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Enhancing Counselor Supervision Through Compassion Fatigue Education

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Compassion fatigue has been documented as an occupational hazard in counseling. Providing education to interns on compassion fatigue and protective factors, such as self-care, can normalize struggles experienced by interns. Supervision provides a relationship to build skills to help prevent compassion fatigue. Interns should understand counselor developmental phases and the necessity of self-care plans. To instill this knowledge, supervisors should focus on the purpose of supervision, activities of supervision, counselor developmental phases, and compassion fatigue education.

Keywords: compassion fatigue education, supervision, counselor development, self-care planning

Clinical counselor supervision is the process by which an advanced clinician, possessing appropriate training and credentials, facilitates the growth process of a novice member of the same profession (Bernard & Goodyear, 2009; Lambie & Sias, 2009). Supervision is fundamental in providing support to interns to allow this needed personal and professional growth (Lambie, 2007). Wheeler and Richards (2007) conducted a systemic literature review and found that supervision indeed benefited interns, enabling growth and development, specific skills, and self-efficacy.

The supervisory relationship within clinical supervision is a strong working alliance between the supervisor and intern, grounded in open and honest communication, necessary for effective supervision (Young, Lambie, Hutchinson, & Thurston-Dyer, 2011). The supervisory relationship "has consistently been cited as a foundational component of counselor supervision" (Vaccaro & Lambie, 2007, p. 52). This relationship promotes interns' growth and development (Young et al., 2011). A supervisor's task is to identify what level of counselor development the intern is functioning at and facilitate his or her progression to the next level (Stoltenberg & McNeill, 2010).

As supervisors conceptualize the supervision process, compassion fatigue is an important topic to address. Research has shown that new counseling professionals are especially susceptible to incurring compassion fatigue (Craig & Sprang, 2010; Figley, 1995; Sheehy Carmel & Friedlander, 2009; Voss Horrell, Holohan, Didion, & Vance, 2011). Consequently, new counselors need to become educated about the risks of compassion fatigue and the strategies that can serve as protective factors from the occupational risk of caring for others (Conrad & Kellar-Guenther, 2006; Craig & Sprang, 2010; Voss Horrell et al., 2011). Unattended compassion fatigue may lead to a plethora of undesirable outcomes (e.g., premature exit from the profession, boundary violations, ethical violations). Perhaps the most important risk is potential harm to clients by counselors and interns who are unable to make sound clinical decisions because they are unaware that they are affected by compassion fatigue (Adams, Boscarino, & Figley, 2006; Voss Horrell et al., 2011).

In their study examining the impact of compassion fatigue on the counseling profession, Sheehy Carmel and Friedlander (2009) found that a sample of 106 counselors had moderate levels of compassion fatigue. A large percentage of the participants (00%) identified as being novice counselors (Sheehy Carmel & Friedlander, 2009). Similarly, Lyndall and Bicknell (2001) found moderate rates of compassion fatigue in 46% of the counselors they studied. They also observed a greater risk for compassion fatigue in novice counselors. Thus, the counseling profession, especially at the entry level, appears to be affected by compassion fatigue.

In light of these findings, it would seem imperative to educate interns in the profession about compassion fatigue (Craig & Sprang, 2010; Musa & Hamid, 2008) and equip them with knowledge of protective factors (Alkema, Linton, & Davies, 2008). Compassion fatigue education could be key in serving as a protective factor during the clinical supervision process. This article provides educators and supervisors a practical resource to support the personal and professional development of interns. Specifically, in this article, I (a) define compassion fatigue, (b) explore symptoms and risk factors, (c) introduce protective factors, (d) review the purpose of counselor supervision, (e) review counselor development, (f) provide an overview of practical strategies for the prevention

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of compassion fatigue during supervision, and (g) consider implications for research.

Concepts of Compassion Fatigue

[AU5]

The first researcher to use the term *compassion fatigue* was Joinson (1992) when she described compassion fatigue in nurses as a form of burnout and postulated that the same personality traits that lead a person into nursing put that same person at risk for compassion fatigue. Since that time, numerous articles have described compassion fatigue, including its symptoms, effects, and possible treatment options. In these publications, authors extrapolated from studies on other professional populations, such as mental health, first responders, and other helping professions (Bush, 2009; Stewart, 2009).

