Seven Salutary Suggestions for Counselor Stamina

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Counselor stamina is deemed essential in the midst of a consistently challenging, complex, and changing mental health care environment. Rather than perpetuating conversations about "burnout" and "burnout prevention," this article provides a salutary or health-promoting perspective. Seven suggestions for counselor stamina are presented and discussed, based on a review of the literature and the author's reflections on clinical practice today. Each suggestion corresponds to one of the 7 letters in the word stamina.

Mental health and substance abuse practitioners today are besieged with numerous demands on their time, talents, and resources. Several authors have discussed these current challenges (Austad, Sherman, Morgan, & Holstein, 1992; Carpenter, 1999; Ivey, Scheffler, & Zazzali, 1998; Langeland, Johnson, & Mawhinney, 1998; Manderscheid, Henderson, Witkin, & Atay, 2000; Scheffler, Ivey, & Garrett, 1998), which include working within the restrictions of funding cuts, practicing mandated short-term counseling, and responding to the expectations of accountability and evidence-based outcomes. In addition, counselors are expected to remain current with increased and continuously changing certification and licensure standards, work collaboratively with an increasing array of professionals from varied disciplines in the mental health marketplace, and care for an increasing number of clients needing specialized care. These and other challenges have contributed to counselor burnout (Arvay & Uhlmann, 1996; Geurts, Schaufeli, & De Jonge, 1998; Linehan, Cochran, May, Levensley, & Contois, 2000; Shoptaw, Stein, & Rawson, 2000) and high turnover rates (Baker & Baker, 1999; Ben-Dror, 1994), indications of stress, disillusionment, and low morale among practitioners (Cushway & Tyler, 1996; Gabel & Oster, 1998; Rohland, 2000; Thompson, 1998).

In the context of challenging mental health service and substance abuse treatment, this article considers the concept of stamina for counselors. Stamina is often defined as endurance and refers to the strength to withstand (or remain standing), resist, or hold up under pressure or difficulty (Colerick, 1985; Thomas, 1982). A salient connotation of stamina is that of durability, and its etymology suggests a moving forward (Neufeld & Guralnik, 1997). In this respect, stamina represents a salutary or nonpathological orientation and is selected as an alternative to the deficit or pathological perspective suggested by the terms burnout prevention and coping. Burnout has been defined as the process of physical and emotional depletion resulting from conditions at work (Farber, 1983; Shinn, Rosario, March, & Chestnut, 1984) or, more concisely, prolonged job stress (Maslach & Schaufeli, 1993). Coping refers to strategies to reduce and manage stress and strain (Brown, 1993; Dewe, Cox, & Ferguson, 1993; Shinn et al., 1984). Both coping and prevention connote a reactive posture, suggesting that the problem remains the protagonist, and efforts used are always in reaction to, and fighting against, the problem. In its colloquial use, coping also conveys a sense of "barely getting by," "just making it," or "trying to keep my head above water."

A discussion of stamina intends to draw attention to the cultivation, amplification, and routine use of one's strengths and resources, as opposed to focusing on a problem (i.e., burnout) and outlining attempts to rid oneself of or continually fight against the problem (i.e., coping). From a social work perspective, Carpenter (1999) observed that much has been written in the past ten years about job dissatisfaction, stress, and burnout in the human service profession, [but] little attention has been paid to the over-riding altruistic concern for the welfare of others which is the foundation of the social work profession. (p. 70)

In discussing the value of stamina, this article addresses Carpenter's (1999) observation and concern by shifting attention away from notions of stress and depletion. It focuses instead on cultivating resources intended to keep one's outlook positive and one's work fresh, relevant, and rewarding. Seven suggestions or ingredients for stamina are presented, each corresponding to the seven letters in the word stamina, thus creating the acronym STAMINA (i.e., selectivity, temporal sensitivity, accountability, measurement, and management, inquisitiveness, negotiation, and acknowledgment of agency). These suggestions and recommendations are offered to encourage counselors in their attempts to foster, preserve, and operate from a stamina orientation in their daily tasks. The theme emphasized throughout this article is that of endurance: standing firm and remaining strong and resolute in the midst of (not in spite of) challenges present in today's mental health service and substance abuse treatment environments.

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CHALLENGES OF MENTAL HEALTH CARE

Some type of limitation or restriction defines the provision of mental health services today, be it time, money, or other resources (e.g., treatment interventions), including a lack of full parity (i.e., mental health not financed at the same level, or to the same degree, as physical health; Ivey et al., 1998). Descriptions of the current behavioral health care system are embedded in a managed care framework (Manderscheid et al., 2000) and community mental health centers are increasingly becoming managed care providers (Cohen & Bloom, 2000). Reference to managed care in the literature has shifted from a characterization as an intruder (Pipal, 1995) in therapy to a depiction as necessary sentinel (Howard, 1998).

