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Burnout in Pre-licensed Counselors Compared to Licensed Counselors

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Burnout in Pre-licensed Counselors Compared to Licensed Counselors

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor in Philosophy
in
Counselor Education

by

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This work is dedicated to my supportive husband Peter. I love you deeply and look forward to the next great adventure!

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Table of Contents

ABSTRACT	viii
CHAPTER ONE	1
INTRODUCTION	1
Purpose of the Study	1
Background	1
Problem Statement	4
Significance of the Study	5
Theoretical Framework	5
Stages of Professional Development	5
Research Questions	7
Overview of Method	8
Limitations and Delimitations	8
Definition of Terms	9
CHAPTER TWO	11
REVIEW OF THE LITERATURE	11
Burnout	11
Related Terms	11
Symptoms of Burnout	13
Factors Associated with Burnout	14
Demographics	14
Work Setting	16
Personal Characteristics	17
Summary	19
Protective Factors	19
Licensure	22
History and Current Licensure Status	23
Licensure Process	24

Challenges to Licensure.....	24
CHAPTER THREE	28
METHODOLOGY	28
Purpose of the Study	28
Quantitative Methodology	28
Research Questions.....	29
Participants.....	29
Procedures.....	30
Instruments.....	31
Demographic Survey	32
Maslach Burnout Inventory for Human Services	33
Data Collection Plan	36
Data Analysis Plan.....	37
CHAPTER FOUR.....	38
RESULTS	38
Purpose of the Study	39
Characteristics of the Sample.....	39
Analysis of Research Questions.....	40
Research Question 1	40
Hypothesis 1.....	41
Hypothesis 2.....	41
Hypothesis 3.....	41
Degrees of Burnout.....	41
Hypothesis Testing.....	43
Research Question 2	44
Summary of the Results	48
CHAPTER FIVE	50
DISCUSSION	50

Summary of Purpose and Procedures	50
Discussion.....	51
Factors.....	54
Protecting Factors	57
Limitations	58
Implications.....	58
For Counselor Educators and Supervisors.....	59
For Pre-licensed Counselors	59
Recommendations for Future Researchers	60
Conclusion	61
REFERENCES	63
APPENDIX A: IRB Application	70
APPENDIX B: IRB Approval Letter.....	76
APPENDIX C: Updated IRB Approval Letter	77
APPENDIX D: Demographic Survey.....	78
APPENDIX E: MBI-HSS Copyright.....	81
APPENDIX F: Sample email invitation to participants	82
VITA.....	83

ABSTRACT

The first purpose of the study was to assess burnout in pre-licensed counselors who are working towards licensure compared to burnout in counselors who are already licensed. The second purpose of the study was to assess what factors contribute to burnout in pre-licensed counselors. Counselors working towards licensure were an under-studied population at risk for burnout. Further, burnout of counselors working to gain their licensure had not been studied previously. A total of 2,400 pre-licensed and licensed counselors in Florida and Louisiana were emailed the quantitative survey. The instrument included a researcher designed demographic survey and the Maslach's Burnout Inventory for Human Services (MBI-HSS). Using descriptive statistic ANOVA, inferential statistic Levene's test and non-parametric tests including Spearman's rho, and Kruskal-Wallis were calculated to measure the degree of burnout and to compare burnout scores of licensed counselors and pre-licensed counselors working toward licensure. Results of this study indicate that pre-licensed counselors experienced high levels of burnout in emotional exhaustion, moderate levels of burnout in depersonalization, and inversely high levels of personal accomplishment. Licensed counselors exhibited moderate levels of emotional exhaustion and depersonalization and inversely high levels of personal accomplishment. In addition, the following demographics were found statistically significant in burnout of pre-licensed counselors: age, weekly supervision, work setting, and client population.

Key words: Burnout, counselor supervision, counselor education, pre-licensed counselor, licensure, MBI-HSS, emotional exhaustion, depersonalization, personal accomplishment.

CHAPTER ONE

INTRODUCTION

In this chapter, an overview is presented of this study of burnout in pre-licensed counselors as compared to licensed counselors. The purpose of the study is presented and background information is given. The problem is described and the significance is explained. An overview of method and research questions is presented. Limitations and delimitations are discussed. Finally, terms used in the study are defined.

Purposes of the Study

This study had two primary purposes. The first purpose was to assess burnout in pre-licensed counselors who are working towards licensure compared to burnout in counselors who are already licensed. The second purpose of the study was to assess what factors contribute to burnout in pre-licensed counselors.

Background

Counselor burnout is a serious condition that “may manifest itself in a loss of empathy, respect, and positive feelings for... clients” (Skorupa & Agresti, 1993, p.281). Counselors who are experiencing burnout can lose their therapeutic effectiveness and can become impaired. The American Counseling Association (ACA) recommends that counselors “... monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired” (American Counseling Association, 2016, C.2.g.).

At any given time, five percent of all helping professionals suffer from burnout and this percentage increases with certain factors including age, lack of experience in the field,

professional identity development, job setting, and the population with whom a counselor is working (Lawson, 2007; Lim, Kim, Kim, Yang, & Lee, 2010; Maslach, 2003; Rosenberg & Pace, 2006). For counselors who work with certain client populations, the risk of burnout is much greater. For example, Eby, Burk, and Maher (2010) found that one in three substance abuse counselors leave their jobs every year due to burnout. Also, burnout risk increases among counselors who: work for poorly run organizations or agencies, have a lack of autonomy in the workplace, lack experience in the field, work with clients in deep emotional turmoil, and have certain vulnerable personality characteristics (Rosenberg & Pace, 2006). In this study, a goal was to determine if these factors were present in pre-licensed counselors and related to level of burnout.

Maslach (2003) offered a comprehensive definition of burnout as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind” (p.2). This definition identifies the three major indicators of the syndrome: emotional exhaustion of the caregiver, depersonalization of clients, and feelings of reduced personal accomplishment (Raquepaw & Miller, 1989; Rosenberg & Pace, 2006; Vredenburgh, Carlozzi, & Stein, 1999). Maslach’s definition does not pathologize the counselor; rather, it describes the physical and emotional toll of working in a helping profession. The Maslach Burnout Inventory for Human Services (MBI-HSS) is designed to assess for burnout by assessing the emotional exhaustion, depersonalization, and reduced personal accomplishment of counselors (Maslach, 2010).

Burnout is a serious problem that occurs when counselors show signs of “health problems, psychological impairment, loss of self-esteem, and a growing dissatisfaction with the job” (Maslach, 2003, p. 123). These problems can intensify and can lead to substance abuse,

depression, and withdrawal from personal relationships (Maslach, 2003). Maslach (2003) reported a link between burnout and turnover, explaining that counselors who experience burnout are more likely to leave a job resulting in a reduction in job retention rates. According to Young (2015), “high turnover rates are linked with unpredictability and discontinuity in service delivery that weaken efforts to provide high-quality care” (p. 677). Thus, turnover of counselors has potential to cause harm to clients (Ducharme, Knudsen, & Roman, 2008; Young, 2015).

According to Lim et al. (2010), “younger mental health professionals are more vulnerable to burnout, possibly because of lack of experience that comes with age” (p. 94). Skovholt and Ronnestad (2003) surmised that age and minimal experience contribute to a lack of “professional confidence that buffers the experience of anxiety when difficulties are encountered” (p.47). Thus, lack of experience may increase the burnout risk for the novice practitioner, who is looking for therapeutic progress in sessions and may be inappropriately reactive to the many emotions that can be triggered in counseling work (Skovholt & Ronnestad, 2003; Vredenburgh et al., 1999). Prosek and Hurt (2014) found that as counselors gained clinical experience they developed a clearer perception of their own professional identity. A strong professional identity can insulate a counselor from burnout’s effects of emotional exhaustion and depersonalization (Skovholt & Ronnestad, 2003). Experience and professional confidence “buffer the experience of anxiety when difficulties are encountered” (Skovholt & Ronnestad, 2003, p.47).

Pre-licensed counselors are doing the difficult work of listening to clients’ problems with the added risk factors of lack of time and experience in the field, often a younger age, and a nascent professional identity. Those risks may leave pre-licensed counselors vulnerable to burnout. An aim of this study was to determine if pre-licensed counselors experienced these risk factors, and if this was related to their burnout levels.

Problem Statement

Burnout is a serious and preventable condition. Counselors who suffer from burnout may develop physical health problems, psychological impairment, and diminished self-esteem, and may no longer find their work to be rewarding (Maslach, 2003). Risk factors for burnout include a young age, lack of experience in the field, lack of a strong professional identity, working for poorly run organizations or agencies, and a lack of autonomy in the workplace (Lawson, 2007; Lim, Kim, Kim, Yang, & Lee, 2010; Maslach, 2003; Rosenberg & Pace, 2006). In this study, it was assumed that pre-licensed counselors likely experienced some of these risk factors.

If counselors are unable to recognize and address burnout, they can become impaired (Thompson, Frick, & Trice-Black, 2011). Impairment is a serious problem and practicing counseling while impaired is a violation of the *ACA Code of Ethics* (2014). Counselor impairment affects the quality of help the counselor can provide for clients (Sheffield, 1998) and puts clients at risk when the counselor violates the “do no harm” requirement in the *ACA Code of Ethics* (ACA, 2014, A.4.a.). The ACA code requires counselors to pay attention to warning signs of possible impairment and limit work while impaired (ACA, 2014, C.2.g). Impairment can affect a counselor’s livelihood if it results in a loss of licensure.

Burnout can be reversed or prevented if it is recognized. Counselor educators can work to ensure that counseling students are educated about burnout and self-care strategies to prevent it, and counselor supervisors can be alerted to signs of burnout as they work with beginning counselors who are seeking licensure. Information on burnout will benefit pre-licensed counselors, their supervisors, and counselor educators by helping them be more aware of the possible risks of burnout and implement prevention strategies.

Significance

Maslach (2003) reported a link between burnout and turnover rates. The concern with turnover is the negative impact on clients (Young, 2015); for example, clients who receive consistent counseling with the same counselor have greater success rates in substance abuse treatment (Young, 2015). “High turnover rates are linked with unpredictability and discontinuity in service delivery that weaken efforts to provide high-quality care” (Young, 2015, p. 677). Skorupa and Agresti (1993) reported that “the level of burnout is predictive of the intent to leave professional practice” (p.282).

Turnover affects clients, the work force, and organizations that hire pre-licensed counselors (Ducharme, et al., 2008). However, the personal and professional effects of burnout can be avoided with greater awareness and self-care (Maslach, 2003). A better understanding of the risks of burnout for pre-licensed counselors can better prepare counselor educators, counseling supervisors, and counselors working towards their licensure to avoid or mitigate these risks.

Theoretical Framework

To address the developmental needs of pre-licensed counselors, counselor educators must understand the developmental process of counselors over the lifespan of their careers. In researching counselor burnout among young professionals, professional identity development can provide a framework for understanding developmental milestones and struggles of pre-licensed counselors (Moss, Gibson, & Dollarhide, 2014). In this research study, the theoretical framework of professional counselor identity development was used to better understand the risk factors of burnout for counselors from the time of graduation to licensure (Moss et al., 2014).

The ACA defines counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (ACA, 2010). Working from this definition of counseling, it can be asserted that professional identity begins with counselors understanding their role in empowering clients and working towards a client’s counseling goals. Prosek and Hurt (2014) viewed “clinical experience as a means to develop professional identity...” (p. 290). Experience and commitment to the profession (Moss et al. (2014) increases over time and professional identity develops throughout the trajectory of a counselor’s career (Moss, Gibson, & Dollarhide, 2014; Myers et al., 2002). Proficient professional counselors are lifelong learners striving for excellence and advocating for the profession throughout their careers (Remley & Herlihy, 2016); thus, a counselor’s professional identity is in continuous development. Moss et al. (2014) asserted that new counselors “move from an external to an internal locus of evaluation and from a reliance on experts to a reliance on their own experience and training” (p. 3). Experience and training help counselors develop confidence as professionals (Myers et al., 2002).

Stages of Professional Identity Development

According to Moss et al. (2014), counselors progress through three major stages of movement in their professional identity development. These stages are idealism toward realism, burnout toward rejuvenation, and compartmentalization toward congruency (Moss et al, 2014). These stages explain the theoretical framework of the study.

The first of these three stages is “idealism toward realism” (Moss et al., 2014, p.6). For a young counselor, this task begins with the transition from black and white thinking towards acceptance of multiple ways of doing things. New professionals typically look for the “right” way of conducting a counseling session. Over time this thinking changes, and counselors accept

that there are many correct ways to conduct a session. This transition increases the counselor's self-efficacy (Moss et al., 2014).

The second developmental stage, according to Moss et al. (2014), is "burnout toward rejuvenation" (p.6). To progress through this stage, counselors must learn how to cope with the emotional toll of working in human services or they will burn out. They learn the needed boundaries and self-care to sustain the rigors of working as a counselor for the long-term.