Since Joinson's (1992) seminal publication, research attention has focused on the stressors that affect counselors (Meyer & Ponton, 2006). *Secondary traumatic stress*, *compassion fatigue*, *vicarious traumatization*, and *burnout* are all terms that have been used to describe the negative effects of professional helping (Rank, Zaparanick, & Gentry, 2009). Although some studies have found commonalities and links among these terms (Sprang, Clark, & Whitt-Woosley, 2007), others have indicated that these terms cannot be lumped together to conveniently refer to compassion fatigue (Eastwood & Ecklund, 2008; Van Hook & Rothenberg, 2009).

Secondary traumatic stress has been defined as natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a client and the stress that results from helping this suffering client (Bride, Radey, & Figley, 2007). The symptoms are nearly identical to those of posttraumatic stress disorder (Bride et al., 2007). Figley (1995) originally referred to compassion fatigue under the broad term of *secondary traumatic stress*, but, as mentioned earlier, he later realized that there were specific differences in the concepts. He saw that vicarious trauma, burnout, and compassion fatigue share some symptoms, initially, but the concepts take different courses of action when experienced.

Figley (1995) described compassion fatigue as a state of tension and preoccupation with traumatized clients in which the counselor reexperiences traumatic events, avoidance of reminders, and persistent anxiety associated with the client. [AU6] Rank et al. (2009) expanded this definition, suggesting that compassion fatigue had an interactive—or synergistic—effect among primary traumatic stress, secondary traumatic stress, and burnout symptoms in the life of an afflicted counselor. Alkema et al. (2008) explained compassion fatigue as a deep physical, emotional, and spiritual exhaustion accompanied by acute emotional pain—a possible consequence of counselors' awareness of the suffering of clients coupled with the wish to relieve it. Similarly, Rank et al. described compassion fatigue as a condition that is a consequence of a depletion of internal emotional resources. Therefore, in counseling, compassion fatigue is thought to be a product of exposure to the suffering of clients, with little to no emotional support in the workplace, and poor self-care.

Deighton, Gurris, and Traue (2007) concurred that the concepts of vicarious traumatization and compassion fatigue are similar but differ in their focus. Compassion fatigue is based on the idea of a syndrome that results from empathizing with clients who are suffering (Figley, 1995). Vicarious traumatization, resulting from exposure to client material and from feeling responsible for clients, culminates in cognitive, affective, and relational changes. Other researchers have conceded that there is an overlap in these two concepts (Deighton et al., 2007; Figley, 1995).

Burnout is perhaps the most well noted of the concepts that influence compassion fatigue. In counselors, it has been defined as the syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Rank et al., 2009). Gentry, Baggerly, and Baranowsky (2004) expanded this definition to include the chronic condition of perceived demands outweighing perceived resources. Research has shown that counselors are at risk of burnout because they see human suffering and absorb clients' pain (Ruysschaert, 2009). Counselors are particularly vulnerable to burnout because of personal isolation, ambiguous successes, and the emotional drain of remaining empathetic (Gentry et al., 2004). However, it is important to note that not all counselors find themselves in a situation of burnout.

Compassion Fatigue Symptoms, Risk Factors, and Protective Factors

Supervisors should discuss symptomatology, risk factors, and protective factors of compassion fatigue with interns as they begin the supervisory relationship and continue the discussion through the entire process. In this manner, interns can be prepared to recognize impairment and feel open to discuss these issues. This will normalize the experience, thus, encourage early intervention. [AU7] It is important for both supervisors and interns to understand the symptoms of compassion fatigue because the onset of symptoms may be rapid as a result of exposure to client material (Alkema et al., 2008).

The compassion fatigue literature indicates numerous symptoms and risk factors; hence, the following discussion is not meant to serve as an exhaustive list (Gentry et al., 2004; Rank et al., 2009). It is, however, necessary to address risk factors during supervision to facilitate interns' healthy progression through counselor development. Affected interns may experience difficulty sleeping, exhibit increased startle responses, avoid places or things that are reminders of client material, or have obtrusive thoughts and images about client material. At times, interns may have difficulty separating their work and personal lives; experience a diminished capacity for intimacy, listening, and communication; or lose the sense of purpose of their career (Figley, 1995; Green Cross Academy

of Traumatology, 2014). Additional symptoms include the following: a loss of confidence, ineffective self-soothing behaviors, a lowered ability to function, and the loss of hope. Interns may also experience lowered frustration tolerance, disruption of thier frames of reference, anxious or depressed mood, or dread of working with certain clients. In the last-mentioned case, supervisors can help interns to understand that a reaction of dread is about something within them and not the client (Deighton et al., 2007).

