

# Transitions through Supervision

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Widener University

# Major Objectives

## 1. Career Development

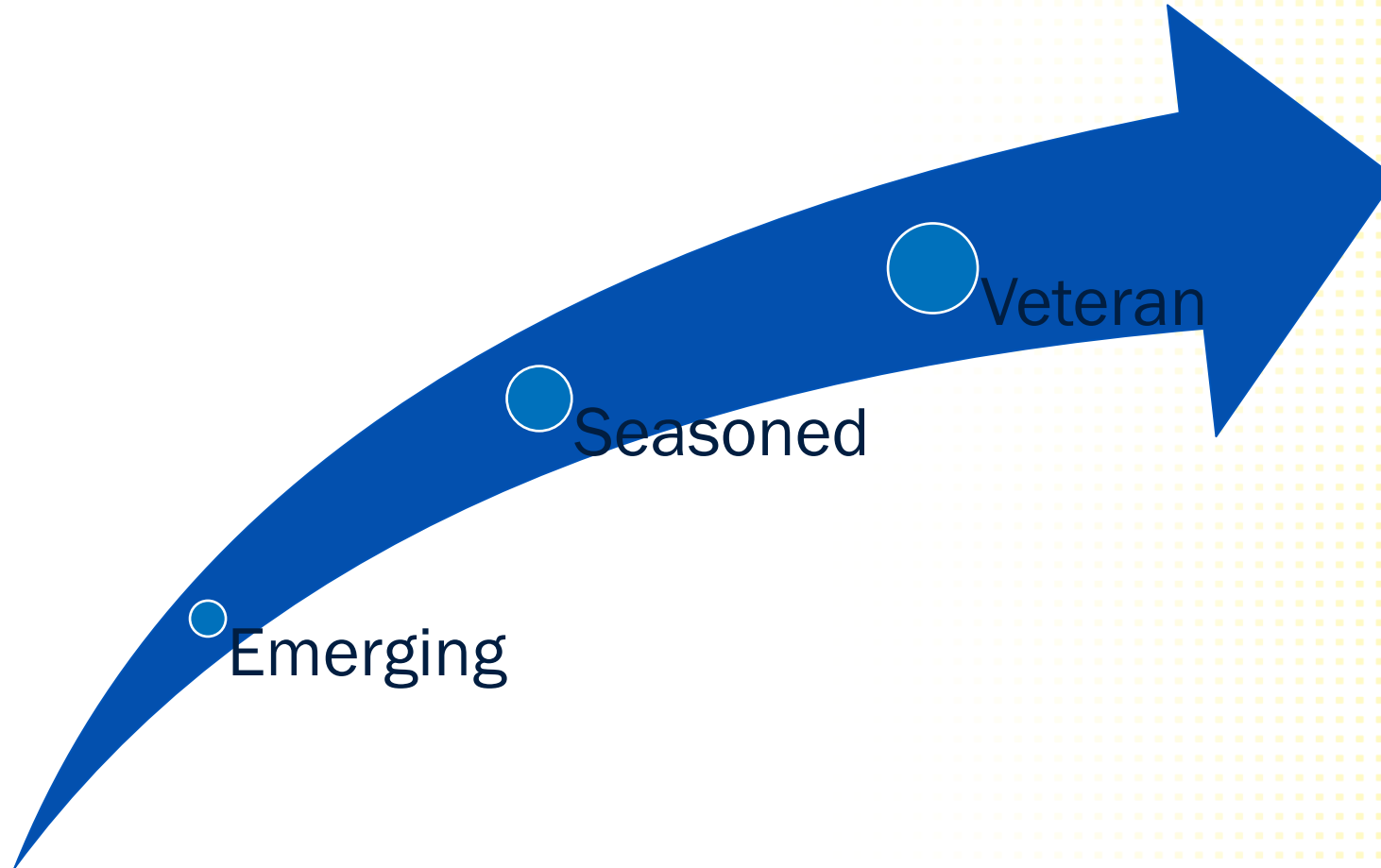
- Burnout
- Transitions

## 2. Clinical Supervision

## 3. Ethics



# Career Development



Career Development is similar Personal Development – it is fluid and ever changing!



