EMBRACING LEADERSHIP IN MENTAL HEALTH SETTINGS:
An Employee Assistance Program for Occupational Therapists Facing Burnout and Compassion Fatigue

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Professionals in the field of healthcare who dedicate their careers to providing care to vulnerable populations often face occupational stressors due to the nature of their work. This is particularly true for clinicians working in mental health settings (Harris & Artis, 2005), as they deal with clients who have experienced traumatic events in their lives and who endure hardships due to their mental illness.

Literature in the area of occupational stress has found that conditions such as compassion fatigue and burnout exist in clinicians working in a social service setting (Adams, Matto, & Harrington, 2001; Maslach, 2003). These findings are both worrisome and welcoming. This is worrisome because the well-being of mental health clients relies on the well-being of the clinicians caring for them. Conversely, this is welcoming because this creates a leadership role for occupational therapists to develop and implement a program to prevent and treat compassion fatigue and professional burn out. These points will be further discussed using the Canadian Practice Process Framework (Townsend & Polatajko, 2007).

Enter/Initiate

As an occupational therapy student, I entered/initiated the process of choosing a topic for this assignment based on my personal experience as a student, both in class and on fieldwork placement. My fieldwork one placement was at the Centre for Addiction and Mental Health in the schizophrenia outpatient program. During this placement, I became too emotionally involved in the case of one client. It was emotionally unhealthy as I carried this client’s issue home with me each day. To this day, I still wonder how this client might be doing, but more importantly I wonder what repercussions my emotional involvement would have had for my practice had I been in this setting for a longer period of time.

A few months ago, I began to experience depression-type symptoms. Life got overwhelming and I was ill equipped to deal with the emotional overload I was now experiencing. This affected
every aspect of my life: school, relationships, and my physical functioning, to name a few. I wondered how I would ever be an effective therapist in this state of mind. My thoughts expanded further in light of this assignment. I coupled my psychosocial issues with the emotional involvement I experienced during fieldwork one and reflected on how my practice and my therapeutic relationship with clients would suffer as a result of my mental and emotional instability.

As previously mentioned, professionals working in with vulnerable populations often face occupational stressors, mainly in the form of emotional stress. These stressors can be heightened by personal issues that a clinicians may be experiencing or even just by being a new clinician to the field. One term that describes the experience of stress in the workplace is professional burnout, which is defined as “a multidimensional construct with three distinct domains: emotional exhaustion, depersonalization, and reduced personal accomplishment” (Maslach, 2001).

Maslach (2001) also adds that the largest risk factor for developing burnout is the nature of human services work, in which a person is consistently required to use empathy. Another term to describe a similar phenomenon is compassion fatigue (CF). Coetzee and Klopper (2010) define compassion fatigue as “the result of a progressive and cumulative process that is caused by prolonged, continuous, and intense contact with patients, the use of self, and exposure.” (pp.237).

Compassion fatigue is a state of compassion that exceeds clinicians’ endurance level and ultimately results in marked physical, social, emotional, spiritual, and intellectual changes (Coetzee & Klopper, 2010). Each time a client meets with an OT, they are relying on the therapist to assist them in rebuilding his/her life that have been touched by a mental illness, trauma, addictions, and/or abuse. However, an OT cannot effectively help a client if they are experiencing burnout or compassion fatigue, as these syndromes negatively impact every aspect of a therapists’ well-being.

This issue is important for OTs working in a mental health setting as the effectiveness of our practice depends on our emotional, mental, and physical integrity. Additionally, this issue raises the
potential for OTs to step in and create a program that will prevent burnout and CF among mental health clinicians, thus enabling their occupation as a therapist. OTs have a thorough understanding of occupations and the interplay between the person, environment and occupation.

Since burnout and compassion fatigue are not caused by one factor, OTs would be well positioned to take a leadership role in program development to address this case. The leadership role for mental health OTs regarding this issue is two-fold. Firstly, OTs would be taking on a leadership role by developing and implementing a program to prevent and treat burnout and CF among mental health OTs (as this currently does exist to the extent that is needed). Secondly, this program would contain a leadership component included to propel OTs forward to become change agents within this field as healthy and competent practicing OTs. The latter part is important to include in this program clinicians affected by burnout and CF may not realize their potential to be leaders in this field due to feeling incapacitated. Therefore, my intended plan its for OTs to take on a leadership role to establish a program within mental health facilities to prevent and treat burnout and compassion fatigue, while simultaneously teaching OTs how to become leaders in the field amidst any adversity they may face in their work or personal life.