Problems that plague community mental health agencies include the tremendous growth in the number of clients requesting services, underfunding, and ambiguity about missions to be fulfilled (Langeland et al., 1998). In addition, anticipated staff downsizing (Rohland, 2000) and high turnover rates (Baker & Baker, 1999), due primarily to low salaries (Ben-Dror, 1994), have become customary aspects of today’s publicly funded mental health agencies. Baker and Baker noted, in particular, the high turnover rate of psychiatrists in community mental health centers, perhaps exemplifying Tang, Kim, and Tang’s (2000) observation that voluntary turnover may be related to a strong value of money and a desire to make more money. In response to these and other market forces, Carpenter (1999) described the social work profession as “currently under heavy siege” (p. 69).

At a time when resources appear scarce, the complexity and severity of client needs have increased. Ivey et al. (1998) noted an expansion of the number of special populations needing mental health care, including older persons, children, and adolescents; persons with severe and persistent mental illnesses; persons of color and those representing ethnic minority groups; and HIV-infected individuals. To service such diverse needs and address the persistent “revolving door” issue (i.e., clients moving repeatedly in and out of care), the context of services has become more heterogeneous. Although the number of private psychiatric hospitals increased in the 1980s, prohibitive costs (due to mergers, consolidations, and downsizing of some of these hospitals) and an actual decrease in the number of beds provided by these hospitals (Witkin et al., 1998) have excluded clients with persistent mental health needs who are often impoverished. Home-based services (Brooks & Riley, 1996) and ambulatory care, particularly for severely mentally ill clients, have thus expanded in light of decreases in inpatient care (Manderscheid et al., 2000).

Adding to the complexity is the growing number of mental health professionals representing varied disciplines, such as clinical social work, psychology, counseling, and psychiatric nursing (Ivey et al., 1998; Scheffler et al., 1998; West et al., 2001). Although a position of oversupply has not yet been reached (with the exception of psychiatrists; Ivey et al., 1998), there is concern about overlap and duplication of services. Scheffler and his colleagues (Scheffler & Ivey, 1998; Scheffler et al., 1998) have described the trend of substitution whereby one worker (e.g., master’s level counselor) is hired to perform the duties of another worker (e.g., doctoral level psychologist) as a cost-saving measure. Psychologists, for instance, are feeling “crowded out” by master’s-level practitioners, and recommendations have been made for expanding the role of psychologists (Cummings, 1995; Knapp & Keller, 2001) as well as reducing the psychologist workforce (Robiner & Crew, 2000).

CHARACTERISTICS OF MENTAL HEALTH PRACTITIONERS

Given the challenges of mental health care and substance abuse treatment today, it is understandable and perhaps expected that professional counselors would be experiencing stress, frustration, job dissatisfaction, apathy, and even burnout (Gabel & Osler, 1998). Cushway and Tyler (1996) have observed consistent levels of moderate-to-significant stress among British clinical psychologists. They reported that women acknowledged more psychological distress than did men; younger and less experienced psychologists were more likely than older, experienced psychologists to experience stress; and a lack of quality social support (specifically that of a confidant) strongly predicted stress. Similar profiles were detected among Canadian mental health professionals who worked in the field of trauma and who reported heavy caseloads (Arvay & Uhlmann, 1996).

In the United States, a vast majority of psychologists (84%–90%) report having been a client or patient in therapy at some time (Norcross, Geller, & Kurzawa, 2000; Pope & Tabachnick, 1994), and the most frequent issues addressed in therapy included (in order of frequency) depression or general unhappiness; marriage or divorce; general relationship concerns; self-esteem and self-confidence; anxiety; and career, work, or studies. Although Pope and Tabachnick did not specifically address connections between therapists’ presenting concern and the demands of their professional practice (i.e., entered therapy because of job stress), it can be said that mental health providers do experience difficulties as a result of their helping role due, in part, to the “competitive climate” of managed health care and the “decline in overall workforce” in such environments (Scheffler & Ivey, 1998, p. 1307).

In today’s cost-conscious environment, mental health practitioners are challenged to do more with less. Clients are presenting with more diverse and complex needs (Ivey et al., 1998; Oberlander, 1990; Shohtaw et al., 2000) and a majority (89%) of practitioners report conducting brief therapy (Levenson & Davidson, 2000). In addition, accrediting bodies and funding sources are demanding increased accountability and productivity (i.e., positive client outcomes) across practice settings (e.g., schools) and specializations (Sexton, Whiston, Bleuer, & Walz, 1997). Financial constraints and time limitations, however, result in fewer opportunities to participate in conferences and staff training activities (Hawkins & Klas, 1997), specifically in the areas of brief and cognitive-behavioral therapies (Brooks & Riley, 1996). This lack of training and professional development not only thwarts opportunities for staff promotion
and advancement (Marini, Todd, & Slate, 1995), a major concern in the substance abuse field (Evans & Hohenhil, 1997), it also jeopardizes quality client care.

Job stress and strain for professional counselors is not surprising. The physical, mental, and emotional challenge of caring for others is to be expected. Whaton (1993) described the strain of engaging in ongoing emotional labor (i.e., rendering a service to the public that requires the management of one’s feelings), and Skovholt (2001) outlined 20 hazards of practicing professional counseling and psychotherapy, including providing constant empathy and once-way caring and experiencing emotional trauma. Gabel and Oster (1998), however, attributed current job stress to the organizational changes brought on by managed care. Factors such as a lack of influence over decisions at work, high work demands and insufficiency resources, lack of feedback on job performance, and role ambiguity and role conflict characterize today’s mental health environment and contribute to low morale among professionals (Thompson, 1998).

