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Burnout as an Ethical Issue in Psychotherapy

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Recent studies highlight a range of factors that place psychotherapists at risk of burnout. The aim of this study was to investigate the ethics issues linked to burnout among psychotherapists and to describe potentially effective ways of reducing vulnerability and preventing collateral damage. A purposive critical review of the literature was conducted to inform a narrative analysis. Differing burnout presentations elicit a wide range of ethics issues. High rates of burnout in the sector suggest systemic factors and the need for an ethics review of standard workplace practice. Burnout costs employers and taxpayers billions of dollars annually in heightened presenteeism and absenteeism. At a personal level, burnout has been linked to poorer physical and mental health outcomes for psychotherapists. Burnout has also been shown to interfere with clinical effectiveness and even contribute to misconduct. Hence, the ethical impact of burnout extends to our duty of care to clients and responsibilities to employers. A range of occupational and personal variables have been identified as vulnerability factors. A new 5-P model of prevention is proposed, which combines systemic and individually tailored responses as a means of offering the greatest potential for effective prevention, identification, and remediation. In addition to the significant economic impact and the impact on personal well-being, burnout in psychotherapists has the potential to directly and indirectly affect client care and standards of professional practice. Attending to the ethical risks associated with burnout is a priority for the profession, for service managers, and for each individual psychotherapist.

Clinical Impact Statement
Question: What are the ethical issues around burnout among psychotherapists, and what are effective ways to reduce vulnerability to burnout and its corollaries? ***Findings:*** A combination of systemic and individually tailored responses offers the greatest potential for effective prevention, identification, and remediation. ***Meaning:*** Attending to the ethical risks associated with burnout is a priority for the profession, for service managers, and for each individual psychotherapist. ***Next Steps:*** We propose the 5-P model of burnout prevention, which proposes that a combination of systemic and individually tailored responses offers the greatest potential for effective prevention, identification, and remediation and a more sustainable mental health sector.

Keywords: burnout, psychotherapy, ethics

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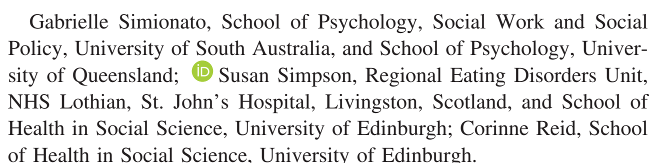
Psychotherapists have a unique role that offers significant reward as well as risk for burnout. Indeed, there are few professions that are exposed to such extensive and recurrent narratives of loss, conflict, and trauma over the course of any working day, often with minimal respite or opportunity for reflection. With a global trend toward increasing community recognition of the need for mental health services (Patel, Saxena, et al., 2018), creating an environment that supports sustainable, safe practice for both client and psychotherapist is a priority for this burgeoning sector.



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Our dear colleague Gabrielle Simionato passed away soon after learning that her work had been accepted for publication. Gabrielle Simionato's commitment to this research during her master's degree and during her illness is testament to her passion and dedication.

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What Is Burnout?

The term "burnout" refers to a prolonged state of occupational stress and exhaustion that occurs in response to long-term job-related interpersonal demands. Definitions of burnout vary widely, differentially influencing policy, practice, and accountability (Guseva Canu et al., 2019). Whereas fluctuating levels of distress are a normal and unavoidable part of working life, burnout was described by Baker (2003) as the "terminal phase of therapist distress" (p. 21). Recently the *International Classification of Disease, 11th Revision* published the following definition:

> Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. (World Health Organization, 2018)

This *International Classification of Disease* definition is based on a concept of burnout adopted by the majority of research in the field, proposed by Maslach (1993), in which burnout comprises three features: emotional exhaustion (EE; feeling physically and/or emotionally depleted); depersonalisation (DP; feeling disconnected from one's job role), and diminished personal accomplishment (PA; reduced feelings of personal satisfaction derived from work). It appears that the factor most representative of burnout for psychotherapists is EE (Di Benedetto & Swadling, 2014; Rupert & Kent, 2007; Rupert & Morgan, 2005). More recently, burnout has also been classified into different subtypes: *frenetic* (overcommitted and dedicated to work at the expense of work–life balance), *underchallenged* (boredom and lack of motivation due to insufficient occupational challenges), and *worn-out* (feeling unrecognized and underappreciated at work, resulting in occupational withdrawal or neglect (Montero-Marín & García-Campayo, 2010). In contrast to those in the worn-out category, in which avoidant coping is the norm, it is hypothesized that the socially desirable frenetic subtype may reflect a coping style that is characterized by striving and overinvolvement in one's occupational role, leading to EE.

Perhaps what these findings show is that in accordance with individual vulnerability factors and coping styles, burnout may be characterized by a range of manifestations, including both *dis*engagement and *excessive* engagement (Leiter & Maslach, 2016; Schaufeli & De Witte, 2017). Each coping pathway may bring different vulnerabilities for psychotherapist well-being and also for meeting client care responsibilities. For example, a psychotherapist who copes through excessive engagement may experience EE from being overinvolved in client problems. Alternatively, a psychotherapist who relies on an avoidant, depersonalized coping style may experience decreased feelings of PA associated with low commitment to therapeutic outcomes (Berjot, Altintas, Grebot, & Lesage, 2017; Diestel & Schmidt, 2010; Maslach, Schaufeli, & Leiter, 2001; Simpson et al., 2019; Taris, 2006). Both raise ethical challenges associated with our duty of care to clients. In sum, research to date suggests that there may be multiple pathways to burnout, which may be characterized by a range of emotional, physical, behavioral, and cognitive presentations (McCormack, MacIntyre, O'Shea, Herring, & Campbell, 2018), each pathway bringing different ethical challenges.

