

Wellness in Mental Health Agencies



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Burnout and impairment among professional counselors are serious concerns. Additionally, counselors' work environments may influence their levels of wellness, impairment and burnout. This phenomenological study included the perspectives of 10 professional counselors who responded to questions about how their work environments influence their sense of wellness. Five themes emerged: (a) agency resources, (b) time management, (c) occupational hazards, (d) agency culture, and (e) individual differences. Implications for professional counselors and future research are discussed.

Keywords: professional counselors, agencies, wellness, burnout, impairment

Wellness promotion focuses on individual strengths and emphasizes holistic growth and development. For example, Myers, Sweeney and Witmer (2000) defined wellness as:

A way of life oriented towards optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (p. 252)

The authors' definition of wellness alludes to one's overall well-being. Counselors often advocate holism, exploration of self and self-actualization for their clients (Cain, 2001). Such aspirations may be achieved through a holistic wellness approach (i.e., attending to intellectual, emotional, physical, occupational and spiritual well-being; Witmer & Young, 1996). Therefore, counselors view wellness as an important aspect of overall human functioning. Although this fundamental view has historically been applied to clients, professional counselors themselves now recognize that they also may benefit from a wellness focus (Maslach, 2003).

Professional counseling organizations (e.g., American Counseling Association [ACA]; American Mental Health Counselors Association [AMHCA]; National Board for Certified Counselors [NBCC]) specifically emphasize the importance of counselor wellness and impairment prevention. For example, counselors are ethically required to recognize when they are impaired. The ACA (2005) ethical standards state that "Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others" (Standard C.2.g). The AMHCA (2010) ethical standards further state that counselors:

recognize that their effectiveness is dependent on their own mental and physical health. Should their involvement in any activity, or any mental, emotional, or physical health problem, compromise sound professional judgment and competency, they seek capable professional assistance to determine whether to limit, suspend, or terminate services to their clients. (Standard C.1.h)

Furthermore, the NBCC (2005) ethical standards indicate that certified counselors discontinue providing services "if the mental or physical condition of the certified counselor renders it unlikely that a professional relationship will be maintained" (Standard A.15).

The Governing Council of the ACA states that "Therapeutic impairment occurs when there is a significant negative impact on a counselor's professional functioning which compromises client care or poses the potential for harm to

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the client” (Lawson & Venart, 2005, p. 3). In 2003, this council became proactive in addressing the issue of counselor wellness by creating a task force on counselor wellness and impairment. The task force seeks to educate counselors about impairment prevention, promote resources for prevention and treatment of impaired counselors and to advocate within ACA and its division to address the broader issue of counselor impairment. As a result, they have distributed information on risk factors, assessment, resources and wellness strategies. Thus, a wellness focus is essential for professional counselors to prevent impairment and provide effective counseling services to clients (Witmer & Young, 1996).

Unfortunately, professional counselors encounter multiple factors that threaten their wellness (Lawson, 2007). For instance, counselors are at a particularly high risk for burnout due to the intense and psychologically close work they do with clients (Skovholt, 2001). Although there are many definitions of burnout, Pines and Maslach (1978) described it as “a condition of physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitude, and loss of concern and feelings for clients” (p. 233). Additional consequences of burnout may include low energy and fatigue, cynicism towards clients, feelings of hopelessness and being late or absent from work (Lambie, 2006). When counselors fail to address burnout it can lead to impairment. Counselors also may experience occupational hazards such as compassion or empathy fatigue and vicarious traumatization (Figley, 2002; Lawson, 2007; Stebniki, 2007). Stebniki (2007) defined empathy fatigue as a state wherein counselors are exhausted by their duties because of their constant exposure to the suffering of others, which induces feelings of hopelessness and despair. Similarly, vicarious traumatization occurs when a counselor becomes emotionally impaired due to being exposed to an accumulation of traumatic stories from multiple therapy sessions (McCann & Perlman, 1990). Therefore, the actual nature of counselors’ work is a potential threat to their ability to be well.