Role ambiguity (Marini et al., 1995; Thompson, 1998) and role diffusion (Ivey et al., 1998), or confusion about one’s unique contribution to a health care team, are of particular concern in today’s environment, given the increasing number of providers representing various disciplines but often engaging in overlapping services. Because “a system in which multiple providers perform similar services is unstable, divisive, and potentially inefficient” (p. 26), Ivey et al. stressed that “the continuing success of each profession will be the ability to define the areas where its particular skills complement and add value to the skills of other groups” (p. 26). Furthermore, Fall, Levitov, Jennings, and Eberts (2000) suggested that “in an economy of shrinking funds for mental health, the need for a unique identity becomes that much more crucial” (p. 122).

**STamina Defined**

Given the rapidly changing behavioral health service system and the concomitant challenges facing providers within such a system, a discussion of stamina for professional counselors seems warranted and timely. Reference to stamina in the literature is limited, and what is mentioned regards stamina as a biopsychosocial factor. Thomas (1982) characterized the main function of stamina as resisting chronic disease (e.g., cancer) and premature death. In this respect, stamina is considered a causal factor of longevity. Pellegrini, Hicks, Roundtree, and Hunan (2000) proposed that stamina comprises “a variety of physical and characterological aspects of persistence, confidence, and enthusiasm for work, as related to the capacity to cope with challenging life circumstances” (p. 645). Their research with college students detected a positive association between stamina and a secure attachment style.

Further considerations of stamina emphasize a cognitive appraisal component, which Colerick (1985) alluded to as “internal stamina,” distinguished from physical strength. Specifically, this refers to “a sense of triumph or mastery, of personal control or efficacy, and of optimism about the course of difficult times” (p. 1000). Her work with older persons indicated that those with high stamina “have learned through the years that change is inevitable, challenging and manageable” (p. 1004).

Stamina is derived from the root word, *stamen*, which means “thread” in Latin and “a standing” in Greek (Neufeldt & Guralnik, 1997). Reference to stamen in its definition signifies that stamina represents a dynamic life force, an energetic movement toward growth, productivity, and health. Indeed, Colerick (1985) described stamina in later years as “the ability to incorporate personal loss into one’s life and to move forward [italics added]” (p. 997). In light of its etymology and definitions, stamina is regarded in this article as a consistent thread or theme of dynamic and proactive endurance.

**THE SEVEN SALUTARY SUGGESTIONS FOR STAINA**

Recommendations in the literature for preventing counselor stress and burnout appear to be confined to personal self-care measures, that is, activities for the counselor to engage in when he or she is not “on the job” (e.g., Corey, 2001). In addition, many suggestions reflect what appear to be immediate, reactionary, and perhaps temporary responses to current stressors, such as decreasing one’s caseload (King, Le Bas, & Spooner, 2000; Shoptaw et al., 2000), providing treatment referral for staff experiencing problematic substance use and/or depression (Rohland, 2000), and instituting a variety of organizational changes to increase employee autonomy (e.g., recognizing accomplishments and scheduling regular in-service training; Marini et al., 1995).

The seven suggestions for stamina presented in this article encompass off- and on-the-job activities and ways of thinking or dispositions, thereby representing a more holistic approach or posture. In addition, the suggestions or components of stamina take into consideration the reality of professional counseling practice today, providing recommendations for working within a demanding and challenging system, rather than retreating from it or fighting against it. Furthermore, the recommendations presented here represent a proactive, rather than a reactive or preventive, approach to counselor stamina, delineating specific, ongoing, and routine practices for the duration of one’s counseling practice, not just a temporary or immediate response to a current stressor. Finally, the suggestions not only represent things that counselors can do but, perhaps more important, ways of thinking about or perspectives on one’s practice, profession, and identity that are intended to be beneficial, health-promoting, or salutary. The components presented do not represent an exhaustive or sufficient list of recommendations guaranteed to make the practice of professional counseling manageable and rewarding. Rather, they are intended as a preliminary offering of ideas and considerations—based on my reading and interpretation of the literature, as well as reflections on my own clinical and academic work—in an effort to shift from a problem, deficit, and pathology focus (i.e., “burnout prevention”) to a growth, mastery, and salutary orientation (i.e., “stamina promotion”), consistent with M. E. P. Seligman’s (2000) call for a “science of human strength and personal fulfillment” (p. 417).
Selectivity

During the past 40 years, hundreds of counseling theories or models have been proposed with accompanying "how to" manuals or formulas outlining numerous treatment strategies and interventions. At the same time, the list of medically recognized mental disorders has expanded with each edition of the Diagnostic and Statistical Manual of Mental Disorders (see, for example, American Psychiatric Association, 1994). These developments coincide with increasingly complex societal issues and cultural compositions in the United States, which have contributed to the variety of service settings, formats, and personnel we have today.