Prevalence and Causes of Burnout in Psychotherapists

There is a paucity of research on the prevalence of burnout and work-stress. However, findings to date suggest that, concerningly, 21% to 67% of mental health service providers report high EE (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012; McCormack et al., 2018). One recent study found that 49% of an international sample of 443 clinical and counseling psychologists reported moderate–to-high levels of burnout (Simpson et al., 2019).

Burnout has largely been attributed to stressors stemming from three main domains: job, organizational, and individual (Bakker, Demerouti, & Sanz-Vergel, 2014). Job-related risk factors include excessive workload, level of control over workload, time pressure, role conflicts, number of clients, interpersonal relationships, social support, emotional demands, and level of autonomy. Organizational factors include inflexible hierarchies, limited resources, poor recognition and reward, competing values, restrictive operating rules, cultural and economic factors, perceptions of inequitability, limited support, and nonresponsive management models. Individual factors include sociodemographic variables such as age, gender, educational level, as well as personal values, personality traits, and coping strategies (Simionato & Simpson, 2018). Further, a gap between organizational, workplace, and individual values can lead to a conflict between the work that the individual believes is important or necessary and the work they are obliged to carry out (Maslach et al., 2001; Maslach & Leiter, 2016).

Psychotherapists in particular are faced with numerous stressors that increase their risk of burnout and impairment (McCormack et al., 2018). Perhaps unsurprisingly, psychotherapists are at risk of developing a range of difficulties associated with repeated exposure to high levels of trauma and distress. These include compassion fatigue (Figley, 2002), a state of emotional depletion and reduction in compassion as a consequence of empathically listening to, and being emotionally present for, individuals who have suffered traumatic and difficult circumstances, and vicarious and secondary traumatization, whereby professionals experience significant alterations in their world view as a result of being repeatedly exposed to traumatic material (Canfield, 2005; Dunkley & Whelan, 2006). Additional professional stressors include the following: working with clients with complex presentations and chronic problems who do not improve or frequently present in crisis or relapse; clients with severe emotional "personality-based" difficulties who demand significant support outside usual sessions and/or engage in high-risk behaviors as a means of seeking help; clients who are at high risk of suicide or who engage in risky para-suicidal self-harm behaviors; clients who complete suicide; clients who are aggrandizing and/or aggressive toward others (including the psychotherapist); and working long hours including on-call shifts during nights and weekends (McCormack et al., 2018).

Alongside these clinical concerns, psychologists and psychotherapists in independent practice must often juggle high administrative demands associated with managed care and insurance; concerns regarding potential (or actual) complaints from malpractice, ethics and licensing bodies; difficulties associated with prob-

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lems accessing payment for work completed; and requirements to manage crises without the support of a wider mental health team (Emery, Wade, & MacLean, 2009; Hammond, Crowther, & Drummond, 2018; Hannigan, Edwards, & Burnard, 2004; Moreno-Jiménez, Meda-Lara, Morante-Benadero, Rodríguez-Munõz, & Palomera-Chávez, 2006).

What Do We Know About the Effects of Burnout on Psychotherapist Well-Being and Therapeutic Outcomes?

A recent meta-analysis of 115 studies found that increased EE and DP, and decreased feelings of PA, were all associated with decreased job performance and increased absenteeism (Swider & Zimmerman, 2010). However, just as pathways to burnout may vary, so, according to the literature, does the impact of burnout on psychotherapist well-being, work attendance, therapeutic practice, and professional competence. Manifestations of burnout may change with time and setting and may differentially impact all of these areas. Each has ethical consequences.

Psychotherapist Well-Being

High levels of burnout in mental health professionals have been associated with impaired physical and psychological well-being (Galvin & Smith, 2015; Radeke & Mahoney, 2000). Clinicians have reported increased sleep disturbances, back pain, headaches, flu-like symptoms, memory impairments, and gastrointestinal symptoms (Acker, 2010; Kahill, 1988; Peterson et al., 2008; Wurm et al., 2016). More recently, research has revealed that clinicians experiencing burnout are at greater risk for psychological distress and the development of depression, anxiety, and posttraumatic stress disorder (Ahola & Hakanen, 2007; Ahola, Hakanen, Perhoniemi, & Mutanen, 2014; Bianchi, Boffy, Hingray, Truchot, & Laurent, 2013; Colville & Smith, 2017; Hakanen & Schaufeli, 2012; Iacovides, Fountoulakis, Kaprinis, & Kaprinis, 2003).

Burnout may also encroach into other areas of the clinician's life, increasing interpersonal difficulties and social withdrawal due to high levels of EE, DP, cynicism, and/or aggressiveness, and reducing capacity to benefit from available support and resources due to less openness to new experiences and opportunities (Bakker, Van der Zee, Lewig, & Dollard, 2006; Maslach & Leiter, 2016; Sandström et al., 2011). Those with high and/or chronic levels of burnout who do not have the resources available to deal with daily job demands can end up in a "loss cycle" (Hobfoll, 2002), leading to cumulative depletion and ultimately sickness (Bakker & Costa, 2014).

An organization's vigilance to these impacts is part of their ethical obligation to staff members and, in turn, to their provision of duty of care to service recipients. In addition to the potentially profound personal impact of burnout on staff, psychotherapist well-being in turn constitutes a vulnerability to sound service provision.

Work Attendance Impact

Not only are symptoms of burnout detrimental at a personal level, but at an organizational level they are also associated with increased absenteeism and turnover in staff (Bamber & McMahon, 2008; Bearse, McMinn, Seegobin, & Free, 2013). In the United Kingdom, stress is the most common reason for long-term absence from work, with workload identified as the most common cause (Chartered Institute of Personnel and Development [CIPD], 2016). In a recent evaluation that explored the mental well-being of the 1.4 million people in the National Health Service workforce, it was reported that one in three staff have experienced work-related stress while feeling under pressure to continue to attend work. Staff members who do not attend work due to poor mental health cost the service approximately £1,794 to £2,174 ($2,146–$2,600) per employee, per year (Health Education England, 2019). Notably, not all clinicians experiencing burnout take sick days. Presenteeism, or attending work while experiencing burnout, leads to significant losses in employee productivity, thereby creating direct costs for employers, indirect costs for the economy, and a risk to safe care for clients.

