read this statement to you now Participant C.

PARTICIPANT C: Ok.

INTERVIEWER: This research will remain confidential and the information acquired in this study will not be used to identify you in any manner. The exception to this confidentiality is that Pennsylvania State Law requires that a report be made to authorities in cases where a child is being harmed or abused or if you are in danger to yourself or others. This research is required to adhere to the American Counseling Association Code of Ethics and Pennsylvania State Law. As such, information will only be available to this investigator and in a non-identifiable form to the dissertation committee. As a research participant you are permitted to withdraw from this study at any time without fear of repercussions. You are under no obligation to participate in this study and are free to withdraw your consent to participate at anytime. As in any research endeavor there maybe risks and benefits associated with your participation in this study. In addition, you may not directly benefit from this study; however the results of this study may aid future counselors, supervisors, and clients. All electronic data will be double password secured and the digital recordings will be erased at the conclusion of this study. The digital recordings and this researcher's notes will be kept in a locked filing cabinet until this study has been concluded. Are there any questions or concerns?

PARTICIPANT C: No.

INTERVIEWER: Okay, why don't we go ahead and get started then and um the first question that I have for you Participant C deals specifically with your experience as a clinical supervisor. Could you talk a little bit about your experience as a supervisor while working within a substance abuse rehabilitation facility?

PARTICIPANT #3: Well, um I have been the clinical director for just over a year. Prior to that for about two years I was the residential program supervisor and supervised our clinical assistant staff they are the people that run the residential center and sort of keep track of all the clients. And now I supervise sort of generally the clinicians as well as our two program supervisors.

INTERVIEWER: Ok, um how are you prepared to provide supervision um as part of your daily duties at your job?

PARTICIPANT C: Well, for the first six months that I was a supervisor, I had weekly meetings with our executive director to talk about just questions that I had and sort of preparing me for everything that I needed to know. I also went to a clinical supervision training that was um a week every day, like all day for a week of clinical supervision training and just kind of preparing you for how to supervise clinicians and things of that nature.

INTERVIEWER: So during the training did it talk about supervision models, things of that nature?

PARTICIPANT C: Um some of them yeah.

INTERVIEWER: Ok. Any course work in clinical supervision?

PARTICIPANT C: No.

INTERVIEWER: No Ok. Any other training experiences other than the week long training that you mentioned.

PARTICIPANT C: Ah every now and again I will just kind of go as a refresher um different you know day long trainings at different points in time regarding how to work with certain types of people, um people that are older than me, people that are younger than me or anybody that is difficult to supervise, things like that.

INTERVIEWER: Ok and do you receive supervision of your supervision. Like do you have an immediate supervisor yourself?

PARTICIPANT C: Yes, the clinical director or no the executive director is my supervisor.

INTERVIEWER: And do you meet with him or her on a regular basis then?

PARTICIPANT C: We meet our sort of our clinical supervising team meets on a weekly basis just to make sure that we are all on the same page and talk about anything that is coming up or changing, things like that. I have one on one supervision generally once a month or once every couple of months or more if there are things that are coming up that I have questions about.

INTERVIEWER: Ok, ok. My next question Participant C deals with the actual burnout syndrome itself. As you know this study this study that I am doing here deals specifically with supervisor burnout or another words looking at the effects of the burnout syndrome on supervisors in the process of supervision. In your invitation letter that I sent to you I outlined the different dimensions of the burnout syndrome that would be used for this study. Do you remember what those are?

PARTICIPANT C: Off the top of my head, no.

INTERVIEWER: Ok and that's fine. I have them in front of me. If you would like I could take a minute and refresh your memory and read them for you so at least we would be talking about the same thing.

PARTICIPANT C: If you could please.

INTERVIEWER: Ok um as I mentioned there are three dimensions and the first one is called reduced personal accomplishment and that's defined as that is considered the self-evaluation dimension where a person experiences feelings of incompetence and a lack of achievement in productivity with regard to work. The second is emotional exhaustion and is described as a state of significant fatigue, a void of energy where a person is drained of one's effective and physical resources, and the third is depersonalization and that consists of negative disinterested and cynical disposition along with regards to ones clients and supervises. Now, as I have mentioned to other participants in the study burnout can occur as you know I'm sure on a continuum, so people may have experienced some of these dimensions previously or if they are currently experiencing them, they experience them to some degree. So you know with that um how have you experienced or are you currently experiencing the dimensions of that burnout syndrome that I just mentioned.

PARTICIPANT C: Well I think me in particular the one that I have experienced in the past and the one sort of the emotional exhaustion just you know taking on a lot with clients with supervising clinicians and just getting sort of physically and emotionally exhausted just needing to rest a little bit. And I mean what I have worked through with that I take my vacations and I stay away from work. I just keep that you know when I have that time for myself that is my time. I don't do work, I don't come to work. So I have time to sort of re-coop and I also just take on more exercising more just say physical outlets to kind of help combat that.

INTERVIEWER: ah offsetting it if you will.

PARTICIPANT C: What's that?

INTERVIEWER: A way of offsetting it if you will.

PARTICIPANT C: Yes, yes.

INTERVIEWER: Have you had any experience with other dimensions? Reduced personal accomplishment, depersonalization to any degree?

PARTICIPANT C: Well other than just with the reduced personal accomplishment. I kind of, I don't know to put it from the time I started here even as you know way back when I started as a clinical assistant in the residential center, I generally sort of I guess undermine my own ability. You know like I don't, I don't know how to explain this. I mean I tend to think that I'm doing as good of job as I can, but I am.

INTERVIEWER: So in other words your perception of your proficiency may be different than actually what occurs. So in other words you are probably doing a better job than you think.

PARTICIPANT C: Right. It is something that I have worked on over the years and I have gotten much better with it. I'm just kind of gaining confidence, I mean confidence within myself.

INTERVIEWER: And I think also is where supervision can come into play as well even for a supervisor. If you are being supervised, you can run some of those things that you are doing by your supervisor and they can validate a lot of the experiences that you have had and that is a positive thing.

PARTICIPANT C: Yes yes it is and we have very good. Our executive director and the clinical director before me were very good in helping me sort of transition into a supervisory role.

INTERVIEWER: Ok so you talked a little bit about the you know burnout syndrome on a professional level. Has it impacted you personally in any way?

PARTICIPANT C: Um again just sometimes with the emotional exhaustion stuff. If I'm overworked at work, I go home and not as sometimes it carries over like a physical exhaustion and just not being motivated to do what I usually do. But again like sort of like the exercise to offset that as well I come up with things to do just in my off time with my husband or with my family. Or often times just to exercise to forget about work.

INTERVIEWER: To decompress on some level if you will.

PARTICIPANT C: Yes.