It is precisely this complex, complicated, and often confusing mental health care and substance abuse treatment environment that necessitates consideration of the first component of counselor stamina—selectivity. Selectivity refers to the practice of intentional choice and focus in daily activities and long-term endeavors. It means setting limits on what one can and cannot do and, in the process, being deliberate in one's tasks and purposeful in one's mission. In open-ended interviews with psychotherapists contracted with health maintenance organizations (HMOs), approximately one half of the interviewees attributed "relentless work load" and "number of cases" to burnout, and one third of the interviewees stated that setting limits and boundaries would be one thing they could do to prevent burnout (Austad et al., 1992). This is related to findings that therapists' high expectations for improvement for clients diagnosed with borderline personality disorder contributed to therapists' emotional exhaustion at the end of the 4th month of therapy (Linehan et al., 2000). Careful choices about what is and what is not possible or doable in client scheduling and treatment planning, therefore, assist in cultivating and maintaining counselor stamina.

One aspect of selectivity involves professional expertise. Because one cannot "know it all" or "do it all," the professional counselor must make careful decisions about specific ways in which he or she wants to practice, with whom to practice, and how to present him- or herself to the public. Although professional counselor licensure typically allows one to engage in a variety of areas (e.g., marriage and family, substance abuse; working with children, adolescents, and adults), this does not imply that a professional counselor practices as a strict generalist. Rather, to obtain further and more focused training, specialty areas are pursued and certification in a limited number of areas is recommended, while maintaining one professional license (Remley, 1995). This type of "credential selectivity" fosters and communicates a clear professional identity, the absence of which may contribute to instances of role ambiguity/diffusion and—economically substitution, as discussed earlier.

Carefully selecting one's professional specializations can assist in practicing a similar style of selectivity with clients. In actual practice, selectivity pertains to being realistic about one's own abilities, acknowledging what Skovholt (2001) referred to as "normative failure" (i.e., that not all of our clients will change and grow), and that one's role is not to "cure" or "save" clients, but to facilitate positive change at this particularly difficult time in clients' lives. This involves counselor selectivity regarding his or her specific therapeutic style or posture, as well as methods and interventions used with each client, mindful that "there is no 'one size fits all' treatment for mental disorders" (Satcher, 2000, p. 5). Maintaining the "same old, same old" generic approach with all clients not only is disrespectful of clients' uniqueness, but may contribute to low morale, job dissatisfaction, and unethical behavior among counselors. In addition, being selective about recommendations to clients—such as in keeping goals and objectives within reason, as well as reachable and realistic (see Berg & Miller, 1992; Walter & Peller, 1992)—provides customized or tailored counseling services (which have demonstrated positive client outcomes; see Iguchi, Belding, Morral, Lamb, & Husband, 1997). This type of individualized treatment planning also keeps the practice of counseling fresh and feasible for the professional counselor.

Temporal Sensitivity

The managed mental health care environment today requires that counselors be time conscious, which several (e.g., Hoyt, 1994) refer to as a time-sensitive approach. This implies that counselors must be constantly aware of the given restrictions and limitations of time—in sessions with clients, in determining the appropriate length of overall treatment, and in the spacing of sessions—and make the best use of the time allotted. Referring to his own therapist, theologian Henri Nouwen (1976) wrote, "he gave me much time and attention but did not allow me to waste a minute" (p. 15). This represents a counselor who used time wisely, keeping himself and his client focused, without the impression of being rushed.

Howard (1998) observed that counseling session utilization was greater for clinicians allotted the maximum number of sessions allowable (i.e., 19) at the outset than clinicians initially authorized for only 6 or 10 sessions, despite similar client diagnostic presentations. Requests for additional sessions from clients in the 6- and 10-session groups were automatically granted up to the benefit limit (i.e., 19). Utilization remained highest, however, for those initially authorized for 19 sessions, leading Howard to conclude, "treatment continued because sessions were available" (p. 266). This study suggests that clinicians may not make the best use of time unless constrained by deadlines and other forms of time restriction. Although client status at termination was not reported, the implication is that sensitivity to time focuses one's efforts and may contribute to clinical effectiveness.

Hoyt (1990) emphasized that time is not only a commodity but also a perspective, and both are needed in effective time-sensitive counseling. As the second suggestion for stamina, therefore, temporal sensitivity implies that time is not only something to be managed or manipulated well (e.g., working within deadlines; arriving to and ending counseling sessions "on time"), but also something that is viewed realistically and respectfully. This means viewing time as a precious commodity as well as a collaborator rather than as an adversary. Stamina
is promoted and maintained when counselors are sensitive to the realistic or natural limits of time and seek to work cooperatively and respectfully within such limits.

Limits associated with counseling do not simply refer to mandated time restrictions (e.g., those enforced by a managed care entity), but they also exemplify an understanding of and an appreciation for the natural rhythms and cycles of time, including the phases or processes of what Skovholt (2001) referred to as the caring cycle in the helping professions. He stated that "one essence of practice for counselors ... is to be a highly skilled relationship maker who constantly attaches, is involved, and separates well" (p. 13). From this perspective, temporal sensitivity includes an awareness of when to initiate a counseling relationship, when to maintain engagement, and when to end and say good-bye to a counseling relationship, regardless of third-party payer restrictions.