The third developmental stage is "compartmentalization toward congruency" (Moss et al., 2014, p.6). This stage is reached when advanced counselors achieve personal and professional integration (Prosek & Hurt, 2014). At this stage counselors are consistent in who they are as professional counselors and who they are at home (Prosek & Hurt, 2014).

The transformations and challenges in each developmental stage of a counselor better inform our understanding of counselor identity development. Counselor identity development theory illuminates the challenges specific to young, pre-licensed professional counselors. This theoretical orientation of counselor identity development was the frame of reference for this study.

Research Questions

The two research questions were:

Are pre-licensed counselors more likely to experience burnout while working toward their licensure than their licensed counterparts?

What risk factors contribute to pre-licensed counselor burnout?

Overview of Method

This quantitative study utilized a survey method, which is useful in assessing large groups of counselors (Maslach, Jackson, & Leiter, 2010; Moss, et al, 2010). The Maslach Burnout Inventory for Human Services (MBI-HSS) was used to assess burnout of pre-licensed counselors as compared with licensed counselors. A brief demographic survey was used to collect data regarding age, gender, amount of time in the field, job setting, level of education, and licensure status.

Licensed and pre-licensed counselors in two states, Florida and Louisiana, were asked to complete the surveys. In both sample states, licensed and pre-licensed counselors were contacted via email and invited to participate in the study. Both licensed and pre-licensed counselors in Florida were contacted by the Florida Counseling Association (FCA). Louisiana counselors and pre-licensed counselors who are members of the Louisiana Counseling Association (LCA) were sent an email inviting them to participate in the study. SPSS 23.0 was used to conduct factor analysis with varimax and ANOVA to compare licensed and pre-licensed counselor results.

Limitations and Delimitations

Because data collection was limited to participants in Florida and Louisiana, a limitation is that the study did not account for the experience of pre-licensed counselors throughout the United States and findings cannot be generalized beyond these two states. A limitation related to the quantitative instrument used, the MBI-HSS, was that the narratives behind the symptoms of burnout were not captured. Additionally, burnout is not seen as a desirable characteristic in counselors; therefore, participants might have been reluctant to respond honestly to items

assessing their symptoms. Bias can influence the way survey participants answer questions and can lead the researcher to the wrong conclusions (Field, 2013). To correct for this bias, the MBI-HSS was administered with the label “Human Services Survey” (Rosenberg & Pace, 2006).

Participants were delimited to licensed counselors and pre-licensed counselors. To be included in the sample, the counselors were members of the Florida Counseling Association or of the Louisiana Counseling Association. The sample was delimited to participants with working email addresses and technology competence to complete the online assessment.

Definition of Terms

Burnout: “A syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind” (Maslach, 2003, p.2).

Counseling: “A professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (ACA, 2010).

Credentialing: “Certification grants the use of a title by verifying certain qualifications; it does not involve the authorization to practice a profession nor does it regulate the profession. Credentialing encompasses a broad spectrum of efforts to establish professional training standards and regulations for practice” (Porter, 2001, p. 127).

Factor: “Another name for an independent variable or predictor that is typically used when describing experimental designs” (Field, 2013 p.875).

Licensure: “Licensure is a legislatively established process of credentialing which grants a practitioner the legal right to practice through law” (Porter, 2001, p. 127).

Profession: “Toren (1969) defined a fully developed profession as one that has the following traits: a body of theoretical knowledge, members who possess competence in the application of this knowledge, and a code of ethics focused on the client’s well-being” (Remley & Herlihy, 2016, p. 41).

Professionalism: “An internal motivation to perform at the level of best practice that represents the ideals of the profession, enhances its image, and promotes its development” (Remley & Herlihy, 2016, p. 54).

Symptoms: “...biological imbalances and other factors that significantly interfere with, or threaten to interfere with, a basic psychological need or needs” (Cavanagh & Levitov, 2002, p.32).

CHAPTER TWO

REVIEW OF THE LITERATURE

In this chapter, the literature related to counselor burnout is reviewed. In the first major section a discussion of burnout is presented, including definitions, factors, symptoms, and risk factors. In the second major section, counselor licensure and the process of obtaining a license are discussed.

Burnout

Burnout is defined in this study by working with people in some way and the experience of the three symptoms of emotional exhaustion, depersonalization of clients, and decreased feelings of personal accomplishment (Maslach, 2003). The work of counseling requires an authentic relationship between counselor and client (Cavanagh & Levitov, 2003). Piercy and Wetchler (1987) conveyed that “therapists often spend long hours listening to their clients’ problems, and many make personal sacrifices to their work” (p. 19). Those personal sacrifices, along with the emotional toll of working with clients, contribute to burnout.

Related Terms

Burnout is sometimes used interchangeably with similar terms in the counseling literature, which can cause confusion (Remley & Herlihy, 2016). The terms “distressed,” “burned out,” and “impaired” need to be distinguished and can be understood as a progression of symptoms (Remley & Herlihy, 2016). This progression can be reversed or it can accelerate depending on how self-care is used (Remley & Herlihy, 2016).

The progression of stress symptoms starts with distress. At first, a counselor will appear distressed and may show signs of irritability, anxiety, depression, physical complaints, low self-esteem, and helplessness (Remley & Herlihy, 2016). Distressed counselors often take on emotional struggles of clients (Whitfield & Kanter, 2014). However, they are unlikely to be at risk for harming clients and these signs may be brief (Remley & Herlihy, 2016).

Unaddressed distress in counselors may cause a counselor to exhibit signs and symptoms of burnout. Burned out counselors often exhibit physical, mental, and emotional problems, which can lead to emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, 2003). If a counselor is unable to recognize and address distress or burnout, that counselor can become impaired (Thompson, Frick, & Trice-Black, 2011). Burnout can be considered a warning to eventual impairment; detecting burnout can protect a counselor from impairment and a client from subsequent mistakes made by an impaired counselor.

Impairment is dangerous for the counselor and for the client working with the impaired counselor. Skorupa and Agresti (1993) reported that impairment “may be caused by many reasons including physical illness, substance abuse, or emotional or psychological factors, such as burnout” (p. 281). A potential exists for impaired counselors to harm clients, and the risk is great because counselors often are unaware of their own state of impairment (Merriman, 2015). Impairment negatively affects the quality of work the counselor can provide for clients (Sheffield, 1998). The *ACA Code of Ethics* (2014) requires that counselors pay attention to warning signs of possible impairment and limit work while impaired. Impaired counselors are at risk for violating the ACA code of ethics requirement to “do no harm” (ACA, 2014, A.4.a.). The ACA code also requires colleagues of an impaired counselor to address the impairment directly and to intervene if the counselor’s impairment could harm a client (ACA, 2014, C.2.g).

Symptoms of Burnout

The Maslach Burnout Inventory, Human Services Survey (MBI-HSS) uses three indicators as signs of burnout. These indicators or symptoms are emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Jackson, & Leiter, 2010). These three symptoms are elaborated below.

Emotional exhaustion, the first symptom of burnout, is defined as the buildup of an emotional toll as a result of helping people (Maslach, 2003). Maslach (2003) described that, when experiencing emotional exhaustion, “a person gets overly involved emotionally, overextends him- or herself, and feels overwhelmed by the emotional demands imposed by other people” (p. 3). This is compounded when counselors feel they are unable to refuel and recover from this emotional over-extension. Maslach (2003) elaborated that the practitioners’ “emotional resources are depleted, and there is no source of replenishment” (p. 3).

The second symptom of burnout is depersonalization. According to Maslach (2003), “detached, callous, and even dehumanized response signals a second aspect of the burnout syndrome – depersonalization” (p. 5). Depersonalization occurs when a counselor begins to see the client as just one of many and starts to lose unconditional positive regard (Maslach, 2003). Young (2015) elaborated: “by intentionally disregarding the personal qualities that make clients unique and engaging people, cynicism or depersonalization is an attempt to put emotional distance between oneself and service recipients” (p. 677). Although depersonalization is a reaction that can be protective for an emotionally exhausted practitioner (Maslach, 2003), it comes at a cost to clients.

The third symptom of burnout is reduced personal accomplishment as defined by Maslach (2003). Reduced personal accomplishment occurs when emotionally exhausted, depersonalizing counselors begin to doubt their therapeutic efficacy because of a lack of perceived work-related success (Maslach, 2003). This can cause counselors to doubt that their work is a “calling” or is important to their identity, and has been described as a “crisis of meaning” (Skovholt & Trotter-Mathison, 2011).

Factors Associated with Burnout

The literature suggests several factors associated with counselor burnout. These factors have been grouped into three categories: demographic, work setting, and personal characteristics (Lim, Kim, Kim, Yang, & Lee, 2010; Maslach, 2003; Rosenberg, & Pace, 2006), and include: age, gender, education, work setting, job autonomy, life experience, and personal characteristics.

Demographics

Age and lack of experience are interrelated major factors in predicting burnout. Skovholt and Ronnestad (2003) suggested that age and minimal experience contribute to a “lack of professional confidence that buffers the experience of anxiety when difficulties are encountered” (p.47). Young (2015) stated “age is confounded with work experience, so burnout appears to be more of a risk earlier in one’s career” (p. 679).

Age, specifically, is a known predictor of burnout as shown in the results of numerous studies (Moss et al, 2014; Prosek & Hurt, 2014, Skovholt & Ronnestad, 2003). Rosenberg and Pace (2006) found, in their quantitative study of 116 marriage and family therapists, a correlation between age and burnout, specifically the symptoms of emotional exhaustion and depersonalization. They noted that “the development of skills and strategies with age curtails

symptoms and onset of the syndrome” (p. 88). Young (2015) added support to this finding; he elaborated in his research that “the level of burnout is reported to be higher among younger employees (counselors) than it is among those over 30 or 40” (p. 679). Craig and Sprang (2010), in their study of clinical social workers, found age as a significant contributor to burnout. Because the licensure process can take place over several years, an age comparison between pre-licensed counselors and licensed counselors was desired and age was included in the demographic assessment.

Closely related to age is amount of experience. It appears that vulnerability to burnout may begin at the time that counseling students first work with clients. Practicum and internship students seem to be at a significant risk for burnout according to Wardel and Mayorga (2016). Skovholt and Ronnestad (2003) noted that practicum students are putting energy into controlling anxiety and trying to find the “right” words in sessions, and they lack the professional confidence that protects a seasoned counselor from anxiety (p.47). Wardel and Mayorga (2016), in their quantitative study of master’s level counseling students, found that only 14% of the students were experiencing no burnout. Wardel and Mayorga (2016) reported that their “findings indicated that “85.72% of the respondents in this study have some degree of indication that burnout is either something they should be aware of and paying attention to, or they are overtly demonstrating indication that they are burned out, with a situation that may be threatening to their physical and mental well-being” (p.12). If a majority of practicum and internship counselors are already experiencing burnout before they graduate and begin their supervised practice toward licensure, one could surmise that early-career counselors are at high risk for burnout.

Gender is another demographic factor that appears to be related to certain symptoms of burnout. Male counselors are at greater risk for depersonalizing clients when suffering from burnout (Lim et al., 2010; Vredenburg et al.,1999). Rosenberg and Pace (2006) found significantly lower levels of depersonalization in female counselors than in male counselors in their quantitative study of burnout. In another study, however, female counselors were found to be at greater risk for emotional exhaustion (Vredenburg et al.,1999).

Level of education is an additional demographic factor that has been found to correlate with symptoms of burnout. Having a greater level of education connects with high scores on the MBI-HSS for emotional exhaustion as well as depersonalizing clients (Lim et al., 2010). However, having a greater level of education has also been identified as an indicator of having more positive feelings of personal accomplishment (Lim et al., 2010). Given these contradictory results, it is important to assess the level of education of the pre-licensed and licensed counselors to ascertain if their level of education is related to burnout. In this study there may be very little variation on education among pre-licensed counselors. However, education level will be included to assess if it is relevant to burnout of both licensed and pre-licensed counselors.

For counselors, age, gender, time in the field, and level of education are demonstrated demographics that are significant indicators of burnout. Therefore, these demographics were included in the demographic survey that accompanied the MBI-HSS.

Work Setting

Certain work setting characteristics appear to increase the likelihood of burnout (Maslach, 2003). Oser, Biebel, Pullen, and Harp (2013) found that characteristics such as poor wages, little recognition, high client relapse rates, and working with clients caught in poverty or

experiencing troubles in the legal justice system make substance abuse counselors vulnerable to burnout. Rosenberg and Pace (2006), in their study of marriage and family therapists, found “in terms of EE (Emotional exhaustion), participants working primarily in private practice (n = 54; M = 13.18) reported significantly lower scores than respondents in community agencies (n = 18; M = 19.94, p = .00)” (p.94). These findings are those of similar to Lim, et al. (2010) who also found that counselors who work in agencies have a higher probability of burnout when compared with counselors working in a private practice setting. Kirk-Brown and Wallace (2004) suggested that higher burnout in agencies may be due to “organizational factors such as a work group conflict, poor supervisory practices, or job setting” (p. 29). Vredenburgh et al. (1999) surmised that the autonomy of private practice might provide better burnout protection.