In addition, environmental factors in counselors’ work settings also may be detrimental to their wellness (Ducharme, Knudsen, & Roman, 2008; Knudsen, Ducharme, & Roman, 2006; Vredenburgh, Carlozzi, & Stein, 1999). In a survey that included 501 professional counselors, Lawson (2007) found that those working in community agencies experienced higher levels of burnout and compassion fatigue and vicarious traumatization than those working in private practice. Agency variables that are associated with burnout include: work overload, low remuneration, lack of control over services, unsupportive or unhealthy work peers and ineffective or punitive supervisors (Lloyd, King, & Chenoweth, 2002). For example, low remuneration is a specific concern in many Southeastern states. Lambie and Young (2007) offered the following example of a work environment in a specific agency: “an employee assistance program in this area requires its counselors to conduct sessions for 35 clients a week...the counselor in such an organization faces stresses and work hours similar to a first year lawyer in a large firm, without the mitigating effects of financial compensation” (p.101). Additional stressors stem from nonprofit agencies’ dependence on government and state funding sources to operate. Agency compliance with government and state policies to maintain funding often require administrations to focus on the “*bottom line*,” sometimes to the detriment of client services and employee wellness (Rupert & Morgan, 2005). Counselors who experience such stressors are at serious risk for burnout. Nevertheless, counselors are ethically expected to avoid burnout because it ultimately reduces the quality of services provided to clients, compromises client care and creates potential for harm to the clients (Lawson & Venart, 2005).

Leaders in the counseling profession strongly encourage counselors to be proactive in maintaining their own wellness and self-care. Counselors need to “fill the well” of their own sense of well-being continually, so they can “pour it out” for their clients (Shapiro, Brown, & Biegel, 2007). For example, Lawson (2007) reported that counselors who endorsed 15 highly valued career sustaining behaviors scored higher on compassion satisfaction and lower on burnout. However, despite individuals’ efforts to maintain a wellness lifestyle, the work environment may have a significant role in impeding or supporting wellness efforts. If the work environment does not allow for rejuvenation, or if wellness is not valued, employees (counselors) may become distressed and impaired (Maslach, Leiter, & Schaufeli, 2008). Witmer and Young (1996) suggested that counselor education programs promote and model wellness for their students so they can prepare themselves to make lasting changes in their life to reduce the risk of impairment. Further, if counselors create an individual sense of wellness, they can advocate for their personal well-being in the agency and redirect energies towards organization wellness (Lambie & Young, 2007).

Previous authors suggested that the agencies in which counselors work can help to create wellness environments that contribute to counselors’ overall functioning. For example, Witmer and Young (1996) posited that counselor education programs, employing organizations and regulatory boards should develop systemic preventative wellness protocols to prevent counselor impairment. Their recommendations to agencies included equally distributing the most difficult cases,

providing employee assistance programs that include family counseling, adequate peer support, and supervision and team building exercises. Stokes, Henley, and Herget (2006) offered some concrete suggestions to increase wellness including healthy food options, on-site exercise facilities, smoke-free environments, break stations away from the work areas, wellness challenges, support groups, social activities, health risk assessments, self-care information, employee counseling, financial incentives for long term employees and conflict resolution training for supervisors. Further, Lambie and Young (2007) recommended that mental health agencies reduce stress and promote wellness among their employees (counselors) by reducing paperwork and cutting “red tape,” adopting a collaborative management style, improving interpersonal relationships and teamwork, developing ways to reduce role stress, helping counselors grow on the job (e.g., professional development) and improving environmental conditions.

Although the potential hazards related to counselor’s work have received some attention (Gaal, 2009), there is limited research about how counselors conceptualize their wellness in relation to the influence of their work environment. Thus, the purpose of this exploratory study was to gain a greater understanding of how counselors experience wellness and how their work environment influences their sense of wellness. A qualitative phenomenological approach was the most appropriate method to implement because we were seeking to understand the participants’ lived experience of the phenomena (Creswell, 2007). Following the phenomenological tradition, we sought to uncover the central underlying meaning of their experience by reducing data, analyzing specific statements, searching for all possible meanings and creating meaning units (Creswell, 2009). Thus, we developed two research questions. The first question was, “How do you relate to the concept of wellness as a professional counselor?” and the second question was, “How do you perceive your agency influences your sense of wellness?” The first open-ended question was designed to gain information on each of the counselors’ thoughts about wellness and how they interpret the concept. The second question was designed to obtain information about how they believe their work environment affects their sense of wellness.

