

Current Issues of Compassion Fatigue in Counsellor Supervision

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ABSTRACT

As a recognized occupational risk in counseling professions, compassion fatigue has been extensively studied and documented. Supervision offers a mutually secure environment for the development of professional connections that aid in skill-building and prevent compassion fatigue. Education about the causes of compassion fatigue as well as their preventive factors can aid in the prevention of compassion's intensity. The objective of supervision should be to educate supervisees about ethical standards to practice, prevent burnout and manage compassion fatigue.

Keywords: *Compassion Fatigue, Supervision, Counselors, Mental Health Education*

Joinson (1992) was the first researcher to introduce the term compassion fatigue to describe a form of burnout in nurses that postulated from the same personality traits which led them to pursue nursing in the first place. Since then, many studies have been conducted to determine the nature of compassion fatigue in other professions such as mental health, first responders, etc. Compassion fatigue, secondary traumatic stress, burnout, vicarious trauma are all terms that are used to examine the adverse effects of the helping profession (Rank, Zaparanick, & Gentry, 2009). On the one hand, some researchers have found that these terms can be used interchangeably (Sprang, Clark, & Whitt-Woosley, 2007), other studies suggest that these terms cannot be conveniently lumped together for there are a lot of minute differences between them (Eastwood & Ecklundm 2008; Van Hook & Rothenberg, 2009). The concepts of trauma and compassion fatigue are similar; however, they differ in their focus (Deighton, Gurriss, & Traue, (2007).

Figley (1995) deduced that compassion fatigue is a state of preoccupation in counselors with their clients wherein they tend to experience traumatic events similar to the client, avoid reminders and show persistent anxiety towards the said client. He developed a model which included 10 components describing compassion fatigue as a natural process which develops over time. It is viewed as a secondary traumatic stress that was hypothesized to be the result of professionals not incorporating sufficient personal coping strategies to deal with the symptoms that they were facing (Figley, 1995). Compassion fatigue is thus based on the idea that there is a syndrome that results from empathizing with clients. There seems to be a synergistic effect across traumatic stress (primary and secondary) and burnout symptoms that combine to form compassion fatigue in the counselors. Aklema et al. (2008) highlighted

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that compassion fatigue is an intrinsic physical, emotional, behavioural, and spiritual exhaustion. They provided a plausible explanation that it generates through a counsellor's awareness of their client's suffering, and the innate need to want to 'fix' them. The counselor experiences a depletion of emotional resources otherwise available to generate self-care. Counselors are particularly at risk of experiencing compassion fatigue because of the lack of professional support, personal isolation, emotional drainage, or professional ambiguity.

While studying the impact of compassion fatigue in counselors, Sheehy & Friedlander (2009) examined that a large percentage of counselors displayed moderate levels of compassion fatigue. Out of the 106 participant counselors, more than half identified as novice counselors in the profession. Thus, it is safe to conclude based on the results of the study that there seems to be a greater risk for compassion fatigue in novice counselors. In other words, those entering the counseling profession may have higher chances of being affected by compassion fatigue. Keeping this in mind, it is the need of the hour to educate counselors, especially interns and first-year counselors, about compassion fatigue (Craig & Sprang, 2010; Musa & Hamid, 2008). Through exhaustive supervision, it is also vital to equip them with the knowledge of protective factors against compassion fatigue (Alkema, Linton, & Davies, 2008). Compassion fatigue education is a critical service that should be provided during counselor supervision.

Compassion Fatigue in Clinical Supervision

Clinical supervision is the method by which experienced clinicians train and facilitate growth in novice members of the same professions (Bernard & Goodyear, 2009; Lambie & Sias, 2009). Thus, supervision is a fundamental process that supports and educates other professionals to perform ethically in their jobs. A supervisory relationship refers to a healthy working alliance between the supervisor and the supervisee. It is grounded in good rapport, honesty, and open communication (Young, Lambie, Hutchinson, & Thurston-Dyer, 2011). It is the supervisor's duty to identify the developmental level of their supervisee and help them grow to an advanced level (Stoltenberg & McNeil, 2010). In the conceptualization of the supervision process, it is important to address compassion fatigue at an earlier stage. Research has clearly shown that professionals who are new in the profession or are fresh out of a graduate program often are more vulnerable to incurring compassion fatigue (Craig & Sprang, 2010; Figley, 1995; Sheehy & Friedlander, 2009).

