The Hidden Pandemic: Identifying and Addressing Burnout in Clinical Psychology Graduate Students

Tiffany A. Graves, M.A.[1], Artesia Dunbar, M.Ed.[2], Janie Taylor, M.A.[3], Brock Partlow, M.A.[3], and Brittany N. Graves, MPH[4]

[1]Harold C. Schott Foundation Eating Disorders Program, Lindner Center of HOPE

[2]Department of Psychology, Wright State University

[3]Department of Psychology, Xavier University

[4]The University of Texas Health Science Center at Houston School of Public Health

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Correspondence concerning this article should be addressed to Tiffany A. Graves, Harold C. Schott Foundation Eating Disorders Program, Lindner Center of HOPE, 4075 Old Western Row Road, Mason, OH 45040, United States. Email: tiffany.graves@lindnercenter.org

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Burnout is an umbrella term that generally refers to "a prolonged response to chronic emotional and interpersonal stressors on the job" (Maslach et al., 2001, p. 397). Extant literature demonstrates that graduate students in healthcare fields experience higher levels of burnout than both age-matched peers and the general population (Bullock et al., 2017). Graduate students in professional psychology programs are particularly vulnerable to experiencing burnout (Bullock et al., 2017; Schwartz-Mette, 2009), as they encounter an array of competing demands on a daily basis. For example, students enrolled in clinical doctoral programs are routinely expected to 1) attend lectures, 2) complete coursework and prepare for exams, 3) deliver lectures, 4) engage in clinical training, 5) conduct and present research, 6) mentor other students, and 7) serve on committees and/or other leadership positions (Schwartz-Mette, 2009). Additionally, graduate students face the concomitant pressure of being under perpetual evaluation, working exceedingly long hours, and enduring the financial concerns associated with pursuing an advanced degree. Sociopolitical stressors in recent years have placed unprecedented demands on clinical psychology graduate students. A global pandemic, racial injustice, social unrest, and deepening political divisions have only intensified existing stressors endemic to seeking a graduate degree (e.g., financial concerns, timely degree completion, social isolation, childcare). Unsurprisingly, graduate students are feeling the effects of this added stress.

Despite high rates of burnout among clinical psychology graduate students, relatively little attention has been devoted to identifying and addressing burnout and associated impairments in this population. The purpose of this white paper is to consider vulnerability factors that may exacerbate risk for burnout in psychology graduate students and discuss the

widespread implications of the burnout phenomenon on the psychological community and the populations we serve. This paper also addresses common barriers to identifying burnout in graduate students and provides recommendations on how students, graduate training programs, and clinical supervisors can work in unison to prevent burnout and promote communal well-being.

Background

Burnout has received increased attention in popular culture in recent years, however, research investigating this condition spans several decades. Early research focused on individuals working in healthcare and human services – jobs characterized by an interaction of emotional and interpersonal stressors (Freudenberger, 1975; Maslach, 1976). Preliminary accounts of burnout were mostly qualitative in nature and detailed the experiences of service workers who discussed the chronic, emotional stress of providing care to others, as well as their strategies for coping with this stress. Maslach (1976) noted the interpersonal context in which burnout exists and the negative implications of this condition on workers' job performance and professional identity. Later research on burnout evolved to be more systematic and empirical in nature, aiming to better operationalize the burnout experience, develop improved methodology for assessing this construct, and expand investigations to include larger populations and workers employed in fields outside the human services (e.g., military personnel, clerical workers, supervisors; Maslach et al., 2001).

While several definitions have been proposed over the years, burnout is predominantly conceptualized as a multidimensional construct comprising three interrelated features: emotional exhaustion, cynicism, and diminished sense of personal accomplishment (Maslach, 1993; Maslach et al., 2001). Emotional exhaustion is the core dimension of burnout and refers to "a

state of feeling emotionally worn-out or drained as a result of accumulated stress from your personal or work lives, or a combination of both" (Legg & Cafasso, 2019). Emotional exhaustion is the most widely reported symptom of burnout and includes physical, mental, and emotional fatigue which may present as tiredness, headaches, insomnia, lack of motivation or drive, apathy, decreased concentration, irritable or depressed mood, and feelings of hopelessness (Legg & Cafasso, 2019; Maslach et al., 2001). For graduate students, emotional exhaustion may lead to efforts to distance themselves, both cognitively and emotionally, from assignments and activities related to their training program. Increased absenteeism, procrastination, and failure to meet deadlines or complete assignments may suggest burnout (Legg & Cafasso, 2019; Maslach et al., 2001).

