

## Professional Isolation and the Counselor

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### Abstract

In the field of professional counseling, there is a very formal and extensive process for student counselors to receive mentorship and develop relationships in which self-awareness and professional skills are monitored and developed. However, once a counselor receives their license there is little requirement for professional consultation. This article delineates three types of professionals who are at risk for professional impairment: the open and aware counselor, the open and unaware counselor, and the resistant counselor. Of greatest concern is the resistant counselor who actively avoids professional relationships or if they do engage in professional relationships attempt to only portray competent and positive aspects as opposed to their struggles and difficulties as a professional. Additionally, several interventions for professional isolation are discussed including technological solutions, utilization of regional associations, as well as a call to action for policy in the professional counseling discipline.

### Professional Isolation and the Counselor

In the field of professional counseling, the need for discourse rarely loses its value. During training and beyond licensure, the ACA codes of ethics urge counselors to develop, maintain, and rely on professional relationships to obtain consultation and supervision (ACA, 2014). The reason for these guidelines is to guard against personal impairment and to support clients through multidisciplinary methods and approaches.

From the start of academic training, professional relationships, namely supervision, serve as key components in clinical and professional development. Students in CACREP-accredited programs will participate in over 100 hours of supervision (Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2009). Supervision involves active and regular monitoring, guidance, and feedback on a trainee's counseling practices to promote the client's welfare while developing the student/intern. Leading ethical decision-making models emphasize the importance of professional relationships and collaborations (Cottone & Claus, 2000; Cottone & Tarvydas, 2006; Sommers-Flanagan, R., & Sommers-Flanagan, J., 2007; Welfel, 2012).

Upon completion of licensure requirements, however, quite abruptly, a dramatic shift occurs. The newly licensed counselor finds him or herself without requirement or mandate to

receive supervision (Gibson, Dollarhide, & Moss, 2010). Counselors are ethically charged to consult and collaborate with peers, experts, and other professionals (ACA, 2014). However, beyond a requirement to earn continuing education credits, most of which can be obtained online, no monitoring is in place to assure that counselors engage in professional relationships. In other words, no specified requirements or accountability for professional collaboration exist (Goodyear, Wertheimer, Cypers, & Rosemond, 2003). However, it is an option for boards to create post-licensure requirements. In contrast to professional practices in the United States, practitioners in the United Kingdom are required to have continual supervision throughout their professional careers (British Psychological Society, 2005).

### **Defining Professional Isolation**

According to Morrissette (2000) professional isolation is a chronic and persistent pattern of practicing and making decisions in the absence of consultation with other mental health professionals. The description indicates that the particular isolation extends beyond a particular life event or phase of professional development in which isolation might occur for limited times. Thus, professional isolation does not refer to the individual who goes through a phase of isolation which is limited in time. For example, the professional who moves to a new geographical area and takes time to develop trusted contacts in the area would not be considered to be professionally isolated. Secondly, professional isolation is deeply intertwined with the aspect of practice and decision-making. Professionally isolated counselors honestly need help to remain objective about clients and to make high-stakes decisions, but do not get that help due to a chronic pattern of detachment from professional colleagues. Finally, it is important to define professional isolation as lack of contact with other mental health professionals. The professionally isolated counselor may have a great degree of social contact, but remain limited in their contact with professionals in their discipline. For example, a professional school counselor might consult with and receive supervision from principals and other academic administrators, but neglect contact with mental health professionals to discourse about specific issues.

Professional isolation brings up a set of issues that are distinct from those that face the rural counselor who finds him or herself physically isolated from other professionals. The professionally isolated professional is one who is not limited by their geography, but rather by factors related to personality, work patterns, and ultimately motivations. Isolation can lead to challenges that may diminish the counselor's ability to work effectively with clients.

In this article, the authors will review some contributing factors, motivations, and repercussions of professional isolation, as well as provide suggestions to ameliorate counselor susceptibility. In the contributing factors section, the authors propose three types of professional isolation: the counselor who is open but unaware of their need for professional guidance, the counselor who is open and aware of their need for guidance, yet finds him or herself limited due to personal or professional circumstances, and the counselor who resists support and isolates for personal, or psychological reasons. Unfortunately, all types remain at heightened risk of legal and ethical misconduct.

