

Supervising Stress: Practitioners may be more stressed than their clients

ABACUS Counselling, Training and Supervision Ltd.



Expectations of Supervision

- Encourage reflective clinical practice
- Improve client care/outcomes through above and through problem solving and mentoring
- Support professional role development
- Debrief/ Be a “sounding board”
- Offer advocacy and support
- Ensure professional, legal and ethical boundaries are maintained; also client & others’ safety
- Identify and manage stress and burnout issues



Some Common Supervisee Issues

Agency Expectations of Clinical Workers:

- Availability (Time flexibility-groups/clients)
- Increased client numbers (fulfill contracts)
- Work with existing clients more effectively
- Work with more complex/challenging clients
- Comprehensive assessments (incl. co-existing), complex case management and diverse competencies (incl. cultural)
- Other projects/roles (additional demands)



Supervisee Issues

- New forms/new policies/change (coping)
- Continuous quality improvement (demand)
- Cover for time out (sickness/study/conf.)
- Client notes/admin. (Time management)
- Meetings, bloody meetings!
- Caseload issues (size, mix, complexity, length treatment, outcomes, family/whanau, referral)
- Increased stress/output often for little or no extra reward (valuing/recognition of efforts)



Supervisee Issues

Dealing with powerlessness arising from the expectations of clients (gambling as example):

- “Fix” my gambling problem
- “Fix” my family member
- “Fix” my relationships
- Help me deal with the consequences of my (my family member’s) gambling (mental/physical health, safety concerns, legal, financial, employment, trust issues, past issues and future)
- Help me understand myself and change my behaviour



Supervisee issues

Dealing with self-expectations around client treatment:

- Have I got it right about safety issues (client suicidal ideation and behaviour)
- What if a client makes a suicide attempt under my care? Is there anything I could/should have done?
- Have I missed any other important issues?
- Advising on appropriate ethical/ legal considerations
- Maintaining adequate boundaries with clients/ family members
- Addressing client transference issues
- Am I skilled enough to also deal with co-existing issues?
- Getting the best outcome (just doing a good job!)



Supervisee issues (Summary)

- Multiplicity and complexity of case types
- Multiplicity of agency, “disciplinary”, cultural, individual and societal demands
- Multiplicity of skills and perspectives required (“state of the art” training)
- Balancing self-care needs against the needs of others, to maintain health, good perspective and balance (avoid burnout)



“Burnout” Symptoms

- Workers may feel their clients’ problems seem insurmountable, feel powerless
- Unable to feel detached from problems; tend to over-identify or lose concern for clients - cynical
- Tendency to intellectualise; rigid in thinking
- Resistant to change
- Loss of energy, idealism, creativity, motivation
- Unaware of how work is affecting them (denial)
- Exhaustion, tension, inability to concentrate; withdrawal and isolation – avoidance (too busy for supervision and don’t communicate their stress)
- Increase in addictive behaviours to cope



Burnout or Vicarious Trauma?

- “Burnout is described more as a result of general psychological stress of working with difficult clients” (Figley, 1995)
- Vicarious Trauma is a traumatic reaction to specific client-presented information. “By listening to explicit details of clients’ traumatic experiences during counselling sessions, counsellors become witness to the traumatic realities that many clients experience” (Pearlman & Mac Ian 1995). This exposure can lead to a transformation within the psychological functioning of counsellors.



Individual Well-being

- Product of the interaction of multiple biologic, behavioural, cognitive, socio-cultural and environmental stressors and stress-response variables
- These interactions are attributable to genetic and learned connections experientially acquired



Survival in a Hostile Environment = Adaptation to Stress (evolution)

- Any *biologic, behavioural, cognitive, socio-cultural or environmental challenge* to the survival or *homeostasis* of the organism or any of its life support systems = *STRESS*
- Triggers a *stress response* among the multiple life support systems as each adapts to the challenge
- Requires the ability to *learn* from experience = adaptive/coping skills = survival



Stress Theory

- Core-“A homeostatic model of self-conservation and resource allocation in response to adversity” (Cannon 1932; Selye 1956)
- Stress- Negative emotional experience accompanied by biochemical, physiological and behavioural changes (Baum 1990)
- Pathogenic effects depend on controllability, predictability, and duration of the stressor, and the modulating effects of appraisal and coping.
- Stressful events can be appraised as: harmful, threatening or challenging



Biopsychosocial Model of Stress: 3 Components

- 1) External component - Physiological/emotional stressor (personal, social/familial, work, environment) causes conflict, frustration or pressure
- 2) Internal component – Neurological & physiological reactions to stress.
- 3) Interaction of external/internal (cognitive) – transaction between individual & environment. Appraisal- determines if stressful (harm, loss, threat); the magnitude and method of coping; or if challenge (?positive)
- **Prolonged stress-** 3 phases: alarm reaction (fight/flight); stage of resistance (continued state of arousal); exhaustion (after prolonged resistance, reserves exhausted and body vulnerable to disease).