Both absenteeism and presenteeism pose an ethical challenge in terms of providing safe workplaces and also in relation to fulfilling commitments to service access and continuity of care for clients. The extent of this ethical challenge is most graphically captured in the economic statistics. In Australia, absenteeism costs the economy approximately AUD $14.81 billion ($9.95 billion) per year (Medibank Private, 2008), whereas presenteeism is costlier at AUD $34.1 billion ($22.91 billion) lost per year (Medibank Private, 2011). In the United States, the cost of absenteeism has been estimated at $40 billion annually by the U.S. Census Bureau and Bureau of Labor Statistics (cited in Employer Assistance Resource Network on Disability Inclusion [EARN], 2019); although more in-depth analyses suggest that the real impact may be closer to $225.8 billion taking into account multiple spheres of lost productivity (Centers for Disease Control and Prevention [CDC], 2015). The cost of presenteeism is likely to be much higher, with estimates over $150 billion (Quazi, 2013).

In a recent large study of more than 10,000 mental health professionals, EE also predicted turnover intention (Yanchus, Periard, & Osatuke, 2017). In sum, poor work–life balance and high job-related stressors are one of the major contributors to burnout, which in turn is linked to psychological distress, physical health decline, decreased motivation, and increased presenteeism, absenteeism and turnover. In turn, these factors decrease productivity and opportunity for job satisfaction while offering lower financial return, further perpetuating stress (McCormack et al., 2018; Medibank Private, 2011). In Europe, there are increasing efforts to more consistently record the impact of burnout on attendance (Guseva Canu et al., 2019) in recognition not just of the economic challenges of burnout (and the associated ethics of spending of public monies in this way) but the ethical challenges of providing safe workplaces and meeting responsibilities to vulnerable service users.

Therapeutic Impact

Beyond attendance, burnout is associated with poorer work performance (Taris, 2006). Severe burnout, depression, and substance misuse among psychotherapists have all been associated with a reduction in capacity to perform in a professional manner, with an increased risk of making mistakes, behaving disrespectfully, and experiencing general apathy (Pope & Vasquez, 2007; Tamura, 2012; Williams, Pomerantz, Segrist, & Pettibone, 2010).

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Low levels of personal satisfaction typical of burnout can perpetuate self-fulfilling prophecies. For example, emotionally exhausted psychotherapists find it increasingly difficult to derive satisfaction from client work, resulting in a tendency to put less effort into this aspect of their job, thereby reinforcing poorer client outcomes and further reducing personal satisfaction from therapeutic work (Baker, 2003; Barnett & Hillard, 2001; Maslach, 1982). As such, symptoms and accompanying behaviors can be mutually perpetuating, with increased withdrawal and avoidance feeding into occupational stress (Demerouti, Bakker, & Bulters, 2004). As a consequence of this cycle, psychotherapists are at risk of ethical violations of the requirement to act with competence and minimize harm while maximizing benefits for clients.

Psychotherapists who continue to engage in therapeutic work despite burnout, risk exacerbating symptoms and minimizing potential for positive therapeutic outcomes for their clients (Elman & Forrest, 2007; Johnson & Barnett, 2011). Persisting in spite of EE may compromise ethical practice by reducing clinicians' capacity to provide the empathy, support, and guidance necessary to build a therapeutic relationship with clients or to be attuned to issues of risk (Bearse et al., 2013; for a systematic review, see Wilkinson, Whittington, Perry, & Eames, 2017). Given psychotherapists' expertise in supporting clients to recognize threats to their well-being, it seems paradoxical that we are, as a profession, seemingly less able to do this for ourselves, while placing ourselves at risk of developing burnout (Ledingham, Standen, Skinner, & Busch, 2019). Understanding the difference between "talking the talk" and "walking the walk" is key to creating ethical workplaces in the mental health sector.

Although psychotherapists may recognize the impact of these issues at some level, even with introspection, we can remain entrenched in habitual patterns while continuing to practice. Indeed, there is some evidence that suggests that psychotherapists have a tendency to persist despite experiencing diminished professional competence linked to burnout, due to a belief that their professional role provides a level of immunity to mental health issues (Good, Khairallah, & Mintz, 2009). A study by Pope, Tabachnick, and Keith-Spiegel (1987) reported that 59.6% of the mental health professionals surveyed did not cease working in spite of acknowledging significant levels of distress. However, 85% acknowledged that doing so was unethical. In another study by Guy, Poelstra, and Stark (1989), only 36.7% of psychologists who self-reported impairment acknowledged that their capacity for clinical care was compromised.

Psychotherapist burnout can lead to a reduced ability to perceive cues of client affect, increased risk of disjunctions, and subsequent diminishment of the therapeutic relationship (Ledingham et al., 2019). Although psychotherapists might assume that their competence in these areas is relatively stable, in fact, these skills are dynamic and negatively influenced by other factors, including work strain and burnout (Epstein & Hundert, 2002). Other reasons for not recognizing the impact of burnout may include cognitive deficits (reduced memory and attention; Deligkaris, Panagopoulou, Montgomery, & Masoura, 2014) or cognitive biases (Ledingham et al., 2019) linked to burnout, personal pride and fear of loss of personal status (Barnett & Hillard, 2001) or professional identity (Ledingham et al., 2019), a strong sense of responsibility to clients, alongside anxieties associated with terminating psychotherapy with individuals who require long-term psychotherapy and/or who fear abandonment (Behnke, 2009). Further, psychotherapy training curriculums tend to be largely centered around the mental health difficulties of others, which can reinforce a sense of invincibility regarding psychotherapists' own distress (Barnett, 2008; Ledingham et al., 2019; Sherman, 1996). Indeed, the effort required to focus on clients' difficulties and emotions can obscure or lead to minimization of one's own struggles (Barnett, Johnston, & Hillard, 2006). Ultimately, individual self-monitoring and awareness can therefore be hindered by multiple factors and "blind spots," many of which may inadvertently further increase vulnerability to burnout.