# Introduction: Professional Identity

1. Position?

2. Length of time in the position and/or field?

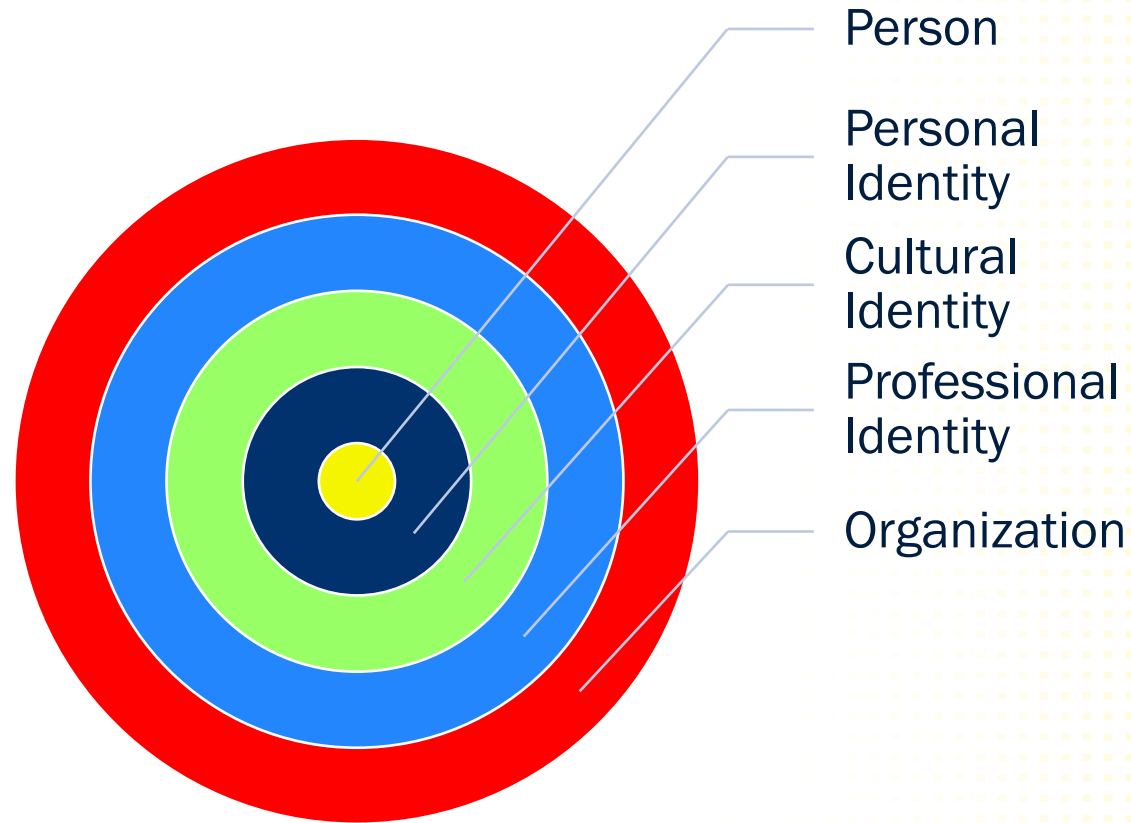


# Introduction: Personal Identity

- 10 ways you define who you are
- Top 5
- Top 3



# Personal & Professional Identity



Bronfenbrenner, 1979; Chess & Thomas, 1977



# Organization

1. Why did you enter the field?
2. Why are you still in the field?
3. Have you had a change in positions or supervisors?
4. Has your organization had a change in executive leadership?



# Organization

1. Identify the pros or likes of your position and organization
2. Identify the cons or dislike of your position or organization



# Video #1

- <https://www.tiktok.com/@cinephilegal/video/7071382483035508011>

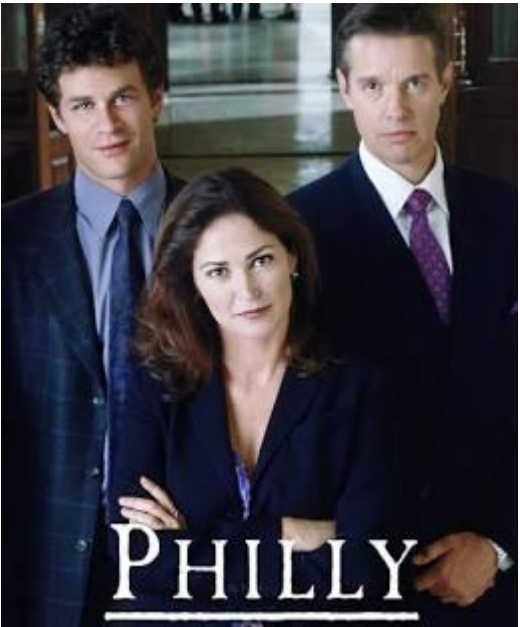


## Video #2

- <https://www.tiktok.com/@abbotelementaryabc/video/7078372454053219626?lang=en>



# Video 3



# Organization

- How many of you have felt this way?
- How many have thought of quitting or leaving your position?
  - Past 30 days?
  - Past 3-months?
  - Past 6-months?
  - Past Year?



# Burnout Research

- Microsoft [surveyed 20,000 people](#) globally to find that 50% of employees and 53% of managers were feeling burnt out at work (Blanton, 2023)
- 21-67% of Mental Health Counselors (SAMHSA, 2022)
- 26% to 47% of alcohol and drug counselors in and beyond the US (Oxford Academic, 2025; Beitel et al., 2018)
- 51% of alcohol and drug counselors reported burnout during the COVID-19 pandemic (Fentem et al., 2023)



# Burnout

- Burnout (BO) = workplace or long-term stress that impacts one's competency and manifests itself in the form of **emotional exhaustion, depersonalization, apathy, and reduced personal accomplishment** (Maslach, 1982, Maslach & Schaufeli, 1993)



# Burnout

- **Emotional exhaustion** – feeling drained or depleted by one's work
- **Depersonalization** (or cynicism) – emotional detachment or callousness towards clients
- **Reduced personal accomplishment** – feeling ineffective or unproductive



# Maslach – BO Measure

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
<b>Section A:</b>	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
<b>Total score – SECTION A</b>							



Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
<b>Section B:</b>	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
<b>Total score – SECTION B</b>							



Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							



# Burnout Symptoms

## 1. Physical burnout symptoms

- Headaches
- Changes in appetite
- Gastrointestinal issues
- Difficulty staying present in conversation
- Difficulty sleeping
- Chronic illness



# Burnout Symptoms

## 2. Mental burnout symptoms

- Mental signs that may be harder to spot are:
- Overworking
- Neglecting your personal needs
- Anxiety
- Irritability
- A sense of inner emptiness, hopelessness
- Imposter syndrome (a persistent feeling of inadequacy and fear that you can't meet standards that you feel have been set)



# Causes of Burnout

- Overcommitment
- Feeling overextended
- Having a difficult time saying no or lacking boundaries
- Being in highly demanding environments
- Sustained avoidance of personal needs (mental and physical); also know as overload
- Excessive work hours
- Lack of supportive relationships
- Poor resources
- Toxic bosses or colleagues
- Financial stress
- Family stress
- Illness
- Lack of purpose or under challenged



