Job Burnout in Rehabilitation Counselors: Understanding and Managing a Serious Condition

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Job burnout is a chronic and potentially debilitating condition that occurs mainly in workers who are constantly exposed to occupational stress. Research has shown that rehabilitation counselors currently endure high levels of occupational stress and burnout, and that these conditions are cited as major reasons why counselors consider leaving their jobs (Layne, Hohenshil & Singh, 2004). This paper explores the dangers of occupational stress and burnout, and offers suggestions to rehabilitation counselors and their employers to prevent and manage these conditions. Specific recommendations are made so that in the future, fewer rehabilitation counselors will consider leaving their jobs, and more counselors will elect to remain available to support an increasing number of persons with disabilities.

Job burnout is a chronic and potentially debilitating psychological condition that can result when workers are exposed to prolonged stress at work (Maslach 1982; Petty, 2002; Rabin, Feldman & Kaplan, 1999; Zellmer, 2003). Intense and prolonged occupational stress is found most often among people who are employed in occupations that require serving others, such as nurses, teachers, human services workers, social workers and mental health professionals (Maslach & Jackson, 1981; Vredenburgh, Carlozzi & Stein, 1999; Zellmer, 2003). High levels of occupational stress and job burnout have also been documented among rehabilitation counselors, and is said to contribute to their low rates of job satisfaction and high rates of voluntary job turnover (Barrett, Riggar, Flowers, Crimando & Bailey, 1997; Garske, 2007; Layne, Hohenshil & Singh, 2004; Payne, 1989; Templeton & Satcher, 2007).

Because voluntary job turnover in rehabilitation counselors has increased during the past fifteen years, a high demand for qualified rehabilitation counselors currently exists (Barrett et al., 1997). This demand can be expected to grow in the next fifteen years as the baby boomers in the workforce age (Administration on Aging, 2004; United States Department of Labor, 2007), and as the volume of people with disabilities expands in response to a projected increase of disabling conditions such as diabetes, obesity, arthritis, mental illness and musculoskeletal disorders (Bibbins-Domingo, Coxson, Pletcher, Lightwood & Goldman, 2007; Hootman, 2007; Leveille, Wee & Iezzoni, 2005; Swett & Bishop, 2003; Von Korff, Katon, Lin, Simon, Ciechanowski, Ludman, Oliver, Rutter & Young, 2005; Wang, Colditz & Kuntz, 2007; Wray, Ofstedal, Langa & Blaum, 2005). Qualified rehabilitation counselors will also be needed in the future to support injured and disabled veterans returning from the war in Iraq and Afghanistan (Bilmes, 2007).

Taking this research into account, it is possible that if rehabilitation counselors continue to experience high levels of occupational stress and job burnout, they will also continue to experience increased job dissatisfaction, and will consider leaving their jobs in pursuit of other, less stressful occupations. It is also possible that if these conditions are not managed and treated, there will be fewer qualified rehabilitation counselors in the future to support a growing population of persons with disabilities. Thus, the goal of this paper is to provide rehabilitation counselors and their employers with a better understanding of the dangers of occupational stress and job burnout, and to encourage both parties to take action to prevent and treat what may eventually become a serious threat to the future of rehabilitation counseling.

The Condition of Burnout

Dr. Herbert J. Freudenberger described the term "job burn-out" back in the early 1970s as being a change in the physical, psychological and behavioral state in workers who are employed helping people or in human services settings (Freudenberger, 1975). Freudenberger noted that job typically occurs in "helpers" who begin their careers as intensely devoted to a certain cause, yet become disillusioned over time when their efforts at helping others do not produce the rewards they had originally expected (Freudenberger, 1975). Subsequent theorists have also found that burnout tends to occur in workers who at one time had high expectations of helping others, yet in the process experienced unfavorable reactions to the emotional and interpersonal stressors that are inherent to working with people as a "helper" (Maslach & Leiter, 1997).

Since Freudenberger's time, job burnout has continued to be a topic of interest among researchers, most notably Dr. Christina Maslach, author of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). The MBI, which has proven to be the most valid, reliable, and widely accepted burnout assessment measure to date, defines burnout as a syndrome that exists within the three dimensions: emotional exhaustion, depersonalization and cynicism (Maslach & Jackson, 1981; Vredenburgh et al., 1999). With the assistance of the MBI, researchers were able to determine that job burnout generally occurs when workers experience a gap between who they are and what they need to do on the job (Maslach & Leiter, 1997).