In sum, it may be difficult for psychotherapists to ascertain the point at which their distress begins to impact negatively on their work, and although there has been some attempt to delineate specific cut-off levels in terms of levels of impairment for clinicians suffering from depression and substance misuse (Williams et al., 2010), this has yet to be explored specifically in terms of burnout.

Professional Practice

In an overburdened system, psychotherapists may also find themselves under direct pressure to practice in ways that they consider unethical (Boccio, Weisz, & Lefkowitz, 2016). It is not only direct client work that is likely to contribute to, or be impacted by, burnout. High administrative burden and diminished resourcing may be stronger contributors, for example, through a sense of chronic time pressure (Patel, Bachu, Adikey, Malik, & Shah, 2018). Indeed, direct client work may be experienced as the most nourishing aspect of the work environment. There are a number of systemic factors that can contribute to burnout, which, in turn, are impacted by burnout (Cetrano et al., 2017; McCormack et al., 2018). Indirect impacts on clients may be experienced through diminished ability to complete administrative tasks, such as record keeping or documentation relating to referral processes or discharge planning (Sullivan, Kondrat, & Floyd, 2015). Similarly, clinicians experiencing time pressure or burnout may feel less able to engage in multidisciplinary team processes such as case meetings or ward rounds, in turn impacting their contribution to case management and treatment planning and review, as well as missing out on the protective effect of interpersonal connections associated with team meetings on burnout (Gorbenko, Mendelev, & Keefer, 2019). Clinical observations suggest that practitioners under time pressure may also trade-off attendance at supervision for time in catching up on record-keeping or squeezing in another client from the waiting list—in addition, the quality or frequency of supervision may be compromised in busy workplaces (Dorsey et al., 2018).

In sum, distress and burnout may impinge to some degree on all psychotherapists at certain points in their career, leading to various levels of impairment (Good et al., 2009). The direct, indirect, and cascading effects of burnout can have significant ethical implications for safe practice in client care and also for team functioning, professional development, job satisfaction, and psychotherapist health and well-being. Hence, burnout may contribute to a generally diminished quality of practice, ethical or professional breaches, and, in the worst case scenario, unprofessional practice or misconduct.

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The 5-P Model: Recommendations to Maintain Self-Care and Ethical Practice

Understanding the personal characteristics, individual circumstances, and workplace contexts that constitute risk and protective factors for burnout provides a starting point for designing targeted prevention, support, and intervention. What seems clear from the various findings in the literature is that there is no single "type" of professional that develops burnout; rather, it is likely that there are multiple pathways to burnout and different burnout presentations. In turn, this requires a systemic, multifactorial, and personalized approach to responding and remediating burnout to sustain safe practice and successful careers in psychotherapy. What is also missing in the current literature is an understanding of what an optimal state of well-being and productivity looks like in psychotherapists. We are clearer about what to avoid but less clear on what to aim for, within organizations and on the broader scale of ethical guidelines. We believe that interpersonal connectedness is key to optimal well-being and that as psychotherapists we need to "practice what we preach." Our profession is one that depends upon our emotional openness and personal receptivity, yet these can also be risk factors in a setting in which there are high rates of emotional distress and inadequate resource. Sharing the load offers new resources for self-care and client care.

We support the progression of a proactive strength-based agenda for developing professional robustness and resilience in psychotherapists that is "communitarian" in orientation—that is, best practice as shared responsibility. A strategic, integrated strength-based approach to our training, collegial support and continuing professional development may offer new potential for preempting and addressing the demands of our profession and preventing the ethical collateral of burnout. This is consistent with the communitarian notion of ethics and competence constellations designed to encourage "thriving" and prevent burnout by maximizing mutual support at all levels of the psychotherapy community (see Figure 1; Johnson, Barnett, Elman, Forrest, & Kaslow, 2012, 2013; Wise & Reuman, 2019). Specifically, we propose the following 5-P network model:

- Promotion of *person-centered workplaces* that support well-being and ethical practice;
- Prioritization of *peer and collegial networks*;
- Prioritization of *professional advocacy* in relation to well-being in the workplace;
- Prevention through responsive *preventative training*; and
- Personalization of approaches to burnout prevention and *psychotherapist self-care*.

Promotion of Person-Centered Workplaces That Support Well-Being and Ethical Practice

Person-centered workplace models are based on the understanding that people are the foundation stone of a productive workplace, and, in turn, of societal health and well-being (McCormack & McCance, 2017). Person-centered priorities include maintaining worker health through building a "climate of community" and provision of organizational and environmental support, to create structural and psychological empowerment for both employees and clients (Silén, Skytt, & Engström, 2019). A person-centered model places human capital at the center of workplace culture and at the center of all conversations designed to create safe and healthy workplace practices (McCormack & McCance, 2017).