INTERVIEWER: Ok another question that I have for you deals specifically with the development of the burnout syndrome. So in other words what aspects of your position as a clinical supervisor do you feel contribute to the development of the burnout syndrome?

PARTICIPANT C: Well I think just the nature of the position contributes to it. You know you are the person that everybody is looking to you know for answers. So if I'm here and my doors open and there are people in my office you know so it's just kind of the nature of the position that you are to go to person so that people will seek you out. And that can sometimes get overwhelming especially when you have what ever else you are doing, clients to work with, or procedures to write policies things like that.

INTERVIEWER: So in other words when I hear you saying that on some level it may difficult to balance some of the administrative responsibilities and some of the clinical responsibilities as well as what you have to offer as a supervisor for your staff.

PARTICIPANT C: Right.

INTERVIEWER: Are you the only supervisor at your agency, or are there others that kind of shoulder some of that responsibility as well?

PARTICIPANT C: There are others that sort of shoulder some of the responsibility as well. We have an outpatient program supervisor and an inpatient program supervisor that you know they shoulder some of that. They directly supervise the clinicians

INTERVIEWER: Ah.

PARTICIPANT C: And I supervise those two directly. But say if they are on vacation or if they are not in this particular office for the day then I am the go to I guess.

INTERVIEWER: Ok, but they don't really shoulder the administrative responsibilities that you take on.

PARTICIPANT C: Not all of them, no.

INTERVIEWER: So you have, I guess you could say multiple irons in the fire.

PARTICIPANT C: Yes.

INTERVIEWER: Which I can definitely see how that could be exhausting you know over the course of time, especially if you are doing this on a regular basis because even in the agency that I work in I can see how on any given day you have to wear a number of different hats and depending on what hat you are wearing doesn't mean you get to forget about the other one.

PARTICIPANT C: Right.

INTERVIEWER: So it can create some level of I guess you could say ah even role confusion at times. Where you are being pulled in some many different directions um that it can be difficult.

PARTICIPANT C: Yes.

INTERVIEWER: Ok.

PARTICIPANT C: Definitely.

INTERVIEWER: Is there anything else you can think of in terms of your specific position that may contribute to the development of this burnout syndrome other than what you mentioned?

PARTICIPANT C: Um I think most of it is just par for the course; some of it is just having all the different roles. It is the nature of the position.

INTERVIEWER: Would you say it might have less to do with the actual client contact that you have. Because I know a lot of what is shown in the literature is most of the burnout that deals specifically with you know front line caseworks who are dealing predominantly with clients every day.

PARTICIPANT C: Oh no I would definitely say it is probably less about the client things. And you know I have a pretty small caseload as far as you know just client interaction and having my own specific caseload. It is more you know working with the other clinicians on how to approach their clients, sort of like consulting.

INTERVIEWER: Which leads me into my next question which deals specifically with the process of supervision. So when we are talking about the burnout syndrome how has that burnout syndrome specifically impacted the process of supervision in your work with supervisees?

PARTICIPANT C: Well, I try to make sure that there you know when ever we are into supervision to make sure that they are you know that they are OK and they're not getting overworked. Because there have been points in time where we have all been overworked and just making sure that they are taking time for themselves. And you know we are a pretty close-knit group here so it's pretty easy to tell if someone is getting stressed out or overwhelmed. We try to sort of help each other out to take some of that pressure off.

INTERVIEWER: How about for you specifically in other words if there was a time when maybe you were experiencing, you know emotional exhaustion or one of those dimensions of the burnout syndrome and it was more prevalent at a given point and you had to do supervision. That supervision that you are providing is one of those responsibilities, if you will; you know that you have to shoulder. Has that been difficult for you at times?

PARTICIPANT C: Not usually, most of the time I am fairly good at you know kind of compartmentalizing you know if there is something that I need to do then I, for lack of a better term, I can suck it up and do it. But I keep a clear head about it.

INTERVIEWER: Well that is wonderful that you are able to do that. A lot of times that is difficult for people to compartmentalize. As you mentioned, it is not always as easy as it may sound. You know over the course of time that can have an accumulating effect if you will on how many different responsibilities a person is taking on.

PARTICIPANT C: Yes.

INTERVIEWER: in terms of the self-care, I know you alluded a little bit earlier to some of the exercising and things like that that you have done to kind of offset some of these burnout dimensions. Could you talk a little bit more about self-care or wellness strategies that you currently employ?

PARTICIPANT C: Well for myself, like you know I said that I exercise, I have taken up Tae Kwon Do so that helps me to focus and push everything else out of my mind and it gives me you know an outlet. I belong to a number of local Y's so I go and I swim and work out on the treadmill and what not just to kind of burn off some of the steam and the stress. I go mountain biking on the weekends so I get outside and you know kind of enjoy the scenery.

INTERVIEWER: So I'm hearing you say that a lot of the exercise physical activity is a way of sort of way or deescalating some of that stress.

PARTICIPANT C: Yes.

INTERVIEWER: The martial art specifically, is there anything about that in particular that you like?

PARTICIPANT C: Mostly I just like you know, I'm not very good with say like things like yoga they don't do much for me. What I like about martial arts is I get to expend energy it helps me to stay calm and focused. In order to actually excel at that, you need to be focused. And it also helps with some of that compartmentalizing so I can focus on what I'm doing right then and kind of push all the other stuff out of my brain for that moment.

INTERVIEWER: It is almost like what the most important thing in the world is what you are doing at that moment.

PARTICIPANT C: Right.

INTERVIEWER: The only reason why I ask is that I have some extensive experience myself in the martial arts. I am a martial arts instructor and I have been training for almost 29 years. So I know a fair bit about that world and you know its benefits. But it is always nice to hear you know somebody else's perception of you know that experience.

PARTICIPANT C: Right.

INTERVIEWER: How long have you been training?

PARTICIPANT C: Um well over 2 years.

INTERVIEWER: Wow, that's good. And do you go several times a week? Once a week?

PARTICIPANT C: Whenever I can, I try to go at least 2-3 times per week.

INTERVIEWER: Great, great.

PARTICIPANT C: There are some weeks I only get there once.

INTERVIEWER: I understand how that can be. But it's great that you are doing that and I definitely think that is a positive activity for you to engage in and hopefully you continue to get something out of it you know moving forward.

PARTICIPANT 3: Yea, yea, I love it. I always wanted to try it and I either never had the opportunity or never had the confidence to go do it and then one my friend's was involved and she got me involved and that was the best decision I made.

INTERVIEWER: Well like I said, I'm really happy that you are enjoying your experience with that. It is always nice to hear when people have positive experiences with it. Um another question that I have for you Participant C deals with regard to burnout prevention. As a supervisor yourself do you have any recommendations with regard to specific strategies that can be employed for preventing burnout for clinical supervisors?