In the past two decades, a number of researchers and theorists have tried to determine what specifically causes job burnout. Some feel that certain personality types are more susceptible developing burnout (Zellmer, 2003), or that burnout occurs primarily in individuals who use poor methods of coping with work-related stress (Jenaro, Flores & Arias, 2007). Others feel that burnout is due to the inherently stressful nature of jobs in counseling or human services, which require people to work in a helping role with clients who have problems (Lloyd, King & Chenoweth, 2002; Maslach & Jackson, 1981). A stressful work environment, which can occur when the traits of workers are combined with the inherently stressful conditions and dynamics of a particular job and the workplace, is also said to cause job burnout (Zellmer, 2003).

All of these conditions can result in work-related (or occupational) stress, which is defined as an unfavorable relationship between a person and the environment in which they work (Garske, 2007). Occupational stress has been linked to burnout, decreased worker effectiveness, and increased worker turnover (Zellmer, 2003). To explore the effects of occupational stress on workers, the National Institute for Occupational Safety and Health (NIOSH) performed research to see how workers felt about the stress levels they experienced on the job. The results of this research found that 40% of employees considered their jobs extremely stressful, 29% of employees felt extremely stressed out at work, and 26% of employees felt burned out [National Institute of Occupational Safety and Health (NIOSH), 1999]. More recent research has shown that employees also viewed their work-related problems and stressors as more responsible for health problems and complaints than any other life stressors, including financial or family problems (Petty, 2002).

Rehabilitation counselors in particular have been targeted as being susceptible to the effects of occupational stress and burnout (Barrett et al., 1997; Layne et al., 2004). This may be due to the fact that their jobs involve being much more than counselors. Rehabilitation counselors work with people who are injured, disabled, and unable to work due to physical, psychological or cognitive factors (Leahy & Szymanski, 1995). Many of the people they serve are also taking narcotic medications to manage their chronic pain. In performing their work, rehabilitation counselors are required to provide counseling services to individuals with disabilities, but are also required to interact with a variety of different agencies and organizations to fulfill their primary obligation of assisting their clients to adjust to their circumstances, with the goal of eventually becoming gainfully employed (Leahy & Szymanski, 1995).

Although traditionally employed in community-based rehabilitation organizations or public / private agencies, rehabilitation counselors are now employed in a variety of different contexts, including federal or state agencies, substance abuse treatment centers, insurance companies, physical medicine clinics, pain clinics, mental health treatment centers, and in state workers compensation systems (Shaw, Leahy, Chan & Catalano, 2006). Yet regardless of the employment setting they choose, rehabilitation counselors are expected to provide a vast array of services to people who suffer from physical, emotional or cognitive disabilities, and to interact with people who are stakeholders in the cases they work. Rehabilitation counselors must also perform their work in keeping with the laws, rules and guidelines of their funding sources, which can include federal, state or local agencies that are driven by legislation, and are subject to constant change. Some of these agencies are required by law to rate the quality of services rehabilitation counselors provide, and require them to perform work on the billable hour, to possess professional credentials, and to adhere to ethical / professional codes of conduct.

While performing rehabilitation counseling work can very meaningful, it can also be quite challenging. Some of these challenges are due to the large number of barriers counselors encounter when working with individuals with disabilities. Such barriers can in-

clude a client's lack of transportation, inadequate housing, financial deficits due to injury-related unemployment, lack of childcare, lack of skills or education, severe psychiatric dysfunction, possession of a criminal record, living in a remote location where services are scarce, or being older and less technologically skilled (Barling & Frone, 2004). Assisting such clients to move toward recovery can be especially stressful to rehabilitation counselors when their clients also struggle with unplanned illnesses or injuries, and have become angry at being mandated to participate in rehabilitation services. Still more challenges can occur when working with clients who are suffering from emotional or psychic pain, substance abuse, substance-related mood disorders or marital / family problems (Barling & Frone, 2004).

Any combination of these situations can cause rehabilitation counselors stress. Research has found that when rehabilitation counselors are exposed to occupational stress, they run an increased risk of developing emotional exhaustion and job burnout (Payne, 1989; Templeton & Satcher, 2007). Research has also found that rehabilitation counselors have considered leaving their work because of occupational stress (Layne et al., 2004). Thus, it appears that if action is not taken to reduce the overly stressful work conditions of rehabilitation counselors, it is likely that they will continue to experience high levels of occupational stress and burnout, and will continue to leave their work in pursuit of other occupations. This can create several dangers for the future of rehabilitation counseling.