Set the Stage

Currently mental health facilities, such as the Centre for Addiction and Mental Health (CAMH) do not have institution-wide programs to prevent and treat burnout and CF. One program at CAMH has an Employee Systems Program that offers counseling to its employees outside of the facility. However, these counseling services are mainly used once an employee is faced with a crisis; they are not used as a preventative measure. Additionally, this program is not facility-wide, and therefore, clinicians in other programs at this facility lack this support. The Addictions Program at CAMH has also made an attempt to target this issue. They have a supervisor on site that the staff can speak to when they experience difficulties at work. However, the supervisor is also a CAMH staff member and
as such, some clinicians might not feel comfortable speaking freely, without reservations, to this person. This is particularly an issue when the employee’s burnout is due to complications with other employees.

Literature on this topic raises the need for the implementation of such program to prevent and treat burnout and CF in social services professionals. For instance, Bride, Hatcher and Humble (2009) report that professionals are normally exposed to clients’ traumatic experiences, and as such, this exposure may lead to psychological distress for clinicians over the course of the client’s treatment. Collins & Long (2003) state that both CP and burnout can challenge a therapists’ ability to provide effective services and maintain personal and professional therapeutic relationships. The concept of counter-transference is also relevant for social service personnel, as the challenges experienced by clients can trigger memories of painful events in their own lives. This notion is echoed by a study on CP by Rudolph et al. (1997) which found that 42% of health personnel working with trauma victims reported that they had themselves suffered a personal traumatic event. Incidences of counter-transference in the workplace can be negatively impact new therapist more than experienced therapists, as reported by Pearlman and Maclan (1995) who found that younger or newer therapists experience the most difficulties working with CF.

Furthermore, being younger or newer to the work field is correlated significantly with the highest level of burnout (Ackerly, 1988), which raises concern for me as a soon-to-be new grad with a keen interest in mental health. Burnout can also results from the workload demands that are placed on clinicians, which can negatively affect their ability to provide services, maintain personal and professional relationships, lead to higher turnover rates, loss of productivity, and diminished capacity to enjoy life (Showalter, 2010). However, Stamm (1998) report that although some professionals succumb to burnout and CF, some professionals have a protective mechanism that helps maintain their well-being. The author adds that “the human spirit, while clearly breakable, is remarkably resilient.” (pp.3). It is evident that certain professionals are able to manage occupational stressors
in an effective manner. Therefore, as OTs we must take on a leadership role to maximize the resiliency within our colleagues to promote a healthy work environment and a healthy lifestyle for all those who dedicate their careers to helping others.

**Assess and Evaluate**

Currently, there is a lack of literature on burnout and CF as it relates to OT. The literature in this area mainly focuses on nurses, psychologists, and social workers in the social service field. This confirms the idea that OTs have a potential leadership role in program development for therapists in the field of mental health. Occupational therapists know all too well that the environment, occupation, and person contribute to the well-being and occupationally satisfying life of a person. However, many times OTs become deeply immersed in the cases of their clients that they neglect to take care of their own person, occupation, and environment dynamic. Personal issues that a therapist might be experiencing can also confound this neglect. Just as OTs are well positioned to help clients improve their occupational repertoire and quality of life, OTs are also well positioned to help their colleagues enable their own occupation. Therefore, OTs should take a leadership role in program development in mental health facilities to assist fellow therapists in dealing occupational and personal stressors that have been known to negatively affect their abilities to help others.

The first step towards developing an OT-based program to prevent and treat burnout and CF is to understand which resources are currently available and which areas/resources need to be developed. The study by Stamm (1998) revealed that there are health care workers that exert a protective mechanism that prevents them from succumbing to burnout and CF. A participant in a study by Harrison and Westwood (2009) revealed that although she feels connected to her clients that “It’s still their story. It’s not my story. It doesn’t get painted on my wall, you know. I’m in peer support groups, I have place to go to talk about stuff with people, I swim, I hike a lot, I unload distress in an appropriate way when certain themes become cloudier for me around whether it’s
their story or it’s my story.” Evidently, there are leaders in the health care field that would make excellent mentors for other clinicians who struggle with their emotional burdens due to work or their personal lives. It is these type of OTs that need to be sought out in mental health facilities to assist other OTs in adopting their protective strategies. Furthermore, OTs who excel in leadership roles should also be recruited to bring out the leadership qualities that certain OTs may posses, but are unaware of. Lastly, OTs will need to practice their competencies as a change agent and an educator to gain the approval and support of management with this initiative. The following step of the CPPF will explain in more detail the specifics of this intended program.