### **Contributing Factors and Repercussions**

#### **Open and Aware**

Most counselors do not intend or desire to operate in professional isolation, yet to maintain caseloads, many are forced into over-scheduling clients back to back on days or during

periods when both client and counselor are available (Lawson, 2007; Cooper, 2000; Galek, Flannelly, Greene, & Kudler, 2011). Over time, daily pressures and life circumstances leave counselors with limited time for adequate breaks between counseling sessions or time to attend to professional needs, such as supervision and consultation for difficult cases (Boy & Pine, 1980). Recognizing these personal and professional barriers, however, does not exempt professional counselors from upholding and maintaining the ethics and standards of practice of professional responsibility (ACA, 2014).

### **Open and Unaware**

A second category are those counselors who are, in theory, open to the development of professional consultation relationships, but have a lack of professional relationships that have developed into a lack of self-awareness. A review of the literature reveals the priority and value placed on self-awareness by master counselors (Skovholt & Ronnestad, 1992; Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003). The master counselor is guided by self-awareness, understanding its active and critical role in professional functioning. Self-awareness is foundational to ethics in that: 1) it helps the counselor to distinguish between personal versus professional needs, values, and issues (Skovholt, Grier, & Hanson, 2001); 2) it facilitates the counselor's alertness to impairment (Witmer & Young, 1996); and 3) it helps counselors recognize their professional limits to seek out additional supervision, training, or consultation. The counselor lacking self-awareness is more likely to impose personal bias and values onto clients, to use the counseling relationship to meet unresolved personal needs, to confuse a client's issues with their own countertransference, to neglect signs of professional impairment, and to neglect available resources in the interest of their client (Richardson & Molinaro, 1996; Brockett & Gleckman, 1991; Yager & Tovar-Blank, 2007).

Regarding the latter, counselors have limited realms of professional experience. Like all professionals, they can unknowingly become entrenched in their professional perspectives. Thus, the ACA (2014) code of ethics supports counselors collaborating with other professionals in a variety of ways.

During academic training, individual, triadic, and group supervision serve to support and challenge trainees with diverse perspectives and feedback. When the licensed counselors professionally isolate, their perspective becomes increasingly narrow and limited. As they receive less feedback than they did in their academic training, they become more susceptible to stereotyped ways of viewing clients. Diverse insight, expertise, and critical analyses no longer serve as a check and balance of one's clinical decisions and treatment (Cashwell & Dooley, 2001). Also, there is little accountability or mechanism for the appraisal and evaluation of skills, effectiveness of treatment, and most importantly, the protection of client welfare. Counselors may implement techniques that could harm a client while simultaneously neglecting techniques that could serve them, therapeutically. Particular danger areas involve emerging trends in the counseling field, for example, the use of social media or distance technologies to provide counseling services (Riemer-Reiss, 2000; Lehavot, Barnett, & Powers, 2010). Both areas intersect with legal and ethical issues, such as privacy and confidentiality ethics. Laws may vary case by case or state to state. Therefore, it is paramount that counselors consult with colleagues and local regulatory bodies for current guidance on best legal and ethical practices.

Akin to self-awareness is emotional wellness. Counselors who shoulder private or professional burdens without support and wellness practices will likely find themselves in states of personal deterioration. Given that the nature of counseling is emotional, and often emotionally draining (Brennan, 2013), counselors are charged to monitor and address their mental and emotional well-being to effectively serve clients (ACA, 2014). From the earliest stages of training, counselors are taught to respect and value the role that emotions play in human functioning. Emotional development is an ongoing part of counselor development, which involves attention to emotional awareness, regulation, and wellness. A presence of strong emotions and lack of regulating practices can make one particularly susceptible to ethical misconduct (Le Coz & Tassy, 2009). In short, those at the greatest risk for ethical misconduct are not counselors who perform the daily, enduring tasks of therapeutic practice, but rather those who do not maintain self-awareness and wellness practices, such as monitoring one's mental and emotional well-being, developing skills and habits to address wellness, and retaining the ethical and moral obligation to do so (Katsavdakakis, Gabbard, & Athey, 2004).