Ethical practice. Designing a workplace that is "fit for purpose" is key for successful outcomes including the prevention of burnout among staff. This is true for large organizations and for individual independent practice. In both cases, this includes developing a workplace *culture* that supports ethical practice. To this end, there is an increasing focus in the literature on ethical leadership (Shakeel, Mathieu Kruyen, & Van Thiel, 2019) and ethical policy, practice, and decision-making in health-care systems (Cantu, 2019; Villarosa-Hurlocker, Cuccurullo, Garcia, & Finley, 2019). Such models prioritize creating workplaces that focus on ethical priorities in addition to economic ones. Nowhere is this more important than in the mental health sector that is built upon a foundation of providing services to society's more vulnerable members. Defining ethically supportable workplace standards are key to providing strong client service and to preventing burnout. Identifying optimal numbers of client sessions, frequency/nature of supervision, and professional development opportunities are all examples of where a person-centered ethical leadership framework may impact burnout differentially to models that are economically driven. This will be discussed further in the section Professional Advocacy.

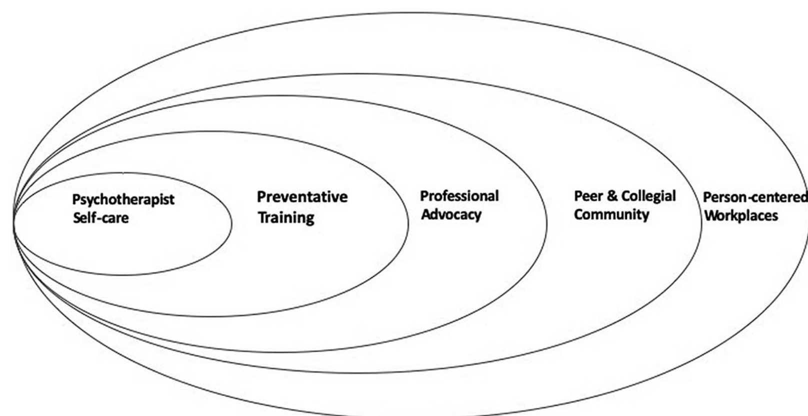

Figure 1. The 5 P Communitarian Model for Preventing Burnout.

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Well-being. An orientation to proactive, coherent, strategic development and maintenance of psychologically healthy workplaces is increasingly recognized as an employer responsibility from not only an economic point of view (the spending of public monies or obligations to shareholders) but also an ethical and moral perspective (Burke & Richardsen, 2019). There is a growing literature on the importance of a workplace culture that goes beyond meeting obligations in relation to worker safety and health protection efforts, to adopting a health *promoting* stance (Tamers et al., 2019) and in some cases, even to prioritizing a specific focus on well-being (Chari et al., 2018).

Emerging in concert, we see an increasing number of frameworks that prioritize building psychological capital in the workplace (Youssef-Morgan & Petersen, 2019), avoiding psychosocial hazards in the workplace (Potter, O'Keeffe, Leka, Webber, & Dollard, 2019), and creating workplace cultures that can support ethical conduct (Johnson et al., 2012) and compassionate care for clients and for staff (Simpson, Farr-Wharton, & Reddy, 2019). Captured in this paradigmatic shift is a recognition of the ethical imperative of a safe and healthy workplace, and also the importance of employers acting in collaboration with employees in addressing stress at work, and providing additional support when colleagues are not managing their own stress levels (Ledingham, 2015).

This societal change in expectations about workforce health and well-being is timely in addressing a potential burnout epidemic in the mental health sector. To support managers in responding to this international trend, training should be aimed at educating managers to learn to recognize causal and maintaining systemic factors impacting employee stress, to refresh policies to reflect a commitment to well-being and ethical practice, and to implement workplace practices likely to support well-being and ethical conduct (Burke & Richardsen, 2019). Improving awareness of available options and encouraging innovative responses are both important ingredients. Understanding the potential for economic benefit can also be a motivating force: A recent report found that the return on investment in workplace mental health interventions in National Health Service England was £4.20 for every £1 (~$5.19 for every $1.23) investment (Health Education England, 2019).

Minimally, at a systemic level, given the importance of social support as a potential protective factor in burnout, measures could helpfully be taken to minimize isolation at work and encourage supportive professional relationships, supervision, peer consultation groups, opportunities for informal support, and mentoring relationships (Skovholt, 2001). Perhaps unsurprisingly, the most common (and cost-neutral) workplace response to burnout in psychotherapists is to advocate increased access to an already available resource: supervision. However, the evidence for the effectiveness of clinical supervision on reducing burnout is ambiguous (Dreison et al., 2018; Fukui, Wu, & Salyers, 2019; O'Connor, Muller Neff, & Pitman, 2018). It may be that refreshing and reorienting the nature of supervision will be critical to its success in preventing burnout (Scaife, 2019). Supervision based on psychotherapist self-reflection rather than case management may be more effective in this context. Further, it may be prudent to be mindful that supervisors, as senior practitioners with senior responsibilities, may also experience burnout, which in turn can impact the quality of supervision they are able to provide.

Prioritization of Peer and Collegial Networks

Even when working well, it is also likely that an individual response to monitoring and support as found in supervision may be insufficient to counterbalance the powerful systemic demands operating in the mental health system. In contrast to the individualistic model of self-monitoring and self-care, there are a number of programmatic as well as systemic approaches that target the development of a more positive and preventative workplace culture.

Increasingly common, staff well-being programs are designed to bring staff together for non-work-related activities, including onsite mindfulness and self-compassion classes (King, 2019; Lomas, Medina, Ivtzan, Rupprecht, & Eiroa-Orosa, 2019), positive reflective practice in the workplace (Clauss et al., 2018), nature-based interventions (Bloomfield, 2017), and access to gym facilities or fitness classes (Hunter & Brandner, 2019). Outcomes are positive, though uptake is often modest and affected by job demands.