The Dangers of Burnout

One of the biggest dangers of job burnout is that its onset is gradual, and so the condition often goes unnoticed until it has reached a chronic state (Figley, 2002; Maslach, 1982). Yet once it is acquired, job burnout can cause a variety of physical, emotional and behavioral symptoms that can impair a counselor's ability to work with clients (Angerer, 2003; Freudenberger, 1975) Physical symptoms can include chronic fatigue, exhaustion, nausea, insomnia, skin problems, stress-induced psychosomatic illness, headaches, muscle aches, increased infection and increased risk of heart attack (Angerer, 2003). Emotional symptoms include feelings of helplessness and hopelessness, a negative self-concept, absenteeism, lowered moral and efficiency toward work, life and other people, (Angerer, 2003; Hannigan, Edwards & Burnard, 2004;). More serious cases of burnout can cause counselors to withdraw from others or depersonalize their clients, which can hinder their progress and quality of work over time (Rabin et al., 1999).

If detected early, some behavioral symptoms can actually serve as warning signs of impending burnout. Increased absenteeism, low productivity, social withdrawal and decreased job satisfaction are prime examples of symptoms that can be seen and hopefully confronted by colleagues and supervisors (Freudenberger, 1975; Rabin et al., 1999). Another common behavioral symptom of burnout is excessive or illicit drug or alcohol abuse, as it can be used as a way to cope with intense occupational and emotional stress (Angerer, 2003). Substance abuse is particularly dangerous to counselors because it can intensify already high levels of stress, increase emotional dysfunction, and even create career or legal problems (Angerer, 2003). Excessive substance use can also lead to related health problems, risky or violent behaviors, sexual misconduct or suicide (Rabin et al., 1999).

Burnout can also be dangerous to the clients a counselor serves. Studies have continued to show that job burnout can cause such a severe degree of impairment in counselors that when it is present, the quality of service given to clients and consumers is often compromised (Rabin et al., 1999). Burnout can also have ethical implications for rehabilitation counselors who are required to operate under the Commission on Rehabilitation Counselor Certification (CRCC), which requires counselors to abide by the *CRCC Code of Professional Ethics.* The CRCC mandates counselors to "refrain from offering or rendering professional services when their physical, mental and emotional problems are likely to harm the client or others" [Commission on Rehabilitation Counselor Certification (CRCC), 2002, p. 7]. Thus, if a counselor is found to be practicing while impaired, he or she could face having their professional responsibilities limited, suspended or terminated (CRCC, 2002, p. 7).

The *CRCC Code of Professional Ethics* also mandates rehabilitation counselors to seek assistance for any impairment they might have (CRCC, 2002). Yet studies have shown that it is a problem for most counselors to seek treatment for their job-related emotional distress, even if it has negatively influenced their professional work, or has caused them to become impaired (Siebert & Siebert, 2007). Instead, counselors tend to use various measures to cope with their occupational stress and burnout (Figley, 2002). Some may use disengagement or escape strategies, such as abusing drugs or alcohol, or engaging in various types of risky behaviors (Freudenberger, 1975; International Medical News Group, 2003). Such strategies can have serious ethical implications for counselors, and can be dangerous for clients if the quality of services reduced due to counselor impairment.

Burnout can also be dangerous for rehabilitation counseling firms or agencies. Burnout in a firm's counselors can reduce the quality of services they provide to clients, which in turn can negatively affect the number of future referrals a firm receives. A decline in

referrals can affect profitability, and also the degree to which counselors and firms are able to achieve their future goals (Maslach & Jackson, 1981; Layne et al., 2004). Research also indicates that the stressful work conditions preceding burnout can directly influence the number of injuries that occur in the workplace (NIOSH, 1999). Injuries resulting from high stress can cost companies money as a result of lost time, decreased worker productivity, and increased industrial insurance premium rates (NIOSH, 1999).

There are other ways that work-related stress in employees can cost companies money. Research cited by the American Psychological Association has estimated that job stress costs United States companies approximately $300 billion per year in employee absenteeism, decreased productivity, medical and insurance costs, legal fees, and employee turnover (American Psychological Association, 2008). Research in the field of rehabilitation has also documented the loss of considerable time and money from counselors who have chosen to voluntarily leave their work after finding themselves unable to function or cope successfully with their job responsibilities (Barrett et al., 1997; Layne et al., 2004). One study in particular estimated that in a typical rehabilitation firm, 2-3 rehabilitation counselors per year out of 10 (or 23.5%) left their jobs, and that employers could incur costs of up to $164,908 per year due to the high cost of turnover in rehabilitation counselors (Layne et al., 2004; Barrett et al., 1997).