Workload as a factor is considered the volume of clients on a counselor’s caseload (Vredenburgh et al., 1999). Piercy and Wetchler (1987) found that “those therapists conducting over 25 hours of therapy per week were more likely than those working less than 25 hours of therapy per week to look for marriage and family problems where none existed” (p. 21). Therefore, caseload per week was included in the demographic survey.

Pre-licensed counselors may be considered at a greater risk for burnout due to workload and their work setting; specifically, certain job environments, client populations, and work setting and volume. Therefore, workload and work setting characteristics were included in the demographic assessment .

Personal Characteristics

Personal characteristics, such as perfectionism along with higher expectations of client outcomes, greater empathy, and previous history of trauma contribute to burnout. Perfectionism

has been noted as a particularly dangerous personality trait that can lead to burnout (Moate, Gnilka, West, & Bruns, 2016). Moate, et al. (2016), in their study of perfectionism and burnout among 178 counselor educators, found “Maladaptive perfectionists had significantly higher scores (of burnout) when compared with adaptive perfectionists” (p.167). High expectations for client outcomes and setting a therapeutic bar above a client’s goal can increase the likelihood of burnout (Rosenberg & Pace, 2006). Additionally, counselors with greater emotional empathy can have a greater chance of burnout (Gutierrez, & Mullen, 2016; Leppma & Young, 2016). Lemppma and Young (2016), in their study of master’s level counseling students and empathy, found that “the emotional empathy pretest scores for counseling students in this study were 20% to 30% higher than those of typical college-age female students in other studies and 30% to 50% higher than those of female psychologists” (p.302). Women generally score higher than men on these measures, according to Leppma and Young (2016). These researchers concluded that “individuals having higher levels of emotional empathy are drawn to helping professions yet this same characteristic predisposes them to experience burnout” (p. 304). A final personal characteristic in counselors that can cause burnout is the compounding effect of personal loss or trauma (Maslach, 2003).

Pre-licensed counselors may be at greater risk for burnout because of their desire for client success and their achievement orientation within their graduate work that can carry over to their work with clients (Skovholt & Ronnestad, 2003; Vredenburg et al.,1999). Pre-licensed counselors with high expectations for their clients and a desire to have “perfect” sessions could be at greater risk for burnout. That risk increases if the pre-licensed counselor has experienced any personal loss or trauma (Maslach, 2003). Therefore, it is important to assess for these characteristics while assessing for burnout of pre-licensed counselors.

Summary

The pre-licensed counselor population can be considered an at-risk population because of the likelihood of the presence of these compounding factors: age, lack of experience, early identity developmental status, lack of autonomy, or a difficult working setting. The risk increases if, in addition, pre-licensed counselors have certain personality traits or have experienced personal trauma.

Protective Factors

Factors that can insulate a counselor from burnout are important for long-term counselor success and well-being (Maslach, 2003; Skovholt & Ronnestad, 2003). Social support is a protective factor against burnout (Galek, Flannelly, Gree, Kudler, 2011). Social support, both personally and professionally, and maintaining healthy emotional boundaries can protect against burnout.

Ducharme, et al. (2008) asserted that support of co-workers can insulate the counselor from emotional exhaustion and decrease turnover. Maslach (2003) reported that being married and having a family can insulate counselors from burnout. In a similar vein, Skovholt et al. (2001) reported that having close ties with family, friends, and community are protective factors.

Having healthy emotional boundaries is a protective factor against burnout. Skovholt and Ronnestad (2003) asserted that healthy and appropriate boundaries develop over time as a counselor gains experience. These researchers asserted that poor emotional boundaries exacerbate symptoms of burnout in counselors. Leppma and Young (2016) and Gutierrez and Mullen (2016) discussed the link between poor emotional intelligence and burnout, stating that

the ability to have healthy emotional boundaries with clients is important to counselor well-being.

Self-care has been described as a necessity to prevent burnout. “Along with professional self-care, personal self-care is vital to professional stamina” (Skovholt, Grier, & Hanson, 2001, p. 174). Mentorship and peer support are important in long-term self-care (Skovholt et al., 2001). Carrola, Olivarez, and Karcher (2016) recommended that self-care “interventions should focus on effective approaches to cope with overall feelings of exhaustion, negative work environment, devaluing clients, and increasing feelings of competence/accomplishment” (p. 209). Wallace, Lee, and Lee (2010) reported that both venting and humor are effective forms of self-care that prevent burnout. Thornton (1991) found a significant relationship between the factor of coping efforts and burnout symptoms among professional mental health workers.

Counselor wellness is an overarching concept and is encouraged by ACA as a way to teach young counselors how to prevent impairment (Lawson, Venart, Hazler, & Kotter, 2007). In 2003, the ACA Governing Council created a “task force on impaired counselors” (Lawson, et al., 2007, p. 11). The primary suggestion of the task force was to emphasize wellness in counselor education programs (Lawson, et al. (2007). Wardel and Mayorga (2016) elaborated that “wellness needs to be emphasized, not only from the client perspective, but also the wellness of the professional counselor, as well as the future professional counselor” (p. 13). Counselor wellness focuses on the many facets of a person’s life. According to Remley and Herlihy (2016), mental health includes a number of scales of mental and emotional functioning” (p. 28). “Counselor educators need to be current on wellness and self-care information, and perhaps include modules and courses in their curriculum” (Wardel & Mayorga, 2016, p. 13). An

emphasis on wellness teaches counseling students to be healthy practitioners and should be included in counselor training pedagogy.

Receiving supervision can be a protective factor for novice counselors. Receiving supervision, which is required of pre-licensed counselors, can help provide support. “Supervision welcomes counselors into the profession by providing developmental support from an objective, skilled, and experienced colleague” (Aasheim, 2012, p. 6). Supervision is a multi-faceted relationship between mentor and mentee for the purpose of enhancing counseling work and protecting clients (Remley & Herlihy, 2016). Supervision introduces counselors to the profession and supports them with the knowledge of an experienced colleague (Aasheim, 2012). “The absence of supervisory support and oversight may have a negative impact on the counselor’s personal professional development, increasing the risk for difficult countertransference reactions, empathy strain, burnout, and compassion fatigue” (Dupre et al., 2014, p. 83). Merriman (2015) suggested that supervisors pay attention to needs of supervisees and refer them to counseling when needed. Sommer (2008), a counselor educator and supervisor, stated that “I see that self-care is as important to the professional practice of counseling as theoretical orientations and technical applications” (p. 68).

Self-efficacy protects counselors and is gained over time and experience. According to Merriman (2015), “supervisors should help interns to recognize that newfound confidence in counseling competencies can lead to self-efficacy, which has been shown to serve as a protective factor” (p. 374). Supporting this assertion, Wardel and Mayorga (2016) found that school counselors who had a higher self-efficacy had lower burnout rates. Counselor educators can encourage the development of self-efficacy as “counselor effectiveness also has been linked to

self-efficacy and satisfaction, which are important components of therapeutic skill” (Gray & Erikson, 2013, p. 35).

The factors of social support, healthy boundaries, wellness, self-care, supervision, and self-efficacy protect counselors from burnout. These factors can be emphasized by counselor educators to prepare young counselors for potential job stressors (Sommer, 2008). However, only supervision and level of perceived self-care factor questions were included in the demographic survey to focus more on burnout than on factors that protect from burnout.

Licensure

Porter (2001) defined licensure as “a legislatively established process of credentialing that grants a practitioner the legal right to practice” (p. 127). In this section, the necessity of counselor licensure is discussed. Second, the legal rights granted to licensed professional counselors to diagnose and treat mental health issues are addressed. Finally, how licensure legitimizes the field of counseling in its development from occupation to profession and how licensure of counselors ensures ethical accountability with state governments are explained.

Historically, counselors once debated the need for licensure, but in recent years they have acknowledged that licensure allows for legitimacy and greater oversight of those doing mental health work and has many benefits (Porter, 2001, Remley & Herlihy, 2016). Licensure allows for “...legal right to practice through law” (Porter, 2001, p. 127) and establishes legitimacy for counselors to diagnose and treat mental health disorders (Remley & Herlihy, 2016). Licensure improves the credibility of the profession and protection of clients (Davis & Wilmer, 1990) and ensures a state registry of counselors and accountability for following a code of ethics.

History and Current Status of Counselor Licensure

Development of a clear counselor professional identity and licensure of the profession has taken many years. The importance of licensure was described by Huber (1982): “counselor licensure, following the course of medicine and psychology, marks the evolution of counseling from an occupation to a profession” (p. 246). Counseling, in its earliest form, was related to teaching. Counselors worked in schools and counseling was not seen as its own profession. An early milestone of change originated with the Federal Government in 1958. The United States Government gave Federal recognition to the counseling profession via Title V, B of the National Defense Education Act (NDEA) of 1958. “By recognizing the importance of counselor education, the NDEA reemphasized that counseling is a profession - that is, it requires unique understanding and skills beyond those needed by teachers in general” (Hill & Green, 1960, p. 123).

Licensure of counselors began after the American Psychological Association (APA) imposed restrictions on the scope of counseling practice in 1967 (Bradley, 1995). The APA lobbied for limiting the professionals who can legally perform the tasks of psychotherapy including: talk therapy, diagnosis, assessments, and treatment of mental health issues. Additionally, lawsuits from several state psychology licensing boards attempting to restrict counseling scope of practice increased the necessity of licensure (Brooks & Gerstein, 1990). In response, counselors began the legal process of legitimizing their own scope of practice. Beginning in 1981, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) had stated goals of “(a) accredit master’s-level counselor training programs, and (b) establish state licensure laws to recognize master’s-level counselors as

independent practitioners” (Robinson Kerpuius et al., 2016, p. 1009). CACREP was instrumental in helping establishing licensure laws.

The first state to pass a counselor licensure law was Virginia in 1975. Subsequently, licensure laws have passed in all 50 states as well as Washington, DC, and Puerto Rico (Bradley, 1995; Davis & Witmer, 1990; Robinson Kurpius, Keaveny, Kim, & Walsh, 2015).

Licensure Process

The licensure process for counselors varies from state to state (ACA, 2016). Licensure begins by attaining a master’s degree from an accredited university that meets certain academic standards (Hill & Green, 1960; Myers et al., 2002). Obtaining this degree is the first step for a counselor who plans to work towards licensure (Hill & Green, 1960; Spurgeon, 2012).

Typically, an examination must be passed as well. Most states use the National Counselor Examination (NCE) as a standardized test that must be passed as part of the licensure process (ACA, 2016; Porter, 2001).

The final step is to complete a certain amount of supervised experience. All states require that counselors complete supervised clinical hours (ACA, 2016). Brookes and Gerstein (1990) stated that “the inclusion of supervised experience requirements in licensure legislation is the result of a 1977 decision by the American Association for Counseling and Development (AACD) Licensure Committee” (p. 480). The addition of a supervision requirement was a result of sample legislation given to multiple state legislators. However, upon the writing of the legislation, many state legislators added their own indiscriminate amount of time required for supervision, which resulted in states having different lengths of time for required supervision (Brookes & Gerstein, 1990). States have varying supervision requirements, and some are more

extensive than others. For example, in Louisiana, to become a Licensed Professional Counselor (LPC) a pre-licensed counselor must register with the state licensing board, pass the NCE, receive a minimum of two years of supervision post master's degree, and complete a minimum of 1,900 hours of direct face-to-face counseling with clients along with 100 hours of supervision (ACA, 2016, p. 33). This process can take between two and seven years. By contrast, in Illinois, to be called an LPC, a counselor must graduate from a counseling program with a Master's degree and then register with the board to become an LPC. After 1,920 direct client hours, Illinois counselors have the title of Licensed Clinical Professional Counselor (LCPC) and are legally allowed to have a private practice (ACA, 2016, p.27). Gaining the freedom to work in a private practice provides an incentive to become licensed.

Challenges to Licensure

Despite legislative successes resulting in counselor licensure in all 50 states, an on-going need exists to protect and lobby for the legal rights of counselors within state legislatures (Bradley, 1995; Morgan, 1976). Due to politics surrounding counselor licensure, lobbying groups are required and must advocate for counselors in each state legislative body (Brooks & Gerstein, 1990). Brooks and Gerstein (1990) stated that "the knowledge base of counselor licensure politics is constantly changing and continually expanding as new bills are introduced, passed, and implemented, and as existing laws are modified by amendment, regulation, legal option, judicial decree, and custom and usage" (p. 480).