Additionally, the supervisees also need to be aware of the risks that enhance the likelihood of compassion fatigue and the protective factors that can help them navigate through assisting other people (Conrad & Kellar-Guenther, 2006; Craig & Sprang, 2010). It is imperative to address compassion fatigue during initial days of supervision because if left unattended, it may lead to premature withdrawal from the profession, ethical violations that may be harmful to the client, and boundary distortion. It goes without saying the goal of any counseling session is the welfare of the client, in saying so; one of the biggest risks of unattended compassion fatigue is that it may hamper the counsellor's decision-making ability and make them unaware of the harm that they will cause to the client (Adams, Boscarino, & Figley, 2006).

Risk Factors & Symptoms of Compassion Fatigue

The available literature mentions many risk factors that may influence the onset of compassion fatigue in counselors (Figley, 1995). The counselors may experience the following through the process of their sessions;

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1. Difficulty in sleeping,
2. Increased startle responses,
3. Avoidance behaviours,
4. Intrusive thoughts,
5. Flashbacks about the sessions with the said client,
6. Difficulty in work-life balance,
7. Lower intimacy with partner,
8. Lost listening skills,
9. A Lost sense of purpose; in their career path

Additional symptoms may include lack of confidence, loss of self-care routines, lower ability to function cognitively, and loss of hope (Figley, 1995). There seems to develop a fear of working with certain kinds of clients. To combat this fear, supervisors need to help their supervisee understand that their fear is more internal and coming from within than their client (Deighton et al., 2007).

Novice counselors can also experience an emotional crisis as they embark on the journey of counseling, thus making them vulnerable to compassion fatigue. A state of constant insecurity and lack of self-efficacy can be devastating for the counselors. The lack of education about compassion fatigue, pressures of performing in a job, unawareness in knowing how to proceed with a difficult client can potentially charge a situation and trigger burnout in new counselors. Rak et al. (2003) studied that counselors were well equipped to reflect on their self-care routines and understand their developmental stages if they were previously educated about the possible issues that may arise in this field of services. They also found that new counselors have an internalized counselor development and believe it to be about themselves as opposed to being about learning interventions for their client's growth. Advanced counselors have a greater awareness in sessions and were better able to identify the personal developmental stages in their career.

The limited findings only highlight compassion fatigue literature's suggestions that there is a need for holistic supervision for counselors in training. The supervisors should discuss concepts of self-awareness with their supervisees early in the supervision sessions to be able to warn them against compassion fatigue (Figley, 1995).

Protective Factors

Research shows that many factors might help the counselors form preventive skills to combat compassion fatigue (Gentry et al., 2004; Rank et al., 2009). It is suggested that supervisors should explore and encourage the use of these protective factors during supervision as it will help warn the counselors against the risk of compassion fatigue. Compassion satisfaction (Alkema et al., 2008) is one such preventative factor that highlights the pleasure that is derived from being able to help another person in need. Counselors who understand their efforts to help another person's life are called compassion satisfaction (Van Hook & Rothenberg, 2009). Due to the study on compassion satisfaction, it is clear that one's motivation to do more work is derived from the satisfaction in a well-executed task. To be an effective counselor, it is crucial to engage in self-reflection and awareness continually. A high self-aware counselor runs a low risk of getting affected by compassion fatigue (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006).