Method

Research Team

The research team consisted of two counselor educators who at the time of the study were doctoral students at a university in the southeastern U.S. The first author is a Caucasian male and the second author is a Caucasian female. The first author has previous work experience in a residential treatment setting and in a secondary school setting where he experienced a high level of turnover and burnout among the staff. The second author has previous work experience in a variety of agency settings and experienced different levels of emphasis on wellness in each agency. She became interested in researching in this area to assist counselors in the field. Both authors believe a wellness focus is important for professionals in the helping professions. Furthermore, the authors believe that one’s work environment affects each counselor’s ability to be well.

Procedure

Prior to facilitating the interviews and focus groups, we obtained approval from the Institutional Review Board (IRB) to conduct the study. Next, we recruited the 10 participants through a mixture of criterion-based and snowball-sampling strategies (Teddlie & Yu, 2007). The criterion included contacting counselors or agency directors who were currently or very recently employed at mental health agencies in a southeastern state. The snowball strategy included contacting individuals from the first and second authors’ previous employers, e-mailing invites on group servers for counselors who are alumni from a university that educates counselors and through following up recommendations from other counselors. After we secured participants for the study, we obtained informed consent and confirmed dates for the interviews and focus group.

Participants

The sample included seven female and three male professional counselors whose ages ranged from 25 to 53. Seven of the counselors were Caucasian, one counselor was of Indian descent, one was Latino, and one was of Middle Eastern descent. Two participants were employed by an agency that provides palliative care by way of in-home visits. One participant was a clinical director of an adolescent residential unit. One was previously a clinical director of a domestic violence shelter and a community counseling clinic. One participant worked in a behavioral hospital while another participant worked in an inpatient facility and previously in a residential setting. Three of the participants worked in a university-based clinic. Three counselors were present in the focus group interview and seven counselors were interviewed individually on separate occasions. See Appendix for pseudonyms and demographics.

Data Collection

Demographic questionnaire. Participants completed a demographic questionnaire consisting of questions about their age, race/ethnicity, socioeconomic status, gender, years in the field and work setting prior to participating in the interviews.

Individual interviews. The second author facilitated individual, semi-structured interviews with seven of the participants. Each interview lasted between 60 and 90 minutes. The interview started with the interviewer explaining the purpose of the study and then posing the first question: “How do you relate to the concept of wellness as a professional counselor?” Once this area was completely explored between the researcher and the interviewee, the researcher posed the second question: “How do you perceive your agency impacts your sense of wellness?” The researchers used follow-up, open-ended questions to elicit significant depth for each of the questions.

Focus group. The focus group included three counselors at a university-based counseling clinic and was facilitated by the second author. Prior to the group, the researcher reminded the interviewees about confidentiality and its limitations. The group lasted approximately 90 minutes and followed the same protocol as the individual interviews.

Data Analysis

After completing the interviews, we transcribed the audio-recorded sessions. All identifying information of the participants and location of employment were altered to maintain confidentiality. Next, the first and second authors read through transcripts to find initial categories. We employed inductive coding to devise categories that represented the overall essential message that was being conveyed in each interview and the focus group. The coding categories that emerged were recorded as well as thoughts about possible relationships between the categories (Glesne, 2006). Next, using the qualitative research software ATLAS.ti (Muh, 2004), we loaded the documents and reduced the data using a chunking method, which requires the researcher to highlight sections of the transcription and assign codes or categories. Finally, we numbered the code list and noted connections among the interviewees’ coded chunks. This procedure consists of the researcher reviewing the codes to determine if a pattern, theme or relationship occurs (Glesne, 2006).

Verification Procedures

We implemented multiple verification procedures in order to ensure the trustworthiness of the study (Creswell, 2008). First, we performed member checks with participants to verify that the themes developed captured the essence of their experience. We addressed the threat of subjectivity through revealing our positionality and attempting to view information as objectively as possible. Additionally, we employed a peer-debriefer who continuously asked the primary author questions about the study, reviewed the relationship between the data and the research questions and reviewed the accuracy of the data analysis in comparison to the transcriptions.