**Agree on Objectives and Plan**

As previously mentioned, this program intends for OTs to take on a leadership role to establish a program within mental health facilities to prevent and treat burnout and compassion fatigue, while simultaneously teaching OTs how to become leaders in the field amidst any adversity they may face in their work or personal life.

The following is an outline of the components of the intended employee assistance program. The first component is a group program. The literature in this field outlines protective practices for clinicians, many of which can be taught and/or practiced in a group setting. For instance, Harrison and Westwood (2009) report that education about burnout and CF, mindfulness, maintaining clear boundaries, engaging in holistic self-care, practicing with a healthy level of empathy, improving life/coping skills, and making meaningful and satisfying contributions as a professional can prevent burnout and CF. These group sessions would occur once a month and each session would focus on a different topic, including some of the aforementioned topics. Additionally, this program would contain an exercise component once a week as exercise is known to combat the adverse effects of stress (Harrison and Westwood, 2009). Group exercise sessions would ideally be run during lunch
time (ie. half an hour of yoga) to included as many clinicians as possible and to break the habit of clinicians having lunch at their desk while they work, even if it is just once per week.

The leaders of these group sessions would be OTs from each mental health facility. The OTs leading the group sessions would be considered mentors for their colleagues as they would have more expertise in this area, and as such, would be able to offer additional support as needed regarding the topics covered in the group program. It is important to note that support in the realm of counseling would not be offered by these mentors as they are not qualified counselors but rather OTs, and because it is known that counseling done by staff members of the same facility is not effective. The second component of the employee assistance program would be a free counseling service that would assist OTs in coping with work-life stressors. The hope is that the group sessions would educate clinicians to understand and identify the early symptoms of burnout and CF, and would thereby access the counseling services available.

The employee assistance program has several components of leadership embedded within it. The development of this program would call on OTs to use their professional competencies (CAOT, 1997), namely educate and change agent. Firstly, OTs would need to educate management on the need for such program, in particular if this need has not been previously addressed in any context within the facility. Secondly, OTs would need to advocate for and with their OT colleagues to convey the need for this program, using statistics of the costs of burnout and CF to companies and testimonials of how these syndromes have negatively impacted the efficacy of therapists. This program in not intended to be a costly one; however, certain arrangement would need to be in place to provide free counseling services and to allocate time for mentors to plan various group sessions, which might include guest speakers, workshops, etc.

Several leadership skills would be called upon during the development of the employee assistance program. The first leadership quality present within this initiative is the development of the program itself. As previously mentioned, currently there aren’t any programs in mental health
facilities in the Greater Toronto Area with this goal. Therefore, developing such a program would display great leadership qualities among mental health OTs, possibly inspiring other disciplines to do the same. The mentors themselves would demonstrate the ability to lead themselves before attempting to lead others. This leadership ability would be reflected in their ability to develop themselves as capacitated leaders in this area (in class lectures).

Learning is a life-long process, and as such, the mentors will continue to be independent learning throughout their involvement with the program. Additionally, mentors will be aware of their perceptions, assumptions, and previous experiences prior to speaking to others about burnout and CF, as this may impact the effectiveness of their presentation and/or their credibility. As effective leaders, mentors will also demonstrate character throughout and handles all situations with integrity and civility. Mentors will also demonstrate leadership qualities through their interactions to effectively communicate and build relationship with fellow OT colleagues (class notes). Building relationships can occur by bringing out the strengths in the participants of the group, learning from and acknowledging the experience of others, while effective communication can involve encouraging participations from colleagues, speaking in a non-judgmental manner, and being sensitive to others' experiences, to name a few. Bringing out the strength in the group members will also involve bringing out their leadership qualities and inspiring them to become change agents within the field on mental health. It is important to tap into this aspect, as many OTs may not even consider the possibility of being a leader due to their preoccupations with burnout, CF or other personal issues. However, by opening up the doors to leadership to those clinicians who would like to take that step will teach them ways in which they can be successful in that role.