Another notable protective factor is engaging in consistent self-care (Alkema et al., 2009; Craig & Sprang, 2010). Interestingly, enough self-care helps to keep both the supervisee as

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well as their clients healthy and stable. It is vital for counselors to appreciate the efforts they put into their profession and feel validated for their services. The counselors should learn that self-care is a holistic practice of attending to the physical, social, emotional, as spiritual needs to ensure high-quality sessions with their clients.

IMPLICATIONS TO SUPERVISION

The supervisors' prerogative addresses the symptomatology, risk, and protective factors with their supervisees to curb compassion fatigue. When these modules are discussed at the beginning of the supervision journey, the supervisees become aware of the impairments they might face, and thus they can promptly catch the symptoms. Additionally, the supervisee also becomes more comfortable and discusses these issues with their supervisor openly. The process helps in normalizing the experiences of compassion fatigue and encourages early intervention strategies. Due to the onset of rapid symptomatology, it is essential for both the supervisee and supervisor to catch compassion fatigue early (Alkema et al., 2008).

It is essential to understand and explore the supervisee's work environment because the supervisor can aid in examining their extent of exposure to the client's trauma and issues. Additionally, it is also important to gain feedback from the supervisee about their work fulfilment as a lack of it may lead to compassion fatigue. Supervisors should encourage discussions about time and stress management, work-life balance, grief exposure, social support systems available to the supervisee, and self-care opportunities (Figley, 1995). Merriman (2011) mentions that supervisors should normalize the concept of seeking and accepting help. Often, compassion satisfaction acts as medicine to combat compassion fatigue. Supervisors should thus focus more on the positive takeaways of counseling duties and encourage their supervisees to keep remembering why they chose this profession to begin with. This technique can help the supervisee feel empowered, rejuvenated, and gain optimistic regard for their daily duties.

Ruysschaert (2009) suggests that supervisors should assist their supervisees to keep journals to bring awareness to daily compassion satisfaction. Self-care is a skill that needs to be instilled in the supervisee through the course of the supervision. Supervisors can motivate their counselors to simply start thinking about defining and forming a routine for self-care; mastery of this will help the counselors to internalize the implementation process. The supervisors don't need to ensure that their supervisees maintain the strategies discussed in their meetings; however, follow-ups can help reinstate the importance of these protective factors. The Green Cross Academy of Traumatology provides many pre-structured self-care standards that the supervisors can use to achieve a protocol with their supervisees. Collaboratively going through these standards will help the supervisee visualize what their self-care looks like, thus enabling them a blueprint that is easy to follow and execute (American Counseling Association, 2014). With appropriate care and support in healthy therapeutic supervision, counselors can begin habit formation for self-care, which they can use for the rest of their lives.

Well-structured supervision plays an important role in the appropriation of counselor development. It is ethically bound for the supervisees to be aware of supervision's importance (Solway, 1985). To successfully undertake compassion fatigue education, it is the duty of the supervisor to teach their supervisees about the importance of consultation and peer support (Figley, 1995; Gentry et al., 2004). There are three broad roles of a supervisor: counselor, teacher, and consultant (Bradley & Ladany, 2001; Lambie & Sias, 2009; Young et al., 2011).

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1. Supervisor as a teacher increases counselor efficacy and competencies by providing psychoeducational resources to gain the required skills,
2. Supervisor as a counselor facilitates the personal and professional developments of their supervisee,
3. Supervisor as a consultant becomes resource personnel for the supervisee who might need insight into the field from a larger perspective of career,

In terms of combating compassion fatigue, the supervisor needs to utilize all the roles of their job and develop a holistic supervision session for the counselor. Role integration ensures that the supervisee is well attended to and no aspect of their counselor development is left untouched.

METHODS TO PREVENT COMPASSION FATIGUE IN SUPERVISION

Supervision is aimed to ensure that welfare is maintained for the counselor in training as well as the client. An essential part of supervision is to make sure that counselors who are fatigued are not practicing in the field and harming clients. Bradley and Ladany (2001) deduced five activities that can be used during supervision: support, counseling, consultation, training & instruction, and evaluation.