# Burnout Research II

## 1. Organizational Factors

- High workload & caseload size
- Low supervision
- Low autonomy
- Role conflict or ambiguity
- Non-counseling duties (administration)
- Workplace culture
- Resource scarcity & staffing shortages



# Burnout Research II

## 2. Professional Factors

- Years of experience
- Type of setting
- Client population
- Supervision demands (or lack of supervision)



# Burnout Research II

## 3. Individual and Psychological Factors

- Low resilience to stress
- Poor ability to regulate emotions
- Low self-efficacy
- Perfectionism & overcommitment
- Poor self-care
- Personal trauma
- Recovery status



# Burnout Research II

## 4. Client & Relational Factors

- Working with resistant and relapsing clients
- Exposure to client trauma
- Boundary challenges



# Burnout Research II

## 5. Demographic & Contextual Factors

- Age (younger)
- Gender (Females = emotional exhaustion, males = depersonalization)
- Work setting (rural, public)



# Compassion Fatigue

- Compassion fatigue (CF) is related burnout (BO)
- Compassion fatigue (CF) = limited capacity to empathize due to direct caretaking
- CF is emotional and physical exhaustion that helping professionals experience after prolonged exposure to other's suffering or trauma
- Empathy and compassion are depleted over time



# Compassion Fatigue

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. 9.I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.



# Compassion Fatigue

12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.



# Compassion Fatigue

22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.



# Vicarious Trauma

- VT and STS are related to CF and BO.
  - VT is a stronger predictor of BO compared to STS.
- Vicarious Trauma (VT) is a spectrum of responses to traumatic exposure
- Secondary traumatic stress (STS), secondary trauma/traumatization, secondary stress disorder, or insidious trauma (ACA, 2016)



# Vicarious Trauma

- Vicarious Trauma (VT) is **slightly different** from STS
- A **key distinction** between VT and STS:
  - STS = emotional and behavioral symptoms
  - VT = emotional and behavioral symptoms and cognitive/schemata changes, views/perspectives, meaning and beliefs
  - VT and STS are a result from repeated exposure to trauma
- VT is a **cumulative experience** not one experience (ACA, 2016, Boland, 2022)



# VT Meta-Analysis

- Cleary, Curran, Kelly, Dorahy, Hanna, 2022
- Frost & Scott, 2020
- Gelso, Goldberg, & Kivlighan, 2018
- James & Gilland, 2001
- Kim.Chesworth, Franchino-Olson, & Macy, 2022
- Leug, Schmidt & Mushquash, 2022
- Pirelli, Formon, & Maloney, 2020
- Ravi et al., 2021



# VT Findings

1. Psychological Cost to hearing stories of pain and suffering
2. Risk Factors for VT
3. Key Findings
  - Personal History of Trauma
  - Forensic Populations



# Prevalence

- **Vicarious Trauma**

- 50% of professionals who work with trauma patients report feeling distressed (Meichenbaum, 2010)
- 30% of trauma psychotherapists report experiencing extreme distress (Meichenbaum, 2010)
- 40-85% of helping professionals develop vicarious trauma, compassion fatigue and higher rates of traumatic symptoms (Mathieu, 2012)



# Prevalence

- **Secondary Traumatic Stress (ACA 2016, APA, 2021, Mayo Clinic, 2022)**
  - 15%-35% Social Workers
  - 16% Oncology Staff
  - 19% Mental Health Professionals
  - 19% Substance Abuse Counselors
  - 32% Emergency Nurses
  - 34% Child Protective Services Workers
  - 39% Juvenile Justice Education Workers