PARTICIPANT C: Well I think the most important thing for preventing it would be you know to be able to ask for help when you are starting to feel overwhelmed and need some assistance. A lot of the times and I see it here also in myself a lot of the times when I am starting to get overwhelmed I don't necessarily ask for help. I figure ok I can take care of this. But I am getting better now about learning to ask for help before burnout before I am tired and exhausted and stressed out. Everyone here would be more than willing to kind of help where they can. Just presenting it that way, just making sure that you know when you are starting to feel overwhelmed you can voice that to somebody.

INTERVIEWER: So in other words what I hear you saying is developing a proactive voice in terms of recognizing your limitations is important.

PARTICIPANT C: Right.

INTERVIEWER: You mention you know being overwhelmed ah a minute ago. Are there any indicators or signs in particular for you that would suggest ok I'm getting overwhelmed that you can get to a place where you know you need to speak up and ask for help?

PARTICIPANT C: My big red flag I guess is when you know I work all day long and I feel like have got nothing accomplished and I still have a huge list for the next day is like the very first indicator that I might need some assistance. I've got a lot of stuff going on and I don't feel like I've gotten anything accomplished. It's time to kind of look back and see where I can delegate.

INTERVIEWER: Is that something that you find that you regularly do?

PARTICIPANT C: Not a whole lot. I have gotten better at delegating just like menial tasks that I used to do myself. Like if I needed to put together a booklet or something like that I would do it myself. Now I have our clerical staff put it together or you know typing up letters or what not I have somebody else do it so I am not taking on all the, so I can focus my attention on something else, something more important than just typing a letter.

INTERVIEWER: Sure so in other words it sounds like maybe one of the preventative measures might be time management skills. Being able to prioritize and know ok these

are the things that require my direct attention, these are the things I can delegate or save for another time.

PARTICIPANT C: Yes.

INTERVIEWER: and that is something that seems so simplistic but at the same time it is something that people would struggle with on a regular basis, I think.

PARTICIPANT 3: Right, yeah.

INTERVIEWER: Anything else that you can think of in terms of recommendations in regards to burnout prevention besides asking for help or being assertive with your self care.

PARTICIPANT C: Those are pretty much in my opinion; those are like the two most important ones.

INTERVIEWER: Are there other questions that I haven't ask you that would enhance my understanding on how burnout effects clinical supervisors or is there anything else Participant C you can think of that you would want me to know about your personal experience with the syndrome?

PARTICIPANT C: I think you covered it pretty well.

INTERVIEWER: Ok. Well that is really the end to my questions at this point if there isn't anything else that you would like to discuss or review. I really appreciate you taking the time to talk with me and just to let you know all of these phone interviews that I am doing will be transcribed so if you would like or if you have an interest I can always mail you a copy of the transcription itself for your review. So that way if you have things in there that you want omitted I can always go back and eliminate those things from the transcription.

PARTICIPANT C: Sure that would be good.

INTERVIEWER: and also in addition when the study is completed, which will hopefully be in the next I don't know one month, two months, I will and I can send you a copy of the completed dissertation so you can see the outcome of the study ah if you would like.

PARTICIPANT C: Yeah I would like that; I think it would be interesting.

INTERVIEWER: No problem I will definitely do that for you and I may be in contact with you again just to review some things with regard to the transcription to make sure that I understand everything that you said here today clearly. If that's ok.

PARTICIPANT C: Yes that fine.

INTERVIEWER: Have a nice afternoon.

PARTICIAN 3: Thanks you too!

INTERVIEWER: Ok take care.

PARTICIPANT C: Ok you too.

INTERVIEWER: Ok bye-bye

PARTICIPANT C: Bye.

INTERVIEW D

INTERVIEWER: Ok. Um here is the statement that I have read. This research will remain confidential and the information acquired in this study will not be used to identify you in any manner. The exception of this confidentiality is that Pennsylvania State Law requires that a report be made to authorities in cases where a child is being harmed or abused or if you are a danger to yourself or others. This researcher is required to adhere to the American Counseling Association Committee Code of Ethics and Pennsylvania State Law. As such information will only be available to this investigator and in a non-identifiable form to the dissertation committee. As a research participant you are permitted to withdraw from this study at any time without fear of repercussions. You are under no obligation to participate in this study and are free to withdraw your consent to participate at any time. As in any research endeavor there may be risks and benefits associated with your participation in this study. In addition you may not directly benefit from this study; however the results of this study may aid future counselors, supervisors, and clients. All electronic data will be double password secured and the digital records will be erased at the conclusion of this study. The digital recordings and this researcher's note will be kept in a locked filing cabinet until the study has been concluded. Are there any concerns or questions?

PARTICIPANT 4: No.

INTERVIEWER: Ok. Why don't we go ahead and get started then participant 4. The first question that I have for you deals specifically with your experience working as a clinical supervisor within a substance abuse rehabilitation facility. Could you tell me a little bit about the nature of that experience?

PARTICIPANT D: Well there have been many aspects to it. I have learned a lot from doing it and at the same time I've learned a lot about the kinds of things that I really don't like doing. Um I think it has been a good experience for me, um but I really at this point don't like the administrative side of it. It's a really difficult job and it takes a lot of time and a lot of work and um I find that in an organization there is a primarily mental health organization and a lot of times they don't understand the needs of drug and alcohol um a drug and alcohol program. So we are sort of like the black sheep of the whole agency and

um sort of in a way we have been isolated from the rest of the agency. So there has been kind of prejudice against drug and alcohol treatment, but particularly that prejudice is because of the kind of clients we see. What surprises me is that most mental health clients also have a substance abuse problem and when they see them in mental health they don't address the substance abuse problem. There are other substances that are addictive without realizing the effects. So as a supervisor or drug and alcohol I really had to fight to get what we wanted and what we needed from the agency.

INTERVIEWER: Ok and have you been successful in your assertions with regards to getting what you need thus far?

PARTICIPANT D: Ah sometimes yes and sometimes no. It usually depends on who is above me whether I get whether somebody is able to listen and get us what we need. We recently it seems maintenance has been there more often to fix things that needed to be fixed and um but on the other hand there is not a recognition of how much paperwork and documentation is required by the state for a drug and alcohol facility. The therapists are really overwhelmed with paperwork and we can't get like more can't a break on our productivity and they keep saying it has to be the same as mental health even though our paperwork takes more time. That's like one issue where there hasn't been a lot of movement.

INTERVIEWER: Sure.

PARTICIPANT D: I really had a battle with mental health in getting their psychiatrists not to prescribe benzos. We will not take clients that are on benzos in our facility, because we are a drug free facility. I think there should be a policy for the whole agency where we do not prescribe benzos. That is something that has not happened and a lot of the psychiatrists that work at the agency that is their drug of choice to prescribe. That is an issue where we haven't gotten much progress.