Job turnover in rehabilitation counselors that results from occupational stress and burnout can also pose several dangers to the future of rehabilitation counseling, primarily because the disabled population is expected to increase within the next fifteen years due to the aging of over 78 million baby boomers in the United States (Administration on Aging, 2004; Bilmes, 2007, National Center for Health Statistics (NCHS), 2004; Leveille et al., 2005; Reynolds, Yasuhiko

& Crimmins, 2005; Swett & Bishop, 2003; Von Korff et al., 2005; Yancik, Ershler, Satariano, Hazzard, Cohen & Ferucci, 2007). In 2004, the National Center for Health Statistics (NCHS) stated that seniors over the age of 65 were the fastest growing population group in the United States, and that the number of adults aged 65 and older is expected to reach 70 million by 2030, which is almost double what it was in 2000 (NCHS, 2004). This study also showed that 3.3% of seniors aged 65-74 also required personal care from other people (NCHS, 2004). These projections are significant because if the population of seniors is expected to reach 70 million by 2030, and if 3.3% of seniors in the United States currently require personal care from others, then an estimated 2 million seniors (3% of the 70 million) will require personal care from others by 2030. This will likely include care from qualified rehabilitation counselors.

A special need for vocational rehabilitation counselors can also be expected to increase as the population ages. A study performed by the United States Department of Labor found that people aged 65 or older were among the highest labor presence in the developed world because many of them have elected to continue working to fulfill personal agendas, to begin new careers, or because of financial necessity (Administration on Aging, 2004). Statistics from 2006 back up this study, noting that labor force participation rates had declined for all age groups except those aged 55 and older, which had increased by 5.7, and that 66% of men and 50% of women were still working at ages 55 to 64 (United States Department of Labor, 2007). Another more recent study has found that more than 1.2 million (or 67%) of employees are expected to have met less than 80% of their projected retirement needs (Hewitt Associates, 2008). Fallout from this report may result in more seniors electing to continue working after finding that they have not saved enough money to retire. Vocational rehabilitation counselors will be necessary to assist seniors, as they remain the least educated group in American society (US Department of Labor, 2007).

Rehabilitation counselors will also be needed to support those who become disabled due to chronic illnesses, associated functional limitations, disabilities, impairments and syndromes that can occur as a result of the aging process (Yancik et al., 2007). Increased disability is also estimated to occur from musculoskeletal conditions, which are currently the leading cause of physical and work-related disability for adults in the United States, account for 30% of lost work days, and cost the American economy an estimated 240 billion dollars per year (Hootman, 2007). It is estimated that by 2030, Americans with activity limitations due to musculoskeletal conditions will number 25 million, and those with arthritis will number about 7 million (Hootman, 2007).

The need for qualified rehabilitation counselors is also likely to increase due to obesity, which can contribute to many health problems and issues, including musculoskeletal conditions (Hootman, 2007; Wang et al., 2007). According to Healthy People 2010, 55% of adults were either overweight or obese in 2003-2004, which was a 47% increase from 1960 figures (Wang et al., 2007). Data from four national health and nutrition surveys confirmed this increase, and estimated that by the year 2020, obesity would increase up to 37% in men, and up to 44% in women (Wang et al., 2007). As a result of obesity, other disabling conditions are expected to increase (Hootman, 2007). One of these conditions is coronary heart disease, which is expected to increase from 5-16% by the year 2035, with an estimated 100,000 cases of coronary heart disease being attributed to obesity (Bibbins-Domingo et al., 2007). Another disabling condition related to obesity is diabetes, which has been a major contributor to

the increased disability of Americans (Leveille et al., 2005; Reynolds et al., 2005; Von Korff et al., 2005; Wray et al., 2005). Diabetes has also been a significant predictor for physical disability in middle aged and older adults, and remains a prevalent chronic disease for both populations (Wray et al., 2005).

An even greater need for rehabilitation counselors will also likely occur after injured disabled veterans return from the war in Iraq and Afghanistan (Bilmes, 2007). Since the start of this war, 3000 American soldiers have been killed, and a 16 to 1 ratio of killed-to-wounded soldiers has been documented, which is by far the highest ratio in US history (Bilmes, 2007). Although military medicine has allowed more soldiers to survive what would have been fatal wounds in the past, the level of injury in these soldiers is now so high that the need for medical treatment and disability-related services are expected to increase astronomically to support the hundreds of thousands of men and women who will be seeking medical care and disability compensation as a result of the injuries they incurred while deployed in the war (Bilmes, 2007).