An example of a time-sensitive approach is the work of Carstensen, Isaacowitz, and Charles (1999), who reported a series of studies with older persons and those facing the ending of their lives (e.g., persons with AIDS). They have observed that "older people are mostly present-oriented ... they do not dwell on the past ... rather, more than other age groups, they focus on the here and now" (p. 168). Carstensen et al. suggested that

when endings are primed people focus on the present rather than on the future or the past, and this temporal shift leads to an emphasis on the intuitive and subjective rather than the planful and analytical. The argument we make herein is that a temporal emphasis on the present increases the value people place on life and emotion, importantly influencing the decisions they make. (p. 166)

Acknowledging the limitations of time fosters an appreciation for and a focus on the present moment, which may imply effective and meaningful counseling practice. Carstensen et al.'s empirical findings echo the words of the Psalmist of the Old Testament: "Teach us how short life is that we might become wise" (Psalm 90:12, Today's English Version). Temporal sensitivity, therefore, is an important aspect of counselor stamina and may even contribute to counselor wisdom.

**Accountability**

Accountability may be the watchword in managed mental health practice (see Sexton et al., 1997), but it is not regarded here as simply being able to demonstrate concrete, behavioral improvements in client status as the result of efficient and cost-effective care. Rather, accountability, as a component of counselor stamina, refers in part to being able to practice according to a justifiable, ethical, theoretically guided, and research-informed defense—one that has merit and makes sense not only to the counselor's clients or the counselor him- or herself, but also to the group of professionals of which the counselor is a part. This aspect of stamina can be likened to what Kouzes and Posner (1995) identified as the essence of leadership: credibility. In this manner, accountability—and credibility—refers to respecting and working within professional guidelines (e.g., standards of care; see Granello & Witmer, 1998), upholding ethical standards, and the ability to explain and defend one's actions based on practice consistent with theory and research findings. Without the use of such maps or compasses, the practitioner relinquishes his or her professional competence and jeopardizes client welfare.

Accountable practice generates stamina when the counselor takes responsibility for (i.e., owns up to) his or her clinical decisions and actions. This is descriptive of an internal locus of control, which Koeske and Kirk (1995) found was related to higher job satisfaction, higher growth need strength (i.e., importance of growth and development, rather than security and consistency on the job), less burnout, and less perceived conflict on the job among social workers and case managers. Such responsibility, however, must be informed and guided by research and theory, which Cone (2001) regarded as an ethical obligation. Interviews with mental health practitioners (O'Donohue, Fisher, Plaud, & Curtis, 1990) revealed a lack of systematic decision making in clinical practice (e.g., "That is what I always do" or "It seemed to make sense"). Although limited in scope, O'Donohue et al.'s study indicates a need for greater accountability and credibility among mental health providers in the selection of treatment processes and goals.

Remaining open to the evaluation of one's work and welcoming feedback about one's performance—which Skovholt (2001) regarded as "a key element" of professional development (p. 131)—is also a mark of responsible and accountable practice that contributes to stamina. In a well-designed study, Langeland et al. (1998) reported improvements after the staff of a community mental health agency participated in an intervention package consisting of job description clarification, in-service training on job performance outcomes and goal setting, weekly verbal feedback on performance outcomes provided by supervisor, and self-monitoring and recording of direct service duties using weekly checklists. Specific improvements were in the areas of administration and management, record keeping, and direct services and accessibility and remained relatively constant up to 4 years later "so long as the supervisors maintained their practices associated with the intervention" (p. 36).

Active participation in professional associations and workshops and involving oneself in the professional literature provide further opportunities for feedback. Skovholt, Gries, and Hanson (2001) noted, "When counselors distort feedback or shut off new information, development is stifled" (p. 173). Accountability, therefore, involves openness to innovation and a consideration of multiple perspectives. This, in turn, cultivates counselor credibility and stamina.

**Measurement and Management**

The time, talent, and energy a counselor invests in fulfilling his or her professional duties, however, must be measured and managed. Informed by the conservation of resources theory (Hobfoll & Freedy, 1993), this ingredient of counselor stamina stipulates that the counselor makes conscientious, careful,
and ongoing efforts to conserve and protect those resources he or she values. In addition to time (discussed earlier), these resources might include objects (e.g., certificate, award, books), conditions (e.g., rewarding work, quality intimate relationship, ethical boundaries), personal characteristics (e.g., thoughtful, hopeful, assertive, leadership skills), and energies (e.g., income, specialized knowledge, stamina). According to the conservation of resources theory, psychological stress occurs when these resources are threatened or lost, or when investments are made that do not reap the anticipated level of return. The result may be analogous to emotional exhaustion, one of the three dimensions of burnout according to and as measured by the Maslach Burnout Inventory (MBI; see Maslach, Jackson, & Leiter, 1997), and described as “being emotionally overextended and depleted of one’s emotional resources” (Geurts et al., 1998, pp. 342-343). Protecting and conserving the resources of one’s energy, time, and compassion, for example, may therefore attenuate psychological stress, prevent burnout, and contribute to counselor stamina.