INTERVIEWER: Sure. So this agency is it a dual diagnosis treatment facility?

PARTICIPANT D: What's that?

INTERVIEWER: The facility that you are referring to, is it a dual diagnosis treatment facility?

PARTICIPANT D: Um our part of the agency, our side of the agency is drug and alcohol. We have a drug and alcohol license. Although most of the people we see have a mental health diagnosis as well and the rest of the agency has either a MR or MH license, but we don't have a true dual program.

INTERVIEWER: So there are separate licenses throughout then?

PARTICIPANT D: Yeah.

INTERVIEWER: Ok. How long have you been a supervisor at this facility?

PARTICIPANT D: it's probably been, I have completely lost track of time, and it has probably been about 13 years.

INTERVIEWER: Wow that is a long time.

PARTICIPANT D: Yeah.

INTERVIEWER: And could you talk a little bit about the nature of your I guess you could say preparation as far as becoming a supervisor is concerned meaning have you taken any courses on clinical supervision or have you been to any trainings along those lines?

PARTICIPANT D: Yeah I have been to quite a few trainings on managing difficult you know employees and I took a week long training, two week long trainings through um I think *IRITA*? Offered the trainings on being a clinical supervisor and those two trainings were really intensive and there were really helpful. I took training on leadership that was offered through the agency which again was helpful. But what you learn at a training is sometimes very difficult to apply when you are dealing with employees that are angry, have personality problems with other employees, um people that just won't listen to what you say. There nice tools but when it comes down to doing the everyday work of a supervisor you really have to...it is important that you have somebody that you can run issues by. I have my supervisor who I can get feedback from on issues I'm dealing with and that's probably been more valuable than some of the trainings.

INTERVIEWER: Having that sounding board if you will. Especially...

PARTICIPANT D: What?

INTERVIEWER: Having a sounding board if you will almost it sounds like.

PARTICIPANT D: Yes.

INTERVIEWER: Especially it sounds like if you managing multiple responsibilities simultaneously with regard to you know managing employees and then some of the other administrative responsibilities that can be quite difficult.

PARTICIPANT D: Yeah. People get this idea that if you are a supervisor that you just get to like supervise people's cases and that's not what it is at all. I mean it is really management and that supervising cases sometimes falls to like the lowest priority of what you have to do. So I was sort of disillusioned by that.

INTERVIEWER: So on some level it almost sounds like a supervisor could be somewhat removed from the day-to-day clinical activities that may occur with more of the front line stuff.

PARTICIPANT D: It can happen. You have to be really involved with your staff and your team. We have a weekly team meeting and were a small operation. So I can walk around and sometimes see and hear what people are doing, but we have three floors and I'm on the third floor.

INTERVIEWER: Uh huh.

PARTICIPANT D: What's that?

INTERVIEWER: I said Uh huh.

PARTICIPANT D: Yea we have three floors and the second floor also ends up being a problem because they are several therapists on that floor and a secretary and they will cover for each other and do things and not tell anyone. And so it is hard for me to be in the loop sometimes when things that are going on that shouldn't be going on. And I only find out later when something turns into a disaster.

INTERVIEWER: Right. As you know Participant D this study deals specifically with the topic called supervisor burnout and in some of the materials that I had sent you earlier, along with the consent, I think in the invitation letter I had defined the burnout syndrome and the way that we plan to use it for the study. Are you familiar with the definition that I am using and if not I can review it just so I know we are talking about the same thing in the same way.

PARTICIPANT D: If you just tell me this...there were three main symptoms.

INTERVIEWER: There are three dimensions, that right.

PARTICIPANT D: If you could just remind me of those again I think I will get me be back in the context.

INTERVIEWER: Ok. The first one is called reduced personal accomplishment and that is considered the self-evaluation dimension where a person may experience feelings of incompetence and a lack of achievement in productivity with regard to their work tasks. The second is called emotional exhaustion and that can be described as a state of significant fatigue, void of energy, where a person is drained of one's effectiveness and physical resource. The third is called depersonalization and that can consist of a negative or disinterested cynical disposition with regards to one clients and/or supervisees. So as you are probably aware most people will have experienced elements of a burnout syndrome and it may occur to some varying degree of severity on a continuum. So in this case I am interested in hearing a little bit about what your experiences have been like with the burnout syndrome as a supervisor meaning either previously if you are not currently experiencing any of these dimensions or currently if you are. So would it be possible for maybe you to speak a little bit about some of those experiences?

PARTICIPANT D: Well I have been feeling less confident and feeling not confident that part of that mention of the syndrome I have experienced and I am experiencing it now and its sort of you know I don't know if it gets heightened by reactions of staff and my supervisor to my behavior. I mean I had something happen yesterday where I was looking for these work books on group exercises in one of my therapist's office. I was looking at the shelf and I couldn't find them and she just said there right in front of your eyes. Which was a response to me that I didn't think was professional and was sort of deeming and made me feel that she, the therapist, thought that I wasn't bright. She was insulting my intelligence and things like that happen. Also my supervisor will question decisions I make and I had a therapist request that she only be scheduled with clients who have private insurance because she is the only one that is licensed and she has a huge caseload that's way over what it should be and I have been on her to get her caseload down for 2 years now. And she asked if she could only see those clients and I had seen on Facebook that she put down that was self-employed, so as I was just wondering what was going on. I ran it by my supervisor and he said well that's what you want her to do you want her to get caseload down and you shouldn't be paying attention to anything your seeing on Facebook. I felt so stupid. To me it was something to be suspicious about and so then I questioned my own judgment and I really have to go through what I am going to say to my supervisor and to my staff so that my judgment isn't questioned. I also have an issue with staff not listening to me when I tell them to do things or they may hear me but they didn't follow through and do them and then when there is an audit or something there are things that are not done in compliance and that makes me look really bad like I am incompetent. I feel very unskilled in that aspect of supervision of more the policy on what people need to do and how they need to do it. The running of the program. Because one of the realities is that I don't really have that much power, I am middle management and that my decisions are not the final decisions ever and that I always have to have my decisions run through the director who is above me and that director has to run the decisions through the CEO. So I'm expected to have to take care of all these things that have to do with regulations and requirements and caseloads, but I really don't have the power and the back up just to make independent decisions and when I talk about what I would like to do it is often treated as suspect. Because I have to answer all these questions. And I figured out it was my supervisor because he is a therapist and if I say anything generally, he will ask me for all the details so there is really not him challenging my confidence, but it's just how he operates. So that is one thing that I have figured out. I think what makes you feel deskilled is being in that middle position and being responsible for basically all paperwork, all the documentation, basically how everything runs how everybody gets along, and people take their anger out at you and their displeasure with the agency out at you, and it's just very difficult. So that aspect has been, I have really experienced that aspect. When I read it in your ah the introduction that you sent I could really identify with it. I just sort of heaved a sigh of relief because this is part of burnout. You sort of gave me a name and way to conceptualize it more accurately. The other thing the exhaustion is a big part of what I struggle with since being a supervisor. I have had health problems not related to being a supervisor that has been pretty major. So some of my exhaustion is related to those health problems. But I'm usually, I work a 12-hour day on Wednesdays and when I come home and I just fall

asleep. Where I am off on Fridays – and usually Friday I just have to write off that day to resting up for the rest of the week. I have gone into work and felt like falling right back to sleep. The lack of energy is really incapacitating sometimes and um I just think it is just because of all the demands. You know there will be a day when I have to do something administrative, like I have to write a report or I'll have to do an evaluation and I'll clear my schedule. I'll have so many of the therapists and so many of the support staff interrupting me plus phone calls from other places in the agency and referral sources that there won't be more than 15 minutes I can put together to do something else. That is how interrupted I am.