Lastly, the mentors will create a healthy program, provide wellness activities (ie. the weekly exercise class) and maintain healthy relationship with all relevant stakeholders and members to ensure its continued success. Developing this program requires several competencies but more
importantly, it requires leadership skills. However, I am confident that OTs have the education, knowledge, and most importantly, the passion to make changes both for clients and for themselves.

**Implement your Plan and Evaluate**

The employee assistance program would mostly likely be piloted in one mental health facility, although the hope is that this program would spread to all mental health facilities in the province and later nation-wide. With the OT mentors in place, with management on board, and with a strong partnership with external counsellors, this initiative would be ready to be piloted. This program would initially be introduced to OTs during a departmental meeting, so that the mentors themselves can reach out to OTs and thoroughly explain the purpose of the program. This program, like any other program, would consistently be modified to meet the needs of the members. Members would be encouraged to provide feedback to mentors, both formally and informally, and to bring forth ideas for future sessions or new directions in which the program should head. After all, this is a program for OTs and as such the program should be geared towards the needs of these clinicians.

As previously mentioned, the group sessions would consist of activities that aim at preventing and/or alleviating the burden of daily life and occupational stressors. Mindfulness, for instance, has been known to enhance clinicians’ ability to recognize boundaries and when these boundaries are at risk of being crossed, maintain clarity about self in relation to others, and to take action to restore balance in their lives (Harrison & Westwood, 2009). Therefore, each session will begin with a mindfulness meditation to bring the clinicians to the here and now (Appendix A).

To evaluate the well being of the participating clinicians, members would be given a questionnaire to fill out during each monthly session to help OTs reflect on how they are really feeling. In busy work environments, it is easy to overlook the daily stressors and be aware of how they are impacting our work and personal life. Therefore, this would be a good method of helping each member be aware of how they are feeling/coping and subsequently raise pertinent issues
during the session if they feel comfortable doing so. The self-assessment of choice for this group would be the Professional Quality of Life Scale-Revision IV (ProQOL) (Stamm, 2005). The ProQOL assesses professional quality of life in three domains: compassion satisfaction, burnout, and compassion fatigue. Psychometric testing has shown the ProQOL has high reliability in all domains, and as such, would be a good tool to use for reflective practice as clinicians. Furthermore, these confidential assessments would ideally be shared with mentors so that they can have an idea at a program level, how clinicians are coping with occupational stressors. This feedback could potentially elicit macro level changes within the facility if the mentors find that clinicians are not being provided with a healthy work environment.

**Conclude and Exit**

Occupational therapists dedicate their lives to helping clients whose occupational repertoire has been disrupted. However, OTs are also vulnerable individuals capable of experiencing distress and at times require an occupational therapy for themselves. As an OT student, my personal story showed how an overwhelming set of events can leave someone incapacitated to do activities of daily life. For an OT who helps clients on a daily basis, this can be detrimental for his/her practice. Therefore, a program such as the employee assistance program should be implemented to prevent the occurrences of burnout and CF in the workplace, while also helping those who are already facing one of the syndromes. The development of this program would propel OTs further in the field of rehabilitation and demonstrate leadership qualities for a professions that continues to gain recognition.
References


Appendix A

Mindfulness Activity

Use the following script to carry out a mindfulness session. Read this script slowly and in a soft voice, while in a silent room. Encourage your participants to close their eye and sit in a comfortable position for this exercise.

• Find a comfortable and quiet place to sit where you will not be disturbed.

• Allow your body to settle in and take a few deep and relaxing breaths.

• Take a few moments to say hello to your body. Slowly starting with the feet and lower legs, knees and upper thighs, buttocks and lower body, upper body, shoulder and arms, neck, head and face. The result should be relaxing of the body, calming of the mind and emotions.

• Now, take a short period of time to practice being in the moment and aware. As the mind wanders bring it back to the present moment, and the present moment, and so on.

• Now, observe thought without taking thought. Do for a minute or so.

• Now, observe body sensation, just notice. Do for a minute or so.

• Now, observe emotions, just be mindful. Do for a minute or so.

• If you experience any discomfort take a deep breath and let go.

• Now, take a deep breath and a stretch and gently stir. Take your mindfulness experience and awareness with you into your day.