It is imperative for counselors to recognize the importance of a supportive environment and the benefits it can bring for counselors in training who may be feeling lost, confused, and anxious about their job (Goldberg et al., 2012; Ronnestad & Skovholt, 2003). Safe environments in which the counselors can strive, discuss their inhibitions, share fears and concerns, and work through times of weakness, confusion, and conflict help in counselor development (Loganbill, Hardy, & Delworth, 1982). Supervisors are generally motivated with the task of forming a supportive, and therapeutic relationship with their supervisees so that they can feel safe to take on constructive risks. These productive risks can result in increased confidence, self-efficacy, and holistic development (Wallace, Wilcoxon, & Satcher, 2010; Folkes-Skinner, Elliott, & Wheeler, 2010). To define the supervisors' role as a consultant, it is essential to understand the core reason why supervision is critical. Supervision is essentially a problem-solving process in which an advanced clinician helps a novice clinician identify problem areas, deduce intervention strategies, and assess improved performance (Bradley & Ladany, 2001). According to Figley (1995), the ability to seek consultation to solve problems is crucial to combat compassion fatigue.

Sometimes, supervisees can bring up personal issues during the course of their supervision. It is the supervisor's responsibility to navigate through these issues carefully because if they are left unattended, it may become difficult to separate the personal life from the professional life (Bradley & Ladany, 2001). The supervisor should execute their counseling skills, listen actively, provide positive regard, and not judge the supervisee's issues. In listening to the supervisee, themes of apprehension and concerns may arise around performing in this work field. Research suggests that this role confusion and apprehension can lead to ambiguity and frustration (Wallace et al., 2010; Loganbill et al., 1982). It is appropriate for supervisors to assess their supervisee's needs and make relevant referrals for counseling. This ensures that the supervisor is concerned about their self-care and encourages them to invest in self-soothing routines early in their careers.

Counselors require training and instruction to be able to enhance their levels of confidence in counseling competencies. A supervisor should be able to help their supervisee realize the areas that they are good at and encourage them to build self-trust in work. A higher level of

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self-efficacy serves as a protective factor against compassion fatigue. It is essential to consider that training should be given according to the developmental level of the counselor in training (Loganbill et al., 1982). Once the developmental level is discerned collaboratively, the supervisor will set objectives and follow up strategies to succeed to the new level/stage (Bradley & Ladany, 2001; Goldberg et al., 2012).

A consistent feedback loop should be made in order to maintain high standards of evaluation. Research has recorded that counselors who receive direct, honest, and, most importantly, constructive feedback are better prepared to manage compassion fatigue (Bradley & Ladany, 2001; Wallace et al., 2010). Additionally, their supervisors' feedback helps the counselors master the developmental phase they are currently operating in (Loganbill et al., 1982), thus leading to a holistic professional career. It is also advised that supervisors illustrate how the ability to understand effective counseling behaviours aid in the development of self-awareness. The lack of self-awareness can lead to a heightened vulnerability to compassion fatigue.

Thus, it is clear that supervision should provide interns with the necessary support, encouragement, and consultation to be able to help alleviate compassion fatigue. Supervisors should be able to model desirable factors required to encourage the counsellors' internal focus. This internal focus acts as the foundation of building self-care and learning the value of self-validation without feeling guilt. With adequate supervision that encourages self-exploration, a new sense of confidence helps counselors become more internally driven and motivated (Ronnestad & Skovhol, 2003; Skovholt & Ronnestad, 1992). Supervision can integrate this shift to an inner-directed motivation through providing opportunities for raising self-awareness. *(Please refer to Table 1 to learn about the strategies that can be used to instil protective factors during supervision.)*

Goals of Supervision for Compassion Fatigue Education

One of the most important goals of supervision is to eradicate shame in admitting the experiences of compassion fatigue. Supervisors should normalize compassion fatigue literature to their supervisees and encourage open communication for the symptoms that they might be facing. Supervisors should also be able to provide compassion fatigue education, which comprises symptoms, risks, and protective factors. Another vital component of compassion fatigue education is for the counselors to develop and maintain an appropriate self-care routine. Supervisors can also help promote self-care for the supervisees by regular check-ins and monitoring their adherence to their self-care plan.