More comprehensive systemic models target culture transformation addressing multiple burnout risks concurrently. These models tend to include a two-way approach, addressing synergistic enhancement of both client care and staff care. Emerging systemic models include compassionate health-care approaches focusing on maintaining close adherence to congruent values of compassion in client care, self-care, and care for colleagues (Chambers & Ryder, 2018) including person-centered models and communitarian models that propose a paradigm shift to maximizing mutual support (Johnson et al., 2012, 2013; Wise & Reuman, 2019). Each of these systemic models highlight the importance of building a network of supportive interpersonal relationships for sustainable well-being and professional "thriving" or "flourishing" (Wise & Reuman, 2019).

In some instances, these are proposed to be relationships with other psychotherapists; in other instances, the focus is less specific and may involve multidisciplinary team members—in all cases, the target is peers who are actively interested and involved in the progression of an individual's professional well-being and competence—this might include a network of supervision and consultancy groups, alongside other connections that provide comprehensive support from multiple sources (Johnson et al., 2012).

Systemic models are based on the notion that no matter how secure and competent psychotherapists are as individuals, they are subject to the same vulnerabilities and human suffering as their clients, which will impact their professional competence and capacity throughout their career. Collegial networks are intended to provide an anchor through shared meaning making and the facilitation of healthy self- and other-monitoring. Individual responsibility for monitoring and maintaining competence is enhanced by communitarian "interdependent" networking and mutual support. Successful constellations appear to be characterized by the following: (a) an "inner core" of close friendships that provide higher levels of psychosocial support (compared with career support; Cummings & Higgins, 2006), (b) a more distal network of collegial relationships providing mutual support for continued competency, (c) collegial acquaintances that consist of more formal professional connections, and (d) the professional culture that provides values, ethical standards of practice, and legal requirements (Johnson, Barnett, Elman, Forrest, & Kaslow, 2013).

Although ethical standards build in provisions for supervision, workplace managers of psychotherapists are encouraged to create

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opportunities for staff to build on and maintain broader networks that can be drawn upon for both professional development and emotional support.

Prioritization of Professional Advocacy in Relation to Well-Being in the Workplace

Professional bodies also have a responsibility to provide structure and processes to prevent, monitor, and assist when psychotherapists are at risk of compromised well-being and when they may compromise client care (Bamber & McMahon, 2008; Kuyken, Peters, Power, & Lavender, 2003).

Currently, professional organizations have minimum standards that support psychotherapists to understand, preemptively, what is required of them, specifically, to (a) maintain reputable behavior in the practice of psychotherapy, (b) protect the privacy of clients, and (c) minimize harm and maximize gains for clients in therapeutic, assessment and research settings. In psychology, the American Psychological Association (2017) Ethics Code is commonly referred to for ethical practice standards, ethics-related breaches, and reporting complaints of misconduct. According to Principle A (Beneficence and Nonmaleficence), psychologists should "strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work" (p. 3). Further, psychologists should refrain from initiating any activity when there is a high likelihood that their personal problems will interfere with their competence and take appropriate measures (e.g., obtain professional consultation or assistance, suspend or terminate activities) to prevent personal problems from impeding competence (Ethical Standard 2.06, Personal Problems and Conflicts, p. 5). Although such standards provide a first point of reference in sustaining ethical conduct in circumstances of burnout, in practice, this might raise a number of ethical conflicts for the psychologist, including the dilemma between suspending/terminating the psychotherapy and the importance of maintaining therapeutic support for their clients.

APA standards also highlight the importance of self-monitoring to avoid harming others in the workplace, including clients, students, supervisees, research participants, organizations, and other colleagues (Ethical Standard 3.04, Avoiding Harm, p. 6). However, the process of self-monitoring is fraught with difficulties. Although professional bodies and licensing statutes place sole responsibility for self-evaluation on the individual (Johnson et al., 2012; Roberts, Borden, Christiansen, & Lopez, 2005), as previously discussed, psychotherapists are notoriously poor at monitoring impairments in their own levels of professional competence (Davis et al., 2006; Johnson et al., 2012; Kaslow et al., 2009). Evidence suggests that most psychologists indicate that they would also feel uncomfortable approaching a colleague with impaired functioning (Barnett & Hillard, 2001). Various reasons have been proposed for this, including an absence of a relationship with the person in question, a fear of rupturing a current relationship, and anxieties that the person will endure further hardship as a result, such as repercussions from professional bodies or financial losses (Smith & Moss, 2009).

Professional bodies then have an additional and important role to play in actively advocating for, and providing design expertise in, creating and sustaining ethical work environments that enable productive therapeutic work to occur. They can set the "tone" for, or expectations about, ethical practice and about well-being in the workplace. This includes using the research literature and evidence base to inform service development and clinical best practice for psychotherapists, particularly in relation to workload expectations, though currently there is a significant gap in the research literature in this regard. Developing evidence-based guidelines for the translation of professional ethics into realistic workplace demands would assist employers and psychotherapists with navigating and negotiating ethical working arrangements.

Professional bodies also have an important role in responding in supportive and accountable ways when a member of the profession is struggling with burnout. As outlined, professional bodies often set very high expectations for psychotherapists both in training and throughout their career to meet professional standards. In essence, professional bodies tend to be more about accountability than about creating a nurturing context for a sustainable career path. Professional bodies can assist psychotherapists in crisis by having supportive processes in place when cases of poor professional practice (or even misconduct) are brought forward for consideration. Advocacy at this professional level is critical in creating a safe environment for psychotherapists to work and for psychotherapists to seek help.