Other challenges to licensure include transferability or portability of licensure and the rigorous requirements for and the financial burden of supervision (Remley & Herlihy, 2016). Licensure is rarely transferable when counselors move to another state. In some cases, counselors must start the licensure process over or take additional masters-level course work to

regain licensure (Remley & Herlihy, 2016). This can be prohibitive for counselors who move to another state that does not accept their existing license. Several states have moved to accept CACREP standards to ensure universal counseling standards have been met. Legislatures in New Jersey, Michigan, and Utah have adopted graduation from a CACREP-accredited counselor education program as a requirement for becoming licensed. New Jersey will accept an existing license from other states if the counselor graduated from a CACREP-accredited program (ACA, 2010; Mascari & Webber, 2013). The issue of lack of portability has been well documented, yet the profession has not yet achieved a universal counselor licensure standard (Mascari & Webber, 2013). This is relevant for the study because pre-licensed counselors may not be as settled as more experienced counselors or may need to travel for career opportunities or education, thus extending the period and the financial burden of supervision.

Supervision can be another complicating factor on the road to licensure. Supervision is an essential part of counseling licensure; however, Gray and Erickson (2013) noted that there is no uniform requirement for supervision, and the requirement may vary from state to state. The number of supervised hours required can range from 1,000 to 4,500 hours (Gray & Erickson, 2013). The financial cost of supervision while working towards licensure can be prohibitive for some counselors (Stark, 2013). As Stark (2013) noted, “some LPC interns are able to both gain their hours and receive free supervision through paid employment, whereas others must incur the monetary expense of private supervision at a time when they are already struggling to pay back student loans” (p. 26). Concern is ongoing that new counselors may leave the field rather than pay out more money to gain licensure (Stark, 2013).

The challenges of licensure may contribute to the burnout of pre-licensed counselors compared with their licensed counterparts. The lack of portability can extend the already

rigorous requirements of licensure. The financial burden of supervision can be onerous. At the present time, however, no literature was found that addressed burnout among counselors working towards licensure.

CHAPTER THREE

METHODOLOGY

In this chapter, the purpose of the study is reiterated, and the quantitative survey method and the research questions are presented. The target population is described and the procedures are explained. The survey instruments, a researcher-designed demographic survey and the Maslach Burnout Inventory for Human Services (MBI-HSS), are described. The procedures for data collection and analysis are also presented.

Purpose of the Study

Counselors working towards licensure appeared to be an under-studied population at risk for burnout. Burnout levels of different human service professionals have been studied, including: abuse-specific counselors, sexual or substance abuse counselors, counselor educators, counseling graduate students, young counselors, day-care workers, social workers, rehabilitation counselors, and psychotherapists (Maslach et al. 2010; Skovholt & Ronnestad, 2003; Thompson et al., 2011). However, burnout of counselors working to gain their licensure had not been studied. Pre-licensed counselors may possess many of the risk factors for burnout. The purpose of the study was to determine the burnout levels of pre-licensed counselors and compare those levels with those of their licensed counterparts. A second purpose was to assess which risk factors are associated with burnout among this population.

Quantitative Method

A quantitative research design was chosen for this study. Counselor educators often use survey research design to provide “a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population” (Creswell, 2014, p. 12).

Quantitative research is a well-established method of assessing the three-fold symptoms of burnout (Lim et al., 2010; Maslach, 2003). Maslach, the developer of the MBI-HSS, has used quantitative methods to study burnout in members of various professional groups.

Sangganjanavanich and Balkin (2013) used a survey method to study burnout as related to job satisfaction of counselor educators. Vredenburgh et al. (1999) and Moate et al. (2012) also studied burnout using a quantitative survey method.

A two-part survey, comprised of a researcher-developed demographic survey and the MBI-HSS, was distributed to participants in the current study. The survey was emailed to pre-licensed and licensed counselors in Louisiana and Florida. Email was the easiest, least intrusive, and most efficient way to contact professionals in the field. A survey was deemed to be the most effective method to reach pre-licensed and licensed counselors and increase likelihood of their responses.

Research Questions

1. Are pre-licensed counselors more likely to experience burnout while working toward their licensure than their licensed counterparts?
2. What risk factors contribute to pre-licensed counselor burnout?

Participants

The populations of interest in this study were pre-licensed counselors and fully licensed counselors. Because it was not possible to gain access to pre-licensed counselor in a number of states, the sample population was counselors pre-licensed and licensed by their respective state licensing boards in Louisiana and Florida. In Louisiana and Florida combined, approximately

4,300 counselors are working towards licensure at any given time. A total of 13,400 counselors are licensed in Florida and Louisiana (Florida Health Source, 2017). The Florida licensing board requires pre-licensed counselors to register with the state licensing board, pass the NCE, and receive a minimum of two years of supervision post-master's degree. The hour requirement for Florida is 1,500 direct client face-to-face hours and 100 hours of supervision (ACA, 2016, p.22). Louisiana requires pre-licensed counselors to register with the state licensing board, pass the NCE, and receive a minimum of two years of supervision post master's degree. The hour requirement for Louisiana is 1,900 direct client face-to-face hours and 100 hours of supervision (ACA, 2016, p.33). Thus, the requirements for licensure in both states were similar.

Procedures

The procedures related to the study were reviewed and approved by the Internal Review Board (IRB) of the University of New Orleans (UNO) (See Appendix XX). After IRB approval was obtained, data collection began.

The MBI-HSS and demographic survey were transcribed within Qualtrics.com. Contact information for the participants was collected for pre-licensed and licensed counselors from the Florida Counseling Association (FCA) and from the Louisiana Counseling Association (LCA). A total of 1,400 pre-licensed and licensed counselors in Florida and Louisiana were sent the assessment by email. The 400 FCA members, consisting of both pre-licensed and licensed counselors, were contacted by the FCA administrator. For a FCA member, the cost to have the survey sent out was \$15. Louisiana pre-licensed and licensed counselors were contacted at email addresses that were gathered by the LCA. The surveys were sent out by the Executive Director of the LCA. The cost for an LCA member to access the LCA list was \$25. A link generated by Qualtrics.com to access the survey

https://qtrial2017q2az1.az1.qualtrics.com/jfe/form/SV_3EECF0zzMgR9D1z) was included in the email and linked the recipients to the survey. Anonymous data collection was ensured at Qualtrics.com and participation was voluntary. Collected survey data were input into Excel and SPSS Version 23.

Maslach, et al. (2010) suggested that the MBI-HSS be labeled as the “Human Services Survey” when administered. This is suggested to prevent helping professionals from recognizing their own symptoms. This suggested protocol of the MBI-HSS was followed and the survey was distributed with the title “Human Services Survey.” The email invitation to participate was sent to licensed and pre-licensed counselors and included a description of the study, a consent form for human participation in research, and an explanation of the anonymous nature of the assessment. Included as well was a link to the Qualtrics.com combined demographic survey and the MBI-HSS.

Counselors in Louisiana were sent the initial survey link to the Qualtrics survey. After collecting 200 responses an error was detected; the survey included one repeated question and one omitted question in the MBI-HSS. The results were discarded and the Qualtrics survey was corrected.

In Florida, the survey was originally planned to be sent on the same day as Louisiana, however, public records did not include enough emails addresses to begin the study in Florida. The researcher then joined the Florida Counseling Association (FCA) and gained access to Florida counselors approximately one month after the initial email initiation.

Follow up email to both Louisiana and Florida counselors were sent three weeks later, as the targeted return rate was not achieved in the initial email. A third request was sent to

Louisiana counselors only because the targeted return rate was not achieved in the first and second emails. Florida counselors were only sent two requests as allowed by FCA.

A request was sent to the IRB requesting permission to send the survey through email to professors in Louisiana universities with a request to pass them on to recent graduates and colleagues. Permission was granted and the survey was sent to professors. The survey was closed after receiving 382 surveys, 310 of which were completed.

Instruments

Two instruments were used to assess burnout. The first instrument was a brief researcher-designed demographic survey designed to acquire data for analysis purposes. Demographic and job specific information were used to determine any correlations between each demographic variable and level of burnout. The second instrument was the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), which was purchased through <http://www/mindgarden.com/products/mbo.htm>. The two instruments, the demographic survey and the MBI-HSS, were combined into a single survey document.

Demographic Survey

The demographic survey contained 12 items; items 1-3 inquired about demographic variables, and items 4-12 about job specific variables. The two demographic variables were age and gender. The job specific variables were: time in the field, counseling licensure status, state in which licensure is being sought, supervision status, work setting, client population, and weekly caseload. These variables had, in previous studies, shown to be significant predictors of burnout. (See Table 1.)

A sample question was: “How long have you been working as a counselor?” The respondent was able within the response to move a slide to indicate the years from 0 to 65 years. Another sample question was: “How well do you utilize self-care?” The respondent chose: extremely well, very well, moderately well, slightly well, or not well at all. According to Qualtrics software, the demographic survey took approximately 1 minute to complete.

Table 1

Instrument Development-Demographic Variables

Questions	Variable	Established Literature
1	Age	Lim et al. (2010), Rosenberg & Pace (2006); Skovholt & Ronnstad (2003); Young(2015);
2	Gender	Lim et al. (2010); Rosenberg & Pace (2006); Vrendenburgh et al. 1999)
3	Level of education	Lim et al. (2003); Sangganjanavanich & Balkin (2010)
4	Time in the Field	Leppma & Young, (2016); Merriman, (2015); Rosenberg & Pace (2006); Skovholt & Ronnstad (2003); Vredenburgh et al. (1999); Wardle & Mayorga (2016)
5	Licensure Status	Moss et al. (2014); Young (2016)
6	State registered	
7	Receiving supervision	Meriman (2015); Remley & Herlihy (2016); ACA (2016)
8	Work setting	Kirk-Brown & Wallace (2004); Lim et al. (2010); Raquepaw & Miller (1989); Rosenberg & Pace (2006); Vrendenburgh et al. (1999)
9	Client population	Eby et al. (2010); Sangganjanavanich & Balkin (2010)
10	Caseload	Ducharme, et al. (2008); Percy & Wetchler (1987); Rosenberg & Pace (2006)
11	Self-care	Carrola et al. (2016); Skovholt et al., 2001); Wallace et al. (2010)
12	Salary Range	Knudsen et al. (2009); Osker, Biebel, Pullen, and Harp (2013); Lim et al. (2010)

Maslach Burnout Inventory – Human Services Survey

The MBI-HSS is an extensively tested survey designed to assess burnout among those professionals who work in human services (Maslach, Jackson, and Leiter, 2010). The MBI-HSS is the most frequently used burnout assessment (Hardiman & Simmonds, 2013). The purpose of the MBI-HSS is to assess professionals who work in human services for the three factors of burnout: emotional exhaustion, depersonalization, and lack of personal accomplishment.

The MBI-HSS is a 22-item questionnaire that uses the human subject scale. For each item the respondent may choose: 0 = never, 1 = a few times a year or less, 2 = once a month or less, 3 = a few times a month, 4 = once a week, 5 = a few times a week, and 6 = every day (Maslach, et al., 2010). The MBI-HSS takes between 10 to 15 minutes to complete (Maslach et al., 2010). Examples of items are “I feel emotionally drained from work” and “I can effectively solve the problems that arise in my work” (Maslach, 21, 2010).

A distinction needs to be made between the terms “factors” and “variables” as these terms are used with respect to the MBI-HSS. Maslach et al. (2010) consider emotional exhaustion, depersonalization, and reduced personal accomplishment as factors and the following as variables: demographics, work setting, and personality. These variables can be predictors of burnout but are not the clusters of symptoms that indicate burnout. The variables that have previously shown to be significant predictors of burnout are: age, gender, education, work setting, and personal characteristics (Lim, Kim, Kim, Yang, & Lee, 2010; Vredenburg, Carozzi, & Stein, 1999). Therefore, in statistical analysis for this study, the term “factor,” as explained by Field (2013) as a cluster of variable symptoms, was used. In the MBI-HSS these factors are defined as emotional exhaustion, depersonalization, and lack of personal accomplishment. Field (2013) explained that factor analysis is useful to “understand the

structure of a set of variables, construct a questionnaire to measure an underlying variable, reduce data sets to a more manageable size, and retain the maximum of content” (p. 666). The purpose of factor analysis is to explain the “maximum amount of common variance in a correlation matrix using the smallest number of explanatory constructs” (Field, 2013, p.667). Specifically, the factor analysis for the MBI-HSS uses an orthogonal, varimax rotation (Maslach et al., 2010). Field (2013) explained that this is similar to a factor matrix except that it is calculated after the rotation and the variables are listed in order of size.

In factor analysis, the “factors” are cluster variables that highly correlate with each other (Field, 2013). Therefore, the three factors of the MBI-HSS represent cluster variables that correlate highly with each other to explain a person’s likelihood of burnout. The MBI-HSS assesses the following three clusters: Emotional Exhaustion (EE), Depersonalization (Dp), and Reduced Personal Accomplishment (PA) (Maslach, et al., 2010). The MBI-HSS yields three sub-scores which can show low, moderate, or high levels of burnout. A high level of burnout exists when an individual scores high on the emotional exhaustion and depersonalization subscales and scores low on the personal accomplishment subscale (Maslach, et al, 2010).