Though exhaustion is a necessary component of burnout, this factor alone is not sufficient for describing the burnout experience (Maslach et al., 2001). Cynicism (or depersonalization) constitutes the second, interpersonal dimension of burnout and is characterized by a persistently negative or disparaging attitude toward job-related tasks and individuals. It has been hypothesized that depersonalization functions as a coping mechanism for human service workers to distance themselves from the emotional demands of their jobs, as well as service recipients, in order to manage work overload (Maslach et al., 2001). Graduate students experiencing burnout may become increasingly aggravated by aspects of their training program (e.g., attending lectures, completing assignments, engaging in volunteer activities) or associated individuals (e.g., peers, colleagues, clients, professors) and can present as irritable, combative, or withdrawn.

Finally, the self-evaluation dimension of burnout includes a sense of ineffectiveness and lack of personal accomplishment (Maslach et al., 2001). When individuals are working in a context characterized by unrelenting, overwhelming demands, their sense of professional

efficacy tends to decline as they become increasingly exhausted and cynical. Moreover, regaining one's sense of efficacy can be particularly challenging when feeling emotionally drained and detached from those with whom one works. This process is further complicated when workers lack the resources needed to effectively perform their jobs (e.g., office supplies, working technology and other equipment, administrative support; Maslach et al., 2001). Graduate students may be particularly vulnerable to feelings of inefficacy in that they are still in the process of gaining professional competency and are often expected to perform their academic and clinical duties with limited resources. For example, doctoral students are routinely required to monetarily support their dissertation projects and acquire therapeutic resources using personal funds despite the precariousness of their financial situations. Failure to meet program milestones in a timely manner may further exacerbate feelings of inefficacy for graduate students who interpret this a sign of personal deficiency.

Montero-Marin and Garcia-Campayo (2010) further divided burnout into three subtypes: frenetic (i.e., overcommitted to one's occupation at the expense of a healthy work-life balance), underchallenged (insufficient occupational challenges), and worn-out (underappreciated at work). Given the number of demands placed on clinical psychology graduate students and their status in the professional hierarchy, they are most likely to fall into either the frenetic and/or worn-out categories. Frenetic burnout may be particularly challenging for graduate students, as many clinical psychology training programs encourage and reinforce student production (more research publications and presentations, larger psychotherapy caseloads). Production overload, however, can lead to insufficient rest and recovery, making burnout more likely.

Graduate students who are feeling emotionally exhausted, detached, and dissatisfied with their work or personal accomplishments, are likely to experience declines in job performance,

mental health, and quality of life (Bullock et al., 2017). Burnout also appears to have a cyclical relationship with poor physical health (e.g., chronic fatigue, muscle tension, hypertension) insofar as burnout contributes to poor physical health and poor physical health, in turn, contributes to worsening burnout (Maslach & Leiter, 2016). Because graduate students are still in the process of gaining competency, burnout can also be especially detrimental to their professional development. Yet, graduate students often fail to recognize the signs and symptoms of burnout, instead, focusing on meeting the next deadline, completing the next project, or preparing for the next exam. Balancing numerous academic requirements while managing caseloads and conducting research leaves little time for personal reflection and respite. Consequently, early signs of burnout are often dismissed or normalized.

Vulnerability Factors

Several factors are hypothesized to increase vulnerability to burnout, including individual and situational variables. Awareness of these vulnerability factors in graduate students is essential for taking proactive measures to prevent burnout in this population.

Individual Variables

There is an interactional exchange between graduate students and their work/school settings, whereby students bring their unique personal characteristics to the relationship. A number of these individual variables, including demographic characteristics, personality traits, and core beliefs, have been linked to burnout.

Demographic Characteristics

Mounting evidence suggests that demographic characteristics (i.e., age, gender, race) are associated with burnout. Though age exhibits the most consistent relationship to burnout (Maslach et al., 2001), evidence examining the exact nature of this association has been mixed.