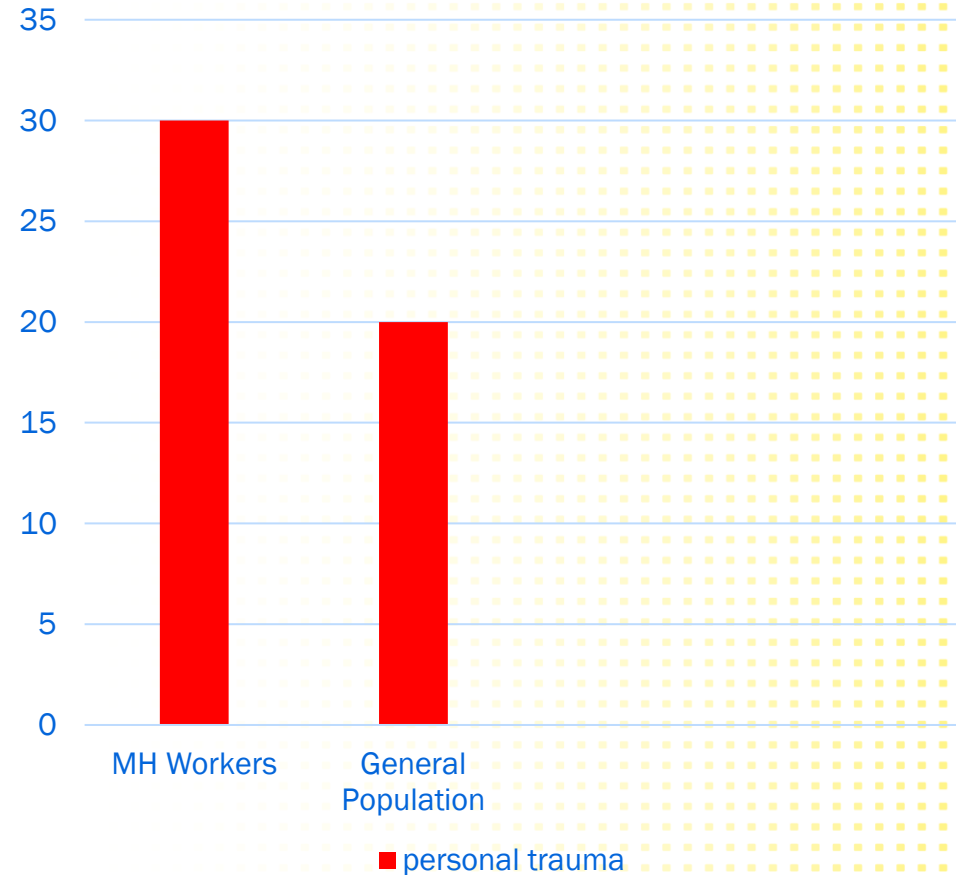


# History of Personal Trauma

- 30% of mental health workers have a history of childhood trauma

## Type of Personal Trauma

- Childhood sexual abuse
- Physical or sexual assault
- Natural disasters (i.e., earthquakes, tornadoes)
- COVID-19
- Domestic violence
- School or work-related violence
- Grief and loss
- Military combat



# VT Impacts on Workplace Behaviors

- Frequent job changes
- Tardiness
- Free floating anger/irritability
- Absenteeism
- Irresponsibility
- Overwork
- Irritability
- Exhaustion
- Talking to oneself
- Going out to avoid being alone
- Dropping out of community engagements
- Rejecting closeness



# VT Impacts on Workplace Behaviors

- Staff conflict
- Blaming others
- Conflict engagement
- Poor relationships
- Poor communication
- Impatience
- Avoid working with clients with traumatic histories
- Lack of collaboration
- Withdrawal and isolation from colleagues
- Change in relationships with colleagues



# VT Impacts on Workplace Behaviors

- Low motivation
  - Increased errors
  - Decreased quality
  - Avoidance of job responsibilities
  - Over-involvement in details/perfectionism
  - Lack of flexibility
- 
- **CF and BO**



# Burnout and Ethics

- Ethical vulnerability
  - Emotional Exhaustion
  - Lack of empathy
  - Relapses
  - Boundary Violations
- Therapeutic alliance
- Therapeutic effectiveness
- Countertransference
- Ethical decision-making
- Absenteeism
- Turnover rates
- Service delivery
- Organizational cost



# Clinical Supervision: How Do You Show Up?

Childhood	Adolescence	Adulthood	Past Year



# How Do You Show Up?

1. Reflect on your list.
2. What are your initial thoughts of your life events?
3. What stands out for you?
4. What coping strategies did you use to cope with these life events?
5. Re-reflect on your list, what feelings do you have about these life events?



# Clinical Supervision (Jones & Branco, 2019)

- Separation of **clinical and administrative supervision** to delineate boundaries between both roles
- **Knowledge related to BO, trauma, vicarious trauma, vicarious resilience and VPTG strategies**
- Supervision schedules consistent
  - **Check-in/Office hours**
  - **A safe physical and emotional space**
- **Choice and collaboration** in the supervisory relationship as a mutual arrangement in which both parties' contributions are equally considered and encouraged
  - Safe and validating supervisory relationship



# Clinical Supervision

- **Balance** of clients, choice of type clients, limit the number of clients with trauma, and provide work from home/online options
  - Schedule clients with trauma in the beginning of the week or stagger them throughout the week
- **Remaining** up-to-date in research and practices
- Provide **non-direct work** opportunities – case management and advocacy
- Incorporate **self-care** in supervision – yoga, meditation, expressive arts, mindfulness, Qi gong to increase mental clarity
  - Develop a **self-care plan** (i.e., self-care checklist)
- Facilitate **meaning making within clinical work and reframe the counselors** clinical work and indirect trauma for greater purpose
- Use **open-ended questions** at the close end of supervision



# Clinical Supervision

- **Address indirect trauma** – allow the supervisee to disclose personal feelings from client’s narratives that cannot be used outside of supervision
  - Open and unedited dialogue
- **Empowerment** to consist of acknowledging and validating success as well as challenges and encouraging growth
- Integration of **an interpersonal relationship model of supervision**, a strongly attuned and empathetic supervisor, and supervisor acknowledgment of **sociocultural and oppressive** factors face by counselors and clients
- **Multiple strategies** to promote professional growth and development including **Professional Development**



# Clinical Supervision Strategy – Meaning Making

- Why did I choose this work?
- What have I gained from my clients?
- What has changed in my life since becoming a counselor?
- What are my strengths as a counselor?
- How have I changed as a result of my work with clients?



# Transitions

Still unsure? Thinking of changing jobs or organizations?  
Where do you do from here?



# Professional Development: Professional Goals

1. Tell me where you see yourself in 10-years?
2. Tell me where see yourself in 5-years?
3. Tell me where you see yourself in 3-years?



# Strategies for Professional Goal Setting

1. Long-term goals
2. Short-term goals
3. Action Steps (use decision making strategies)



# Strategies for Professional Goal Setting

1. Career that you want – Long & Short-Term Goals
2. Identify the decision to be made
3. Gather information
4. Identify barriers
5. Identify alternatives
6. Weight the evidence
7. Choose among the alternatives
8. Take action (use decision making strategies)
9. Review the decision and its consequences



# Decision-Making Styles

1. Planful (thoughtful & well-researched);
2. Agonizing (decide not to decide);
3. Impulsive (look before you leap);
4. Intuitive (just feels right);
5. Delaying (procrastinator);
6. Fatalistic (I'm not in control);
7. Compliant (dependent decision making);
8. Paralytic (cannot make a decision – feel paralyzed).