Findings

In this study, we conducted seven individual interviews and a focus group to explore wellness for professional counselors in various mental health agencies. From the two research questions, “How do you relate to the concept of wellness as a professional counselor?” and, “How do you perceive your agency influences your sense of wellness?” five themes emerged: (a) resources, (b) time management, (c) occupational hazards, (d) agency culture, and (e) individual differences. We discuss each theme with thick, rich descriptions.

Agency Resources

Resources within the agency appeared to be a common theme that influenced participants’ sense of wellness. Participants consistently discussed areas such as salary, staff coverage and workloads as barriers to wellness. For example, participants discussed how financial compensation affected their feelings of being valued as well as their means to do things to maintain wellness. One participant, Anne, explained, “I am a 37-year-old woman who has to live with a roommate... I’m paid half of what nurses [at the same facility] are paid for the same amount of time.” When asked how she handled being paid less than other helping professionals, Anne responded, “I commiserate with other people in the field about being underpaid and undervalued. I can’t beat my head against a wall.” Another participant, Brian, discussed how his salary often impeded his ability to engage in wellness activities:

One of the struggles I had at the beginning was pay. Because it didn't afford me, literally, the chance to do things to take care of myself, that I wanted to do to take care of myself. So if I had a weekend I couldn't take a trip to the beach for the weekend. It had to be a quick jaunt and back because I couldn't afford a hotel.

Resources also included counselor workloads, specifically in terms of how many clients each counselor had to see a day to maintain reimbursement policies. Brian discussed the lack of funding and explained that agencies must work "bare bones...skeleton crew basically." One participant, Helen, commented on her caseload:

Money can drive a lot of things. Like the choices that you could make [before reimbursement] were more about the clients and what was needed, or what you wanted to try, and then you know Medicaid or other external forces enter, and then decisions have to be made on a different basis. The number of people you would even take would change. [before Medicaid]... There was a lot of flexibility, there was no external pressure to take a certain amount of clients and then there were great conversations and the ability to envision what you should do, and there was the time to do it, and there was opportunity to review what you have done, and build the relationships and get feedback on your work, and whereas now, you have put in the time and you have to make the numbers and you lose the time to create relationships or talk about what you are doing.

Similarly, Brian discussed how large caseloads and working with clients back-to-back affected his performance when stating:

Basically, it took away from the services I was able to offer. But most of all it took away from me. You know my energy level, and just across the board I wasn't able to do all of the things you would like to do as a quality counselor like planning...often it was sort of on the cusp.

Participants described the various resources within their agencies that influenced their sense of wellness. They identified the lack of resources as a barrier to their wellness, which also affected the quality of client care and enthusiasm for their work.

Time Management

Participants discussed time constraints as barriers to their wellness and their ability to maintain optimal performance with clients. They mentioned heavy caseloads as well as administrative duties and paperwork requirements as obstacles to their wellness that also reduced the quality of client services. Additionally, they believed that there was not adequate time for other important aspects of their development, such as supervision. One participant, David, discussed his frustration with not being able to sufficiently prepare for sessions, stating, "there was kind of this disconnect with how long it took to prepare for a session to do it right, or how long it would take to do a group, and to do it right." He further proposed that the problem may be lessened even without reducing the caseload; "maybe it's not about the number of clients as much as, maybe it's just about a scheduling thing too, if you could just spread these clients out, thin enough."

Participants also discussed administrative duties such as paperwork as wellness barriers that take away from the true meaning of their work. For instance, David stated that, "what was most stressful wasn't working one-on-one with clients, it was just the amount of paperwork and catch up. You literally feel like you're running a marathon when you walk in the room." Brian described the draining effects of paperwork by stating, "I found myself very disenchanted because the work that I wanted to do was with people and often I found I was just doing documentation."

Finally, participants discussed the importance of making time for appropriate supervision and consultation in maintaining their wellness. For example, when comparing an agency where she felt greater wellness to her previous agency, Fatin stated that the difference is:

The support and the peer consultation, and the time to do that. The level of respect is much higher. There is respect for the administrator; you can approach her with feedback. [There are] high ethical standards and consulting, and the open-door policy. Just makes it so you never feel worried that you will make a mistake, because a lot of people are holding you up.