Some studies report a negative association between age and burnout (Marchand et al., 2015; Norlund et al., 2010), while other studies indicate a positive association between these variables, with older individuals reporting higher levels of burnout (Lindblom et al., 2006; Verdonk et al., 2010). A bimodal relationship between age and burnout has also been suggested, with both older and younger workers experiencing elevated levels of burnout (Ahola et al., 2006; Cheng et al., 2013; Marchand et al., 2018). Symptoms of burnout (i.e., emotional exhaustion, cynicism, reduced professional efficacy) vary greatly across the lifespan for workers, as different life stages are accompanied by disparate work and family demands. Specifically, levels of emotional exhaustion and overall burnout tend to be highest between the ages of 25-30 years old – an association particularly pertinent to graduate students who often fall within this age range. Cynicism and feelings of professional inefficacy, however, are shown to decrease as workers age (Marchand et al., 2018). These effects are partially due to increased decision-making authority and professional competency over time.

To further complicate matters, the association between age and burnout appears to be strongly moderated by gender (Marchand et al., 2018). Women generally report higher levels of burnout compared to men (Bekker et al., 2005) and are particularly susceptible to emotional exhaustion (Purvanova et al., 2010), whereas men tend to endorse higher levels of cynicism (Maslach, 2003). Interestingly, burnout symptoms steadily decline over time in men, but for women, burnout symptoms steadily increase between the age of 20-35 years, decrease between the age of 35-55 years, and then steadily increase again after age 55. Differing work-life conflicts (e.g., childcare, elder care) faced by men and women appear to be largely responsible for this unique pattern of burnout in women (Marchand et al., 2018). Thus, female graduate students who are married, pregnant, and/or have children may be especially susceptible to burnout. Rokach

and Boulazreg (2020) noted the feelings of guilt that may arise as women attempt to establish a balance between their personal and professional lives. Unfortunately, there is a scarcity of literature examining vulnerability to burnout in non-binary populations. Social stigma and other stressors (e.g., trauma) are likely to exacerbate burnout symptoms in these individuals.

Factors associated with race may also increase vulnerability to burnout. For example, one study found that discriminatory experiences predicted lower levels of wellness among counseling students identifying as Black, Indigenous, and/or People of Color (BIPOC). BIPOC individuals also endorsed higher levels of exhaustion, cynicism, and professional inefficacy (Basma et al., 2021). Another study investigating these relationships in Black mental health workers found that all forms of race-related stress (i.e., individual, cultural, institutional) were associated with increased rates of burnout, as well as secondary traumatic stress (Shell et al., 2021). This data indicates that psychology graduate students from diverse racial backgrounds are particularly vulnerable to burnout.

Personality Traits

Researchers have also examined how personality traits may factor into one's propensity toward burnout. Of the Big Five personality dimensions (i.e., extraversion, agreeableness, openness, conscientiousness, neuroticism), three have been significantly linked to burnout, including neuroticism, extraversion, and agreeableness (Estacio, 2019; Luck, 2009; Thompson et al., 2014). Specifically, neuroticism, characterized by anxiety, irritability, self consciousness, depression, and emotional instability (Widiger et al., 2009), exhibits the strongest relationship to burnout (Estacio, 2019; Lent & Schwartz, 2012). Likewise, individuals with Type A personality traits (e.g., competitive, excessive need for control, impatient, hostile) are also highly susceptible to experiencing burnout, particularly the exhaustion dimension (Jeung et al., 2017). Individual

variations in hardiness, locus of control, coping styles, and self-esteem also contribute to one's vulnerability to burnout. Those who exhibit low levels of hardiness possess higher burnout dimension scores, particularly those related to exhaustion. Additionally, burnout is more common in individuals possessing an external locus of control (i.e., a belief that life events are controlled by external forces) as opposed to those who have an internal locus of control (i.e., a belief that one is in control of life events). Coping styles are also heavily influenced by burnout symptoms. Individuals experiencing more burnout symptoms tend to exhibit passive and/or defensive coping strategies when faced with stressful life events; whereas those displaying less burnout symptoms more frequently utilized active and assertive coping mechanisms. Similarly, poor self-esteem is positively correlated with all three dimensions of burnout (Maslach et al., 2001). Academic stress inherent to graduate school may predispose students to feeling as though they are ineffective or not accomplishing desired goals, which may lower self-esteem and in turn, make them more vulnerable to experiencing burnout.