INTERVIEWER: It sounds like you could end up being pulled in several different directions almost simultaneously if you will.

PARTICIPANT D: There is a lot of pulling in different directions and I really will ask just sort of prioritize. But what happens when you are just that tired is you end up forgetting things.

INTERVIEWER: Sure.

PARTICIPANT D: It affects your memory which adds to the feeling of incompetence. And um it is very difficult to stay organized in that kind of environment.

INTERVIEWER: Especially if you are not feeling very supported.

PARTICIPANT D: Right. You know and what I have seen in working with the agency as long as I have as I have seen administration turn on people that have worked there for many years and have been good employees and um I have seen them be fired, I've seen them be harassed and so I don't have a lot of trust in the administration.

INTERVIEWER: So in other words what I hear you saying on some level are that the administration or the organization can make things more about the employee than the nature of the system that agency oversees in the first place. It sounds like its part of the issue here if you have a supervisor with multiple responsibilities who is being pulled in several different directions, but then at the same time isn't being supported on an emotional level you know it really creates a difficult situation for that person.

PARTICIPANT D: That is absolutely right and I did have a supervisor who was supportive years ago and it did make a big difference and the supervisors that I have had over the last several years have not wanted to be bothered with what I think is the heart of supervision. Like all these conflicts that staff have with each other. It really takes away from the quality of the work. The other thing that the agency makes a priority um and they've had to and it's taken away from focusing on the well being of their employees is the financial situation and that we have to generate revenue in order to stay open and that's come from the funding cuts at the state and federal levels. So there really is an emphasis on productivity and really no compassion on how much time and energy it takes to do all the work.

INTERVIEWER: So there is no real acknowledgement of that reality if you will or even validating on a very basic level the nature of the frustration that a supervisor may experience on a regular basis.

PARTICIPANT D: Yes...the person that supervises me if I had a therapist not meeting their productivity I'm just having a really hard time with it. He says it doesn't matter what the excuses are, it has to be this number and I don't care you know. When I have got people coming to me as a supervisor with real life problems and what have discovered recently is there is no give, there is no give in what the productivity number has to be, there is no give on the way that things have to be done.

INTERVIEWER: No flexibility.

PARTICIPANT D: People and my staff feel and I feel it too that there really isn't regard for people's humanity.

INTERVIEWER: Which almost sound like that depersonalization on some level except on a systemic level where you know it becomes more about the productivity and the numbers if you will that need to be generated and there is really no flexibility with regards as to looking at the reasons behind why you might not be able to meet the bottom line at a given time. Because there could be some legitimate reasons why that could be the case.

PARTICIPANT D: Yes, yes there are legitimate reasons and one of the reasons might be that we just can't do the work in the time that they want us to do it. What is the human limitation what if what you want us to do is not humanly possible? I've had therapists come in and work weekends and not get paid to catch up on their paperwork. So that's crazy you know. I have been fortunate in that I don't have to have full caseloads like they do because I am doing these other things and um you know I don't know it's a lot of work. I don't think the numbers are realistic in terms of what they need to be. You know...

INTERVIEWER: and they may not be realistic based on the resources that are available to you and your staff.

PARTICIPANT D: That is also true um we only have 2 support people and when one of those is out the other person is doing everything their opening the door, their answering the phone, there doing liability for intake, their getting consents signed, they are putting data into the computer and um yea they need to take a lunch and the issue of lunch becomes a huge issue because we only have got 2 support people and so what happens when one person goes out to lunch and then don't have anybody to answer the door or the phone. I'll go to a different department in our building and see if they can cover it and because there person will be out too a lot of times there person is out too. And we have not seen an increase in support staff. We have gone through a period in the last several months where one of our support staff had surgery and was out for a very long time and it was one person doing everything and when she would ask for a day off

for a doctor's appointment, she was denied that. Finally I just said look we need coverage to give this person a day off, this isn't fair you know. And my supervisor said where they shouldn't be, what do they have to do and then all end up listing all the things they have to do and he'll say that should be doable by one person. You know I will just be totally shocked because I don't know he can think that one person can handle 2 jobs and do that for months without any break.

INTERVIEWER: Right.

PARTICIPANT D: So um there was another one of the dimensions that you had presented um there was one that said you end up not liking employees or not liking clients....

INTERVIEWER: Right, right that one was called depersonalization. And that consists of having a negative or disinterested and cynical disposition with regards to ones clients or supervisees.

PARTICIPANT D: Well I think I'm scored on all 3 right now. I have some employees' right now that the one person who I checked I have written up this person twice for not having treatment plans done in a timely manner. And it's very serious because payors will not pay us if we don't have up to date treatment plans. So I wrote her up twice. The second time I wrote her up she just she didn't even read the written document she just signed it. And um I checked again recently and she has all these treatment plans that are not done. There were two incidences, what's that?

INTERVIEWER: Nothing I'm just listening.

PARTICIPANT D: Ok um and prior to that she had said some pretty insulting things to other employees. She had made two situations really complicated and it didn't have to be. And I just don't want to talk to her, like I don't even want to deal with her. and um you know and I did bring it to my supervisor because that is my training that you bring these issues to your supervisor I had and um I was relieved because he said that I should talk to her and that what I should do is give her a deadline for when all these treatment plans needs to be done.

INTERVIEWER: Right.

PARTICIPANT D: and um because we both said we didn't want to fire her. You know but that puts you in a position where nothing has any teeth.

INTERVIEWER: Sure.

PARTICIPANT D: It's not surprising that it keeps happening but I was really comfortable with just giving her a deadline without having to rehash all of the problems again and how serious it was and how she has been written up twice, her job could be in jeopardy. I was so relieved because I was feeling anger towards her, I was feeling

completely disrespected, um and I was feeling really negative toward her and I ended up not being able to talk to her because she was so busy that I did it in an email, which was even better. And after I did it in an email it seemed like she started to get a little more respectful.

