Counselor Exhaustion and Neurofeedback

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In recent years, mental health wellness has become a hot topic. Wellness has been closely associated with good health (Myers & Sweeney, 2007). This study of *counselor exhaustion* is related to wellness, specifically counselor wellness. However, I would be remiss if I did not point out that first time responders, such as police officers, ambulance personnel, fire fighters, social workers, medical doctors, nurses, etc. may also be at risk for developing burnout, compassion fatigue, and/or vicarious trauma due to the nature of their job responsibilities (Goodman, Vesely, Leticq, Clevelend, 2017; Manning-Jones, de Terte, Stephens, 2016; Warren, Morgan, Morris, & Morris, 2010; Figley, 1995; Pearlman, Mac Ian, 1995).

Interest in wellness stems from both personal and professional experiences. Working in non-profit agencies for 25 years provided experiences with a wide range of at-risk populations. In addition, my personal philanthropic endeavors have been focused on the homeless and medically fragile marginalized populations. Being connected and engaged with these populations allowed for me to firsthand hear their stories and help them with the process of getting their lives back together. Although this was rewarding, over time being exposed both personally and professionally to so much pain and trauma led me to experience vicarious trauma (VT), compassion fatigue (CF), and burnout. I began a mission to seek out different types of self-care strategies to help eliminate these issues. I began to ask myself the following questions: What does wellness really mean? Is wellness the same as well-being? What does quality of life mean? What does life satisfaction mean? What types of self-care strategies are available? How does a person decide on which self-care strategy provides the most optimum outcomes? How will the implementation of a self-care strategy affect both physiological and psychological wellness? Will the self-care strategy have temporary or permanent benefits?

Self-care strategies come in many different forms which encompass the body, mind, and spirit which help to negate counselor exhaustion symptoms (Manning-Jones, de Terte, & Stephens, 2016). The question is will any of the researched self-care strategies produce long-term benefits? Neurofeedback (NFB) is an evidence- based treatment that uses electroencephalography (EEG) to train neuronal pathways by regulating brain patterns. NFB is used to improve health, performance, and the physiological changes that often occur in conjunction with changes to thoughts, emotions, and behavior. Counselors experiencing VT, CF, STS, and burnout will present with irregular brain wave patterns. Current literature has not explored NFB as a self-care strategy for counselors suffering from VT, CF, STS, and/or burnout. However, numerous studies using NFB treatments for clients experiencing anxiety, posttraumatic stress disorder (PTSD), schizophrenia, alcohol and drug addiction have been conducted (deBeus, 2007; Gapen, et al., 2016; van der Kolk, et al., 2016). Significant decreases in symptoms were found for chronic PTSD, anxiety, attention deficit/hyperactivity disorder, schizophrenia, alcohol and drug addiction. Counselor’s experiencing *counselor exhaustion* would have symptoms similar to PTSD. The treatment of *counselor exhaustion* utilizing NFB as a mindfulness intervention would be a useful self-care strategy.

**Statement of the Problem**

Counselor’s attend to clients’ traumatic stories while trying to maintain the personal strength that allows them to provide consistent care. According to Warren et al. (2017), counselors often cope by shutting off the painful stories once they leave the office each day. Compartmentalization of feelings becomes their coping mechanism creating an emotional blindness (Warren et al., 2017). Emotional blindness puts the counselors at risk for developing VT, STS, CF and burnout. Each construct on its own, or in tandem, inhibit counselors from attending to their clients in a consistent and clinically effective manner.

In an effort to stave off *counselor exhaustion* and related issues, the American Counseling Association (ACA) declared that it is a counselor’s ethical responsibility is to engage in self-care activities (2014, section C). While self-care strategies help to negate *counselor exhaustion* symptoms, most methods necessitate significant commitments of time and energy to be beneficial. Due to the variable and cumulative demands counselors face throughout their careers, long-term lifestyle changes that address VT, STS, CF, and burnout are arduous to maintain. Self-care regimens that may once have helped a counselor, such as working out, may lose their effectiveness over time. Routines of life become mundane and obligations rather than respites from the stress of professional life.

**Research Questions**

The purpose of this study is to explore the long-term benefits of using neurofeedback as a self-care strategy with counselors experiencing various levels of counselor exhaustion. The questions being explored through this study are as follows: Is the counselor experiencing counselor exhaustion? What is the counselor’s current level of life satisfaction? What is the counselor’s status of overall well-being?

**Hypotheses**

**H₁:** Neurofeedback will provide long-term benefits to counselors experiencing various levels of counselor exhaustion.

**H₀:** Neurofeedback will not provide long-term benefits to counselors experiencing various levels of counselor exhaustion.

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