Core Beliefs

Evidence suggests that core beliefs common in mental health professionals may further increase vulnerability to burnout (Bamber & McMahon, 2008; Simionato & Simpson, 2018). Although clinical psychology graduate students may possess conceptual knowledge of the signs and symptoms of burnout, mental health workers in general have an inclination to minimize their own vulnerability to burnout while maintaining their exposure to substantial work pressures and risk factors (Ledingham, 2015). Simpson and colleagues (2018) posited that "This vulnerability is characterized by beliefs associated with a tendency to inhibit emotions that are seen as a sign of "weakness"; self blame for showing signs of stress or vulnerability; striving to reach higher standards whilst denying personal needs and emotions; and a reluctance to set boundaries and

ask for support due to fears of letting others down" (p. 36). Such self-defeating core beliefs likely perpetuate the cycle of emotional exhaustion (Ledingham, 2015), a key dimension of the burnout response.

Our core beliefs influence our relationships with ourselves and others, and are shaped by our internalized life experiences throughout childhood and adolescence. Subsequently, exposure to adverse events such as neglect, abuse, and/or trauma in childhood may result in the development of self-defeating core beliefs and ensuing psychological distress (Calvete, 2013; Kaya Tezel et al., 2015). Findings indicate a significant proportion of mental health professionals report adverse childhood histories (Barnett et al., 2007), suggesting these professionals may be drawn to the mental health field in response to painful personal experiences or struggles (Bamber & Price, 2006). While such experiences may enhance one's capacity for empathy, they may also precipitate the formation of maladaptive beliefs and associated psychological distress (Barnett et al., 2007). In fact, Simpson et al. (2018) found that amongst psychologists, the two most commonly reported maladaptive beliefs included unrelenting standards and self-sacrifice. Even more concerning, 49.9% of their sample of clinical and counseling psychologists endorsed moderate to high levels of emotional exhaustion, indicating that these self-defeating core beliefs are significant predictors of burnout over and beyond job demands within this population (Simpson et al., 2018). Furthermore, higher rates of emotional deprivation predicted emotional exhaustion, whereas subjugation and entitlement predicted depersonalization. Emotional inhibition, however, has been linked to reduced personal accomplishment (Bamber & McMahon, 2008). Overall, findings to date highlight the importance of individual beliefs in the development of burnout symptoms in mental health professionals.

Situational Variables

Burnout is recognized as "an individual experience that is specific to the work context" (Maslach et al., 2001, p. 407). Therefore, a substantial proportion of burnout research has focused on the situational factors that contribute to this phenomenon. As a result of this research, the role of situational factors in the formation of burnout in graduate students is well understood.

Social Isolation

Social isolation is evidenced to be a significant contributor to burnout occurrence in graduate students. Many graduate students move away from their primary support system to attend their graduate programs and pre-doctoral internship placements, creating geographical barriers to social connection. Training programs can add another layer of isolation (Wardle & Mayorga, 2016). El Ghoroury et al. (2012) surveyed 387 American psychology graduate students regarding stressors and found that roughly 36% reported lack of social support being one of them. With competing demands, long hours, and exhaustion, graduate students may struggle to connect with friends, partners, family, and other sources of social support. Social isolation, combined with other noted vulnerability factors, increases the risk for burnout. Further, graduate students experiencing isolation from supportive relationships may be less able to manage their own anxiety when conducting psychotherapy, compared to their peers who are socially connected (Simpson et al., 2018).

Client Behaviors

Therapist-client relationships play a central role in the therapeutic process. As such, client behaviors are an inherent aspect of therapeutic work, with the capability of making such work incredibly rewarding and satisfying, but also quite challenging for the psychologist depending on the nature of these behaviors. Challenging client behaviors can range from passive

aggressive conduct, such as late arrival or lack of engagment, to overtly aggressive and potentially dangerous behaviors, including suicide attempts, verbal/physical assault, and homicidal ideation. Enhanced feelings of distress, incompetence, and impairment among mental health clinicians has been associated with challenging or negative client behaviors (Sherman & Thelen, 1998; Therieault & Gazzola, 2006). Not surprisingly, difficult clients represent a notable work stressor, and hence risk factor, for burnout among psychologists. According to several studies, challenging client behaviors are linked psychologists reporting symptoms of both emotional exhaustion and depersonalization (Ackerley et al., 1988; Rupert & Kent, 2007; Rupert & Morgan, 2005). Specifically, aggressive behavior (physical, emotional, and/or legal) is strongly associated with burnout among health professionals in general (Winstanley & Whittington, 2002). Even seasoned clinicians are not immune to the detrimental effects of difficult clients. Thus, to attenuate burnout in less experienced graduate trainees, it is imperative to not only teach skills that can mitigate challenging client behaviors, but also strengthen supportive measures for students working with notoriously challenging patient populations.