Client Suicide

“...therapists react to suicide in two ways...they may face grief, guilt, loss and anger...simply, they react as humans who have lost another with whom they have had a close relationship. But therapists also have to deal with the death in terms of their special role in that persons life and in the society of which the client formed a part.” (Soderlund 2003)



Learned Stress Response

- Immediate nervous system response
 - Critical emergency functions activated
 - Energy stores are mobilised for action
 - Muscles fuelled (glucose, fats, proteins, oxygen)
 - Delivery speeded via heart rate, BP, respiration
 - Temporary inhibition of non-critical functions
 - (e.g. reproduction, fat storage, digestion, etc.)



Physiological Effects of Chronic Stress

- Gastrointestinal: Peptic ulcers, Ulcerative colitis, Irritable bowel, Esophageal reflux
- Reproductive: Impotence; amenorrhea
- Cardiovascular: Hypertension, Migraine headaches, Reynaud's disease (fingers/toes)
- Respiratory: Bronchial asthma, Hyperventilation
- Musculoskeletal: Tension headaches, Low back pain
- Dermatological: Eczema, Acne, Psoriasis, Alopecia
- Immune system: Suppression/collapse



Psychological Effects of Chronic Stress

- Self Concept
 - Decreased self esteem
 - Decreased self efficacy
 - Learned helplessness
 - Pessimistic expectancy
- Disorders
 - Anxiety
 - Depression
 - Post traumatic stress
 - Brief reactive psychosis



Vicarious Trauma (Secondary Traumatic Stress Disorder; Compassion fatigue)

- “Empirical studies support theory that counsellors working with others’ trauma have increased likelihood of experiencing change in their own psychological functioning” (Chrestman, 1995)
- Reactions: avoidance of the issue, feelings of horror, guilt, rage, grief, detachment, dread; potential burnout; counter-transference, cynical
- “State of exhaustion & dysfunction- biologically, psychologically and socially, as a result of prolonged exposure to compassion stress”.



Vicarious Trauma

- 2007 study of 300 social workers in US: 7.8 % general pop experience PTSD (lifetime); 15% of social workers surveyed met criteria for PTSD in week prior to survey.
- Canadian study of 259 therapists – time spent counselling trauma victims was the best predictor of trauma scores (Bober & Regehr, 2006).
- “In addition to disaster victims ... sexual abuse, incest, rape, combat, community violence ... can produce thoughts and images that can be traumatic”. (Bride 2007)



Vicarious Trauma

- 40% thought about their work with traumatised clients without intending to
- 22% reported feeling detached from others
- 26% felt emotionally numb
- 28% had a sense of foreshortened future
- 27% reported irritability
- 28% reported concentration difficulties
- *“Rates of secondary traumatic stress are significant ... professional awareness is low”*



Health and safety in Employment Legislation: NZ

- Responsibilities on employers to prevent “injuries” (harm) from stress
- Must take reasonable steps to eliminate, isolate and minimise stressors.
- Stress response differs in individuals and hard to separate other/pre-existing factors
- “This is a new duty cast upon employers. It now requires the conscious exercise of judgement and discernment on the part of employers.” (Judge Everitt 1994)
- Supervisors often the first to identify stress/VT



Where does this leave Supervisors?

- Supervisors also usually have complex clients and own stress, & professional awareness of VT is low
- Supervision is frequently recommended as a strategy to prevent/deal with VT- preparedness?
- So, can educating about VT and promoting self-awareness via supervision help prevent VT?
- In 2006 Canadian study- participants generally believed in usefulness of coping strategies (leisure & self-care activities & supervision) but belief did not correlate with participation. However, supervisors were more likely to believe in the value of supervision than the therapists!
- So, as supervisors, how can we assist self & others?



Ways to reduce Stress/VT

- Reduced trauma client workload = reduced cognitive, sensory and emotional overload.
- “Time out” concept for work involving high emotional/psychological stress.
- Reduce long or “unsociable” hours of work
- Organisational flexibility as well as individual (staff input into role choices)
- Job variety, staff training, conferences, workshops and retreats, reduce tedium and encourage team-building



Ways to Reduce Stress/VT

- Positive and comfortable working environment
- “Rewards”- Constructive and positive feedback, valuing contributions, promotional opportunities, added value for experience and training, realistic salary
- Success and achievement- autonomy with support rather than competitive structures
- Acknowledge own and agency limitations



Ways to Reduce Stress/VT

- Positive attitude (good morale) “ Take the work seriously, but don’t always take yourself too seriously”- It’s OK to laugh!
- Networking, peer supervision and good clinical supervision – supervisors also! (let off steam, feel “heard”, objective feedback, reality testing)
- Assertive attitude- limit setting, saying “no”
- Develop realistic expectations of self and clients-
Consider: Those who will not change, those who will change without your intervention, and those who will change with your intervention but not without it – Cycle of Change



Conclusions:

- Working with complex clients can be intense and complex and the health and behavioural consequences can be severe
- The multiplicity of cases involving the identification with human distress through engagement and personal investment in the outcome, will affect clinicians- especially in cases of chronic relapse and suicide
- Client numbers are increasing and resources are often limited, so stressful conditions are likely to continue
- Practitioners need good training and organisational support
- Supervisors need to be well trained and own supervision provided regularly - need specific training in warning signs of Stress, Burnout, and Vicarious Trauma & self awareness