When talking about the need to differentiate client staffing from clinical supervision, Brian explained that supervisors often, "don't do supervision with their employees...or supervision is staffing. It's the same." He further explained, "Ideally, you have a sit-down with a person and do supervision. So they have a chance to talk about how they're feeling,

the problems they are having, in a safe place to do that.” He conceded that time constraints often hinder this process because, “there’s a lot of crisis and things come up at any given moment. So, you have a schedule, but something trumps it very quickly.” David discussed the benefits of having a positive supervisor who made time for clinical supervision with him, stating:

It was a really important part of me so when I was getting close to burnout or when I was stressed out or in a funk or whatever, I could talk to him and that kind of supervision process which was more than just once a week for an hour. It was more of an as needed kind of a thing and was very, very helpful. It was more than just clients, so it was very helpful for personal growth and so I was totally happy to have that.

Participants described time constraints as significant barriers to their wellness and consequently their ability to provide the best care to clients. However, they also discussed how access to human resources (e.g., supervisors) can positively influence their sense of wellness and development.

Occupational Hazards

A second theme that emerged was occupational hazards. This theme involved the psychologically intense characteristics of the work itself that threaten wellness and included concepts such as empathy fatigue, vicarious traumatization, depersonalization, lack of meaning and wounded healing. Participants discussed the challenges of helping difficult clients while attempting to maintain their own wellness.

One participant, Peter, discussed his struggle to not personally take on too much of the clients’ concerns. He stated that:

I think the biggest challenge that I’ve faced, and I can’t say this challenge is gone to this day, is that I took on a lot of my clients’ stuff. You know, you hear as a counselor you develop empathy for your clients with their challenges and their stories and experiences can be very traumatic and you know can be very impactful. So I think the biggest thing that I had that was impactful is I feel I would take on a lot and I would feel a lot more of what others struggled to face, as opposed to be there in the moment and then walk away from it... That was something, if you think about wellness as this bubble around me and that bubble keeps me from taking on too much of people’s stuff and keeps me mentally and personally safe, then my wellness was gone, the bubble was gone.

Another participant, Anne, discussed the burden that builds when occupational hazards are ignored by the agency and/or supervisors:

A lot of vicarious trauma, grief trauma left unprocessed. When a patient dies it is like—okay next. My administrator actually said that we assume you are coming in with the clinical skills and you will take care of yourself with that. There is no facilitative process or it is not acknowledged in our agency—that it could be happening to us as counselors. We are not given a moment to have that time. [The administrators say] be sure your taking care of yourselves out there—it is sort of you take care of yourself out there.

Yet another participant, David, discussed how the quick client turnaround in the inpatient facility led him to question the value and meaning in his work when he stated:

It was a lot of treat and street, so in other words they come in, you’re basically working on discharge paperwork from the first day you meet them, so you are already thinking about where they need to go...I mean they had lost everyone else in their lives and they felt isolated and alone, so the relationship was incredibly crucial and I think most people would agree that the relationship is the most important part of the counseling process, and you can’t build a relationship if basically when they are coming in you are looking at the chart trying to get the form filled out and trying to get them out the door because either insurance won’t pay or it’s a bed that needs to be emptied out so it can be filled with someone who can maybe last longer.

David went on to discuss his resulting emotions:

There is almost like this shame/guilt you are kind of feeling or struggling with where you feel like you can’t seem to get anywhere, or I am not doing anything, or what am I doing...Am I helping?...Does this matter? And I think that once you have lost that meaning in your work, that passion for what you are doing then it just kind of all, it’s a sinking ship at that point and wellness is just kind of out the window, you just get frustrated.

Participants also discussed the potential setbacks that can occur when professional counselors over-identify with their clients (e.g., wounded healer). Helen comments on how unfinished business unfolds in an agency:

It isn't quite a straight line. In other words, it is whatever the underlying energy of the agency that draws people in. If people come and then they go, they may not relate to it, but those people who stay for a while, for [more than] three years, that is an issue. You have to constantly reflect back 'why am I here?' What is it about this job that has pulled me here and what is it that I need to learn. I think you could stay in the field and never reflect or heal from anything.

One participant, Romie, who also does clinical supervision, discussed the importance of processing empathy fatigue and often spends her time processing the "heaviness of the work." She responded that "managing the occupational hazards is a matter of keeping the counselors happy...if they are happy and they feel good, and if they feel rewarded in their work they are going to produce and stay."