Organizational Variables

In addition to the vulnerability factors detailed above, organizational variables within academic and clinical training settings can put graduate students at risk for burnout. Psychology graduate students are required to inhabit multiple academic and professional roles and must frequently transition between these roles. When experiencing constant competing demands, graduate students are vulnerable to heightened stress and burnout (Rico & Bunge, 2021; Rummell, 2015; Schwartz-Mette, 2009). Furthermore, graduate students face the pressure of evaluation from faculty, advisors, and supervisors. Evaluative stress, along with self-doubt and

self-criticalness that often shadow graduate students' experiences, serve as risks for burnout (Schwartz-Mette, 2009).

Psychological sense of community (SOC; Chavis & Newbrough, 1986; Clark et al., 2009) is defined by a sense of belonging in a group, being accepted by group members, and feeling that one's needs will be met. Being surrounded by peers that are collaborative and supportive contributes to a strong SOC, whereas interacting with peers in an environment that is driven by competitiveness without mutual supportiveness has the opposite effect. Clark et al. (2009) found that SOC was a significant predictor of burnout in a sample of 284 American psychology graduate students.

Social support and SOC also are important in the graduate trainees' workplace (Maslach et al., 2001; Maslach & Leither, 2016). The supervisory relationship is particularly important for a graduate trainee's workplace well-being. Whereas a supportive, positive, and respectful supervisory alliance is associated with positive training experiences (Ivey & Rowley, 2005), punitive, conflict-ridden alliances are predictive of burnout (Swords & Ellis, 2017). The SOC is dependent on the people in the community, as well as the workplace culture. If the values and beliefs of the training experience are ambiguous or poorly aligned with the graduate trainee's system of values, this can contribute to work-related stress (Kogosov, 2019; Ronnestad & Skovholt, 1993). Additional work-related stressors that can put a graduate trainee at greater risk for burnout include workloads being too high, lack of control over the training experience, financial strain, and limited clinical experience (Scott et al., 2011; Swords & Ellis, 2017).

Sociopolitical Factors

There are a number of sociopolitical factors that have increased the rate of burnout among college graduate students in recent years. Beginning in 2020, the COVID-19 pandemic

has exacerbated many of the stressors that already existed for graduate students. Students have been forced to adopt new ways to cope with school-related stress, quickly adapt to virtual education and clinical work, and stretch themselves even thinner due to financial hardships. In addition to the COVID-19 pandemic, the murder of George Floyd heightened social activism for racial injustice in the spring of 2020. Political polarization has peaked in the past decade (Heltzel & Laurin, 2020), which has led to increasingly extreme ideologies and a social landscape in which individual's hate for the opposing party exceeds their common interest with others of their own party. Due to the increased number of stressors, graduate students are experiencing increased levels of mental health distress in the United States (Woolson, 2020). Current graduate students are not only facing the trials and tribulations of rigorous programs, they are doing so with resources drained by a nation facing a number of crises.

During the COVID-19 pandemic, college students have experienced increased levels of grief and loss (Sirrine et al., 2021). While emotional distress related to death loss is researched more heavily, non-death loss and grieving includes the loss of normalcy, the loss of connection to others (e.g., friendships and romantic partners) and loss of rituals (e.g., graduations, weddings). Non-death loss is associated with decreased self-worth and feelings of loss of control (Sirrine et al., 2021). In one study, 90% of college students endorsed a loss of normalcy, 82.7% reported a loss of connection to others, and 60.5% experienced a loss of rituals (Sirrine et al., 2021). Given the challenges of graduate school, this loss of normalcy leaves many graduate students without firm footing.