Considering the information presented above, it is apparent that an increasing number of injured and disabled individuals will require experienced rehabilitation counselors to support them as they proceed through the complicated systems of rehabilitation (Bilmes, 2007; Layne et al., 2004), and a specific need for vocational rehabilitation counselors is needed to support an aging population of workers who have chosen to remain in the workforce (Administration on Aging, 2004). Thus, since occupational stress and burnout continue to be present in rehabilitation counselors, and since the likelihood of job burnout and turnover occurring in human services employees is simply too great and potentially too costly to ignore (Layne et al., 2004; Maslach & Leiter, 1997), action must be taken immediately to explore ways to decrease occupational stress and burnout among rehabilitation counselors so that job turnover will decrease, and so that more counselors will be available in the future support an increasing population of individuals with disabilities.

Discussion: Methods of Preventing and Treating Burnout

According to Maslach, in order for burnout to exist, three elements must be present: a worker, a workplace and stress (Maslach & Leiter, 1997). Because occupational stress was cited as a major cause of turnover intentions and burnout in rehabilitation counselors (Layne et al., 2004), this discussion will begin with an exploration about how this particular group of workers might better manage their stress levels individually, and in the workplace.

There are many ways in which individual rehabilitation counselors can manage their stress levels. Freudenberger suggests that a logical first step in reducing stress is to be familiar with the signs and symptoms of stress and burnout, and to be aware that a potentially serious problem may be on the horizon (Freudenberger, 1975). As noted previously, many of the first warning signs of burnout are only apparent to the sufferer. These include feelings of helplessness, confusion, withdrawal, anxiety, exhaustion, isolation, depression and apathy (Figley, 2002). Other symptoms can include cynical thoughts and attitudes about self or others, paranoia, or rigid thinking that is closed to change (Freudenberger, 1975). Sufferers of burnout can also feel hopeless or trapped by their work, can have intense feelings of failure, feel resentful about their careers, or disillusioned about their lives (Boscarino, Figley & Adams, 2004). Having an awareness of the symptoms of burnout, and being committed to taking action to eliminate the symptoms is the best method for prevention (Moursund & Kenny, 2002).

An awareness of these symptoms also extends to a worker's colleagues. Thus, if a colleague notices that a co-worker's behavior has changed from being open, lively, talkative and involved with others to being silent, cynical, uninvolved or isolating, action should be taken to confront that person about the change gently, and with an attitude of kindness and genuine concern (Freudenberger, 1975). Staff members who have previously suffered from burnout are particularly well suited for this sort of confrontation, and may be especially effective in helping a person to see what is happening by sharing their own experiences, and convincing the person to seek out personal therapy or to take some time off work to rest (Freudenberger, 1975).

Once burnout signs symptoms are recognized and confronted, active coping strategies can be initiated so that these symptoms can be managed. One research study found that rehabilitation counselors were less likely to experience the three burnout stages cited by Maslach (emotional exhaustion, depersonalization and reduced personal accomplishment) after learning strategies to help them cope with work-related stressors (Clanton, Rude & Taylor, 1992; Maslach & Jackson, 1981). Some coping strategies that can be useful to rehabilitation counselors include learning how to say no to work tasks beyond their capabilities, physically leaving the work area every day and learning relaxation methods and stress management skills (Rabin et al., 1999). Physical exercise, which can increase energy, release endorphins and elevate mood, is also an effective method of coping with stress (Osborn, 2004).

Other coping strategies that have proven useful in reducing counselor stress include attending educational seminars that focus on stress management and positive coping skills, participating in peer supervision groups, support groups, or mentoring programs, learning relaxation techniques or stress reduction ex-

ercises, undergoing personal therapy, or attending work-based or off-work treatment services (Rabin et al., 1999). Self-help methods and educational interventions are also known to be particularly beneficial in providing information and support to those in need of assistance (Backwith & Munn-Giddings, 2003). Bibliotherapy, which has been successfully used in the treatment of depression, can be used as an adjunct to individual or group therapy (Gregory, Canning, Lee & Wise, 2004). Traditionally used by therapists, bibliotherapy is now known as a successful and inexpensive form of education that can provide help to people who cannot access mental health counseling (Gregory et al., 2004).

Counselors can also manage the stress in their lives and work by developing self-care plans. Ideally, self-care plans are made before the onset of burnout, as a preventative measure. However, once developed, these plans can also act as resources for counselors to access when in the midst of combating burnout. To develop such a plan, a counselor must first identify the specific life and work stressors, pinpoint their sources, and research effective strategies and techniques to prevent or cope with the stressors (Rabin et al., 1999). Once a list of possible strategies and techniques is established, counselors are urged to try each of them, determine which ones are the most effective, and gradually incorporate the effective ones into their daily lives. Effective plans of self-care plan can then be developed that fit the specific needs and capabilities of individual counselors (Vredenburgh et al., 1999).