Supervisors should be prepared to explore multiple areas that, if left unattended, could lead to compassion fatigue. One of these areas should be to help interns to explore unresolved primary traumatic history. Also, supervisors should encourage discussion about interns' work environments to help assess their exposure to clients' trauma material and the empathy used. Furthermore, interns need help in gauging their work satisfaction because limited satisfaction can become a risk factor. There should be discussion about interns' stress management techniques, social support systems, grief exposure, and quality of self-care (Figley 1995; Green Cross Academy of Traumatology, 2014). Finally, supervisors should normalize asking for help and accepting help (Merriman, 2011).

[AU8]

[AU9]

It is encouraging to report that a review of the compassion fatigue literature revealed a pattern of certain factors that may serve to protect counselors from becoming affected by compassion fatigue (Gentry et al., 2004; Rank et al., 2009). On the basis of anecdotal comments in the field by interns (Merriman, 2011) and compassion fatigue research (Alkema et al., 2008), it would be well advised for supervisors to teach and encourage the use of protective factors during supervision. The knowledge of protective factors can, perhaps, help to inoculate interns against the risk of compassion fatigue.

One notable protective factor is compassion satisfaction, which is defined as the pleasure derived from being able to do one's work well (Alkema et al., 2008). Helpers who recognize the ways in which their efforts make a contribution to the people they serve experience compassion satisfaction (Stamm, 2010; Van Hook & Rohtenberg, 2009). Stamm (2010) indicated that with compassion satisfaction "you may feel like it is a pleasure to help others through your work" (p. 12). Thus, one's motivation is shaped by the satisfaction derived from the work of helping others.

[AU10]

In light of Stamm's (2010) research, it is recommended that supervisors help interns to take note of the compassion satisfaction in their lives to counteract the effects of compassion fatigue (Figley, 1995; Gentry et al., 2004). Focusing on the positive aspects of counseling duties can help interns to feel empowered and positive toward their day-to-day helping of others. To assist interns in this task, supervisors can suggest keeping a daily journal to inventory compassion satisfaction (Stamm, 2010). The effect of keeping such a journal should help interns to become more aware of the compassion satisfaction that they are experiencing.

In addition, supervisors should discuss the important protective role that appropriate, structured supervision plays in counselor development. Interns deserve to understand what actually constitutes counselor supervision (Solway, 1985). With regard to compassion fatigue education, supervision should include teaching the importance of consulting, debriefing, peer support, and appropriate boundaries (Figley, 1995; Gentry et al., 2004).

Another protective factor to address is interns' understanding that self-awareness is central to counselor development. The constant self-reflection required when practicing self-awareness aids in producing an evolved counselor who is better able to serve clients. The more self-aware a counselor is, the less risk there is of being affected by compassion fatigue (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Proper self-awareness requires skill development and constant monitoring, which can be addressed during supervision.

One of the most essential protective factors to address is self-care (Alkema et al., 2009; Craig & Sprang, 2010). Supervisors can help interns to understand that mastery of self-care begins by simply being able to define self-care. Once this is accomplished, interns are better able to internalize the implementation process. Supervisors should provide interns with a means to this end. The Green Cross Academy of Traumatology (2014) provides a set of self-care standards that supervisors can use. Going over these standards with interns can assist them in conceptualizing self-care, thus leading to the development of a blueprint for achieving and maintaining self-care. With this information, interns can then begin to understand that self-care is not frivolous; it is ethically mandated (American Counseling Association [ACA], 2014; Green Cross Academy of Traumatology, 2014). In fact, sufficient self-care aids in protecting clients as well as the self. These standards help interns and supervisors to appreciate that appropriate self-care means attending to physical, social, emotional, and spiritual needs as a way of ensuring high-quality interactions with others. With support and supervision, interns can begin to practice a working definition of self-care that will serve them well throughout their careers.