Financial hardships were the most prevalent concerns among graduate students enrolled at UCLA during the pandemic (UCLA Student Affairs Information and Research Office, 2020). Specifically, many graduate students count on paid practicum and internships, many of which

have pulled back their graduate student positions due to pandemic concerns. Many graduate students have reported confusion as to why tuition was not reduced when both the delivery of education and resources offered to students (e.g., tech, labs, gyms) were reduced. For others, worries exist regarding the ability to pursue next steps after graduation due to the lack of clinical experiences accrued because of COVID-19 restrictions. For some, remaining in graduate school for additional years may be required, adding a tremendous financial burden to an already exorbitant student loan debt.

Graduate students, like undergraduate students, were also forced to transition to virtual learning, which many students have found to dampen their interaction with other students and faculty members, decrease opportunities to network, and reduce the overall quality of the learning environment. Unlike undergraduate students, graduate students must also quickly adapt to teaching through virtual platforms. While tenured faculty are well versed in their course content, graduate students are often teaching for the first time. Graduate students are therefore forced to balance learning in a virtual, often less engaging platform while simultaneously being asked to teach new materials and navigate technological issues for undergraduate courses.

Social activism and the fight against systemic racism continued to build in the wake of a Donald Trump presidency (Pew Research Center, 2021). Following the murder of George Floyd by police officers in May 2020, racial unrest has exploded, leading to global protests (Lipscomb & Ashley, 2020). A recent study found that the mental health of Black Americans is negatively impacted by viewing media coverage of the routine murders of fellow Black Americans (Bor et al., 2018). Additionally, clinical psychology graduate students have a responsibility to advocate for the oppressed, which means fighting against systemic racism. Black graduate students working within predominantly White institutions not only navigate microaggressions and

discrimination on a regular basis, they may also suffer from racial battle fatigue, which describes the mental and physical exhaustion people of color experience navigating historically White spaces (Quaye et al., 2019). Given that clinical psychology graduate students are expected to put the needs of their patients above their own, Black students may be at a heightened risk for experiencing racial battle fatigue, and more broadly, burnout.

Given the increased number of stressors and fewer available coping strategies for college graduate students, it is no surprise that anxiety symptoms have increased by 50% among graduate students from 2019 to 2020 (Woolston, 2020). Using brief symptom screeners, researchers found that those graduate students who would likely meet criteria for an anxiety disorder jumped from 26% in 2019 to 39% in 2020, while those with significant depressive symptoms increased from 15% to 32% in the same time span. With fewer opportunities to connect interpersonally with others and increased uncertainty about the future, current graduate students are faced with a particularly challenging educational experience.

Implications

The implications of graduate student burnout are extensive, spanning across personal and professional spheres of influence (Schwartz-Mette, 2009). Though the term burnout is so commonplace among graduate student circles that its experience has become normalized as "just a part of being in grad school," the widespread ramifications of this condition and resulting impairments can no longer be ignored or minimized.

Personal: Graduate Student Well-Being

Earlier research on burnout primarily focused on work performance-related outcomes; however, because burnout is considered a stress phenomenon, increased attention has been paid

in recent years to the negative impact of burnout on the individual's psychological, emotional, and physical well-being (Kaschka et al., 2011; Maslach et al., 2001).

Psychological

The most commonly endorsed symptom of burnout is exhaustion — an experience of mental and/or physical fatigue prompted by chronic stress or the depletion of resources (Maslach et al., 2001). Burnout has been linked to numerous adverse psychological outcomes, including decreased cognitive functioning and motivation, impaired judgment, reduced creativity, decreased self-esteem, and psychosomatic symptoms (Kaschka et al., 2011; Maslach et al., 2001). Moreover, burnout is not only experienced by the individual, but this condition encourages behaviors designed to distance oneself both cognitively and emotionally from the primary source of psychological stress (i.e., work) to cope with overwhelming job demands (Maslach et al., 2001).

For graduate students, cognitive distancing could manifest as procrastination or poor performance on coursework, feelings of detachment, discouragement and despair, isolation from peers and colleagues, and increased cynicism or apathy towards clients (i.e., depersonalization; Kaschka et al., 2011; Maslach et al., 2001). Depersonalization involves the dehumanization of others by failing to recognize their common humanity, as well as ignoring the unique attributes that distinguish them from others (Maslach et al., 2001). Clinical work can be emotionally demanding and may be particularly exhausting for graduate students who are inexperienced and have yet to develop appropriate work-life boundaries (Schwartz-Mette, 2009). Thus, graduate students may be more susceptible to developing a cynical, indifferent attitude towards clients. Depersonalization effectively distances graduate students from the source of emotional distress,

making their clients' demands more manageable due to feeling less obligated to be responsive to their needs (Maslach et al., 2001).