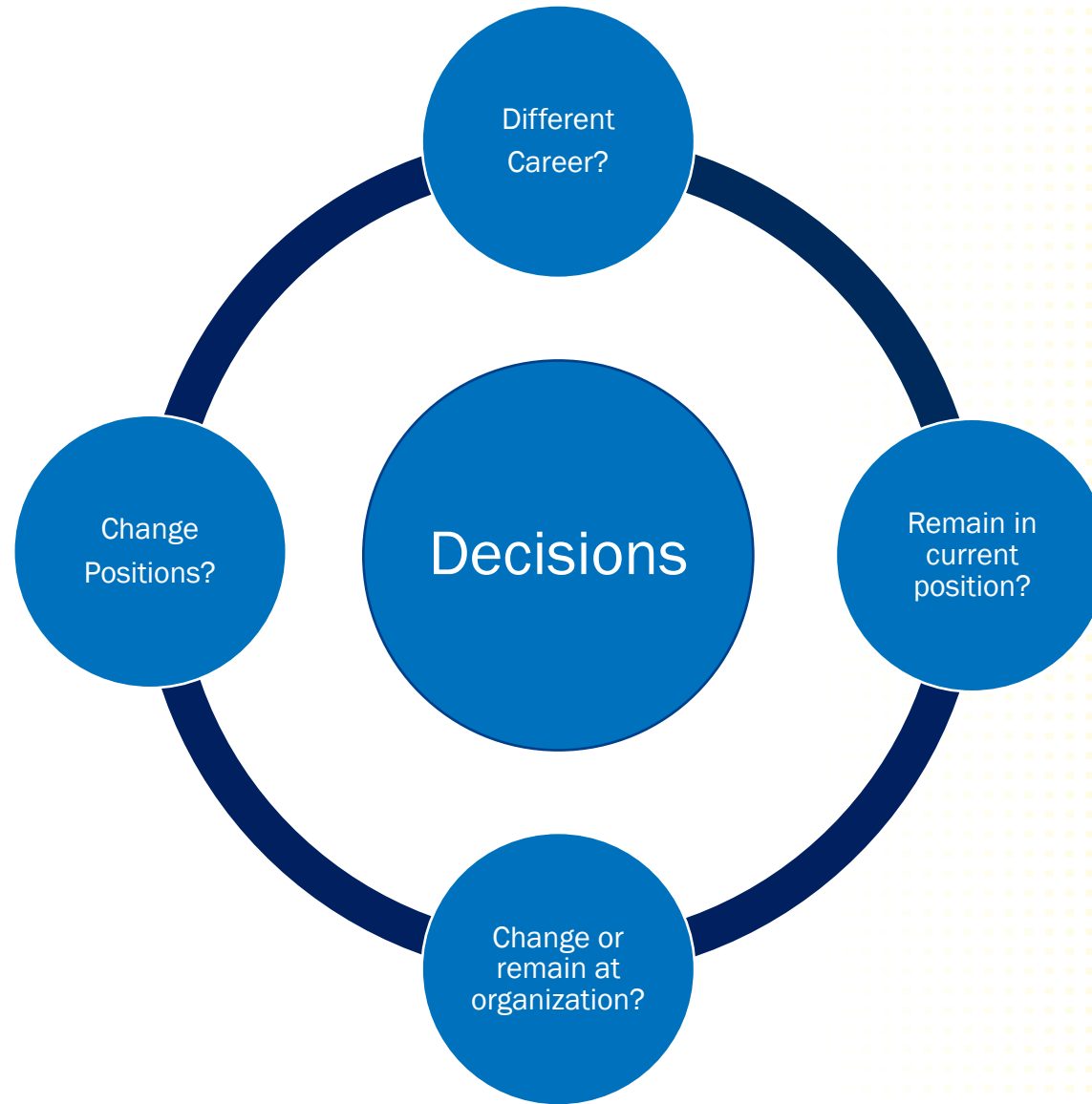


# Decision-Making Activity

1. Take out a sheet of paper
2. Think about a decision you made in the past month. Describe it briefly. Write down the final outcome of the decision.
3. Answer the following:
  - a. Which strategy did you use?
  - b. What were the advantages and disadvantages of using this strategy?
  - c. How effective was the strategy? Would you use it again?
  - d. What types of situations would styles might be most effective? In carrer and life decisions?
  - e. What did you learn from this activity?



Anyone interested in changing careers?



Unsure what career to pursue?



# Changing Careers? Unsure which Career Pathway to Pursue?

## Holland (1959)

- Identifies six personality types as it relates to specific careers;
- Most individuals are a combination but one or two of the descriptions seem to fit them well.



# Holland Personality Type

• Check off each trait that describes you.

1. Assertive
2. Bold
3. Candid
4. Compassionate
5. Confident
6. Conscientious (careful)
7. Cooperative
8. Curious
9. Dependable
10. Determined
11. Energetic
12. Expressive
13. Friendly
14. Frugal (thrifty)
15. Idealistic
16. Independent
17. Introspective (reflective)
18. Intuitive (instinctive)
19. Likes numbers
20. Logical
21. Meticulous (careful)
22. Nature lover
23. Observant
24. Optimistic
25. Orderly