[AU11]

Purpose of Counselor Supervision

In the discussion of preventing compassion fatigue in interns, it is useful to review the purpose of counselor supervision. According to the counselor supervision literature, there are three main purposes: counselor, teacher, and consultant (Bradley & Ladany, 2001; Lambie & Sias, 2009; Young et al., 2011). The first purpose, counselor, facilitates both the personal and professional development of an intern. The second purpose, teacher, enables an increase in counselor competencies by helping the intern to acquire, improve, and refine required skills. Finally, the third purpose, consultant, allows the supervisor to become a resource for the intern, while encouraging insight about the situation. Attitudes,

[AU12]

values, needs, professional background, and past experiences all affect this process (Lambie & Sias, 2009).

Supervision of Counselor Interns

An intern is defined as a person who holds a temporary license to practice counseling (Rønnestad & Skovholt, 2003). He or she has completed a graduate program in counseling, passed the National Counselor Examination for Licensure and Certification, and is completing hours in an internship for state licensure. An intern is required to meet with a supervisor weekly for supervision. Through this process, an intern becomes a fully licensed counseling professional.

Research specifically on counselor interns is limited; however, many studies exist on supervisory relationships (Rak, MacCluskie, Toman, Patterson, & Culotta, 2003). These studies indicate that the transition from graduate student to intern can be experienced as an emotional crisis, which can leave interns vulnerable to compassion fatigue (Rak et al., 2003; Rønnestad & Skovholt, 2003). A feeling of constant insecurity and stress can be experienced as devastating for interns (Figley, 1995). They feel unsure about their skills, coupled with the status of being a "new" professional after having mastered a previous career, and, at times, embarrassed to admit that they do not know how to proceed with clients. To further exacerbate a potentially emotionally charged situation, it is not unusual for interns to have self-expectations that are unrealistically high. [AU13]

Rak et al. (2003) found that interns were better able to reflect self-awareness about their development once they had been educated on the possible issues that can arise during internship, including ways to address these concerns. This same study illustrated that most interns conceptualize counselor development as being about the self, not about learning interventions for their clients' growth. However, advanced interns seemed to have greater self-awareness and were able to recognize that personal development leads to ever-evolving counselor skill development (Rak et al., 2003). These findings coincide with the compassion fatigue literature, which stresses the need for supervisors to consistently discuss self-awareness with interns as a means to inoculate against compassion fatigue symptoms (Figley, 1995).

Compassion Fatigue Prevention Through Counselor Supervision

The overarching goals of counselor supervision activities are to maintain professional standards and uphold client welfare (Goldberg, Dixon, & Wolf, 2012). An integral part of client welfare is to ensure that compassion-fatigued interns are not practicing in the field, thus potentially harming clients. It is vital for supervisors to be aware of these supervision activities when addressing compassion fatigue with interns.

Bradley and Ladany (2001) identified five basic counselor supervision activities: support, consultation, counseling, training and instruction, and evaluation. Supervisors should recognize that support is important for interns who may be feeling confused, frustrated, disoriented, anxious, or obsessed with imperfections and failures (Goldberg et al., 2012; Rønnestad & Skovholt, 2003). Interns thrive in safe environments created by supervisors in which they can share fears and concerns; explore difficult issues; and work through areas of weakness, confusion, and conflict (Loganbill, Hardy, & Delworth, 1982). Supervisors are charged with the task of developing a supportive relationship with interns so that they feel safe to take constructive risks that can result in increased confidence and holistic development (Drake Wallace, Wilcoxon, & Satcher, 2010; Folkes-Skinner, Elliott, & Wheeler, 2010). Fortifying these skills early in a career can act as a protective factor against compassion fatigue.

As noted, a supervisor serves as a consultant to the intern (Drake Wallace et al., 2010; Goldberg et al., 2012). In essence, supervision is a problem-solving process in which a supervisor and an intern identify struggles, collaborate on intervention strategies, assess results, and make adjustments (Bradley & Ladany, 2001). The ability for interns to seek consultation through a trusted relationship with a supervisor to solve problems is key in combating compassion fatigue (Figley, 1995).