When emotional exhaustion affects counselors, they may feel they are unable to give to others (Maslach, 2003). The work of counseling involves both personal and professional sacrifices to be fully present to clients and this may lead to the emotional exhaustion component of burnout (Piercy and Wetchler, 1987). Emotional exhaustion symptoms are characterized by feeling both physically and emotionally drained (Lim, et al, 2010; Maslach & Leiter,1997).

Depersonalization can affect counselors’ ability to experience unconditional positive regard for clients. Often, they begin to expect the worst from people (Maslach, 2003). Depersonalization is evident when counselors show a lack empathy and distance themselves

from clients emotionally (Lim, et al, 2010). This can lead to resentment of clients, avoidance of clients, and feeling hostile or angry towards clients (Maslach, 2003).

Reduced personal accomplishment affects counselors' self-esteem and feelings of worth as professionals (Lim et al, 2010). Counselors begin to doubt their skills and abilities (Maslach, 2003). This can present in counselors' feelings of inadequacy and loss of purpose and counselors begin to see themselves in a negative light in regard to seeing clients (Vredenburg et al., 1999).

In summary, the purpose of the MBI-HSS is to assess burnout within the three clusters of factors. The statistical framework of the MBI-HSS is factor analysis. The factors of the factor analysis are different from a theoretical view of factors. In quantitative statistics, these factors are considered variables (such as age, level of education, work setting, and personality traits). In the MBI-HSS, factor analysis is used to assess and compare the factor clusters of emotional exhaustion, depersonalization, and decreased personal accomplishment. These clustered factors provide the data for the researcher to determine burnout levels.

Data Collection

The original plan was to randomly select 8,000 licensed and pre-licensed counselors from Louisiana and Florida to email the instrument comprised of the demographic survey and the MBI-HSS. However, the public records in Florida did not include enough email addresses. Therefore, emails were sent through the Florida Counseling Association (FCA) and the Louisiana Counseling Association(LCA), resulting in assessments sent to 400 members of FCA and 1,200 members of LCA. The email invitation included: informed consent, IRB approval documentation, and a link to the two surveys. Follow-up emails were sent to ensure maximum return. As an incentive, respondents had the option to separately enter their email to be picked at random from completed surveys to win a \$50 gift card. The Zemke and Kramlinger (1986)

method was used to determine the needed return rates compared with sample size. This well tested chart suggests that a return rate of 364 surveys should be sought from sample size of 8,000 (Zemke & Kramlinger, 1986). However, due to the lack of emails on the Florida licensing public record, the researcher instead sent emails through FCA. Also additional counselors in Louisiana were served for a total 2,000. Based on the number of surveys that were sent out, totaling 2,400, a necessary return rate was determined to be 331 (Zemke & Kramlinger, 1986). A total of 382 counselors completed the demographic survey and 310 completed the entire survey. Based on the return rate for MBI-HSS, with 2,400 assessments sent, the 331 needed return rate was achieved with a degree of accuracy ± 0.05 and a 95% confidence level (Zemke & Kramlinger, 1986). The return rate did not make the 331 returned for the 95% confidence level. A revised computation indicated a 94.8% confidence level, which can be rounded to a 95% confidence level (M. Bonis, personal communication, February 21, 2018). Three respondents were removed from the study that identified themselves as “pre-licensed counselors not working towards licensure” because they had varying responses that affected the aim of the study.

Data Analysis

A correlational design was used to determine the relationships between the demographic/job specific variables and burnout symptoms. The completed surveys were placed into IBM’s Statistical Package for Social Sciences (SPSS-Version 23). The MBI-HSS uses a Likert scale; therefore, Spearman’s rho correlation was used to assess the variables (Field, 2013). ANOVA was utilized to correlate demographic information with burnout symptoms of emotional exhaustion, depersonalization, and reduced personal accomplishment. ANOVA was used to compare licensed and pre-licensed counselors’ levels of burnout. The data were transcribed to

an Excel spreadsheet and the analysis on the data was run using SPSS. The MBI manual requires multiple regression techniques to predict the burnout scores (Maslach, 2010). The Durbin-Watson Test was used to look for correlations between errors in regression models and to ascertain if the results were generalizable (Fields, 2013).

CHAPTER FOUR

RESULTS

The results of this study are presented in this chapter. The purpose of the study is reiterated and the method is summarized. The characteristics of the sample are described. The results of the analysis of the two research questions are presented. Finally, the findings are summarized.

Purpose of the Study

This study had two primary purposes. The first purpose was to assess burnout in pre-licensed counselors who are working towards licensure compared to burnout in counselors who are already licensed. The second purpose of the study was to assess what factors contribute to burnout in pre-licensed counselors.

Characteristics of the Sample

A total of 2400 counselors and pre-licensed counselors were sent an email request for participation along with a link to the survey. Of that number, 382 counselors began the study and 310 completed the survey. Of those 310, 6 were completed to 93% (meaning they missed one question); they were included in the study. Of the 310 participants, 259 identified as females, 46 identified as males, two identified as transgender, one identified as genderfluid, and two indicated other.

The mean age of licensed counselors was 44.06 years old, with a standard deviation of 12.33. The mean years in the field of licensed counselors was 12.9, with a standard deviation of 9.27. The mean age of pre-licensed counselor was 34.09 years old, with a standard deviation of

10.06. The mean years in the field of pre-licensed counselors was 3.82 with a standard deviation of 4.65. The mean salary for licensed counselors was \$45,068, with a standard deviation of 1.78. The mean salary for pre-licensed counselors was \$31,250, with a standard deviation of 1.60. The mean weekly caseload for licensed counselors was 21.78 with a standard deviation of 17.08. The mean weekly caseload for pre-licensed counselors was 17.15, with a standard deviation of 12.78.

Table 2

Mean Scores for Counselors and pre-licensed counselors demographic.

Demographic Question	Licensed Counselor		Pre-Licensed Counselor	
	Mean	SD	Mean	SD
Age	44.06	12.33	34.09	10.06
Time in the counseling field	13.09	9.32	3.21	3.01
Salary	6.51	1.78	5.13	1.60
Weekly Caseload	21.78	17.08	17.15	1.37

Analysis of Research Questions

Research Question 1

Research question 1 was: Are pre-licensed counselors more likely to experience burnout while working toward their licensure than their licensed counterparts?

Hypothesis 1

Hypothesis 1 was: There will be no significant differences in levels of Emotional Exhaustion (EE) between pre-licensed counselors working toward their licensure and licensed counselors.

Hypothesis 2

Hypothesis 2 was: There will be no significant differences in levels of Depersonalization (DP) between pre-licensed counselors working toward their licensure and licensed counselors.

Hypothesis 3

Hypothesis 3 was: There will be no significant differences in levels of Personal Accomplishment (PC) between pre-licensed counselors working toward their licensure and licensed counselors.

Degree of Burnout

Using descriptive statistic ANOVA, inferential statistic Levene's test and non-parametric tests including Spearman's rho, and Kruskal-Wallis were calculated to measure the degree of burnout and to compare burnout scores of licensed counselors and pre-licensed counselors working toward licensure. A third group consisting of pre-licensed counselors not working towards licensure, comprised of three counselors, was eliminated due the vast differences among respondents which interfered with data results. Maslach's Burnout Inventory- Human Services (MBI-HSS) was used to measure burnout scores for three symptoms of emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). These three symptoms are subscales on the MBI-HSS. The results for the licensed and pre-licensed counselors were compared.

For emotional exhaustion (EE), a mean score of 27 or above indicates high EE, a mean score of 12-26 indicates moderate EE, and a mean score of 0-16 indicates low EE.

Depersonalization (DP) is determined as high when the mean score is 13 or above, moderate when the mean score is 7-12, and low when the mean score is 0-6. Personal Accomplishment

(PA) is considered low if the mean score is 0-31, moderate if the mean score is 32-38, and high if the mean score is 39 or above (Maslach, 2010).

The mean score for emotional exhaustion (EE) in licensed counselors was 26.63, with a standard deviation of 11.40, indicating moderate levels of burnout. The mean score for EE in pre-licensed counselors was 30.11, with a standard deviation of 12.59, indicating high levels of burnout. The mean score for depersonalization (DP) in licensed counselors was 9.32, with a standard deviation of 4.13, indicating a moderate level of burnout. The mean score for DP in pre-licensed counselors was 9.75, with a standard deviation of 5.09, indicating a moderate level of burnout. The mean score for personal accomplishment (PA) in licensed counselors was 47.19, with a standard deviation of 7.15, indicating a low level of burnout. The mean score for PA in pre-licensed counselors was 47.02, with a standard deviation of 4.77, indicating a low level of burnout.

Table 3

MBI-HSS Scores by total Scores Standard Deviations (n=307, Licensed Counselors 219, Pre-licensed counselors 88)

MBI-HSS Subscales		Mean	Standard Deviation
EE	Licensed Counselors	26.63	11.40
	Pre-Licensed Counselors	30.11	12.59
DP	Licensed Counselors	9.32	4.13
	Pre-Licensed Counselors	9.75	5.09
PA	Licensed Counselors	47.19	7.15
	Pre-Licensed Counselors	47.02	4.77

Hypothesis Testing.

Mean scores of the MBI-HSS subscales were compared between licensed and pre-licensed counselors using SPSS and Levene's test of equality. If the data passed the Levene test, the subscales were compared using an ANOVA. The scores for EE, DP, and PA of licensed counselors and pre-licensed counselors were compared using Levene's test of equality of error variances and the data were not significantly different. Therefore, an ANOVA was used to test the hypotheses.

Statistically significant differences were found between licensed counselors and pre-licensed counselors on the EE subscale. Therefore, the null hypothesis was rejected [H_0 ; $F(1,305) = 5.515, p < 0.05$].

No significant differences were found between licensed counselors and pre-licensed counselors on the DP subscale. Therefore, the null hypothesis was accepted [$F(1, 305) = 0.57, p > 0.05$].

No significant differences were found between licensed counselors and pre-licensed counselors on the PA subscale. Therefore, the null hypothesis was accepted, [$F(1,305) = 0.04, p > 0.05$].

Table 4

ANOVA between subjects: Licensed Counselors and Pre-licensed Counselors

Subscale	F	Significance	Effect Size
Emotional Exhaustion	5.52	.019*	.09
Depersonalization	.57	.45	.002
Personal Accomplishment	.04	.843	.00

*ANOVA is significant at 0.05 level

In summary, pre-licensed counselors exhibited high levels of emotional exhaustion (EE) compared with their licensed counterparts. A statistically significant difference in mean EE scores was found between licensed counselors and pre-licensed counselors. No significant differences were found in DP or PA scores. Both licensed and pre-licensed counselors exhibited moderate levels of depersonalization of clients (DP) and high levels of personal accomplishment (PA).

Research Question 2

Research Question 2 was: What risk factors contribute to pre-licensed counselor burnout? The responses to the MBI-HSS of 88 pre-licensed counselors who completed the assessment were analyzed. Pearson's correlation was used to calculate associations between the three subscales of the MBI-HSS (EE, DP, PA).

A statistically significant strong relationship association was found between EE and DP ($F(1, 88) = 0.69, p < 0.01$), indicating that pre-licensed counselors are likely to experience both symptoms together.

A statistically significant negative moderate association was found between EE and PA ($F(1, 88) = -0.35, p < 0.01$), indicating that pre-licensed counselors who experience higher emotional exhaustion are less likely to experience personal accomplishment.

A statistically significant negative weak association was found between DP and PA ($F(1, 88) = -0.22, p < 0.05$), indicating that pre-licensed counselors who experience higher levels of depersonalization experience lower levels of personal accomplishment.

Table 5*Pearson's Correlation of MBI-HSS Subscales for pre-licensed counselors (N= 88)*

MBI-HSS Subscales	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	R	p	R	p	R	p
EE	1		0.69	0.0**	-0.35	0.001**
DP	0.69	0.0	1		-0.22	0.43*

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (s-tailed).

Spearman's rho was used to determine the association between demographic factors and burnout level as measured by the MBI-HSS subscales (EE, DP, and PA).

A weak association was found between age and EE ($\rho(88) = -0.21, p < 0.05$), indicating a statistically significant relationship between the symptom of emotional exhaustion and age. In other words, younger counselors had a greater likelihood to experience burnout symptomology.

A moderate statistically significant negative relationship was found between receiving weekly supervision and DP ($\rho(88) = -0.27, p < 0.05$). This indicates that attending weekly supervision correlated with lowered depersonalization of clients.

A moderate statistically significant relationship was found between self-care and EE ($\rho(88) = 0.47, p < 0.01$). This indicates that utilizing self-care correlated with lowered emotional exhaustion.

A moderate statistically significant relationship was found between self-care and DP ($\rho(88) = 0.22, p < 0.05$). This indicates that utilizing self-care correlated with lowered depersonalization of clients.