Finally, while the primary purpose of ethical behavior is to promote client welfare, in reality, multiple persons in a client's system are affected. The counselor that practices in a vacuum is at increased risk of negligence and harm not only to a client but in some cases, persons in a client's family and social system.

### **Resistant**

Of greatest concern is the counselor who is aware but not open to professional consultation, in other words, the counselor who may have opportunities for contact with peers yet chooses to maintain a professional distance. A motivation for withholding information about one's clinical work can relate to personal, unresolved issues. Such counselors might use professional isolation selectively to control the experiences they disclose to colleagues. They might share triumphs or achievements but avoid exposing areas of struggle or felt inadequacy. The elements of their work that they selectively share often serve to meet underlying personal and psychological needs such as acceptance, approval, and competency (Ronnestad & Skovholt, 2003; Ellis, Hutman, & Chapin, 2015). An example involves the counselor who is motivated by a personality priority such as pleasing, superiority, control, or comfort. Through distancing, withholding or controlling information, this counselor succeeds in averting that which s/he wishes to avoid, such as the experience of professional rejection, disapproval, meaninglessness, embarrassment, humiliation, stress or conflict (Ladany, Hill, Corbett, & Nutt, 1996).

A more egregious form of this behavior involves the impostor phenomenon. Impostor behaviors are serious in that they go beyond a tendency toward professional distance and involve active deception on the part of a counselor to mask issues and portray an image. The counselor behaves in ways to mislead others into believing they are qualified, competent, and masterful, to compensate for a lack of confidence or sense of incompetence (Clance, 1985; Clance & Imes, 1978). Some scholars view the impostor phenomenon as a pathological and stable personality trait (Leary, Patton, Orlando, & Funk, 2000; McElwee & Yurak, 2007). Others suggest that impostor behaviors reflect temporary episodes triggered by events in which the counselor feels vulnerable and experiences states of distress, such as anxiety, guilt, irritation, or hostility (McElwee & Yurak, 2010).

## **Recommendations**

### **Changes in Policy Regarding Professional Contact**

Because of their lack of help-seeking, professionally isolated counselors who are unaware or resistant will be hard to reach to prevent harm to clients. As stated, counselors in the United States are expected but not required to participate in supervision and professional consultation. While standards of practice for collaboration and consultation across mental health disciplines exist, without explicit accountability there is no real muscle to enforce these standards, only punitive consequences for unethical conduct after the fact. Given the high incidence of burnout among counseling professionals (Lawson, 2007), codes of ethics also urge counselors to monitor colleagues, address colleague impairment, and report in cases of significant, unethical conduct (ACA, 2014). For the professionally isolated counselor, the absence of professional contact makes this task a substantial challenge.

Collaboration and consultation requirements need not be as rigorous and time-consuming as those in training programs or licensed internships. In the opinion of the authors, mandates for counselors to serve in a “watch-dog” role over their peers would not solve the situation and could potentially create more problems. Accountability should exist to uphold the standard of ongoing, professional development. By virtue of this process, counselor and client welfare are promoted and safeguarded in those instances when professionals venture into the unaware or resistant categories. For all of these reasons, the authors recommend that counselor education programs, licensing boards, and leaders in professional counseling organizations, 1) critically revisit the dramatic shift from fully supervised to fully independent practice and, 2) explore reasonable policies to address professional contact mandates throughout the course of one’s professional licensure.

In the subsequent section, the authors will highlight two primary and practical resources for obtaining and maintaining professional contact for those who are open and aware, yet limited by time and accessibility.

### **Technology & Social Media**

The simplest approach to addressing the issue of professional isolation is for counselors to seek direct feedback on essential counseling skills such as case conceptualization, treatment planning, intervention, and feedback with difficult cases. To the counselor who feels overwhelmed or professionally isolated, it may seem arduous to make connections in the large world of mental health. Social media outlets such as Facebook, and counseling listservs such as CESNET, allow for participation in groups where individuals can gain divergent perspectives on clinical issues. There are many listservs and groups on social media pages that allow for connection with professionals, anywhere in the world, on one’s individual time frame. Technology aided communication can help counselors exchange information and perspectives on theoretical interventions, new approaches, clinical treatment, emerging issues and legal and ethical issues.