Counselors can also manage their own self-care by forming a supportive network of friends, co-workers or family members, and asking this network to hold them to accountable to adhering to their self-care plans. Securing and maintaining effective support systems can also help counselors feel viewed as unique and special individuals apart from their professional counselor roles (Figley, 2002). Having regular contact with support systems can also encourage counselors to incorporate the concept of *margin* into their daily routines, which is a daily practice of setting time aside specifically for the purpose of self care (International Medical News Group, 2003). Scheduling this *margin* of time for self-care can help counselors replenish enthusiasm, and replace any emotional energy they may have lost during the course of the workday (International Medical News Group, 2003). Setting aside this *margin* of time for self care and rejuvenation each day can help a counselor adhere to a self-care plan simply because taking care of oneself takes time, and obtaining this time can only happen when a conscious effort is made to do so. It has also been shown that counselors who incorporate *margin* into their lives on a daily basis tend to experience less emotional exhaustion than they had prior to the onset of burnout (O'Halloran & Linton, 2000).

Employers can also be support systems for their workers. In helping counselors prevent and treat burnout, employers can help protect their valuable human resources (French & Bell, 1999; Maslach & Leiter, 1997). Employers can begin to support their workers by becoming aware of the signs and symptoms of burnout, as well as the dangers of burnout to their employees, their clients and their businesses. Research has found that when employers and organizations take care of the people they employ, employees will more enthusiastically give back and take care of their employers (French & Bell, 1999). It has also been found that when workers feel supported at work or feel that they have a supported sense of community at work, they perform work at higher volumes and with higher quality (French & Bell, 1999). Thus, an important and significant relationship exists between the health and well-being of employees, and the profitability and success of organizations (French & Bell, 1999).

Developing this sort of relationship and sense of community between employers and workers takes take vision, time, creativity, empathy, skill, commitment and hard work (French & Bell, 1999). Yet it can be done. Employers can begin the process of supporting their employees by taking the time to do a thorough assessment of the needs of the organization and the needs of the employees so that both high productivity and performance can be accomplished (French & Bell, 1999). Employers can also involve workers in decision making, presentations, programs and training sessions. Furnishing employee recognition programs, work-life balance programs and health and safety programs for employees have also proven beneficial in renewing energy to perform work (Grawich, Trares & Kohler, 2007). Studies on these practices suggest that once these strategies are implemented, organizations can successfully increase employee satisfaction and decrease stress and turnover in the workplace (Granwich et al., 2007). This research is significant to employers in light of the research stating that more rehabilitation counselors are considering leaving their jobs because of occupational stress (Layne et al., 2004).

Once employers make a commitment to support their employees and to promote change in the workplace, occupational stress and burnout can be managed and prevented. Even the smallest changes have proven to be effective. Some counseling firms have begun by providing a safe and soothing workplace for their employees. Outfitting the workplace with inspiring posters or pictures of serene or scenic environments, placing the employee break room at a distance from clients, or providing employees with a quiet room with comfortable furniture so that they can have a place to relax and meet their own self-care needs (Bell, Kulkarni & Dalton, 2003). Other employers have developed programs to support their counselors by mak-

ing the concept of counselor self-care a part of their mission statement (Bell et al., 2003).

Some employers have placed such a high value on counselor self-care that they regularly monitor staff vacation time so that they can encourage those with too much accrued vacation to take time off. Other employers will sometimes even remind workers to make time for their self-care activities, and will provide workers with literature that stresses the importance of creating individualized self care plans (Bell et al., 2003). Providing counseling resources to staff members has also been effective in counseling or mental health firms, either in the form of an Employee Assistance Program (EAP), or in providing workers with work-based or off-work treatment services through a designated mental healthcare provider (Rabin et al., 1999). Some employers have even provided structured stress management opportunities to workers such as walking meditation groups, emotional support groups or peer supervision groups so that they can lower their stress levels (Bell, et al., 2003).