During the course of supervision, it is not unusual for interns' personal counseling issues to arise. Supervisors need to manage these issues carefully, because it is difficult, if not impossible, to separate personal issues from professional issues (Bradley & Ladany, 2001). It is not the supervisor's role to provide counseling. However, supervisors should listen to interns' concerns while guarding against entering into actual counseling, because this could cause role confusion and boundary ambiguity (Drake Wallace et al., 2010; Loganbill et al., 1982). Supervisors need to assess interns' needs and make referrals for counseling when deemed appropriate. In this manner, healthy self-care is modeled for interns early in the career development process, which is indicated as a protective factor.

Training and instruction will vary according to the developmental level of an intern (Loganbill et al., 1982). A supervisor, with input from the intern, will discern developmental needs. Once this is determined, objectives are set with manageable strategies (Bradley & Ladany, 2001; Goldberg et al., 2012). An intern requires developmentally appropriate training and instruction to build self-confidence in counseling competencies. Supervisors should help interns to recognize that new-found confidence in counseling competencies can lead to self-efficacy, which has been shown to serve as a protective factor.

Finally, consistent evaluation by the supervisor allows interns to receive direct, honest, and constructive feedback

concerning effective and ineffective counseling behaviors (Bradley & Ladany, 2001; Drake Wallace et al., 2010). This constructive feedback assists interns in mastering counselor developmental phases (Loganbill et al., 1982), thereby leading to a well-rounded professional counselor. Supervisors can illustrate for interns how the ability to understand effective counseling behaviors can aid in developing an evolved sense of self-awareness. In turn, this self-awareness serves to help in recognizing negative changes in counseling behaviors that, if left unattended, could result in experiencing compassion fatigue. In this instance, evolved self-awareness serves as a protective factor.

Counselor Development

Although there are many excellent counselor development models, I chose to use Skovholt and Rønnestad's (1992) model for several reasons. First, these researchers expanded on Loganbill et al.'s (1982) seminal work by conducting many qualitative and quantitative studies (Jennings & Skovholt, 1999). Second, they noted the importance of self-care and self-care skills during counselor development. Finally, they recognized the benefits of self-reflection during counselor development and the need for interns to practice compassion satisfaction in an effort to prevent compassion fatigue (Skovholt, Grier, & Hanson, 2001).

Skovholt and Rønnestad (1992) discovered developmental themes for counselors, such as a shift from an external perspective to an internal perspective as interns progress through the developmental phases. [AU14] They also conceptualized optimal professional development as an extensive, measured, and variable process (Skovholt & Rønnestad, 1992). Understanding these developmental phases can help lessen interns' feelings of insecurity and incompetence. These researchers believed that crucial elements for counselor development are continual reflection on personal and professional beliefs, skills, values, and self-awareness (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Skovholt et al., 2001).

Thus, an understanding of counselor development and the phases involved is essential during internship (Folkes-Skinner et al., 2010; Rønnestad & Skovholt, 2003). Fully understanding these developmental phases establishes effective supervision experiences. Hence, supervisors should provide interns with needed support, guidance, and encouragement, especially when they are most vulnerable to compassion fatigue. [AU15] Outlined in the following paragraphs are phases of counselor development that interns should understand in an effort to validate feelings and help reframe negative experiences (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992).

During the advanced phase of counselor development, a student moves to the status of intern (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). The central task of this phase is to function at a basic professional level. During this phase, an intern may be prone to unrealistically high expectations for professional functioning, which can contribute to misunderstood responsibility. This can lead to feelings of vulnerability, insecurity, and external dependency (Rønnestad & Skovholt, 2003). Modeling by the supervisor is necessary to encourage increased internal focus in the intern. The development of an internal focus, such as devising a self-care plan, is an integral component in learning to self-validate.

The novice professional phase begins after graduate school. Typically, this is an intense and engaging phase characterized by a new-found sense of independence (Folkes-Skinner et al., 2010; Rønnestad & Skovholt, 2003). However, during this phase, new professional interns may also begin to question the validity of their training and whether they are prepared to work with clients. Self-doubt occurs when interns make mistakes in the field (Young et al., 2011); these experiences may cause interns to struggle with personal and professional boundary regulation. [AU16] With proper supervision and self-exploration, however, a renewed confidence emerges that is driven by an inner-directed motivation (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). Supervisors can help facilitate this shift to an inner-directed motivation by providing self-awareness opportunities.