# Holland Personality Type

26. Outdoorsy

27. Outgoing

28. Patient

29. Pensive (thoughtful, pondering)

30. Perceptive

31. Persistent

32. Persuasive

33. Practical

34. Precise (exact)

35. Reserved (aloof, standoffish)

36. Spontaneous

37. Structured

38. Supportive

39. Talkative

40. Unconventional (eccentric, unusual, quirky)



# Holland Personality Type

- Realistic (3, 16, 22, 26, 31, 33, 35)
- Investigative (8, 16, 17, 20, 23, 34, 35)
- Artistic (2, 4, 12, 15, 17, 18, 29, 36, 40)
- Social (4, 7, 9, 12, 13, 24, 27, 32, 36, 39)
- Enterprising (1, 2, 5, 10, 11, 13, 24, 27, 32, 36, 39)
- Conventional (6, 7, 9, 14, 19, 21, 25, 31, 34, 37)



# Holland (1959) Personality Types

- Realistic – athletically or mechanically inclined. He/she would prefer to work outdoors with tools, plants, or animals. Some traits include practical, candid, a nature lover, calm, reserved, restrained, independent, systematic, and persistent.
- Investigative – enjoys learning, observing, problem solving, and analyzing information. Traits include curious, logical, observant, precise, intellectual, cautious, introspective, reserved, unbiased, and independent.



# Holland (1959) Personality Types

- Artistic – imaginative and creative, the artistic personality likes to work in unstructured situations that allow for creativity and innovation. Traits include intuitive, unconventional, moody, nonconforming, bold, direct and idealistic.
- Social – enjoys helping and training others. Traits include friendly, cooperative, idealistic, perceptive, outgoing, understanding, supportive, generous, dependable, forgiving, patient, compassionate, and eloquent.



# Holland (1959) Personality Types

- Enterprising – work with people in a persuasive, performance, or managerial situations to achieve goals that are organizational or economic in nature. Traits include confident, assertive, determined, talkative, extroverted, energetic, animated, social, persuasive, fashionable, spontaneous, daring, accommodating, and optimistic.
- Conventional – well-organized and has clerical and numerical ability, and likes to work with data and carry out tasks in detail. Traits include meticulous, orderly, practical, frugal, structured, courteous, acquiescent (agreeable), and persistent.



# Holland Personality Type

## Realistic

Agriculture/Forestry  
Criminal Justice

## Engineering

## Health and Physical

Animal Science  
Biosystems Engineering  
Plant and Soil Sciences  
Architecture  
Recreation and Tourism  
Environmental Studies  
Geology  
Medical Technology  
Exercise Science  
Sport Management

## Aerospace Engineering

Civil Engineering  
Electrical Engineering  
Industrial Engineering  
Mechanical Engineering  
Nuclear Engineering  
Radiological Technology

## Investigative

Animal Science  
Anthropology

## Astronomy

## Biochemistry

Biological Sciences  
Chemistry  
Computer Science  
Engineering  
Forestry  
Geography  
Geology  
Mathematics  
Medical Technology  
Medicine

## Nursing

Nutrition  
Pharmacy  
Philosophy  
Physical Therapy  
Physics  
Psychology  
Sociology  
Statistics

## Artistic

Advertising  
Art History

## Art Education

## Architecture

Classics  
Communications  
English  
Foreign Language  
Graphic Design  
History  
Interior Design  
Journalism  
Music  
Music Education

## Speech/Drama

## Social

Audiology  
Counseling

## Criminal Justice

## Elementary Education

History  
Human Development  
Human Services  
Library Sciences  
Occupational Therapy  
Nursing  
Nutrition  
Philosophy  
Political Science  
Recreation and  
Physical Education  
Psychology

Religious Studies  
Sociology  
Social Work  
Special Education  
Urban Planning

## Enterprising

Advertising  
Agricultural  
Economics  
Broadcasting

## Communications

Economics  
Finance  
Industrial Relations  
Insurance  
Journalism  
Law  
Management  
Marketing  
Political Science  
Public Administration  
Speech

## Conventional

Accounting  
Business

## Computer Science

## Economics

Finance  
Mathematics  
Statistics




# Holland Personality Type

1. What is your type?
2. Are you surprised by your type?
3. Does your type match your career interest?
4. Based on the results, are there careers you should explore?