Because being overly involved with others is often a precursor of burnout, it has also been suggested that the physical nature of a planned, temporary withdrawal has been known to be helpful in quieting feelings of emotional overload (Rabin et al., 1999). Employers can support planned withdrawals in the workplace by encouraging workers to reduce the hours they work with clients, to take more frequent work breaks, or to plan more vacations. Workers can even learn to withdraw psychologically from the workplace by varying their work tasks so that they have more free time between the direct contact they have with their clients. Another practical solution to prevent burnout is known as the decompression routine, where a worker can engage in a solitary activity to relax and unwind between leaving work and going home. Activities such as exercising, participating in sports, doing yoga or meditation, or pursuing other hobbies or interests can help counselors detach and unwind from the events of the day before going home (Rabin et al., 1999).

Providing social support to counselors who are engaged in service to others is especially important to preventing and managing burnout (Bell et al., 2003). Mental health organizations can provide social support to their counselors by providing them with opportunities to participate in informal debriefings that include the opportunity to process stressful or traumatic material with their supervisors and peers. Employers can also arrange for counselors to participate in case conferences and treatment teams and can increase the social interactions they have with other counselors by planning social events within the organization that promote wellness and reduce emotional exhaustion and burnout (Bell et al., 2003). Arranging clinical seminars led by a peer, or forming reading or discussion groups have also been used to increase social interaction and promoting wellness among workers (Bell et al., 2003). Employers who choose to operate in a supportive role to their employees will not only ensure sound, ethical practice, but they will also enjoy having a good, profitable business as a result of being able to successfully retain the employees they've hired (French & Bell, 1999; Kirk-Brown & Wallace, 2004).

Employers can also support their workers by promoting human values in the workplace. Organizational health, greater profitability and an increase worker satisfaction can occur when human values are promoted in the workplace (French & Bell, 1999; Maslach & Leiter, 1997). This is where managers and administrators commit to discussing human values with employees, establishing common core values. Once these values are established, practices can be developed to make these values a viable part of the workplace, which can create a more fulfilling work environment for the employer and the worker (Maslach & Leiter, 1997). This process must start with a commitment on the part of the organization to prevent and manage burnout, and a plan to improve the "work life" of employees (Maslach & Leiter, 1997). Once management commits to this objective, employers can solicit worker feedback by way of staff surveys, and management can increase their awareness about what specifically needs to change. Work groups can also be formed that focus on developing specific interventions and strategies to implement the proposed changes (Grawitch, et al., 2007; Maslach & Leiter, 1997).

Using workplace interventions that are aimed at addressing the organizational and situational components of workplace exhaustion have also proven to be successful in the prevention and treatment of employee stress. In 1999, the National Institute for Occupational Safety and Health (NIOSH) released a study on stress that presented information about the causes of work-related stress and steps that can be taken to prevent job stress (NIOSH, 1999). Burnout prevention methods suggested at the organizational level included identifying the specific stressful aspects of the work, and designing interventions and strategies to eliminate or reduce the stressors identified (NIOSH, 1999). A stress prevention program was also suggested that included the following: 1) a general awareness about stress surrounding the causes, costs and control; 2) a commitment from management ensuring they will support their employees for prevention and treatment of stress; 3) asking for and utilizing employee input in the stress prevention program, and 4) obtaining the technical capacity and training programs necessary to conduct the program (NIOSH, 1999).

Workplace interventions can include something as little as management providing workers with greater pay, clearer goals, or permitting employees to work

from home, to ensuring that employees have manageable workloads, providing them with greater flexibility, choice, and control, and implementing recognition programs (Angerer, 2003). Some theorize that if management implements one or more of these interventions, employees will receive benefits in the form of greater job satisfaction, and more meaning in their work, which will result in a decrease in occupational stress and the likelihood that burnout will develop (Layne et al., 2004). Theorists also say that if organizational and situational interventions to burnout are implemented, employers and employers will benefit because there will be less turnover, increased worker productivity and decreased absenteeism (Angerer, 2003).

Caseload balancing, which is the practice of ensuring that counselors have manageable caseloads of varying difficulty, has also been suggested as a measure to help prevent burnout in rehabilitation counselors (Payne, 1989). Employers have also developed more effective client intake procedures that are aimed at distributing the more challenging clients more evenly among the staff to lessen the difficulty of a counselor's workload (Bell et al., 2003). Caseload balancing can be done if administrators and supervisors supportive their counselors in balancing their caseloads both in numbers and in levels of difficulty. Balancing the workloads can decrease stress and allow for more time for family, friends, rest and regeneration, which is important in developing strong social support systems (Bell et al., 2003; Freudenberger, 1975). Changing job settings or job categories may also provide more variety and balance to counselors, and arranging for volunteers to come in periodically to help overworked counselors can also provide this balance (Clanton et al, 1992; Freudenberger, 1975). Supervisors and co-workers can also attempt to assist counselors to vary their work tasks by making sure that counselors do not isolate themselves to the point where they lose touch with their co-workers (Freudenberger, 1975).