Although related to the first element of counselor stamina—selectivity—the measurement and management of resources refers to the preservation and cultivation of particular choices. That is, this fourth salutary component entails day-in-and-out behaviors that support and protect selected limitations and demarcations, such as the clarification of role and responsibilities and advocating for the continuation of a particular program that has contributed to client engagement and improvement. Whereas selectivity concerns the perpetual act of choosing among many alternatives (e.g., type and number of certifications, work setting, preferred client population), measurement and management pertains to holding on to and accentuating the resources associated with the selections already made. Colloquially, this might be understood as “making the best out of a situation,” “guarding my investments,” or “blooming where you are planted.”

One method for cultivating and preserving resources is to identify and consult with at least one trusted colleague on a regular basis, one who can serve as a confidant and supporter. Cushway and Tyler (1996) reported that talking to a friend or colleague at work was identified by clinical psychologists in Britain as their most effective coping behavior. Among substance abuse counselors working with persons living with HIV, access to support from coworkers and supervisors predicted less emotional exhaustion and depersonalization and more feelings of personal accomplishment (Shoptaw et al., 2000). Surrounding oneself with supportive, accessible, and positive persons, therefore, may assist in managing stress and maintaining stamina. This is supported by Livneh and Deschler’s (1998) finding that of seven factors on a measure of coping styles, “seeking social support” accounted for the majority of variance (14.9%) for student applicants to a counselor education program. The use of ongoing consultation and peer support is regarded as instrumental in averting therapist distress and impairment (O’Connor, 2001).

In addition to seeking on-the-job support, measuring and managing off-duty time and activities seems to be crucial for enhancing stamina. Shinn et al. (1984) reported that 64% of the mental health professionals who responded to a survey stated that focusing their attention on family and friends or hobbies rather than on the job was the primary coping strategy used to combat job stress and burnout. To assist with counselors’ efforts to implement this coping strategy, O’Halloran and Linton (2000) provided a list of 30 books and self-care guides representing “some of the best self-care resources available today” (p. 356) intended to assist counselors in managing the stressful nature of their work, reinforcing Skovholt et al.’s (2001) dictum that “personal self-care is vital to professional stamina” (p. 174). Findings from a study (Kessler, Werner-Wilson, Cook, & Berger, 2000) of 71 married marriage and family therapists in Colorado indicated a moderately high marital satisfaction and relatively high work satisfaction. In addition, when asked about strategies used for coping with the demands of multiple life roles, the majority of responses of 14 “prominent counselor educators” who were interviewed included maintaining nurturing relationships, engaging in good self-care, and engaging in personally meaningful avocational activities (Niles, Akos, & Cutler, 2001). Engaging in enriching, personally meaningful activities and relationships, therefore, fuels counselor stamina and aids in sustaining professional longevity.

Finally, the successful measurement and management of resources may be aided when counselors enter counseling themselves. Results of two recent surveys of psychologists indicated that of 60% of those responding who stated they had participated as a client in therapy, 58% (Norcross et al., 2000) and 89% (Pope & Tabachnick, 1994) said therapy had been very helpful.

Inquisitiveness

Those of us drawn to the counseling profession are likely to report a fascination with people and their stories. Indeed, a certain degree of inquisitiveness concerning the complexities of human configurations and a desire to participate in meaningful conversations with others are regarded, by some, as essential for helping professionals (Walter & Peller, 2000). In a national survey of major value orientations among American Counseling Association members, Kelly (1995) noted that of 10 values presented, the value of benevolence, or the concern for the welfare of others, was rated highest by respondents. He concluded that a “strong core value of holistic-humanistic empowerment for personal development and interpersonal concern” (p. 652) reflected a predominant value system among counselors.

Cultivating and sustaining stamina, therefore, involves what Walter and Peller (2000) characterized as a “disposition of wonder or curiosity” (p. 33) about human behavior and the unique experiences of individuals, a fascination that may have represented the early or initial appeal of becoming a helping professional. Without a posture of intrigue or regard for the therapeutic process as one of “mutual puzzling” (Anderson & Goolishian, 1991), counselors may be vulnerable to burnout. A second of three dimensions of burnout (emotional exhaustion was described earlier; the third dimension is reduced
personal accomplishment), according to and as measured by the MBI (see Maslach et al., 1997), is depersonalization. This refers to "an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction" (p. 194). In addition, of the 20 "hazards" associated with working as a helping professional outlined by Skovholt (2001), at least three suggest a deprecation of personal relationship with another's work (e.g., "empathy strain," cognitive deprivation and boredom, and practitioner emotional trauma).