Participants discussed that intense and emotionally close work they do with clients is a potential barrier to their wellness. They alluded to the need to set personal boundaries while still finding meaning in their work. Additionally, participants discussed needing time to process the emotions that may arise.

Agency Culture

The next theme that emerged was agency culture. The participants expressed that the messages the administration convey as well as the morale of the agency often influence their sense of wellness. Participants discussed wanting to feel valued and respected by their agency. Sarita stated that she felt valued by her agency. When she was asked how that message was conveyed to her, she replied:

I have been made to feel okay about my developmental level, just...you know.... normalizing my learning level. Everyone can speak up about what their opinion is, even if they are new, you feel part of the team. You know you have been selected for a reason to work here. They have confidence in you and they remind you of that.

Romie paralleled Sarita's statement:

I happen to believe that wellness comes from the agency itself through feeling valued as an employee, [when] someone hears you in the company and that you have a voice. Having a sense that you say things and that they are respected. Feeling like that if there is anything that the company could do to help, they would. People feel happier, more rewarded and better. What that is in an agency I think is different for each one. It is more of a relationship and personal style.

Brian discussed the value when agencies respect the employees' need to take care of their family:

Most of the programs that I've been in—they are more than willing to let you take care of your family as long as you are doing your job. That's been the biggest piece I think from a wellness standpoint is the understanding of that from the top.

Participants also discussed how the overall morale of the agency and coworker relationships influence their sense of wellness. For example, Helen commented on how one of her previous places of employment communicated messages of wellness through promoting coworker relationships:

A lot that has to do with the attitude with the people running the place, what they valued, that fact they were invested in relationships. They realized we have to have connection with each other in order to give support to do the work here.

Similarly, Peter discussed how he believed staff cohesion plays a role in wellness:

My experience is that when there is a sense of cohesion, a sense of togetherness and teamwork, I think that people get along better and there's a natural well, not well, but a natural happiness that goes along with it. My experience, where I've had the most stable or happy wellness have been places that encourage staff meals or having staff getaways, or doing events that brought the staff together to enjoy one another...not to work, but just to be around one another and enjoy one another and support one another.

Participants also discussed how agency directors and supervisors directly advocate for self-care. Catherine commented about self-care and wellness:

There is an encouragement for self-care. It is double-binded, you have to get your stuff done, but you know it is like it is Friday, let's go home. They encourage each other to work less and have fun. Other places (agencies) had more pressure to get it done. There is a consciousness of balance.

Peter also discussed positive feelings when his supervisor supported his self-care efforts, "There was one day there was an accumulation of things, a combination of feeling sick, but also in the middle of a stressful time...he said go home, have a great day. So he was in support of wellness." Peter continued, "he understood the job is not always easy and can bring on a lot of stress and he was willing to let us take care of ourselves if we needed to."

Overall, when the agency promoted the respect and value of professional counselors and encouraged counselors to have a voice and affect change, it promoted the counselors' own sense of wellness. Furthermore, sensing an investment in work relationships and promoting a work-life balance influenced the wellness of these counselors.

Individual Differences

The final theme that emerged involved the different perspectives of the participants and how that influenced their feelings of wellness. Two participants from the same agency held very different feelings about how their agencies influenced their sense of wellness. Jill felt very positive about her agency and spoke of the many financial incentives and freedoms allotted and that the agency's independent scheduling fit her. Anne also mentioned the same financial incentives, but believed that she received negative mixed messages and that her wellness was being negatively affected by the same agency. Conversely, Jill, who felt positive towards her agency, noted, "No one had to tell me to take care of myself." David also expressed that wellness is often left up to the individual; when speaking about one of his agencies he stated, "it wasn't really like it was a place of wellness. Wellness is something that happened, or self-care happened long after you left." Romie responded about her intentionality with wellness:

Personally, what I do is many things. I exercise; I make sure I get plenty of sleep. I take time for myself when I need to. I will do yoga and meditate and do a lot of reading and I am highly spiritual. I have a wonderful home-life, a very supportive love-mate in my life. I am really in a good place.