Of course, to have the optimum effect, counselors and their employers must work collaboratively to develop effective plans of action to prevent and manage burnout. Research has found that a combination of organizational change and stress management is often the most useful approach for preventing stress at work (NIOSH, 1999). As written by Maslach, when both the person and the organization are involved in the change, it becomes a mutual effort based on shared agreement, and does not necessarily need to involve cumbersome bureaucratic procedures and structures (Maslach & Leiter, 1997).

One way that organizations can increase worker engagement without weighing themselves down with increased administrative burden is to simply emphasize the positive aspects of challenging jobs (Maslach & Leiter, 1997). Maslach & Leiter identified these six *job-person mismatches* that contributed to burnout in workers: 1) *work overload*, 2) *lack of control*, 3) *insufficient reward*, 4) *breakdown of community*, 5) *an absence of fairness* and 6) *conflicting values* (Maslach & Leiter, 1997). Maslach & Leiter theorized that workers and organizations can begin the process of minimizing job mismatches by first learning about how job mismatches can affect employee behavior, and then being committed to a process of change (Maslach & Leiter, 1997). When the employer and the worker habitually emphasize the positive aspects of challenging jobs, the negative job stressors are reduced, and the mismatches between the people and the jobs are minimized (Maslach & Leiter, 1997). Emphasizing the positive aspects of challenging jobs to rehabilitation counselors can emphasize the rewards and benefits of a career in rehabilitation counseling, which could serve to remind them why they originally chose to pursue careers as rehabilitation counselors in the first place. Fueled with more positive thoughts about the purpose of their work could even cause some counselors to take a step back and reconsider any thoughts they may have had about leaving their jobs to pursue other, less challenging occupations.

Conclusion and Specific Recommendations

Being a rehabilitation counselor can be fulfilling and highly rewarding. Yet the work comes with many responsibilities. First and foremost, rehabilitation counselors have an ethical responsibility to prevent and manage their own occupational stress and burnout so that the welfare of their clients is protected (CRCC, 2002). Rehabilitation counselors also have a responsibility to their employers and their funding sources to take good care of themselves so that they can perform the work they are hired to do without risking impairment. It might also be said that rehabilitation counselors have a responsibility to take care of themselves and remain unimpaired so that they have enough energy and enthusiasm to mentor those who are just entering the rehabilitation counseling field. In taking steps to prevent and manage stress, burnout and potential counselor impairment, rehabilitation counselors can have the energy to encourage the growth and development of those who choose careers as rehabilitation counselors. In this way, simply taking care of oneself can benefit the entire field of rehabilitation counseling.

Rehabilitation counselors can start the process of preventing and managing occupational stress and burnout by increasing their awareness of the signs, symptoms and potential dangers of burnout, and sharing this information with co-workers and others in the field of rehabilitation. Regardless of whether any signs or symptoms of burnout are present, it is impor-

tant that counselors take the time necessary to develop and implement appropriate plans of self-care, and make the commitment to take time away from work to replenish any energy that is lost during the workday. If signs and symptoms are noticed, counselors need to feel free to seek support from friends, co-workers, employers or family members sooner rather than later so that burnout can be prevented or managed. Seeking counseling or therapy can also help, especially if a counselor is impaired, or if symptoms severely interfere with work or personal functioning.

Rehabilitation counseling firms and agencies also have a responsibility to prevent and manage burnout in the rehabilitation counselors they employ. In choosing to operate businesses that enlist counselors to provide direct services to persons with disabilities, rehabilitation counseling firms have a responsibility to take care of their counselors so that the services they provide to the public are effective, sound and ethical. Investing the time to provide the necessary care and support to their counselors can increase a counselor's satisfaction with work, which can affect the success or failure of a plan to rehabilitation persons with disabilities (Garske, 2007). It can also create more satisfied and productive workers, and allow rehabilitation counseling firms and agencies to provide quality services to the public, while experiencing better business reputations. All of these factors can lead to increased profitability in the form of more referrals.

The decision to work with people with disabilities to help them function independently in society is important work that will be needed in the future. If rehabilitation counselors and firms commit to working together to prevent and manage counselor stress and burnout, there is a much better chance that the fires of rehabilitation counseling will remain burning strongly into the future, and that persons with disabilities will continue to be sufficiently supported by quality rehabilitation counselors, firms and agencies.

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