Stamina, therefore, implies that the counselor approaches clients and their experiences as one-of-a-kind and that he or she respects and honors client uniqueness and originality. From a strengths perspective, this may necessitate the temporary suspension of skepticism or disbelief so that the counselor is able to enter the client's world as the client presents it (van Werven, 1999). In addition, referring to a diagnosis as something one has rather than who one is, allows the counselor to view the client as more than a medical classification. Such practices may require clinician cognitive complexity to avoid judgmental heuristics or cognitive shortcuts (see Falvey, 2001; Spengler & Strother, 1994). Suspending judgment or stereotyping allows the counselor to view clients as teachers, regarding him or herself as the student of client experiences. Indeed, Skovholt and Ronnestad (1995) proposed that clients represent some of the greatest sources of influence on our professional development.

In addition to being curious about client experiences and the adventure of counseling, counselor stamina involves a curiosity about developments in the profession of counseling and the general psychotherapy field, and an intentional pursuit or study of such developments. This would include active participation in professional associations and remaining current with the professional research literature, thereby sustaining one's professional pride and loyalty. The notion of self-inquisitiveness, or the ability to engage in self-introspection, self-assessment, and self-reflection, also connotes stamina. Cone (2001) recommended periodically devising personal vision and mission statements—exemplifying the strategies counselors often do with clients (e.g., treatment planning)—to ensure personal and professional integrity. Obtaining continual supervision promotes self-evaluation. (Why is the notion of supervision so important?)

The intentional solicitation of specific feedback from a few trusted colleagues related to the counselor's performance at this stage of his or her career is a mark of a perceptual learner, a person who maintains a genuine desire to stretch himself- or herself and who is never content to "rest on my laurels." Counselor stamina, therefore, involves assuming the posture of a student in all areas of the counselor's practice, continually intrigued by and learning from clients, colleagues, profession, and himself- or herself.

Negotiation

Negotiation was selected as a component of counselor stamina based on the interpretation of stamina, the root word of stamina. Stamen suggests a foundational flexibility, integrating stamen's connotation of firm or sure footing (literally, "a standing") with its concurrent notion of thread. Negotiation, therefore, can be understood as one's ability to be flexible, to engage in give-and-take, without "giving in." In addition, clinical and other professional decisions and actions are purposeful (or well grounded), informed by standards of care, theory, and research; and not conducted haphazardly or arbitrarily. Understood in another way, counselors need to be responsive to and cooperate with others, while simultaneously remaining steadfast to and upholding certain values, guidelines, or standards. Such negotiation is essential on a multidisciplinary treatment team, a format regarded today as more the rule than the exception (particularly with complex client cases; see Mueser, Noordsy, Drake, & Fox, 2003) and one in which professional counselors are increasingly represented (L. Seligman & Coe, 1996).

In a study of social workers in Massachusetts (Carpenter, 1999), participants stated that the three most concerning aspects of their work roles were low pay, overload (i.e., having too much to do or the job taking too much out of you), and having a "dead-end" job (i.e., little chance for advancement, monotony and/or lack of variety). Participants also stated that the most rewarding aspects of their work roles were having some measure of decision authority (i.e., being able to work independently), flexibility (i.e., setting own work schedule with hours that fit your needs and with sufficient adaptability to respond to nonwork situations), and challenge (i.e., having a variety of rigorous or stimulating tasks at the job, opportunities to learn new and significant skills).

These findings suggest that practitioners appreciate (and may be more productive in) a work atmosphere that is not stifling or constrictive, but one that offers flexibility and room for innovation while maintaining clear parameters for appropriate rigor and challenge. Opportunities for negotiation (e.g., on issues of clinical decision making, work role expectations, and mission of the agency), therefore, may ameliorate counselor apathy, exhaustion, frustration, and other indicators of burnout.

The practice of professional counseling is certainly not an objective science. To a great extent, the focus or nature of counseling is subjective and often ambiguous. "Absolutes" are elusive, "exact personality profiles" cannot be captured, and "correct diagnoses" are ephemeral. Informed by a postmodern social constructionist perspective, the element of negotiation for counselor stamina can be understood as a need for intentional and ongoing interaction with ideas, concepts, and theories because very little of what counselors do can be "carved in stone" and regarded as "certain." Diagnosis, for example, is considered an invention not a discovery, and "entertaining multiple constructions of disorder is . . . clinically useful" (Raskin & Lewandowski, 2000, p. 33). Negotiation about the focus and process of counseling, therefore, may enhance not only client participation in counseling but also the counselor's investment in counseling.

The collaborative, cooperative nature of the counseling relationship deemed essential by postmodern, social constructionist approaches (e.g., solution-focused, narrative) exemplifies the notion of negotiation. Counselors are not regarded as the "experts" or the "answer bearers," telling clients what to do.
Rather, they serve as facilitators of an interactive process wherein client stories are honored and alternative meanings are entertained (Anderson, 1997; Walter & Peller, 2000). Furthermore, this type of recursive and synergistic human interaction benefits not only the client but also the counselor, and it should not be confined to the counseling relationship but should also characterize deliberations with colleagues. Professional counselors generate and sustain stamina by initiating and participating in processes of negotiation (with people, ideas, policies, etc.), and viewing such interactions as collaborative and coconstructive, rather than viewing themselves solely as passive recipient or "expert"/"answer bearer."