Throughout the interviews, the participants discussed very different values in terms of their wellness. Some of the participants mentioned spiritual practice and journaling as being important in maintaining wellness. Others expressed time with family as being most important, whereas others discussed setting clear boundaries or finding meaning in their work.

Other participants discussed how wellness initiatives within their agencies often seemed inconvenient to them. When talking about a discounted gym membership that was offered, Brian viewed the offer as superficial, saying "in my experience, most of what they offer in terms of wellness is, in my experience, is somewhat superficial." He further stated, "Very few people are able to utilize the gym membership because of the hours they work and where it's located and the cost is still too high for the employees." Peter discussed the positives and negatives of a wellness initiative:

The book was a 40 week-by-week event where you learned about wellness...physical, mental, spiritual; all these different components. The problem was they had these events that took place scattered all over the district and so for anyone to attend them, they would have to drive half an hour to 45 minutes to attend them and which if you're trying to have a good basis for wellness, then having people drive 45 minutes after a long day of work is not a good place to start for that.

However, Peter acknowledged that this may be only his view, stating:

The planning of the events I felt could have been better. And of course, not to say other people didn't go to them and find them successful, but it was just my experience of do I go home or drive 45 minutes then attend a 2-hour meeting on nutrition. I felt like going home was more beneficial for me at that time.

These statements reveal that professional counselors may value different things related to wellness. Other counselors in Brian or Peter's agency may have appreciated the wellness initiatives.

The participants responded differently in terms of wellness values. One cannot overlook how different individuals will react to the stress of being a counselor. Knowing what type of atmosphere is the best fit for the counselor's personality and interests can factor in overall well-being. Romie commented, "It is good to know what kind of atmosphere is the best fit for you, if you love it, then that is your wellness, if you don't, then nothing you do will ever click."

Discussion

The findings in this study suggest that the environment in which the participants work may play an important role in their overall wellness. This finding is consistent with previous research that suggested agencies directly affect well-being and satisfaction of counselors (Knudsen, Ducharme, & Roman, 2006; Lloyd, King, & Chenowith, 2002; Maslach, 1982, 1986). Participants in this study discussed lack of resources as potential barriers to wellness including unsatisfactory salaries, large caseloads, heavy paperwork and lack of supervision. This finding is consistent with previous research that maintaining caseloads above 15 per week increases chances of occupational hazards (Trippany, Kress, & Wilcoxon, 2004). Additionally, counselors have reported increased salaries as directly relating to their wellness (Bell et al., 2003), and comprised a major setback for counselors in this study. Further, our findings support previous research that poor supervision, little to no peer-to-peer conversations, low salaries, heavy paperwork, lack of control over services and managed care influences are all correlated with decreased wellness and increased likelihood of burnout (Ackerly, Burnell, Holder, & Kurdek, 1998; Gaal, 2009). Clients deserve to receive the best care possible in agencies; therefore, funding sources should be aware of what counselors specifically need to function at their best. However, it is the responsibility of all counseling professionals to organize and advocate for gains such as salary increases, caseload limits, qualified supervisors, and funding for wellness activities. Advocating through joining local, state and national organizations is one way to work toward these goals, as organizations stay abreast of current legislative changes and locate opportunities to improve the counseling profession.

The finding in this study that occupational hazards influenced counselors' wellness is consistent with previous literature (Skovholt, 2001; Stebnicki, 2007). Additionally, participants in this study discussed the importance of supervision and processing time in order to work through such hazards. This finding reinforces the importance of supportive environments where counselors can obtain peer support and adequate supervision. Consequently, counselors' wellness may be increased when agencies have consistent treatment-team meetings and supervision sessions, where counselors have an opportunity to process their work with others and obtain consultation. Additionally, supervisors should have appropriate training in supervision to ensure that a quality supervision experience occurs.

Participants in this study expressed that the culture of the agency influenced their sense of wellness. Factors that positively influenced them included feeling valued by administrators, feeling that they had a voice, being respected and feeling cohesion with coworkers. Agencies may assist in counselor wellness by developing employee committees that provide a forum for counselors to express concerns and provide recommendations to the agency. This may help to foster a sense of value among the counselors when their perspectives are heard. Additionally, employee committees may serve to organize wellness activities and professional development opportunities for the staff, encourage peer support and cohesion, and organize advocacy efforts.