Table 6*Spearman's rho Correlation Coefficients for the relationship between MBI-HSS and Demographic Variables*

Variable	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	ρ	p	ρ	p	ρ	p
Age	-0.21	0.049*	-0.21	.051	0.07	0.53
Gender	-0.5	0.65	0.01	0.93	0.03	0.76
Level of education	-0.06	0.58	0.03	0.75	-0.20	0.89
Time in the Field	-0.01	0.94	-0.04	0.74	0.04	0.70
Receiving weekly supervision	-0.7	0.51	-0.27	0.01*	0.08	0.48
Weekly Caseload	-0.05	0.63	-0.04	0.71	-0.08	0.44
Self-care	0.47	0.0**	0.22	0.04*	-0.06	0.56
Salary Range	-0.05	0.65	-0.1	0.37	0.06	0.58

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

A Kurskal-Wallis test was calculated to determine the association between gender and burnout level using the MBI-HSS subscales (EE, DP, and PA). Gender was not a significant predictor of EE, DP, or PA for pre-licensed counselors.

Table 7

Kruskal-Wallis Differences in Gender in Pre-licensed Counselors

MBI-HSS Subscales	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	M	SD	M	SD	M	SD
Males (n=11)	31.45	13.16	9.91	5.11	47.18	3.76
Females (n=76)	29.96	12.67	9.72	5.15	46.93	4.92

Spearman's rho was calculated to determine the association between work setting and burnout level using the MBI-HSS subscales (EE, DP, and PA). Work setting was not a significant predictor of EE, DP, or PA for pre-licensed counselors. A Pearson's correlation indicated a moderately negative association between working at an agency and DP ($R(88) = , p <$

0.05), whereas a Spearman’s rho calculation was significant at ($\rho(88) = -0.2, p > 0.5$). In other words, when using Pearson’s correlation, working at an agency correlated with lowered depersonalization of clients. When using Spearman’s rho, results were just above statistically significant but did not show that working in an agency correlated with lowered depersonalization of clients.

Table 8

Spearman’s rho Correlation Coefficients for the relationship between MBI-HSS sub-scales and Work Setting Variables

Variable	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	ρ	p	ρ	p	ρ	p
Agency	-0.2	0.83	-0.2	0.057*	0.08	0.44
School	-0.1	0.36	-0.13	0.22	0.05	0.64
Private Practice	-0.13	0.21	0.1	0.9	0.11	0.33
Outpatient	0.08	0.44	-0.03	0.78	0.01	0.95
Inpatient	0.1	0.35	0.13	0.24	0.06	0.59

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Spearman’s rho was calculated to determine the association between client population and burnout levels using the MBI-HSS subscales (EE, DP, and PA). Client population was not a significant predictor of the burnout symptoms of EE, DP, or PA for pre-licensed counselors. However, client population was found to be a significant predictor of positive feelings of PA. A Spearman’s rho correlation indicated a significance of 0.01, indicating a moderate positive association between feelings of personal accomplishment and working with the chronically mentally ill ($\rho(88) = 0.27, p < 0.05$). Pre-licensed counselors who work with the chronically mentally ill clients scored higher positive feelings of personal accomplishment than pre-licensed counselors who work with other client populations.

Table 8*Spearman's rho Correlation Coefficients for the relationship between MBI-HSS and Client population*

Variable	Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	ρ	p	ρ	p	ρ	p
Children	-0.13	0.23	-0.11	0.33	-0.01	0.92
Families	-0.21	0.56	-0.08	0.46	0.15	0.17
Couples	-0.18	0.1	-0.06	0.59	0.11	0.3
Substance Abuse	-0.01	0.91	0.3	0.79	0.13	0.22
Court mandated	-0.13	0.22	-0.13	0.24	0.17	0.11
Incarcerated	-0.15	0.18	-0.07	0.53	0.09	0.41
Chronic Mentally ill	0.01	0.96	-0.13	0.24	0.27	0.01*

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Summary of Results

The first research question was: Are pre-licensed counselors more likely to experience burnout while working toward their licensure than their licensed counterparts? The findings indicated that pre-licensed counselors are more likely to experience the burnout symptom of emotional exhaustion than their licensed counterparts. The findings also indicated that pre-licensed counselors were not more likely than their licensed counterparts to experience the symptom of depersonalization. Finally, results indicated that both licensed and pre-licensed counselor report strong feelings of personal accomplishment, indicating low levels of burnout on the PA subscale. Pre-licensed counselors reported high EE scores, moderate DP scores, and high PA. Licensed counselors reported moderate EE scores, moderate DP scores, and high PA.

The second research question was: What risk factors contribute to pre-licensed counselor burnout? Three risk factors were found statistically significant, contributing to pre-licensed counselor burnout: young age, less self-care, and experiencing emotional exhaustion. Age is a

risk factor; the younger the pre-licensed counselor, the more likely the counselor is to experience emotional exhaustion. The risk factor of less self-care was found to contribute to pre-licensed counselors experiencing the symptoms of emotional exhaustion and depersonalizing clients. Finally, experiencing the symptoms of EE was found to increase the likelihood of the counselor depersonalizing clients and of low personal accomplishment.

Three statistically significant protective factors appeared to decrease the likelihood of burnout for pre-licensed counselors. Attending weekly supervision was found to be associated with decreased likelihood of depersonalizing clients. Further, working at an agency was associated with a decreased likelihood of depersonalizing clients. Finally, working with the chronically mentally ill was associated with increased feelings of personal accomplishment.

CHAPTER FIVE

DISCUSSION

Chapter Five contains five sections. In the first section, a summary of the study is provided. In the second section, the findings are discussed and compared to the current literature on burnout. In the third section, the limitations are explained and implications are discussed for pre-licensed counselors, supervisors, and counseling educators. Finally, suggestions for further research on burnout of pre-licensed counselors are offered.

Summary of Purposes and Procedures

The study had two purposes. The first purpose was to assess burnout levels in pre-licensed counselors who are working towards licensure compared to burnout levels in licensed counselors. The second purpose was to identify the possible factors that contribute to burnout in pre-licensed counselors.

A total of 2,400 counseling professionals in Louisiana and Florida were contacted by email and invited to participate in the study. The email messages were sent by the state counseling associations. The Louisiana Counseling Association sent 2,000 emails to counselors and pre-licensed counselors in Louisiana. The Florida Counseling Association sent 400 emails to counselors in Florida. Of the 2,400 surveys sent, a total of 310 were completed. Of the 310 participants, 219 reported themselves as licensed counselors, 88 reported themselves as pre-licensed counselors working towards licensure, and three reported themselves as “pre-licensed not working towards licensure.” The three respondents who self-described as “pre-licensed counselors not working towards licensure” were removed from the study.

The instrument was comprised of a researcher-developed demographic survey along with Maslach's Burnout Inventory for Human Services (MBI-HSS), and was sent with the link to the Qualtrics survey in the body of the email request. Results were entered into Excel and statistics were run using SPSS 23.0. ANOVA and regression models were run as suggested by the MBI-HSS manual to assess the data gathered (Maslach, 2010). The resulting data revealed that pre-licensed counselors are more likely to experience emotional exhaustion than their licensed counterparts. Statistically significant factors that related to burnout were also found.

Discussion

This study contributes to the knowledge base related to burnout. In previous studies, researchers have assessed for burnout of counselors and other helping professionals; however, the present study is the only known study to assess for burnout in pre-licensed counselors working towards licensure. Although earlier researchers have investigated counselor burnout (Ducharme, Knudsen, & Roman, 2008; Lim et al, 2010, Sangganjanavanich & Balkin, 2013; Young, 2015), licensed and pre-licensed counselors were not compared. An objective of this study was to evaluate the level of burnout of pre-licensed counselors compared with their licensed counterparts. Results of the study indicated that significant relationships exist between burnout symptoms and emotional exhaustion for pre-licensed counselors. The results also suggested that several factors may increase or decrease the likelihood of burnout.

Burnout Subscales

Emotion Exhaustion.

The first subscale of the Maslach Burnout Inventory for Human Services (MBI-HSS) is emotional exhaustion (EE). A significant difference was found between licensed counselors and

pre-licensed counselors on emotional exhaustion, $F(1,305) = 5.52, p < 0.05$. Pre-licensed counselors scored high in emotional exhaustion ($M = 30.11, SD = 12.59, \text{range: } 11\text{-}63$), whereas licensed counselor scores indicated moderate levels of emotional exhaustion ($M = 26.63, SD = 11.4, \text{range: } 9\text{-}57$). Previous researchers have found correlations between levels of emotional exhaustion and job satisfaction. Sangganjanavanich and Balkin (2013) found that among counselor educators an increase in EE greatly correlated to decreased job satisfaction. Similarly, Ducharme, Knudesen, and Roman (2008) found a connection between emotional exhaustion and the desire to leave one's job. In the present study, pre-licensed counselors indicated significantly greater emotional exhaustion than their licensed counterparts. Because results of these two studies found a correlation between EE and job satisfaction among licensed counselors, it is possible that pre-licensed counselors also feel greater job dissatisfaction. Job dissatisfaction could cause pre-licensed counselors to leave the counseling profession before achieving licensure status. This, in turn, could result in the loss of new counselors to the field and fewer clients being served.

Depersonalization

The second subscale of the MBI-HSS is depersonalization (DP). No significant differences in the symptoms of DP were found. Both pre-licensed counselors and licensed counselors scored at moderate levels for depersonalization. It is an encouraging finding that neither group reported high levels of depersonalization; nonetheless, it is concerning that both licensed and pre-licensed counselors were experiencing moderate rather than low levels of DP. Sangganjanavanich and Balkin (2013) reported no significant correlation between DP subscales and job satisfaction. The finding of moderate levels of DP is reason for concern in licensed and pre-licensed counselors because this eventually could have negative effects on clients

Personal Accomplishment

The third subscale of the MBI-HSS is personal accomplishment (PA). Results of this study showed no significant differences between the PA scores of licensed and pre-licensed counselors. Both groups scored high in feelings of personal accomplishment, indicating low levels of burnout in this subscale. Licensed counselors scored ($M=47.19$, $SD = 7.15$, range 19-56) and pre-licensed counselors ($M = 47.02$, $SD = 4.77$, range: 35-56) respectively. This finding supports the findings of previous researchers who reported high PA subscale scores in counselors. Kirk-Brown and Wallace (2004) concluded that counselors who experienced “intrinsic job satisfaction as a result of challenging work are less likely to leave for a comparable job (p.35).” Sangganjanavanich and Balkin (2013) similarly did not find PA subscales to be a significant predictor of job satisfaction. It is a welcomed finding that both licensed and pre-licensed counselors experience high levels of PA, and therefore exhibit lower burnout in this subscale.

Factors

Twelve factors were assessed in the researcher-developed demographic survey. These factors were: age, gender, level of education, time in the field, licensure status, state of registration, receiving weekly supervision, work setting, client population, weekly caseload, self-reported self-care utilized, and salary. Factors that were not found to be significant predictors of burnout were: gender, level of education, time in the field, weekly caseload, and salary.

Results of this study support the findings of several earlier studies that did not reveal a relationship between gender and burnout (Craig & Sprang, 2008; Raqyepaw & Miller, 1989; Rosenberg & Pace 2006; Thornton, 1992; Vrendenburgh et al. 1999; Young, 2015). This study

found that gender was not a predictor of burnout. Therefore, this finding in the present study should be interpreted with caution, however, due to the small number of male participants.

Some of the factors not found to be significant in burnout of pre-licensed counselors are contradictory to findings of previous researchers. Level of education was not found to be a factor significant in burnout. However, Lim et al (2010) found that a higher level of education was a factor of burnout and that high scores on the MBI-HSS for emotional exhaustion as well as depersonalizing clients and higher feelings of personal accomplishment indicated a correlation between level of education and burnout. Time in the field was not found to be a significant predictor in this study, whereas Vredenburg et al. (1999) found that counseling psychologists associated time in their current job with their burnout rates.

In this study, work hours were not a statistically significant predictor of burnout. The literature on workload and burnout is inconsistent. The work of Skorupa and Agresti (1993), who studied psychologists, did not find workload to be a significant predictor of burnout. In contrast, Lim et al. (2010), who conducted a meta-analysis of counselors, found workload as a contributor to burnout. Rosenberg and Pace (2006) observed a lower PA score with an increasing workload among MFT's. Vredenburg et al. (1999) found an increase in feelings of PA associated with the more workload hours that doctoral-level counseling psychologists conducted; however, they did not report a maximum number of hours. Further study is needed to understand the possible association between work hours and PA scores.

In this study, a significant correlation between salary and burnout was not found. This finding does not support the findings of Knudsen et al. (2009), who studied substance abuse counselors and found a significant connection between having a low salary and a substance abuse counselor's interest in quitting the field. These inconsistent findings related to burnout

and gender, level of education, time in the field, weekly caseload, and salary suggest that further research into these factors is needed.