**Acknowledgment of Agency**

In mental health practice, *agency* often refers to a physical setting, the place where counseling is performed and services rendered. As a suggestion for counselor stamina, however, agency refers to something much different: an intangible, dynamic force; the "life blood" of a person; and the trait or condition whereby instrumentality (or one's purpose) is manifested. In this sense, agency may be likened to intrinsic motivation, "the inherent tendency to seek out novelty and challenges, to extend and exercise one's capacities, to explore, and to learn" (Ryan & Deci, 2000, p. 70). Of the seven suggestions for counselor stamina, this meaning of agency may sufficiently capture the essence or spirit of stamina, namely Colderick's (1985) "internal stamina."

An acknowledgment of agency is consistent with M. E. P. Seligman's (2000) vision of "positive psychology" and may exemplify Lambert's (1992) attention to "hope and expectancy factors," which he proposed accounts for 15% of positive client outcome. The model of hope described by Snyder, lizardi, Michael, and Cheavons (2000) consists of three interrelated cognitive components—goals, agency, and pathways—with agency defined as one's perception that he or she has the capacity to begin and sustain movement along envisioned pathways to a desired goal. A counselor's acknowledgment of agency, therefore, suggests that in the midst of challenging and often stressful work, he or she is able to look for, catch sight of (even glimmers of), and make use of the undeniable persistent strength, resourcefulness, and will of the human spirit—within him- or herself and within his or her clients. In her survey of social workers, Carpenter (1999) observed that one's sense of impact (i.e., helping others, being needed by others, contributing to the good of a larger community, influencing other people's lives) was a significant reward for those in private practice and family agencies. This is consistent with Cherniss (1993) who stated, "the attainment of personally meaningful goals... alleviates burnout...[and] one must feel efficacious in areas that are meaningful and significant in order to escape burnout" (p. 141).

Acknowledgment of agency implies a preoccupation with and a preference for a salutary orientation, one that is confident in the possibility—indeed, inevitability—of positive, resilient resources, processes, and outcomes. Such a perspective is needed to counterbalance prevailing medical/disease and deficit models in the behavioral sciences (which may contribute to the casual acceptance of "burnout" and the current, and perhaps excessive, interest in "burnout prevention"). Indeed, Masten (2001) suggested that deficit models have actually stifled and curtailed a full appreciation and study of resilience by promoting resilience in the midst of adversity as somehow rare and extraordinary, requiring "special qualities." Cumulative data, however, suggest that "resilience appears to be a common phenomenon arising from ordinary human adaptive processes" (p. 234) that make use of "the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities" (p. 235). These findings, Masten concluded, have "profound implications for promoting competence and human capital in individuals and society" (p. 235).

Informed by Masten's (2001) resilience research, a salutary focus means that counselors should regard seemingly common, ordinary client resources (e.g., literacy, physical mobility, imagination) as the substance of recovery and progress. In addition, counselors should not regard clients as hopeless, helpless, "down-and-out," and "out-of-luck" persons who need coddling and are irreparable. Rather, acknowledgment of agency and resilience in counseling practice exploits what Walter and Peller (2000) described as "affirmative listening," which is "listening for what people want us to appreciate (whether good or bad, exciting or disappointing), hearing the positive in people's intentions, and hearing the sincerity of their efforts despite the outcomes" (p. 54). Acknowledgment of agency, therefore, honors, affirms, and cultivates the common and ordinary adaptive resources within clients and uses counselor self-efficacy.

**SUMMARY**

A consideration of stamina is consistent with the unique belief system of counselors that includes a wellness model of mental health (Remely & Herlhy, 2001). Rather than promoting a deficit model by frequently referring to "burnout" and devising plans for "burnout prevention" (which may in itself contribute to stress and the depletion of resources), professional counselors are encouraged to refocus their attention on and engage in conversations that prioritize matters of endurance, resilience, and stamina. A shift in perspective and vocabulary can not only assist individual professional counselors in their effective management of and maneuvering in a very challenging, demanding mental health care environment, it can also benefit the profession of counseling in its advocacy efforts to clearly articulate its unique (salutary) belief system.

The seven suggestions for counselor stamina presented here are certainly not exhaustive, and each has been identified and so named for convenience (i.e., mnemonic) and creative purposes. What is needed is continued conversation about counselor stamina to generate additional components (e.g., physical exercise, technological proficiency, religious/spiritual practices) that may be relevant for and useful to a greater number of practitioners.

In the consistently fluctuating, complex, competitive, and demanding work environment of many professional counselors, a consideration of stamina is essential. Not only is one...
inundated by high student enrollment and large client caseloads, required to do more with fewer resources, and challenged to work cooperatively with a greater number of other helping professionals, the professional counselor is also immersed in the lives and stories of his or her clients, stories that can often be gut- or heart-wrenching, stories that cling to and seep into one’s fabric. The very nature and environment of our work requires professional and personal stamina. Cummings and Sayama (1995) insinuated this when they posed the question, “Just as one would not trust a surgeon who fears the sight of blood, why trust a therapist who cannot stand the sight of ‘psychic blood’?” (p. 54). If one is not only to cope with but also to thrive in this business of counseling, stamina is indeed an essential component.

REFERENCES