INTERVIEWER: Do you find that this depersonalization or the nature of it meaning it worsens as you could say I guess you could say experience more of the emotional exhaustion or the reduced personal accomplishment the other two elements of dimensions of the burnout syndrome.

PARTICIPANT D: They really, I mean each dimension feeds into the other and exacerbates them, especially the dimension of feeling incompetent.

INTERVIEWER: the reduced personal accomplishment.

PARTICIPANT D: yes I mean I just end up second guessing myself and even not wanting to get into it with people. And one of the things I discovered, it is not in my nature to go and yell at people and ream them up and down, I'm just not that kind of person. My philosophy is coming out of being a therapist is to empower people and trust them to achieve and to accomplish you know and what was a big disappointment for me is that I discovered that giving my staff a lot of independence I discovered that I had to be one of those supervisors that was breathing down their collars. And that is something that is really not in my nature. It's very hard for me... So I think it all feeds into the others.

INTERVIEWER: In terms of the burnout syndrome on a personal level maybe talk a little bit about how it has affected you professionally. Can you talk a little bit about maybe how you have seen some of these dimensions that affect you personally when you are away from work?

PARTICIPANT D: I am a musician, I use to play in bands and do a lot with my music and I haven't had the energy or the desire to do my music, which is really a huge loss and I also teach at a school I really should be preparing for my courses but I feel so tired and unfocused and not able to do that sometimes until the last minute. Sort of racing against the clock to get done. I have also come home and I do not feel like talking to anyone. Really dealing with staff for me is much more exhausting and draining than dealing with clients. Um and so I won't want to talk and my husband will want to talk and I'm so quiet and he will ask me what is wrong with me. People will try to have conversations with me and I say look I just need to chill out. I have been dealing with people all day. It is not that I don't like you or I don't want to hear you but I just need my chill out time even though I am in a social situation. It's also affected me health wise and having some problems, headaches, and just being too exhausted to go into work. So it really has affected my social life, my creative life, and my relationships...its affected everything.

INTERVIEWER: It sounds like it has affected your whole life more or less.

PARTICIPANT D: Yes. It really does. There are other factors that go into that but dealing with the stress of my position and work is a lot of what I'm doing all week. It is hard to come home and try to rejuvenate my energy back. So certain things that I used to do that were actually rejuvenating I don't do, but I don't have any energy to do them.

INTERVIEWER: so it sounds like the emotional exhaustion component for you has been pretty debilitating at times.

PARTICIPANT D: yes...very much so. When I was younger and doing this, I had a lot more energy for it. But I think that something that really plays a part in the experience is getting older. I still seem to have more enthusiasm and passion for the job than some people who work for me that are younger. . That resilience is not as much there as prior to my illnesses and when I was younger.

INTERVIEWER: ok. In terms of your job specifically as a supervisor I guess you could say slash administrator um are there are specific aspects of your position that you would say directly contribute to the burnout syndrome.

PARTICIPANT D: yes I would say not getting the support from administration and my supervisor set up really getting the emotional backup is an important aspect of their supervision of me. That really contributes to it. Being overworked but I think everyone is overworked anymore.

INTERVIEWER: Do you feel that on some level is you were emotionally supported and your experiences were validated that would allow you to be more resilient in terms of being able to increase your workload and to sustain yourself moving forward.

PARTICIPANT D: Yes. Also if I felt that my decisions were trusted more. Um and that has to do with the way that the organization works and make decisions. Also what would help one of the aspects that is really contributing to all of this is that my staff doesn't follow through on what I ask them to do. It is very frustrating and um and that puts me in a position of then having to watch them closely and randomly check their work and that's just not in my nature, I'm more a teacher in that when I do my teaching it really rejuvenates me because I challenge people and students will try to meet the challenge. It is always a group that will try to do nothing and get away with it.

INTERVIEWER: Sure, sure.

PARTICIPANT D: It makes me feel kind of like a police officer. Um then I am a colleague and we can collaborate together and be creative together, which is my vision of what it should be and it's not. I am mostly being a police officer and a disciplinarian and um I really don't like that and I'm not good at it.

INTERVIEWER: Well what it sounds like it puts you in a position of incongruence in a sense that you know how you have to function on a professional level is not consistent with whom you are as a person.

PARTICIPANT D: Yes and you know how things repeat on some levels I sort of get the lesson in my own life that I have to be more controlling and more of a disciplinarian. It's weird how it will go down to other levels

INTERVIEWER: Shifting gears briefly I wanted to ask you something about the process of supervision itself. So in other words as you reflect on these dimensions of the burnout syndrome how do you feel that the burnout syndrome has impacted the process of supervision in your work with supervisees?

PARTICIPANT D: Um I remember times when I had so much energy and excitement for supervision of cases and that I would actually bring things in to teach the staff, new approaches, new techniques and theory um that we would do really lively supervision and what's happened with that because the pressure now is so much on producing and seeing as many clients as you can five times over it doesn't feel like any of us have any energy and get into these cases and it's a shame. It seems like what we end up doing if we try to stop a crisis from occurring in fact the subtly of the art of therapy. We are working with a lot of criminal justice clients and probably close to 100% are clients are in the criminal justice system. They are violent offenders and their addicts. And so we are dealing a lot with um making sure to talk to them therapeutically, support abstinence, and try to decide if our clients are lying to us about certain things because they all con a lot of them have personality traits. So we are trying to instead of looking at therapeutic approaches and um intervention. We look at interventions a lot but as far as being able to be looking at these cases in a classic way and applying approaches to them it is like we are not that is not what needed. So the complexity of the case evolved because you are dealing with someone who has mandated IOP treatment and so again it becomes sort of this scenario of you having to be the disciplinarian and because we get referrals from probation officers and parole officers and corrections that we have to be aligned with these authorities figures from the legal system.

INTERVIEWER: It almost sounds like that on some level that it moves further and further away from actual counseling and more of just managing the person if you will.

PARTICIPANT D: That's exactly, that's a really good way to say it. Because what everyone is doing with these cases is managing them and thinking that you know the parole officer its managing them, the halfway house is managing them um and we are managing them. Again it reminds me my sister would teach learning disabled kids in the public school system and she took her class to the zoo one day and asked me if I wanted to come along and the whole time she was just yelling at them. It was like get away from that fence. Don't get too close to that monkey. Yelling at them and yelling at them, come on don't lag behind and I thought God I could never do that, but that is sort of what I am doing. Don't get too close to those lions and you need to stay in line, stop drinking and you know you can't buy Suboxone off the streets. Tried to deal with not having heroin or things like that. One of the biggest issues in the halfway house is use of K2, which is synthetic marijuana. And so these guys go into these work release centers and there suppose to be getting rehabilitated and assisted entering the community and they are

having to deal with other inmates smoking K2 and trying to get them to smoke it too. And I don't know how many of our clients ended up smoking K2 and they couldn't screen for the metabolites of it for awhile and so they developed a test and the test is expensive and we can't really do it because we cannot afford to screen for it. The centers won't screen for it unless they absolutely have too. And so you are dealing with are you being bad are you doing K2 so I think that is a big reason we are losing the excitement we used to have about supervision and that we are managing people and dealing with the criminal justice system.