Compassion Fatigue Supervision: Practical Strategies

During supervision, the message of not being ashamed to admit experiencing symptoms of compassion fatigue should be conveyed. Addressing this issue regularly during supervision will normalize the experience for interns. Supervisors should teach interns about the symptoms; risks; and, most important, protective factors associated with compassion fatigue. An integral component of this education is for interns to learn how to develop and monitor an appropriate self-care plan. Furthermore, supervisors should model the value of continuous and systematic self-care by monitoring interns' adherence to their self-care plan. This routine during supervision instills the importance of applying protective factors to one's everyday life.

Both the compassion fatigue literature (Figley, 2002; Rak et al., 2003; Rank et al., 2009) and the counselor development literature (Rønnestad & Skovholt, 2003) recognize the tumultuous period that interns experience as they master counselor developmental tasks. Supervisors need to address these adverse experiences for interns while providing a path for growth. Doing so will help normalize the inadequate feelings that interns may experience and provide an open avenue for discussion. [AU17] All of these proactive steps are essential in helping interns to develop into healthy, productive counselors who are able to avoid compassion fatigue (see Table 1).

Compassion Fatigue Supervision in Action: The Case of Abby

Thirty-three-year-old Abby (a composite of several clients) presented to supervision tearful about being overwhelmed [AU18]

TABLE 1
Phases of Counselor Development, Supervision Strategies, and Protective Factors

Phases of Counselor Development	Supervision Strategies	Protective Factors
Advanced phase[a]	Model internal focus	Compassion satisfaction
Vulnerability and insecurity	Develop and monitor intern's self-care plan	Compassion fatigue education
External dependency	Discuss self-validation	Education about supervision
Unrealistic expectations of self	Open discussion of self-doubts	Consulting
	Discuss boundaries	Debriefing
	Encourage self-exploration	Peer support
Novice professional phase[b]	Reinforce self-awareness	Appropriate boundaries
Doubt in self, training, and skills	Normalize the experience of compassion fatigue symptoms	Self-awareness
Struggle with boundaries	Discuss symptoms and risks	Self-reflection
Professional mistakes hinder self-confidence	Review Self-Care Standards Guidelines[a]	Self-care
	Practice own self-care	
	Address adverse experiences	
	Educate about protective factors	
	Have the intern keep a journal on compassion satisfaction	
	Provide a supportive, safe, and encouraging environment	

[a]Student intern. [b]New professional intern. [c]Green Cross Academy of Traumatology (2014).

and exhausted. Abby was in her 1st month of practicing as a licensed professional counselor–intern. She had accepted a position as a crisis counselor. Abby reported that she was seeing 30 clients per week, running two groups, and serving as a courtroom advocate. Furthermore, she reported that she was not sleeping well; had nightmares about some clients; worried constantly about other clients; did not feel confident in her counseling skills; and was irritable with her husband and three children, who were under the age of 10.

I validated her feelings and tried to normalize her experience. After introducing the concept of compassion fatigue, I began to educate her about the symptoms of compassion fatigue as well as protective factors. We reviewed Rønnestad and Skovholt's (2003) counselor development model to aid her understanding of the phases of counselor development. We then processed the information she had learned about compassion fatigue to help her to garner deeper meaning. We focused on helping her to assess areas both at work and at home that were causing her to feel stressful.

At the next session, Abby presented a bit more hopeful and energetic. She had assessed both her work-related stress and the stress she experienced at home. Reluctantly, she admitted that she was expecting an unrealistically high level of professional performance and trying to please everyone. She felt that she had been successful in setting some much-needed boundaries in the week that had passed. In this session, we studied the Green Cross Academy of Traumatology (2014) *Standards for Self Care Guidelines*. I told Abby that we would spend the next several weeks studying this document. The final outcome would be her self-care plan, which we would discuss and modify at each supervision session.