Factors that were found to be statistically significant predictors of burnout in this study were: age, weekly supervision, work setting, and client population. In this study, age was found to be a statistically significant predictor of emotional exhaustion. A statistically significant association was found between emotional exhaustion and age ($\rho(88) = -0.21, p < 0.05$). Previous researchers have reported similar results (Craig & Sprang, 2008; Rosenberg & Pace, 2006; Vredenburgh, Carlozzi, & Stein, 1999; Young, 2015); thus, the findings of this study increase confidence that age is a contributing factor to the likelihood of burnout. Craig and Sprang (2008) found, among trauma therapists, age was a significant factor in burnout. Rosenberg and Pace (2006) found that the younger MFTs were, the more likely they would experience an increase in EE and DP. Similar results to age and EE and DP were found in the study of counseling psychologists by Vredenburgh et. al (1999). Young (2015), in his study of substance abuse counselor turnover and burnout, found that age and a lack of work experience were both predictors of burnout. This combination of factors may put young counselors at greater risk. Younger counselors and their supervisors, and counselor educators, must be vigilant to the possible risk for a younger counselor specifically related to EE and DP.

Using Spearman's rho, a moderate negative association was observed between receiving weekly supervision and DP ($\rho(88) = -0.27, p < 0.05$). This finding suggests that attending weekly supervision may reduce the likelihood of depersonalizing clients. Additionally, this finding underscores the importance of weekly supervision to protect both counselors and clients. The benefits of weekly supervision are documented throughout the literature (Dupre, 2014; Merriman, 2015; Remley & Herlihy, 2016). These findings suggest that counselor educators,

counselor supervisors, and pre-licensed counselors should make weekly supervision a priority for the benefit of the clients.

Work setting options available on the demographic survey were: agency, private practice, school, outpatient, inpatient, and a write-in option. The setting in Qualtrics allowed respondents to choose as many options as needed. Work setting was not a predictor of burnout in this study; this finding is contrary to the findings of Craig and Sprang (2008) who studied trauma therapists exclusively. Lent and Swartz (2012), found that counselors who worked in community mental health outpatient settings reported higher levels of burnout than counselors working in private practice. In this study, using Pearson's correlation of a significance of 0.03, a moderate negative association was found between working at an agency and DP ($R(88) = -, p < 0.05$) with Spearman's rho approaching significance with $p = 0.057$, ($\rho(88) = -0.2, p > 0.5$). This result indicates that pre-licensed counselors working in an agency setting may have lower levels of DP. It is possible that working in an agency could be considered a protective factor in burnout; however, further study is needed.

Options for indicating the client population with which participants worked were: children, families, couples, substance abusers, court mandated clients, incarcerated clients, clients with chronic serious mental illness, and a write in option. The question was written in Qualtrics to allow counselors to choose as many options as needed. Pre-licensed counselors who reported working with chronically mentally ill clients reported statistically significant higher feelings of personal accomplishment than pre-licensed counselors who worked with any other client population that could be chosen. Scores indicated a moderate positive association between feelings of personal accomplishment and working with the chronically mentally ill ($\rho(88) = 0.27, p < 0.05$). To an extent, this result supports the findings of Rosenburgh and Pace (2006),

who found that marriage and family therapists (MFTs) working in community mental health agencies (where it might be assumed that counselor caseloads include chronically and severely mentally ill clients) scored higher in PA than those working in academia.

The self-care item offered a Likert-type response scale based on the question: “How well do you utilize self-care?” Response choices were: 1= extremely well, 2 = very well, 3 = moderately well, 4 = slightly well, or 5 = not well at all. In this study, a moderate association was found between self-care and emotional exhaustion ($\rho(88) = 0.47, p < 0.01$), indicating that pre-licensed counselors who reported better utilization of self-care were less likely to exhibit emotional exhaustion (EE). A statistically significant association was found between self-care and depersonalization (DP), ($\rho(88) = 0.22, p < 0.05$), indicating that better utilization of self-care is associated with a lower likelihood of depersonalizing clients. Although pre-licensed counselors reported levels of self-care similar to their licensed counterparts ($M=2.65$), their scores were slightly higher ($M=2.66$); this finding warrants further investigation. Although pre-licensed counselors scored similarly in self-care as their licensed counterparts, they scored significantly higher on the emotional exhaustion subscale. This may indicate that self-reported self-care may not be enough to mitigate EE. A moderate association was found between self-care and emotional exhaustion ($\rho(88) = 0.47, p < 0.01$), indicating a significant relationship between the level of reported self-care and emotional exhaustion. This result supports the findings of Thornton (1981), who found that as burnout symptoms increased so did avoidance coping skills among mental health workers.

Protective factors

Findings suggested that weekly supervision may significantly insulate pre-licensed counselors from burnout symptoms. Pre-licensed counselors attending weekly supervision were

found to be less likely to experience the symptom of depersonalizing clients. Scores indicated a moderate negative association between attending weekly supervision and depersonalizing clients ($\rho(88) = -0.27, p < 0.05$). This finding supports the finding of Ducharme, Knudsen, and Roman (2008) that supervisors can help young counselors manage the difficulties that arise within counseling and that they can be considered a protective factor for burnout.

Limitations

At the time the data were analyzed, it had been assumed that the assessment was sent to a total of 1,600 counseling professionals in Louisiana and Florida: 1,200 to members of Louisiana Counseling Association, and 400 to Florida Counseling Association members. A total of 310 surveys were completed sufficiently, including both demographic and MBI-HSS assessments. A discrepancy was found after the study was completed; the survey was sent to an additional 800 counselors in Louisiana. Therefore, a total of 2,400 counselors were emailed. This would require a larger return of 331 completed surveys to reach a 95% confidence level. However, this larger number minimally affected the validity of the results. A revised computation indicated a 94.8% confidence level, which can be rounded to a 95% confidence level (M. Bonis, personal communication, February 21, 2018).

Another limitation of the study was that the survey had to be corrected and re-sent because the original version contained a repeated question and an omitted question. Responses to this original version were deleted; this may have negatively affected the overall response rate due to counselors being unwilling to complete the survey as second time. Finally, the results are not generalizable beyond Louisiana and Florida.

Implications

For Counselor Educators and Supervisors

The purpose of the study was to understand if pre-licensed counselors were at greater risk for burnout and what factors contribute to their burnout. Results of this study suggest a need for heightened awareness of the risks for emotional exhaustion in younger pre-licensed counselors. Emotional exhaustion is considered a serious symptom that has negative effects on health. “Exhaustion - emotional, creative, or physical - undermines effectiveness, health and well-being” (Maslach & Leiter, 1997, p. 41). The presence of emotional exhaustion is a concern for counselor educators and counselors as “the emotional exhaustion and cynicism of burnout are often accompanied with a deterioration of physical and psychological well-being” (Maslach, 2003, p. 123). Therefore, counselor educators are advised to stress the importance of self-care, and discuss the risks of emotional exhaustion along with prevention and remediation techniques. Helping young counselors avoid emotional exhaustion is an important imperative for supervisors, as well (Prosek & Hurt, 2014). According to Sommer (2008), “supervisors should be aware of direct intrusion of clients in counselors’ lives, signs of burnout, feelings of being overwhelmed, signs of withdrawal in either the counseling or the supervisory relationship, and signs of stress and an inability to engage in self-care (p. 64).” To extend hope, supervisors can assure supervisees that perspective comes with time.

For Pre-licensed counselors

Results of this study suggest that pre-licensed counselors benefit from attending weekly supervision and attending to self-care. Pre-licensed counselors are advised to be diligent in practicing self-care, particularly with respect to maintaining protective emotional boundaries to

avoid emotional exhaustion. Sommer (2008) has recommended mindfulness techniques to best implement self-care. Pre-licensed counselors need to make weekly supervision a priority in order to receive the maximum benefits from being under supervision.

Age is a stronger risk factor than time in the field; therefore, young pre-licensed counselors in particular are advised to appreciate and maximize the benefits of weekly supervision to mitigate possible depersonalization of clients. It is recommended that they discuss any symptoms with their supervisor, keeping in mind the ramifications of burnout. Maslach (2003) emphasized that “the burned-out provider is prone to health problems, psychological impairment, loss of self-esteem, and a growing dissatisfaction with the job (p. 123).”

Recommendations for Future Researchers

Although gaining access to large groups of pre-licensed counselors can be challenging, further research focused on this professional group is needed. An enhanced understanding of burnout among pre-licensed counselors can help supervisors and counselor educators to more effectively prepare young counselors for the risks inherent in the field.

Further studies are needed to generalize the results of this inquiry. A national study would help generalize these findings to a larger population than exists in Louisiana and Florida. Working in an agency, attending weekly supervision, and working with chronically mentally ill were found to be possible protective factors for burnout; however, further research is needed to validate this result. A longitudinal study could also assess retention rates of pre-licensed counselors in the field.

Although pre-licensed and licensed counselors are reporting similar levels of self-care, further exploration of the types of self-care the pre-licensed counselors are utilizing would be

helpful in maximizing its benefits. Also, more adaptive uses and education about self-care could greatly help counselors managing symptoms of burnout. In this way self-care is essential to ethical counseling work. Increased emphasis on self-care should be part of young counselors, their supervisors, and counselor educators. Education about and utilization of more pro-active self-care techniques may decrease burnout symptoms.

Explorations of correlations of age and EE with self-efficacy, empathy, and personality traits in pre-licensed counselors could build on the findings of this study. The voices of pre-licensed counselors were not shared or explored in this study; a qualitative study would shed greater light on the personal experiences of pre-licensed counselors.

Conclusion

This study contributes to a greater understanding of the risks of burnout for pre-licensed counselors. Study results indicated that pre-licensed counselors may be more likely to experience the burnout symptom of emotional exhaustion (EE). Counselor educators and supervisors can utilize this finding to better protect pre-licensed counselors from experiencing this symptom.

It was found that younger pre-licensed counselors are more likely to experience the burnout symptom of EE. Working with chronically mentally ill clients was associated with higher feelings of personal accomplishment. Working with some chronically mentally ill clients may be helpful to pre-licensed counselors in increasing feelings of PA. A protective factor of note was weekly supervision, which was associated with a lower likelihood of reporting symptoms of depersonalizing clients. This finding emphasizes the importance of weekly supervision to protect both counselors and clients. Self-care is often encouraged for counseling

professionals, yet self-reported self-care is not sufficient to insulate pre-licensed counselors from emotional exhaustion. Although this study had several limitations, the results contribute to establishing a body of knowledge regarding burnout among the understudied population of pre-licensed counselors.

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APPENDIX A

APPLICATION FOR CONDUCTING RESEARCH
INVOLVING HUMAN SUBJECTS

For office use only

Protocol No _____

Date received: _____

A. FACE PAGE

PROTOCOL TITLE:		
Burnout in Pre-licensed Counselors Compared to Licensed Counselors		
ALTERNATE TITLE:		
Burnout: A Study of Pre-licensed Counselors Compared to Licensed Counselors		
TYPE OF REVIEW: x <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL If renewal, are there substantive changes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Principal Investigator: Dr. Barbara Herlihy New investigator: <input type="checkbox"/>	Department: Counseling Education	University Affiliation: <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Instructor X <input type="checkbox"/> Other: Professor Emerita (Graduate students cannot serve as PI)
Campus Address: 348 Bicentennial Education Building	Phone: Preferred e-mail: bherlihy@uno.edu	
Co-Investigator: Alexis Y. Mueller New investigator: <input type="checkbox"/>	Department: Counseling Education	University Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff x <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Other:
Campus Address: 348 Bicentennial Education Building	Phone: 504-813-6669 Preferred e-mail: aymuelle@uno.edu	

Co-Investigator: New investigator: <input type="checkbox"/>	Department:	University Affiliation: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Other:
Campus Address:	Phone:	
	Preferred e-mail:	

Note: New investigators must submit a copy of their human subjects certification

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Alexis Muellersuccessfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 10/06/2014.

Certification Number: 1585161.

B. Project Description

1. Provide an abstract of your project (do not exceed 250 words).

2. Provide a **brief** description of the **background, purpose, and design** of your research. Avoid using technical terms and jargon. Be sure to list all of the **means you will use to collect data** (e.g., instruments measures, tests, questionnaires, surveys, interview schedules, focus group questions, observations). Provide a short description of the tests, instruments, or measures and **attach copies of all instruments and questionnaires** for review. Descriptions should be at least 1 page and include citations.