In both the compassion fatigue literature (Figley, 1995; Rak et al., 2003; Rank et al., 2009) and the counselor development literature (Ronnestad & Skovholt, 2003), the difficulty in mastering counselor developmental tasks are recorded. It is vital for supervisors to shine a light on these troubling experiences and, at the same time, provide a plan of growth with them. This will help to de-stigmatize the feeling of inadequacy and offer a safe space for collaborative learning.

Counselor Development Model to Combat Compassion Fatigue

Skovholt and Ronnestad's (1992) counselor development model has noted the vital use of self-care and self-reflection skills during a counsellor's identity formation. They also recognized the need for all the counselors to actively practice compassion satisfaction to combat signs of compassion fatigue (Skovholt, Grier, & Hanson, 2001). Regular and systematic professional development for counselors is also studied to be an in-depth and

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viable process of practicing compassion satisfaction. If the developmental phases of a counselor are understood during supervision, there are chances that the supervisee will not feel demotivated and incompetent.

To aid the supervisees in attaining high levels of self-awareness, supervisors should be able to reflect on their personal and professional values, ethics, and belief systems (Ronnestad & Skovholt, 2003; Skovholt & Ronnestad, 1992; Skovholt et al., 2001). An extensive understanding of their phases will result in adequate supervision for the counselor in training. It is very easy for the counselors in training to feel under-prepared or doubt themselves with the skills needed to work with a client (Young et al., 2011). Research suggests that supervisors need to provide their counselors with a safe environment, guidance, support, and encouragement to develop professional exposure.

Table 1: Supervision strategies that directly develop protective factors

Supervision Strategies	Protective Factors
Inculcate Own Self-Care	Compassion Satisfaction
Self-Validation Techniques	Education About Compassion Fatigue
Internal Locus of Control	Peer Groups
Monitor Supervisee's Self-Care Plan	Self-Awareness Strategies
Establish Boundaries	Self-Care Routines
Compassion Fatigue Education	Debriefing With the Supervisor
Reinstate Self-Awareness	Consultation
Discuss The Risk Factors of Fatigue	
Encourage Discussion About the Efficacy.	
Prepare The Supervisee For 'Worst-Case Scenarios'	
Incorporate Journal Writing/ Memoing Through the Journey of Supervision.	
Provide Empathy, Support, And Encouragement	
Always Keep in Mind the Welfare of The Client.	

CONCLUSION

This paper discussed the implications of effective supervision in combating compassion fatigue in counselors. There is clear evidence to believe that merely educating supervisees about the possibility of compassion fatigue acts as a protective factor (Craig & Sprang, 2010; Figley, 1995; Sheehy & Friedlander, 2009). As illustrated through the paper, supervision is the best place where this knowledge can be imparted as well as through proper training; counselors can develop adequate compassion satisfaction (Wheeler & Richards, 2007). There is an apparent paucity of research about the protective factors that mitigate the risk of compassion fatigue. More studies should be conducted focusing on the benefits of supervision in expanding education about compassion fatigue and highlight more protective factors to instil compassion satisfaction. The benefits of researching evidence-based practices have been well documented in many studies. Stewart (2009) suggested that an enhanced empathy, respectful boundaries, and working therapeutic relationship helped the supervisees to manage compassion fatigue-like symptoms (Bilodeau, Savard, & Lecomte, 2012). The ultimate goal of the mental health profession is to maintain the welfare of the client. Even through supervision, there is an effort to develop the client's self-

awareness through educating the counselors about the best available techniques. Incorporating compassion fatigue education into supervision will contribute to the counsellor's personal and professional growth and provide quality service.

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Conflict of Interest

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