The following week, Abby and I discussed the guidelines (Green Cross Academy of Traumatology, 2014) further and tied lessons to the *ACA Code of Ethics* (ACA, 2014). Abby was surprised that both documents addressed the importance of self-care, healthy boundaries, and consulting. We further explored what these concepts meant to her and how she could apply them to her counseling practice. Next, I administered a series of self-assessment inventories to help her to identify areas in her work and personal lives that needed attention. The information garnered from these instruments was used to guide Abby in developing her self-care plan. We worked for several weeks to help Abby to authentically understand the meaning of self-care.

It took several weeks to develop Abby's self-care plan. Abby had taken notes and journaled about the supervision sessions. Using this information as well as the information from her self-assessments, she was able to identify and categorize goals for her self-care plan. The following steps were implemented to help her to formalize the plan: (a) She selected one goal from each category (e.g., xxxxxxxxxx, xxxxxxxxxx); (b) we analyzed the resources for and resistances to achieving the goal; (c) we discussed the implementation plan; (d) we made self-care a priority during supervision to keep the plan activated; (f) we evaluated her plan weekly, monthly, and yearly; and (g) we made sure to notice and appreciate the changes (Green Cross Academy of Traumatology, 2014). To augment her self-care plan, I had asked Abby to begin keeping a journal to detail her experiences of compassion satisfaction (i.e., satisfaction derived from helping others), compassion fatigue, and self-validation. This gave us information to use to continually monitor her self-care plan. Abby viewed the journaling as a means of self-awareness and felt that her symptoms of compassion fatigue had improved. Most important, she reported that she was more self-confident and appreciated her new tools for self-care.

Implications for Research

This article discusses important implications for the practice of supervision. The literature clearly indicates the need for

interns to be educated about compassion fatigue because this knowledge can serve as a protective factor (Craig & Sprang, 2010; Figley, 1995; Sheehy Carmel & Friedlander, 2009; Voss Horrell et al., 2011). In addition, the literature indicates that supervision is the best place for this education and support to occur (Voss Horrell et al., 2011). However, although previous research has been conducted on compassion fatigue, there is a paucity of research investigating protective factors and practices that mitigate the risks for new professionals.

To address this need, more studies need to be conducted that focus on the supervision process while also examining the role of compassion fatigue education. Researchers have speculated that developing clear, evidence-based practice (EBP) is needed, as it was suggested in a study by Aarons, Sommerfiel, Hecht, Silvosky, and Chaffin (2009), which found that EBP can be a protective effect (Voss Horrell et al., 2011). Additional studies are needed to delineate the relationship between supervision, compassion fatigue education, protective factors, and the developmental phases of interns to further inform the development of compassion fatigue supervision theory and models.

Although I could not find any studies in supervision research to explain the current findings, studies in counseling research provide a basis for interpreting the results of Harrison and Westwood's (2009) research, which indicated that an enhanced capacity for empathy, with healthy boundaries, played a critical role in some counselors' ability to manage compassion-fatigue-type symptoms (Bilodeau, Savard, & Lecomte, 2012). This outcome points to exciting new directions for research of compassion fatigue supervision theory and models, as well as for applications to practice. However, more research is needed to replicate previous studies that have identified protective factors. Furthermore, there is a need to generate a researched, comprehensive list of protective factors (Harrison & Westwood, 2009) for each developmental phase of interns. Voss Horrell et al. (2011) recommended that these data should include quantitative and qualitative information to add richness to the results. Finally, these practices will contribute to both the personal and professional development of interns, thus leading to increased quality of services provided to their clients.

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Author: Your article has been edited for grammar, consistency, and to conform to ACA and APA journal style. To expedite publication, we generally do not query every routine grammatical or style change made to the manuscript, although substantive changes have been noted. Note, the issue is not finalized, so page numbers of your article may change. Pay careful attention to your tables (if any) and proof carefully as information has been re-keyed and edited for APA tabular style. Please review article carefully and provide answers to the following specific queries:

[AU1: Please verify all author information. Author bio should reflect affiliation at the time this article was written as well as current information for all authors.]

[AU2: Suggestion for underlined sentence: "The supervisory relationship within clinical supervision is a strong working alliance between the supervisor and intern and should be grounded in open and honest communication to be effective (Young, Lambie, Hutchinson, & Thurston-Dyer, 2011)." Please advise.]