The two part purpose is first to assess burnout in pre-licensed counselors who are working towards licensure compared to burnout in counselors who are already licensed. The second purpose of the study is to assess what factors contribute to burnout in pre-licensed counselors. Counselors working towards licensure appear to be an under-studied population at risk for burnout. However, burnout of counselors working to gain their licensure has not been studied. Pre-licensed counselors may possess many of the risk factors for burnout. The MBI-HSS and demographic survey will be transcribed within Qualtrics.com. Contact information for the participants will be collected from pre-licensed and licensed counselors in the Florida public

record and from the Louisiana Counseling Association (LCA). Because of the cost of the survey, a total of 8,000 pre-licensed and licensed counselors in Florida and Louisiana will be sent the assessment by email. Florida pre-licensed and licensed counselors will be contacted at email addresses that are gathered from public record. Louisiana pre-licensed and licensed counselors will be contacted at email addresses that are gathered by LCA; the surveys will be sent out by the Executive Director of the LCA, Diane Austin, who agreed to send out the surveys for the study. Quantitative Survey Method including a demographic survey and a Maslach's Burnout Inventory for Human Services. The hypothesis is that due to a number of factors pre-licensed counselors are at greater risk for burnout than licensed counselors including age, gender, marital status, time in the field, salary, and workload.

C. Data Collection	
1.	Total number of participants that you plan to include/enroll in your study: 8,000
2.	Age range of participants you plan to include / enroll in your study. 20 to 65
3.	Will you recruit participants from any of the following groups? (check all that apply)
	<input type="checkbox"/> Minors (persons under the age of 18)
	<input type="checkbox"/> Cognitively or psychologically impaired individuals
	<input type="checkbox"/> Prisoners or parolees
	<input type="checkbox"/> Specific medical population:
	<input type="checkbox"/> Elderly
	<input type="checkbox"/> Pregnant women
	<input type="checkbox"/> Minority populations
	<input type="checkbox"/> UNO students/employees
	If you checked any of the boxes in #3, describe how you will provide the special protections to which these participants may be entitled under federal regulations. (See a description of special considerations at: http://www.hhs.gov/ohrp/irb/irb_chapter6.htm. special protections are described at: http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm).
4.	Will the recruitment of participants and/or data collection involve any of the following?:
	<input type="checkbox"/> Audiotapes, videotapes, photographs
	X <input type="checkbox"/> Electronic communications (e.g., e-mail, internet)
	<input type="checkbox"/> Archival data that is not publicly available.

Focus group

If you checked any of the boxes in #4, describe how the media will be used (e.g., coded and then destroyed, kept for possible publication or broadcast, etc.).

The emails used will be sent the survey and the data will be collected anonymously. The email records will be destroyed after use and participants will be given instructions how to empty their cache.

5. Does the proposed research require that you **deceive** participants in any way? X Yes No

If yes, describe the type of **deception** you will use, why deception is necessary, and provide a copy of the debriefing script.

To keep participants from their own bias the Maslach Burnout Inventory-Human Services Survey suggests that the participants are told they are given the Human Services Survey.

6. Describe how you will **recruit** participants and inform them about their role in the study. Please attach copies of advertisements, flyers, website postings, recruitment letters, oral or written scripts, or other materials used for this purpose.

The public records of

7. Project Start Date: 6/1/17 Project End Date: 7/1/17

* Projects lasting more than 12 months must receive continuation approval before the end of the project.

D. Funding Source

1. Have you received any source of **funding** for the proposed research (federal, state, private, corporate, or religious organization support)? Yes X No

2. Is this project currently **consideration** for funding (e.g., under review)? Yes X No

If your response is "yes" to either 1 or 2, please indicate any source(s) of **funding** for the proposed research (e.g., NIH, NSF, departmental funds, private foundations or corporations).

3. Do you or the funding source(s) have any potential for financial or professional benefit from the outcome of this study? X Yes No

If yes, please explain.

Graduation

E. Risks to Participants

1. Consider to both the **actual and potential** risks to the participants that could reasonably be expected to occur during the course of the study. Check all that apply.

Disclosure of the participants' responses may place the participant at risk of **criminal or civil liability**.

Disclosure of the participants' responses may be damaging to their **financial standing, employability, or reputation**.

Participants may encounter **physical risk**.

Participants may be subjected to **stress** beyond that ordinarily encountered in daily life.

Participants may be asked to disclose information that they might consider **personal or sensitive**.

Participants may be asked to reveal **personal information that cannot be anonymous and/or there may be a limit to the confidentiality that can be guaranteed due to**

particular circumstances or procedures used in the study (e.g., focus group or surveys submitted via email).

- Participants may be presented with materials that they may consider **offensive, threatening, or degrading** or they may encounter other forms of **psychological or social risk**.
- An individual's participation will be reported to an instructor so that the individual can receive **research or extra credit**.
- As a result of this research, a **permanent record** will be created that will contain information (identifiers) that could reveal a participant's identity

If you checked any of these risks, discuss the risk below. Describe the steps you will take to **minimize risk** to the participant.

Give instructions on how to delete evidence of taking the survey in their server cache.

F. Informed Consent

1. Describe the procedures you will use to **obtain and document informed consent and/or assent**. The email consent will be part of the online survey and the IRB approval letter will be attached to the email invitation to participate in the study.

2. **Attach copies of the forms that you will use.** The UNO Human Subjects website has additional information on sample forms and letters for obtaining informed consent. (*in the case of secondary data, please attach original informed consent or describe below why it has not been included.*) Fully justify any request for a waiver of written consent or parental consent for minors. **All consent forms must be on current UNO letterhead and contain the 8 elements of consent:**

(<http://www.humansubjects.uno.edu/8%20elements%20of%20consent.doc>)

G. Data Use

1. How will these data be use? Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Dissertation | <input checked="" type="checkbox"/> Publication/journal article |
| <input type="checkbox"/> Thesis | <input type="checkbox"/> Results released to participants/parents |
| <input type="checkbox"/> Undergraduate honors thesis | <input type="checkbox"/> Results released to employer/school |
| <input checked="" type="checkbox"/> Conference/presentations | <input type="checkbox"/> Results released to agency/organization |
| <input type="checkbox"/> Other: | |

2. Describe the steps you will take to ensure the confidentiality of the participants and data. Indicate how you will safeguard data that includes identifying or potentially identifying information (e.g., coding). Indicate when identifiers will be separated or removed from the data. Also, indicate where and how you will store the data and how long you plan to retain it. Describe how you will dispose of it (e.g., erasing tapes; shredding data). Be sure to include all types of data collected (e.g., audiotape, videotape, and questionnaire/survey).

Protocol Title: Burnout in Pre-licensed Counselors Compared to Licensed Counselors	
H. Principal Investigator's Assurance	
I certify that the information provided in this application is complete and correct.	
I understand that as Principal Investigator, I have ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the IRB.	
I agree to comply with all UNO policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:	
<ul style="list-style-type: none"> • performing the project by qualified personnel according to the approved protocol, • implementing no changes in the approved protocol or consent form without prior UNO IRB approval (except in an emergency, if necessary to safeguard the well-being of human subjects), • obtaining the legally effective informed consent from human subjects or their legally responsible representative, and using only the currently approved, stamped consent form with human subjects, • promptly reporting significant or untoward adverse effects to the UNO IRB in writing within 5 working days of occurrence. 	
If I will be unavailable to direct this research personally, as when on sabbatical leave or vacation, I will arrange for a co-investigator to assume direct responsibility in my absence. Either this person is named as a co-investigator in this application, or I will advise UNO IRB by letter, in advance of such arrangements.	
I also agree and understand that informed consent/assent records of the participants must be kept for at least three (3) years after the completion of the research.	
Principal Investigator Name: Barbara Herlihy	
Electronic Signature (confirmed when CC'ed on submission e-mail):	Date: 5/3/17
Co-Principal Investigator Name: Alexis Y. Mueller	
Electronic Signature (confirmed when CC'ed on submission e-mail):	Date: 5/3/17
Co-Principal Investigator Name:	
Electronic Signature (confirmed when CC'ed on submission e-mail):	Date:

APPENDIX B

**University Committee for the Protection
of Human Subjects in Research**

University of New Orleans

Campus Correspondence

Principal Investigator: Dr. Barbara Herlihy

Co-Investigators: Alexis Y. Mueller

Date: August 25, 2017

Protocol Title: Burnout in Pre-licensed Counselor Compared to Licensed
Counselors

IRB#: 02May17

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101category 2, due to the fact that data will be collected anonymously.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.

Sincerely,

Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

APPENDIX C

**University Committee for the Protection
of Human Subjects in Research**

University of New Orleans

Campus Correspondence

Principal Investigator: Dr. Barbara Herlihy

Co-Investigators: Alexis Y. Mueller

Date: August 25, 2017

Protocol Title: Burnout in Pre-licensed Counselor Compared to Licensed
Counselors

IRB#: 02May17

Your modification request was eligible for expedited review as the modification did not change the potential risk to the participants. The change in the recruitment strategy of has been approved as respondents remain anonymous.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

I wish you much success with your research project.

Sincerely,



Ann O'Hanlon, Chair

UNO Committee for the Protection of Human Subjects in Research

APPENDIX D
Demographic Survey

1. What is your age?
 - Slide bar to share your answer

2. With what gender do you identify?
 - Male
 - Female
 - Transgender
 - Genderfluid
 - Write in alternative answer

3. What is the highest level of education you have achieved?
 - Bachelor degree
 - Master degree
 - Doctorate

4. How many years have you been working as a counselor?
 - Slide bar to share your answer.

5. What is your licensure status?
 - Licensed
 - Pre-licensed working towards licensure
 - Pre-licensed not working towards licensure

6. Please write in the state in which you have a counseling license or are working towards licensure?
 - Text box for free response

7. Are you currently receiving weekly supervision?
 - Yes
 - No

8. Select your current work setting. (select all that currently apply)

- Agency
- Private Practice
- School
- Outpatient
- Inpatient
- Other (please specify) Text box for free response.

9. With what client population do you work? (Please select all that apply)

- Children
- Families
- Marriage
- Substance abuse
- Court mandated clients
- Incarcerated clients
- Clients with chronic, serious mental illness
- Other (please specify) Text box for free response.

10. What is your current weekly caseload?

- Slide bar to give your answer.

11. How well do you utilize self-care?

- Extremely well
- Very well
- Moderately well
- Slightly well
- Not well at all

12. What is the range of your current yearly salary?

- 0-5,000
- 5,001-10,000
- 10,001-20,000
- 20,001-30,000

- 31,001-40,000
- 40,001-50,000
- 50,001-60,000
- 60,001-70,000
- 70,001 or above

APPENDIX E

Copyright Permission for MBI-HSS

For use by Alexis Mueller only. Received from Mind Garden, Inc. on June 5, 2017

Permission for Alexis Mueller to reproduce 500 copies within one year of June 5, 2017

Maslach Burnout Inventory™

Instruments and Scoring Keys

Includes MBI Forms:

Human Services - MBI-HSS

Medical Personnel - MBI-HSS (MP)

Educators - MBI-ES

General - MBI-GS

Students - MBI-GS (S)

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APPENDIX F

Dear Professional Counselor:

I am writing to request your help by participating in my dissertation study. I am a graduate student under the direction of Dr. Barbara Herlihy in the College of Education and Human Development at the University of New Orleans.

The study consists of a brief demographic and *Human Services Survey* that asks counselors to respond to questions regarding their work and personal experience working in human services. The online survey is anonymous, and should take between 5 and 25 minutes to complete. The results of the research study may be published but your name will never be used. There will be no way to identify you after you submit your survey, as the survey is anonymous. There will be an optional place to enter your email to be chosen at random win a \$50 gift card at the end of the survey.

Please click the following link to be directed to the demographic and *Human Services Survey*. If you are not connected automatically, please copy-and-paste the link into the address box in your web browser and click enter:

Your Link to the Anonymous Survey:

https://qtrial2017q2az1.az1.qualtrics.com/jfe/form/SV_3EECF0zzMgR9D1z

Your completion and electronic submission of the survey will indicate your consent for participation in this study. There may be a record of exchange somewhere on your computer in a cache, as in most internet communication. You can clean out your temporary internet files and close your browser after completing the survey to delete any record of taking the survey in your computer cache.

Your participation in this study is voluntary. The associated risks for this study are minimal. If you have any questions or concerns regarding this research study please email the investigator of this study, Alexis Y. Mueller at aymuelle@uno.edu. You may also contact my faculty advisor, Dr. Barbara Herlihy, through email at bherlhy@uno.edu for more information about this study.

Thank you in advance for your help and participation,

Alexis Y. Mueller, MS, MPS, LPC
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New Orleans, LA 70148

VITA

Alexis Yankowski Mueller grew up in Natchitoches, Louisiana. She gained her Bachelor of Arts degree from Loyola University of New Orleans in 2003. In 2011, she obtained her Master of Science in counseling from Loyola University of New Orleans as well as her Master of Pastoral Studies from Loyola University's Institute for Ministry. After graduate school, Alexis worked as an in-patient substance abuse counselor, as outpatient court mandated substance abuse counselor, and in a private practice seeing individuals, couples, adolescents, and children. In 2014, she was accepted into the University of New Orleans counselor education program to pursue a PhD.