INTERVIEWER: And that could take a toll on a person just that ongoing management process especially if you are doing that with a majority of the clients or with every client you see. It almost contributes to the burnout syndrome on some level. Especially with that depersonalization and that idea of the cynicism if you will when you continue to see that same kind of presentation or client profile on a regular basis and it doesn't even appear that what you doing with that person is remotely counseling related in the first place, that can be tough.

PARTICIPANT D: Yes, but I have taken it on as a challenge because I believe I need to find a way

INTERVIEWER: Sure.

PARTICIPANT D: To not have to say every week in the group turn off your phone. You know and I need to say that with enough authority and commitment that they turn off their phones. And that they keep their phones turned off. When somebody doesn't, I need to say to that person immediately turn off your phone, we don't have phones on in this room. I haven't had the nerve to do that. So I believe there are new skills I need to learn in order to work with this population and so that has been exciting for me.

INTERVIEWER: Ah.

PARTICIPANT D: The other thing is I started doing a lot reading about working with criminal behavior and pretty much educated myself to be as much of an expert as I can. And having worked with people who have been traumatized for years and victims this is exciting for me in this point in my career. Interesting to learn how to work with perpetrators. So that sort of sets me through this. Learning new things always rejuvenates me. And it gets harder and harder sometimes to find teachers but then you got to search it out yourself and do it for yourself.

INTERVIEWER: Sure and it almost sounds like if you think the supervision process in its relationship to burnout and you use the term collaboration a little earlier and I really like that term. You know that is really what the supervisory process is about it is a collaborative relationship between supervisor and supervisee as you know. And that means that both parties get to learn through that experience, which can be a positive thing.

PARTICIPANT D: In my vision of what it could be and what it should be. That's the collaborative relationship. It's hard to get a collaborative relationship when your team is worried about you keeping their jobs. Whether the program is going to close. We went through months this year hearing if we didn't generate more revenue, the program would be gone. That our jobs would be gone. It is hard to work in that environment.

INTERVIEWER: Highly stressful environment?

PARTICIPANT D: Yeah and no one would make a decision and it was very very stressful for everybody. . And I think when you have that much overall stress it is really hard to behave and really do supervision and having it is a really nurturing creative experience is very difficult because what your staff wants to know if they are going to have their jobs.

INTERVIEWER: In terms of, let's shift gears again if you will just for moment. I wanted to talk a little bit about self-care and wellness. So in other words what self-care or wellness strategies do you currently employ to offset some of this burnout syndromes you may experience. Is there anything you currently do to help yourself?

PARTICIPANT D: I try getting good sleep when I am able too. I have a group I created on the internet it is called Hell is Other People it's about stark existentialism it has been really humorous and fun and crazy. So that is something that I'll come home and I'll, it is through, Facebook, and I'll look for things I can paste in my group or read what people who had written. And there is a kiosk that opened in our neighborhood that is a really cool place and I'll sometimes go and have tea and just relax. And my husband plays, my husband is a musician and he builds instruments and he will have shows and I will go to his shows and try to relax because I really love his music. And then we have our cats, I have 2 cats spending time with the cats is really healing for me. Plus I have Fridays off, ever since I, I am a Cancer survivor, I went through the cancer, I have been working a 4 day week which has been a blessing. Yea I am making less money, I have to do more in the 4 days that I am there but to have Fridays, it has made such a huge difference for me and um I don't ever want to go back to working the 5 days. Plus, when I'm teaching I working two 12 hours days and that is 4 days that I go in, so that is a lot of work. Plus I do the DUI hotel, I do group therapy when they do DUI hotel about five times a year and that's to make money but it is also something different if I could be doing something different um that is productive like the teaching, like the DUI hotel that actually energizes me.

INTERVIEWER: So that has a rejuvenating affect if you will.

PARTICIPANT D: Yes, yes I mean especially teaching I mean I can work all day as a supervisor, and then I'll leave work and go teach at night and I'll end up coming home and not I'll end up coming home and not be able to sleep because I am so excited about what we did in class. So I'm those things help me a lot, but I need more, I do need more because it's not still going to work and feeling these ways.

INTERVIEWER: It would almost be nice if you had something available to you at work where you could derive some of the same benefits if you will.

PARTICIPANT D: Yes I would really, I mean with supervision is suppose to be in my mind and sometimes in other peoples mind um for so many reasons um the enthusiasm and energy that would go with that right now aren't there. And you know it is really like what we learned about our clients that if they don't have a place to live and they don't have a job that you know working on other issues is really secondary because this person has don't have an address and all of that. So we are in the same situation where we are not being paid enough. We all have to work other jobs to survive. And we are being pressed for more and more work with less and less staff and so you end up just trying to satisfy those instinctual needs that a person needs to feel you know to just survive. And I think it has happened you know with the agency as a whole, with my position and also sometimes clients were working with and also how the staff feels.

INTERVIEWER: What recommendations do you have with regard to strategies for burnout prevention for clinical supervisors? What are some things you think can be done to aid people like yourself and other supervisors in a similar position so that the don't have to continue to experience or to prevent from experiencing the burnout syndrome in the first place.

PARTICIPANT D: Well they need good supervision; they need a lot of supervision, particularly with managing staff and managing um and dealing with the overwhelming amount of regulations and requirements from the state, the county and the payors. You know but they need, supervision needs to have an emotional component in it of emotional support. And also the supervisor needs to know that they have some power to make some of their own decisions. You know when your position is just that of a middle person I think it is easy for people to not respect you because they know that the final decision is not yours. So that would be really important and also an acknowledgement, some kind of realistic expectation about how much work needs to be completed. The other thing that would help would be to be paid a better salary so that for in my case I don't have to be doing all this other work to survive.

INTERVIEWER: Sure.

PARTICIPANT D: But, I think having somebody could really supervise and meet the emotional needs, not meet the emotional needs, but be really supportive of the emotional needs of the supervisor would really, really, make a huge difference. My supervisor right now is fine. I had a supervisor before that actually would sabotage my position over and over again to where um the staff sort of learned that I had no power so anything I said why they should listen to. Which created a huge problem. And now this supervisor is really standing with me and making decisions and letting me, you know take the reins, letting me be the front person to deal with a lot of the issues, so it doesn't look like my authority is being undermined.