[AU3: Please add "Voss Horrell, Holohan, Didion, and Vance (2011)" to the reference list.]

[AU4: Please provide the percentage of novice counselors.]

[AU5: (a) OK to change "Concepts of Compassion Fatigue" to "Compassion Fatigue and Related Concepts"? (b) Suggestion for underlined sentence: "In these publications, counseling researchers extrapolated from studies on other professional populations, such as health care providers, first responders, and other helping professionals (Bush, 2009; Stewart, 2009)." Please advise.]

[AU6: (a) Suggestion for underlined sentence (for parallel construction): "Figley (1995) described compassion fatigue as a state of tension and preoccupation with traumatized clients in which the counselor reexperiences traumatic events disclosed by the client, avoids reminders of client material, and experiences persistent anxiety associated with the client." Please advise. (b) Underlined sentence ("Alkema et al. (2008) explained compassion fatigue as . . .") OK as edited?]

[AU7: Underlined sentence is somewhat unclear. Would something like the following work: "These ongoing discussions will normalize the experience of compassion fatigue and thus encourage early intervention"?]

[AU8: (a) OK to change "the empathy used" to "the amount/level/type of empathy used by the interns during counseling"? Please indicate which word you would like to use. (b) Underlined sentence ("Finally, supervisors should normalize . . .") OK as edited?]

[AU9: OK to change "a pattern of certain factors" to "factors"?]

[AU10: Underlined sentence ("In light of Stamm's (2010) research . . .") OK as edited?]

[AU11: (a) "Alkema et al. (2008)" in the reference list. Please reconcile. (b) ACA citation has been updated to reflect the most recent version of the *ACA Code of Ethics*. Edit OK?]

[AU12: Underlined part of sentence ("while encouraging insight about the situation") is somewhat unclear. Please revise as needed to convey your meaning.]

[AU13: Suggestion for underlined sentences: "Constant feelings of insecurity and stress can negatively affect interns' competency and well-being (Figley, 1995). As beginning professionals, interns may feel unsure about their skills and embarrassed to admit that they do not know how to proceed with a client. Also, interns who transitioned from other careers may feel anxious or frustrated about their status as new professionals after having mastered a previous career. In addition, it is not unusual for interns to have self-expectations that are unrealistically high, thus further exacerbating a potentially emotionally charged situation." Please advise.]

[AU14: Underlined part of sentence ("such as a shift from an external perspective to . . .") OK as edited?]

[AU15: Underlined sentence ("Hence, supervisors should provide interns . . .") OK as edited?]

[AU16: Underlined sentences ("Typically, this is an intense and engaging phase . . .") OK as edited?]

[AU17: (a) Should "Figley (2002)" be "Figley (1995)"? (b) Underlined sentences ("Supervisors need to address these adverse experiences . . .") OK as edited? (c) Regarding Table 1, if all the supervision strategies and protective factors apply to both developmental phases, please provide a sentence to that effect that can be included in a table note.]

[AU18: "A composite of several clients" OK as edited?]

[AU19: Underlined part of sentence is somewhat unclear. Would something like the following work: "and tied her experiences to concepts in the *ACA Code of Ethics*"?]

[AU20: (a) Please give a couple of examples of these categories. (b) OK to change "resistances" to "obstacles"? (c) Underlined sentence ("To augment her self-care plan . . .") OK as edited?]

[AU21: Underlined sentences ("This article discusses important implications . . .") OK as edited?]

[AU22: (a) Underlined part of sentence ("while also examining the role . . .") OK as edited? (b) Please add "Aarons, Sommerfiel, Hecht, Silvosky, and Chaffin (2009)" to the reference list. (c) Should "protective effect" be "protective factor"?]

[AU23: Underlined part of sentence ("Although I could not find any studies . . .") OK as edited?]

[AU24: Please cite the following in text or delete from the reference list: Baranowsky (2002), Davis (1980), Hatcher et al. (2005), Pearlman and Saakvitne (1995), and Valent (2002).]

[AU25: Given that the text specifically refers to the self-care standards, should this reference read as follows: "Green Cross Academy of Traumatology. (2005). *Standards of self care guidelines*. Virginia Beach, VA: Author"?]

[AU26: "Stamm (2010)" reference correct as edited?]