Prevention of Burnout Through Responsive Training

A preliminary and preemptive response to burnout must begin during initial training. Research has found that postgraduate trainees in clinical and counseling psychology show signs of burnout and that these symptoms are predicted by the presence of an unrelenting standards schema (Kaeding et al., 2017). Identifying key personal characteristics that put trainees at risk of burnout is an important step in designing relevant self-care elements for inclusion in training programs (Posluns & Gall, 2019). Reid, Heim, van Vreeswijk, and Simpson (2018) found that similar personal characteristics are evident in undergraduate psychology students from the earliest days of their studies suggesting that even earlier profiling of commonly endorsed personality traits and/or belief-systems could inform relevant career counseling, pastoral care, and professional development opportunities for students. As opposed to entering a highly competitive environment where workaholism is inferred and rewarded (i.e., through good grades, or social gratification from peers, tutors, and supervisors), it is encouraged that psychology students are taught about self-care before entering their postgraduate training. With additional education and training in self-care, it is likely that students and trainees may be better equipped to deal with the competing multifarious demands of working as a psychotherapist (Posluns & Gall, 2019).

Beyond initial training, clinical supervision provides an important opportunity for psychotherapists to reflect on their mental health and well-being. Supervisors would benefit from training around how to preempt and respond to signs of burnout in their trainees. Supervisors have regular and privileged opportunity to discuss the stresses and challenges in the daily work lives of their supervisees. It is perhaps particularly incumbent on supervisors to proactively address burnout and, specifically, the ethical risks of burnout as a career-long challenge requiring regular reflection and action.

The potential for burnout among supervisors also requires careful consideration. In addition to holding their own caseload, su-

pervisors "hold" the more complex aspects of their supervisees practice while supporting problem-solving and solution implementation. The accountability requirements of supervisors further enhance the potential for stress. Encouraging supervisors to take a proactive approach to their own self-care is a critical part of building capacity to provide supervision for others.

Personalization of Burnout Prevention Through Professional Development and Self-Care

Psychotherapists can also make changes to minimize their risk of burnout by increasing self-awareness of their own personal risk factors, facilitating a greater understanding of their own feelings and reactions, which may in itself be sufficient to minimize psychological distress (Hackney & Cormier, 2009). Although distress itself is not harmful, it is the lack of awareness of distress over a period of time that can increase the likelihood both of impaired professional competence and reduced well-being. A personalized approach to self-care with a preventative focus can operate as a means of reducing the likelihood of burnout arising. In particular, self-care in the areas of life balance, cognitive awareness, and daily balance have been shown to be key to the professional and personal well-being of psychologists (Rupert & Dorociak, 2019). Principle A of the APA Code of Ethics (Beneficence and Nonmaleficence) can therefore be extended to ensure that psychologists retain an ongoing awareness of their own health on their capacity to engage in clinical work and sustain an ongoing endeavor to reduce the impact of personal issues on their professional functioning and personal wellness (Barnett, Baker, Elman, & Schoener, 2007).

Professional development opportunities can also prevent burnout, by supporting psychotherapists in their work with particularly challenging clients. Clients who have significant dependence and abandonment issues, for example, may lead practitioners to extend psychotherapy for fear of causing further distress, leading to blurring of the relationship and therapeutic goals (Smith, 2003). In addition, this highlights the importance of psychotherapist awareness of their own beliefs that lead them to persist with clients who are not improving (e.g., belief that one must take responsibility for the pain and suffering of others, that poor therapeutic outcomes are a reflection of personal failure, and that one must meet all of clients' needs and avoid causing them emotional pain such as through initiating [appropriate] termination of psychotherapy). Recent evidence suggests that psychotherapists who achieve better longitudinal outcomes both in terms of their clinical outcomes and well-being are those who are able to realistically evaluate their own outcomes and "let go" of clients when psychotherapy is proving ineffective, while focusing their efforts on working with those clients with whom they are able to achieve good outcomes (Miller, Hubble, & Mathieu, 2015). This is not to say that psychotherapists should refrain from working with difficult cases as a means of ensuring therapeutic success, but rather a recommendation that psychotherapists should be aware of and work to their strengths, while seeking professional support and development to both extend competencies and increase self-reflection of their own schemas.

Supervision can be used as a forum to supportively assist with monitoring the effectiveness of therapeutic outcomes for individual clients, identify factors linked to therapeutic ruptures, and provide a basis for referring on where appropriate (Miller et al., 2015). This is likely to contribute to improved client outcomes and provide clinicians with the opportunity to recognize and work to their professional strengths while minimizing the danger of therapeutic work becoming a mechanism to overcompensate for vulnerabilities associated with personal beliefs regarding incompetence, inferiority, and lack of self-worth. However, it is also important to be aware that psychotherapist burnout can lead to heightened sensitivity to criticism and negative evaluations in the context of supervision, leading to feelings of failure. Transference issues (and psychotherapist beliefs/schemas) may become played out in the supervisory relationship due to reduced awareness and heightened reactivity (Veach, LeRoy, & Bartels, 2003). Further, the supervisor may be perceived as persecutory, in the same way that some psychotherapists may be perceived as persecutory by their clients. The positive, self-caring experience of supervision thus turns into a negative, self-destroying experience, thereby worsening the psychotherapist's sense of burnout. This may be addressed through an ongoing monitoring of ruptures in the supervisory relationship, alongside awareness of issues of transference and triggering of schemas both on the side of the supervisor and supervisee (McNeill & Worthen, 1989; Roediger & Archonti, 2019).