# Changing Career Pathways

- SMART

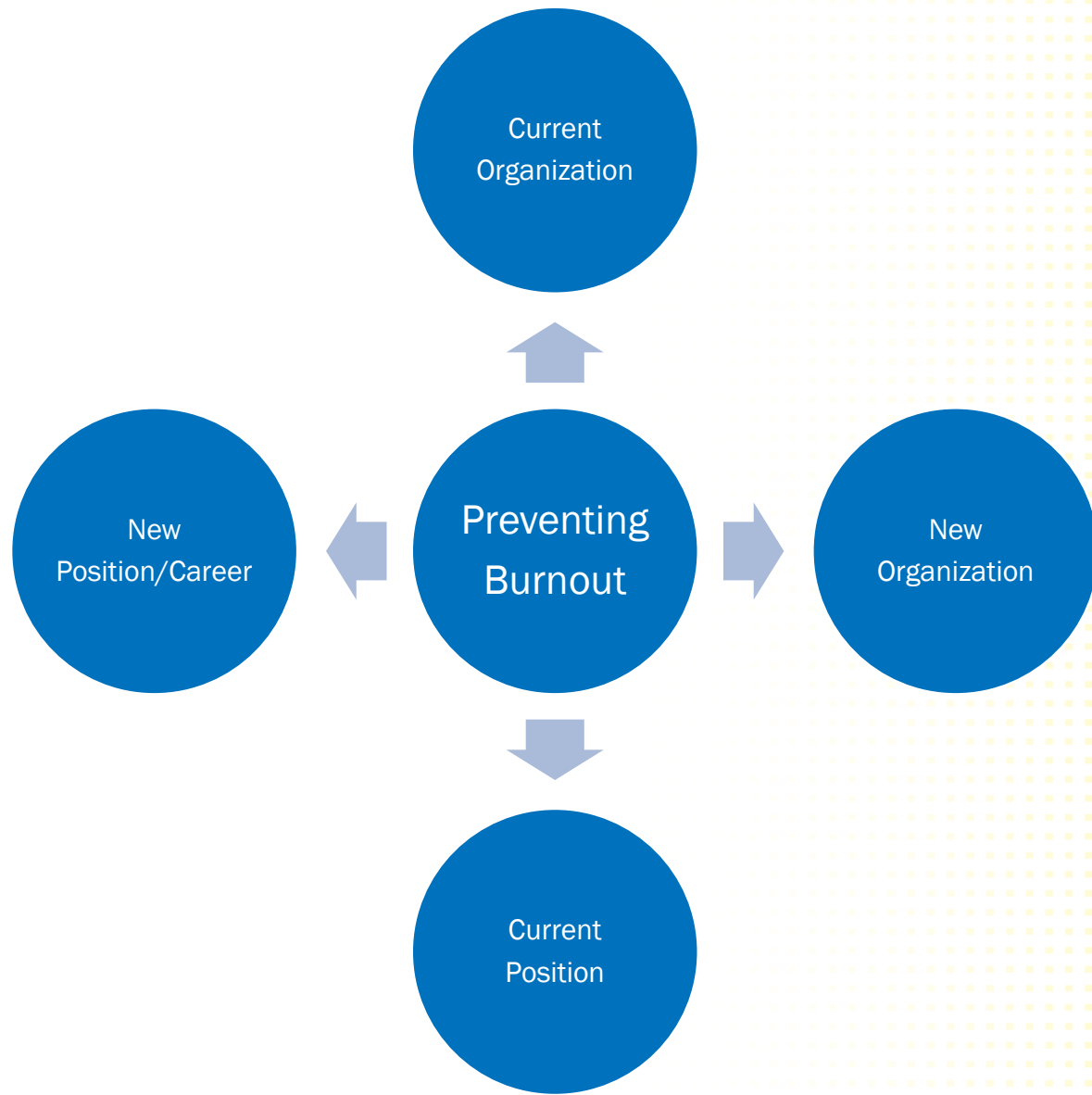
1. Specific: the position you want

2. Measurable: how you will know when you have succeeded (yardstick)

3. Attainable: the goal is within your grasp

4. Time-bound: Time frame





# Burnout Prevention Strategies

1. Increase your self-observation – recognize and chart your signs of stress, vicarious trauma and burnout
  - Trauma genogram
2. Take care of yourself emotionally – engage in relaxing and self-soothing activities, nurture self-care
3. Maintain a healthy work/life balance – have outside interests
4. Be realistic about what you can accomplish-avoid wishful thinking



# Burnout Prevention Strategies

## 5. Organizational/Social

- Reduce workload and exposure to challenging cases
- Work with EAP
- Provide sabbaticals, professional education, community service, and public speaking opportunities
- Peer support
- Leadership
- Supervision
- Work environment

## 6. Do not replace Clinical Supervision with Administrative Supervision



# Burnout Strategies

## 7. Social Support

- Adjustment to trauma exposure as a way of coping with the distress and making meaning after trauma

## 8. Self-Help Meetings

- Connect with others who have experienced similar situations or are affected by the traumatic event

## 9. Counselor may experience a sense of making a difference just as the client would experience the potential for new possibilities

- Reconstruct beliefs

## 10. Think about your role models

- Social learning theory

## 11. Self-care, empathy, and self-compassion allows one to making meaning of trauma work even when they are going through their own life challenges



# Burnout Prevention Strategies

## 12. Make stress reduction a priority

- Exercise
- Meditation, Mindfulness
- Take 60 breaths
- PMR
- **Stress Reduction Interventions**

## 13. Engaging in one or more senses – sight, sound, taste, smell, touch or movement

## 14. Schedule time for activities that bring you joy

- Read a book or re-read your favorite book from childhood
- Take a bath
- Watch a funny movie



# Stress Reduction Interventions

1. Recognize the signs of stress (where do you feel stress in your body, what are some of the bad habits you engage in when feeling stressed)
2. Focus on building physical hardiness: what kind of small changes can you invest in to improve your health
3. List one small change you can make now to improve your physical hardiness
4. Strengthen the relaxation response (calm body, calm mind)
5. List activities that can help you relax at home then at work
6. Try new relaxation skills such as mindfulness or meditation
7. Try Mindfulness, CALM or Headspace apps



# Stress Reduction Interventions

8. Self-soothing activities
  - Hold something comforting
  - Smell lavender or fresh air
  - Visualize puppy or kitten photos
9. Identify your strengths
  - how might you apply this strength now
10. Increase positive emotions on a daily basis
  - identify a source of gratitude, express gratitude or write a letter, list accomplishments
11. Reestablish a routine filled with rituals
12. Put major life decisions on hold
  - Pump the breaks! Slow the roll!
  - It is okay to say no!