Emotional

The psychological stress associated with clinical practice may also greatly impact the emotional well-being of graduate students. Clinical work involves repeated exposure to painful, often traumatic material, which is vicariously transmitted to the clinician, thereby increasing their susceptibility to emotional distress (Figley, 1995). Further, psychotherapy involves a complex interplay between personal and professional experiences that can be challenging and confusing for novice clinicians to navigate compared to more seasoned professionals (Beutler et al., 1994; Schwartz-Mette, 2009). These factors, combined with the academic demands and intense evaluative stress inherent to graduate training, can leave graduate students feeling mentally and emotionally depleted, impairing their capacity to empathize and respond effectively to their clients' needs (Schwartz-Mette, 2009).

Heightened levels of emotional distress and exhaustion are associated with increased levels of burnout and the development of a variety of mental health conditions, including anxiety, depression, alexithymia, substance abuse, and post-traumatic stress disorder (Ahola & Hakanen, 2007; Ahola, et al., 2014; Bianchi et al., 2013; Colville & Smith, 2017; Hakanen & Schaufeli, 2012; Iacovides et al., 2003; Korczak et al., 2010; Maslach et al., 2001; Simionato et al., 2019; Wurm et al., 2016). Burnout is also related to increased emotionality and aggressiveness (Kaschka et al., 2011).

Social

Unsurprisingly, the psychological and emotional ramifications of burnout are likely to infiltrate the graduate student's social life as well (Simionato et al., 2019). Heightened levels of

emotional exhaustion, depersonalization, cynicism, and irritability associated with burnout may lead to interpersonal conflict and social withdrawal. Such consequences not only limit the student's ability to access needed social support and potentially benefit from available resources, but they also serve to reinforce the student's cynical beliefs (e.g., "I'm on my own and no one will help me") resulting in further isolation and exacerbation of burnout symptoms (Hobfoll, 2002; Maslach & Leiter, 2016; Simionato et al., 2019).

Physical

Graduate students experience high, chronic levels of stress, effectively increasing their proneness to burnout (Schwartz-Mette, 2009). Those who lack sufficient self-awareness and adequate resources to address this condition may get stuck in a perpetual "loss cycle" (Hobfoll, 2002), ultimately culminating in physical illness (Bakker & Costa, 2014). In fact, burnout has routinely been found to negatively impact the physical and psychological well-being of mental health clinicians and is associated with increased number of sick days and absenteeism, indicating that burnout has significant implications for health economics and public health policy (Galvin & Smith, 2015; Kaschka et al., 2011). Stress-related somatic symptoms can include head and back pain, sleep and appetite disturbances, impairments in concentration and memory, flu-like symptoms, and gastrointestinal disturbances (Acker, 2010; Kahill, 1988; Peterson et al., 2008). More severe medical consequences associated with burnout have also been reported, including cardiovascular, musculoskeletal, cutaneous, and allergic diseases (Glassman & Miller, 2007; Honkonen et al., 2006; Korczak et al., 2010). The underlying neurobiological and physiological mechanisms responsible for the physical effects of burnout have yet to be fully understood; however, some evidence indicates that increased rates of inflammation similar to

those found in individuals suffering from post-traumatic stress disorder and other stress-related conditions, may partially be to blame (Glassman et al., 2007; Korczak et al., 2010).

Professional: Graduate Student Impairment and Incompetence

Burnout in psychology graduate students is associated with destructive behavioral and professional consequences, some of which may have long-lasting ramifications for graduate trainees, the organizations that train and employ them, and the clients they serve (Schwartz-Mette, 2009).