There are some limitations, however, to the use of technology and social media. Given the public nature of the internet and potential threats to privacy and confidentiality, these formats are not conducive to specific or in-depth discussions about clients (Collins, 2007). Another limitation relates to the use of text as a primary method of communication. A sole reliance upon text limits interpersonal interaction. The elements and nuances of communication, such as tone,

humor, subtext, and intention can be lost or misinterpreted. The result may be misunderstanding, misinformation, and interpersonal conflicts, which are difficult to catch, clarify, and resolve in this format (Collins, 2007).

The use of practical and affordable video-conferencing software is another form of technology that allows one to establish professional contact. Video-conferencing can provide access to professionals that might not otherwise be accessible to a counselor, such as specialists in highly narrow fields. A major benefit to video-conferencing software is that it provides close, analog to face-to-face communication. This format allows for rich communication in terms of both content and context. (Kanz, 2001).

Some professionals offer consultations services via telephone or Skype. Thus, if an individual is professionally isolated due to time constraints or difficulty connecting with colleagues, online sources can provide opportunities to gain professional connections, however, as with all new technologies, new concerns arise in using videoconference software. One must be aware that encryption levels vary, and that not all encryption used in software programs meet HIPPA guidelines. It is recommended that counselors choose videoconference software that connects peer-to-peer, utilizes industry standard encryption, and only stores files locally. Such measures can protect HIPPA covered entities from the Breach Rule. (The HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414).

A counselor who uses technology to develop professional relationships needs also to be aware of the security protocols in place and any potential risks concerning confidentiality. The responsible counselor must be cautious in seeking help on Facebook, or other social media outlets so that they may avoid ethical misconduct such as breaching confidentiality over the internet.

In 2014, the American Counseling Association drafted a new code of ethics which outlined competencies for counselors that work with social media. Related codes refer to the maintenance of technological arenas, transmission of confidential information, and competence with social networking technologies. Counselors must clearly delineate the difference between professional versus personal social media use and maintain separate pages and presences for both. Counselors must also avoid transmitting confidential information via social media. Those who maintain web pages, listservs, or social media groups ought to outline policies regarding the disclosure of confidential information, as the line between confidential information and information which is appropriately de-identified can be difficult to determine. Finally, the codes urge counselors who use distance technology to develop knowledge and competence in areas where ethical issues may arise. With the brave new world that technology opens, counselors must be prepared for the new ethical and practical challenges that they present.

### **Professional Trainings and Associations**

Post-graduate training can provide counselors with additional knowledge, experience, observation, and feedback, as well as advanced skills and new credentials. Newsletters from state and national organizations offer a breadth of ongoing training opportunities. These opportunities allow counselors to create and foster ongoing connections with local and non-local colleagues for support, maintenance, and professional growth. Opportunities for professional consultation are also advertised through professional associations. Many associations have case consultation groups that give counselors the opportunity to sharpen their knowledge through clinical dialogue

with experienced counselors of different orientations and skill levels. Such groups frequently meet at local, regional, state, or national organizations.

Although few counselors report having no one to talk to, even while attending Continuing Education Unit (CEU) workshops or conferences, many find it rare to engage in discussions about professional issues (Lawson, 2007). Similar to relationships with clients, counselors must engage in intentional relationships with peers, colleagues, and mentors. Clearly set goals, boundaries, and a process of accountability can help to establish, develop, and maintain professional growth and guard against professional isolation.

### Conclusion

While the number of counselors grows annually, professional isolation is still a problem. There is no lack of opportunity to engage in professional networking that can lead to personal awareness, professional awareness, and hopefully improved outcomes for our clients. However, counselors can choose to abstain from developing professional relationships for a variety of different reasons. As outlined in this article there are several steps for the isolated counselor to take to ameliorate the situation. Beyond practical steps is a need for a change in counselor culture to further emphasize, and perhaps formalize, professional relationships so the profession may protect clients and the personal mental health of those professionals.

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