Implications for Professional Counselors

The findings in this study suggest that one's wellness is very personal and is heavily influenced by personally salient values. In this study, the participants mentioned different wellness values. Individually, counselors can develop holistic wellness plans and gain self-knowledge concerning what aids them in performing at their best, while considering the realities of their work environment and resources that are available to them. Counselor educators can model wellness activities and highlight the resilience that stems from a comprehensive wellness plan so new professionals are prepared to attend to wellness when they enter the field. Counselor educators also should educate counselor trainees as to the realities of agency work (e.g., caseloads, paperwork, difficult clients) so they can prepare themselves mentally to enter the system. Counselors and clinical directors can vocalize ways to enhance the well-being of the atmosphere in the agencies by advocating for reasonable caseloads and encouraging wellness days for the staff (e.g., days where the entire staff rejuvenates together through team building or other enjoyable workshops or activities). Given that funding is often mentioned as a factor that influences wellness, agencies and individual counselors may benefit from learning how to

secure various types of grants to assist with resources (e.g., additional staff, technology, wellness initiatives). Additionally, agencies may benefit from developing ad-hoc committees that will evaluate processes and procedures (e.g., paperwork, documentation) to potentially reduce workloads and ensure that counselors' time is used efficiently. Finally, counselors should be proactive in seeking out further training in wellness, self-care and burnout prevention through conferences (e.g., ACA, AMHCA) or other professional development opportunities, and should advocate that their agencies provide these types of trainings.

Limitations and Future Research

Despite the depth and richness of information obtained in this exploratory study, there are multiple limitations. First, we did not spend prolonged time in the field in order to gather further data about wellness practices through observation or document analysis. Future researchers may benefit from direct observations of wellness practices in the natural setting. Additionally, we only utilized one source of data for interpretation (i.e., interview/focus group) which may have affected the depth of information obtained. Finally, although generalizability is not a major goal of qualitative research, readers should be mindful that the findings may not be representative of other counselors in different settings.

Future researchers could explore wellness experiences of more diverse racial/ethnic groups and those at various income levels. Additional studies may include more prolonged engagement in the field by the researcher in order to make observations about wellness practices as well as multiple data sources (e.g., observations, questionnaires, reflective journals). Other studies may include agencies that are currently implementing specific wellness practices in order to evaluate their effect on counselor wellness. Finally, future researchers may benefit from identifying particular agencies that maintain effective wellness practices and exploring them through in-depth analysis.

Conclusion

Counselor wellness is an important aspect of ensuring effective and ethical services to clients (ACA, 2010; NBCC, 2005). The findings in this study provide some initial information about the various aspects of wellness that may be influenced by professional counselors' work environment. Although agencies may not be able to immediately change all aspects of the work environment (e.g., salary, caseloads, work hours), other aspects such as agency culture and adequate supervision are easier to address. Counselors and clinical directors may benefit from evaluating their current wellness practices through staff questionnaires, focus groups, or needs' assessments. Attending to professional counselors' wellness needs may help to improve the morale in the agency, help counselors avoid burnout, and ensure more quality care for clients.

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Appendix

Participant Demographics

Name (pseudonyms were assigned)	Type of Facility	Gender	Age	Race	Experience in Field	Interview Method
Anne	Palliative Care Facility	Female	37	Caucasian	11 Years	Individual
Jill	Palliative Care Facility	Female	40	Caucasian	2 Years	Individual
Helen	Clinical Director for Domestic Violence Shelter and Community Counseling Center	Female	45	Caucasian	13 Years	Individual
Romie	Clinical Director of an Adolescent Residential unit	Female	53	Caucasian	20 Years	Individual
Fatin	University Counselor	Female	27	Caucasian/ Middle Eastern	1 Year	Focus Group
Catherine	University Counselor	Female	28	Caucasian	9 Months	Focus Group
Sarita	University Counselor	Female	33	East Indian	1 Year	Focus Group
David	Behavioral Hospital	Male	29	Latino	3 Years	Individual
Peter	Inpatient & Residential	Male	28	Caucasian	3 Years	Individual
Brian	Adolescent Residential	Male	38	Caucasian	13 Years	Individual