# Stress Reduction Interventions

## 12. Minimize media exposure

- Avoid distressing clips
- If coverage makes you feel overwhelmed, take a complete break from it
- Shut the cell phone off

## 13. Accept your feelings

- Deal with painful emotions/mourn any losses
- Don't try to force the healing process
- Be patient with the pace of recovery
- Be prepared for difficult and volatile emotions
- Allow yourself to feel your feelings without judgment or guilt
- Learn to reconnect with uncomfortable emotions without become overwhelmed



# Clinical Supervision Strategies

1. Supervisors must have a balance to avoid dual role (ACA, 2014). Supervisors should not transition into a therapeutic role with counselors
2. Supervisors should not misuse the supervisory role
3. Supervisors must remember that their ultimate responsibility is for the welfare of the clients
4. Counselors' indirect trauma responses may present as countertransference



# Clinical Supervision Strategies

5. Supervisors should encourage the use of self-reflection, establishing boundaries, continuous self-awareness, peer support, professional development, personal counseling
6. Supervisors may use direct observation or video recording to gauge counselor's empathy and identify counselor decision-making patterns
7. Supervisors must monitor both verbal and nonverbal clues of indirect trauma, changes in counselors' behaviors, signs of BO, CF, emotional exhaustion, withdraw, distress and an inability to engage in self-care



# Clinical Supervision Strategies

8. Emotional support should be provided within the supervisory relationship, but supervisors should encourage external social support as it pertains the counselor's support system and community
9. Supervisors should help counselors finding existential meaning or meaning making within his/her/their culture such as spirituality, finding purpose, and fostering personal relationships
10. Supervisors should encourage counselors to find and use humor



# Ethics

1. Clinical Supervision: Supervisors must have a balance to avoid dual role. Supervisors should not transition into a therapeutic role with counselors (ACA, 2014; APA, 2023, PCB, 2023).
2. Supervisors must monitor supervisee impairment.
  1. To avoid impairment includes VT
  2. Counselors working with clients diagnosed with an addictive or co-occurring mental health and substance abuse disorder are at greater risk for developing VT
3. Supervisors must remember that their ultimate responsibility is for the welfare of the clients (PCB/Consumer Protection, 2023)
4. Counselors have an ethical obligation to maintain self-care and wellness to ensure that they provide the quality services to clients; while, at a minimum avoiding client harm (ACA, 2014, PCB/Professional Responsibility, 2023)
5. Counselors and supervisors should engage in multicultural practice: Multicultural practice is ethical practice (APA, 2023)



# Case Study Activity

1. Symptoms
2. Causes
3. Organizational, Professional, Demographic/Contextual, Individual/Psychological, and Client/Relational Factors
4. Ethical concerns
5. Supervision Recommendations



# Cases

- XM presents with anxiety, depression, and PTSD symptoms. XM has a history of childhood sexual trauma and a history of parental alcoholism. She has a medical degree and has been in her current position as a clinical educator for the past four-years. She has a good relationship with her boss. However, her team has changed several times since the pandemic. Her boss has mentored her to be a leader but at the same time ignored her suggestions about increasing employee retention. XM became increasingly dissatisfied with her position. At the same time, she exhibited symptoms irritability and frustrated. She reported difficulty sleeping, drinking alcohol more often and feeling exhausted.



# Cases

- PDH presented with anxiety. PDH had a history of anxiety with panic attacks. She also had a history of domestic violence and familial mental illness. PDH She reported working for an organization for the past 15-years. She stated that her placement of employment had a merger during COVI-19D and had employment changes every 3 to 6 months since the pandemic. PDH worked from home until recently; she works in the office 3-days a week. PDH was transferred to a new team with a new supervisor. PDH described being humiliated and bullied by her new supervisor. She reached out to HR to see if she could be transferred, but there were no available teams for he to transfer to. PDH described experiencing fatigue, headaches and digestive symptoms.



# Cases

- LH is a single-parent who worked in marketing for 20-years. She took early retirement and returned to school to be an alcohol and drug counselor. LH worked as a counselor in a residential treatment program for co-occurring women with dependent children in their care for about two-years. LH never missed a day of work. After two-years, LH missed work due to digestive issues. She reported feeling exhausted, difficulty concentrating, and needing to put in more effort to get “things” done at work.



# Cases

- KB worked with a forensic population for about 18-months. She recently began a new position as an alcohol and drug counselor at MAT clinic. KB had about 40 to 45 clients on her caseload. After 6-months, she began to call out of work. She reported feeling anxious because she was behind in her paperwork. KB withdrew from friends and family and became detached from co-workers. KB reported feeling emotionally overwhelmed and exhibited symptoms of depression.



# Cases

- BL worked as a Clinical Supervisor for five-years. Recently, she displayed inappropriate boundaries with one of the clients in the program. One of the counselors noticed that she would call the client into her office more than others. Another counselor observed her and the client together at a local pizza establishment. BL became irate and detached after the two counselors approached her about their concerns. BL began to complain about her job responsibilities – she could not keep up. She also complained about the compensation. BL started to call out more often. BL began to go out after work and drink on a regular basis – to the point where her supervisor intervened and gave her an ultimatum to get herself together or she was fired!



# Case Study Review

1. Symptoms
2. Causes
3. Organizational, Professional, Demographic/Contextual, Individual/Psychological, and Client/Relational Factors
4. Ethical concerns
5. Supervision Recommendations



# Meta-cognition Research (Mel Robbins, 2025)

- Stop saying you're fine
- Say No
- The 5-second rule [5-4-3-2-1]
- If you're searching for that one person who will change your life, **look in the mirror!**



# Meta-cognition Research

## Courage to Change...

1. Courage is the ability to do thing that feel difficult, scary or uncertain
2. Step outside of you comfort zone
3. If you have the courage to start, you have the courage to **succeed**
4. There is only you and here will never be another one, **that's your power**
5. Its okay to be scared – it means your about to do something brave
6. You are **braver than you believe, stronger than you seem and smarter than you think**
7. Master your mind and **anything is possible**
8. There will always be someone who can't see your **worth-don't let it be you**



**Thank you for participating!**



*“Arugama is the state of unconditional acceptance (Ikigai Tribe, n.d.)”*