INTERVIEWER: Sure.

PARTICIPANT D: Which I think is good. You know that support that I didn't have um in the past. The other thing is, it is really important to have some kind of spiritual; I'm going to call it a program because I work in drug and alcohol. To have some sense of spirituality, the meaning of life for you, your purpose, to practice things like mindfulness, stress reduction, breathing, that you need to have your magic bag of tricks when it comes to coping skills like that. The other thing is to be able to find solitude where you are not going to be interrupted where you can just be and heal because I think that just all this interaction with clients, therapists, and administration that you just need to make sure that you just have some quite time. The thing that would make a difference that is really hard to find is a teacher. Someone that you can learn from in the area of your passion, whatever that is. So I have one of my professors from when I was at Duquesne in the psychology department that I'm still in contact with and he, we don't talk a whole lot because he lives out of state now, but when I talk to him I get very energized. Because he is someone that I see as a teacher that I can still learn from. So finding a teacher is very difficult, but I think it keeps one inspired to have that. Right now it is very difficult for me. I have teachers because I have been around so long they are now in the 80s. You know I have, I'm trying to think. One of my great, great teachers from my undergraduate is someone I will talk to every once in awhile and it makes me feel really energized. I want to get back into doing conferences which I used to do and things. And then I am very dear friends with someone who is considered to be one of the living, working, writing, existentialist and he is just wild and when I have contact with him it really rejuvenates me. So it is trying to find those people, which is really hard. And also to spend time socially with people that aren't in the field.

INTERVIEWER: That can be an important thing.

PARTICIPANT D: What's that?

INTERVIEWER: That can definitely be something that is important.

PARTICIPANT D: Yes these folks need to be able, it's like for me my husband works with belly dancers and I can go out to be with those folks and they are not therapy people, but I can't have the kind of conversations I want to have with them. Not because I'm a therapist but because I think for me I have to be around people that have a higher education and who are interested in things like philosophy those kinds of things and so I can't just go be in a social situation and get my needs fulfilled. I feel like I need to find a peer group, especially a peer group that doesn't want to talk about therapy.

INTERVIEWER: Right, so it sounds like what I hear you saying that is on some level that social support system becomes very important you know because you said it reenergizes you whether it is with peers who share some of the same interests or in a teacher student relationship where you get to continue to learn which also breeds a certain level of optimism, which is very different then what you experience with the day-to-day grind of your position.

PARTICIPANT D: Yes that's true. I'm and that is sort of what I am missing right now and it's just because I am so busy and tired is part of it and also because my friends are so busy and tired.

INTERVIEWER: Right. Is there anything else that you can think of Participant D that would be helpful for supervisors moving forward in terms of addressing this burnout syndrome? Anything else that you haven't mentioned already?

PARTICIPANT D: Ah let me think. I think you have to sort of make your own fun. I don't know how else to say it. When I created that group with other people that was really for me. Because I like comedy, I like to laugh, I like existentialism. I did it for myself but it just thrills me that other people are having a fun time with it. You really have to try to make you own fun to create these projects or create these environments where you can get fed. Sometimes you have to be really creative to do it. So that's what I would add.

INTERVIEWER: OK. Well, I really appreciate your responses. I think you can definitely tell that you have had quite a bit of experience in the field you know working as a supervisor as well as the experience you have had with the burnout syndrome. It seems like you have given some thought to it. Not only that but some things that maybe you would like to do moving forward or would like to do differently in terms of your own self-care, which I think is wonderful and that is all part of a person's professional development. Are there other questions that I have not asked you that you think I should ask you that would enhance my understanding of how burnout affects clinical supervisors?

PARTICIPANT D: No. I think you have been pretty thorough. The only thing I would add from my own experiences is one the reason I am very familiar with this kind of syndrome is I use to work with a lot of extremely traumatized clients and I ended up learning a lot by hearing posttraumatic stress from therapists. And one of the things that me and some of the other therapist did was we started a support group for people working with sexual trauma. We would meet once a month and we would do conferences and stuff. And that was to deal with burnout and feeling deskilled and that is the term they used was one of the aspects of that syndrome plus other things. So I have some familiarity with what happens with being in the field, being a therapist, being a supervisor. Some of the ways in which the therapist or the supervisor gets traumatized in their own life.

INTERVIEWER: I can definitely see how that experience would enhance your knowledge base with regard to these dimensions. It is like I said you can definitely tell you have had some personal experience with it both professionally and personally. I really appreciate your willingness to participate in this interview. I have done several of these so far and just too kind of give you a general sense into how this works. My plan is to do a few more interviews over the next week or so and at that point I should definitely have enough to complete the remainder of the dissertation. Now I may be in contact with you again here in the next few weeks if that is ok only for the purpose of reviewing a

written transcription of this interview. So in other words, what I could do is I could send you a typed transcription of this interview that you did today and if you would like to review it for accuracy purposes or in case there is something that you would like omitted, you could always do that if you would like to.

PARTICIPANT D: I don't think I need to do that.

INTERVIEWER: Ok.

PARTICIPANT D: Like I said, I am not big on control. You know it is just like what I said is what I said. I said it from my heart and that is where it stands.

INTERVIEWER: Ok. Also, and this would be up to you as well, when the study is completed, I can send you a copy of the completed dissertation if you would like.

PARTICIPANT D: Yes, that I would like.

INTERVIEWER: I will definitely do that for you. That way you'll have it in written form and you can review the study and hopefully the idea is through these interviews, you know I will be able to come up with some really helpful strategies for burnout prevention. Because most of the research that has been completed thus far deals specifically with the burnout of clinicians. So you really don't get a chance to see the other perspective of the supervisor themselves.

PARTICIPANT D: Well I think it is really important, you know what you are researching is really important and I'm sure that burnout goes all the way to the top. And I'm so I think this is really valuable and I will be very interested in reading the dissertation.

INTERVIEWER: Great and like I said I will definitely send you a copy of the completed document and hopefully it should be you know the way things our planned right now it should probably be defending this somewhere early in September I would think.

PARTICIPANT D: So that's pretty fast then.

INTERVIEWER: Yes things are moving along. Um we kind of have been going with this for about a year. I will be excited for it to be over.

PARTICIPANT D: Yes I'm sure. Oh God.

INTERVIEWER: But I really appreciate your help, thank you very much.

PARTICIPANT D: Well thank you, it was a pleasure. Good luck on that and you know maybe you can turn it into a book.

INTERVIEWER: Yes maybe perhaps because this is pretty much the only research out there thus far on this topic so we will see where that leads moving forward.

PARTICIPANT D: Ok well you take care and um I'm look forward to reading your dissertation.

INTERVIEWER: Ok thank you again Participant D.

PARTICIPANT D: ok bye-bye.

INTERVIEWER: Bye.