There is also a need for professional development opportunities relating to burnout and access to psychotherapy for psychotherapists throughout their careers, to heighten awareness of their potential susceptibility to personal issues and professional concerns and thereby to highlight the need for self-care (Barnett et al., 2007; Barnett & Cooper, 2009; Darongkamas, Burton, & Cushway, 1994; Smith & Moss, 2009). Workplaces that embrace the concept of "confident vulnerability" promote the capacity to compassionately accept and "own" one's own strengths *and* vulnerabilities. Rather than striving for autonomy, this approach advocates a leadership style that promotes working to one's personal strengths while openly recognizing and seeking help from others in areas of shortfall/vulnerability—thus achieving a healthy balance between autonomy, interconnectedness, and mutual support (Brown, 2012; Younie, 2016). This concept counters the current cultural overvaluation of "Unrelenting Standards," whereby an excessively high value is placed on self-sufficiency, overachievement and workaholism. Overextending oneself beyond reasonable developmental, physical, or emotional capacities tends to be rewarded and normalized within this cultural mentality, perhaps as a result of confusion over the concepts of overfunctioning and ambitiousness, subsequently leading to blurred work-life boundaries and reduced capacity for recovery (Bellezza, Paharia, & Keinan, 2017; Skovholt, 2001; Zijlstra, Cropley, & Rydstedt, 2014). For this reason, clinicians may persist with therapeutic work despite feeling increasingly drained, resulting in working with clients in a compromised state.

Given the costs of high administrative burdens and increased time pressure across both public and private psychotherapy settings, psychotherapists must be increasingly creative to find moments to restore both within and outside of work hours. We suggest that this might include the psychotherapist taking a few minutes after a psychotherapy session, to reflect on their performance, and attend to their own needs (e.g., breathe, relax muscles, take a drink), before preparing themselves for the next psychotherapy session. Further, psychotherapists must learn to oscillate between their own and their clients'

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needs, to maintain self-awareness and self-care at an embodied level, while remaining attuned to the other (Andaházy, 2019; Caldwell, 2004; Rothschild, 2006).

Understanding one's "stress signature" at work and at home can also help in preventing and addressing burnout. It is proposed that each psychotherapist will have a different level of stress that is beneficial in their work and the level of stress that can lead to burnout. The Yerkes–Dodson law (inverted-U hypothesis; Teigen, 1994) is a useful mechanism for exploring the point at which stress is transformed from functioning as a positive motivational force into a source of impairment for each individual—alongside the cognitive, emotional, visceral, and physiological signals associated with this. The psychotherapist's "stress signature" becomes a means of describing and increasing awareness of these relative points of advantage/disadvantage.

Although self-care strategies are recognized as important for psychotherapists, there is a paucity of research that has focused on intervention-based programs (Pakenham & Stafford-Brown, 2012). Preliminary research suggests that psycho-education regarding burnout prevention techniques may result in an increased propensity to engage in preventative behaviors (Smith & Moss, 2009). In particular, psychoeducation should be focused on individual reactions to and beliefs about the bodily symptoms of stress. Indeed, research suggests that it is the perception of stress as harmful that is a key factor in activating avoidant and self-defeating coping mechanisms such as procrastination, rumination, and substance misuse. Thus, it is the perception of stress as a threat, rather than the stress itself, that leads to fear and subsequent negative coping. In contrast, embracing stress as a helpful and normal aspect of life has been associated with healthy coping such as accessing social support, addressing the source of the stress, or finding purpose and meaning (McGonigal, 2015). More specifically, learning to conceptualize stress in terms of the following three principles may be beneficial: (a) acknowledging that the bodily symptoms of stress can be helpful and even a source of energy, rather than being detrimental; (b) recognizing one's personal capacity to manage, and even learn and thrive from stress, thereby strengthening self-belief and self-efficacy; and (3) learning to accept that stress is a shared and universal aspect of human life, rather than a reflection of personal failing (McGonigal, 2015). Further, a key element of an individual's capacity to embrace stress requires the development of uncertainty and ambiguity tolerance (Iannello, Mottini, Tirelli, Riva, & Antonietti, 2017), underlining the importance of including strategies that strengthen this capacity within any psychoeducational training.

The effectiveness of mindfulness in improving well-being among health professionals has been demonstrated (Di Benedetto & Swadling, 2014; Goodman & Schorling, 2012) and may also facilitate awareness of enactment of personal beliefs that may have previously operated at a preconscious level (e.g., those with the belief that they should sacrifice themselves for others becoming overly focused on others' needs at their own expense or taking excessive responsibility for clients who are not responding to psychotherapy; or those with who believe they are different from others and do not fit in gravitating away from social connections). Furthermore, compassion training has been shown to alleviate EE associated with empathy fatigue (Klimecki, Leiberg, Lamm, & Singer, 2013). Psychotherapists with the elevated belief that they must submit to the control of others to avoid rejection or conflict may also benefit from training in taking appropriate levels of control in their workplace, rather than taking a passive-aggressive approach in relationships due to perceived lack of control. Employees are likely to benefit from an increased sense of control in the workplace, resulting in reduced psychological strain and greater well-being (Karasek, 1979; Karasek & Theorell, 1990).

Conclusion

Burnout is a common feature of unintentional misconduct among psychotherapists, often at the expense of client well-being, therapeutic progress, and successful client outcomes. Clinicians working in spite of burnout also incur personal and economic costs that compromise the principles of competence and beneficence outlined in ethical guidelines. This article has focused on a communitarian approach to identifying, understanding, and responding to the signs, symptoms, and risk factors in an attempt to harness ethical practice and foster successful careers in psychotherapy. The 5-P strength-based model illuminates the positive potential of workplaces that support well-being and prioritize ethical practice through providing an individualized responsiveness to the training, professional development, and support needs of staff. Further, in contrast to the majority of the literature that explores organizational factors leading to burnout and ethical missteps, the 5-P model also considers the personal characteristics that may contribute to burnout and the personal action that psychotherapists can take to avoid burnout and unintentional misconduct.

Where to From Here?

The 5-P model proposes a starting point for conceptualizing burnout prevention and remediation through a communitarian lens and provides suggestions for intervention at each level of the system surrounding the psychotherapist. It distils a diverse literature into a coherent strength-based model that provides a platform for innovative workplace design and policy development—perhaps most importantly it provides a new framework to support research into burnout and also into creating an evidence-base for "thriving" in the psychotherapy community.

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