Lack of Engagement and Participation in Training

Most psychology graduate students enter graduate school with a strong desire to learn, grow, and make a positive impact on their communities. However, once the burnout process begins, what started off as enthusiasm, compassion, and interest can slowly devolve into exhaustion, cynicism, and apathy, ultimately culminating in various forms of disengagement and job withdrawal (e.g., absenteeism, missed/incomplete assignments; Burke & Greenglass 2001; Maslach & Leiter, 1997). For graduate trainees, this "job" not only includes clinical training and associated responsibilities, but also academic coursework, research projects, and completion of other critical program requirements (e.g., clinical competency exams, dissertation; Schwartz-Mette, 2009). Thus, when graduate students experience burnout, it can drastically affect their ability to fully participate in training, leading to skills deficits, poor academic performance, and feelings of incompetence.

Training program faculty and clinical supervisors may misjudge graduate trainees' disengagement and poor performance as ineptitude or disinterest and may unwittingly attribute behavioral issues associated with burnout to personality deficits rather than the consequences of personal distress. Such misinterpretations can have serious ramifications for graduate trainees

who may receive less compassion and understanding from those responsible for evaluating them. If graduate students fail to identify and address symptoms of burnout, they may enter a vicious, self-perpetuating cycle wherein they continue to work harder and harder to meet internal and external expectations only to become more exhausted and less capable of satisfying these demands (Schwartz-Mette, 2009). Predictably, burnout and related impairments are associated with higher rates of job withdrawal (Raquepaw & Miller, 1989). For impaired graduate students, burnout may be similarly related to difficulties meeting training program requirements and impede students' ability to successfully complete their graduate training in a timely manner, if ever (Schwartz-Mette, 2009).

Lack of Professionalism and Ineffectiveness

The American Psychological Association (APA) Board of Professional Affairs Advisory Committee on Colleague Assistance (ACCA, n.d.) outlines a model (i.e., the stress-distress-impairment-improper behavior continuum) detailing the progressive decline in professional functioning that can occur when psychologists experience difficulties managing personal and professional stressors. If not properly mitigated, such stressors eventually lead to emotional exhaustion and personal distress resulting in impaired professional functioning (e.g., arriving late to appointments, failing to complete administrative tasks in a timely manner, scheduling and communication errors, unprofessional behavior) and feelings of inefficacy which can negatively impact the quality of care delivered to clients and potentially cause harm. If the impaired psychologist continues to practice without remediation, professional incompetence can lead to serious acts of misconduct including improper client relationships and other serious ethical violations (ACCA, n.d.).

Not only is burnout associated with reduced effectiveness and productivity at work, but it is also correlated with numerous types of job withdrawal (e.g., increased sick days, desires to quit, employee turnover; Bamber & McMahon, 2008; Bearse et al., 2013). In fact, the Chartered Institute of Personnel and Development (CIPD; 2016) found that job-related stress, particularly workload, was the primary reason for long-term absenteeism among workers in the United Kingdom. Another survey conducted by the National Health Service in the United Kingdom found that employees suffering from mental health issues contributed to annual economic losses of approximately £1,794 to £2,174 ($2,146 –$2,600) per employee. Perhaps more concerning was the finding that approximately one third of surveyed employees reported feeling pressured to continue working despite debilitating personal and professional stressors (i.e., presenteeism; Health Education England, 2019). Presenteeism perpetuates the burnout cycle by further degrading psychologists' sense of effectiveness and personal accomplishment eventually leading to feelings of cynicism and detachment toward the organizations for whom they work and the clients they treat (Maslach et al., 2001; Simionato et al., 2019). Burnout can also be contagious in that sufferers may create more conflictual interactions with their family, peers, faculty, and coworkers, thereby exacerbating existing personal and professional stress for everyone involved (Burke & Greenglass 2001). Thus, work environments characterized by chronic, unyielding demands (i.e., most psychology graduate training programs) that promote presenteeism (e.g., by punishing students for taking sick days or mental health days) are likely to exhaust graduate students' emotional resources, impair their ability to perform effectively, reinforce feelings of inefficacy and cynicism, and ultimately result in widespread economic costs and poorer clinical outcomes.

Cynicism and Lack of Empathy

Cynicism is the result of longstanding emotional exhaustion and is characterized by depersonalization, detachment, and reduced empathy toward others. These factors interfere with graduate students' ability to connect with clients, validate their struggles, and provide effective therapeutic services (Maslach et al., 2001). As one's sense of professional competency erodes, it becomes increasingly difficult to engage in work-related tasks, connect with others, and regain a sense of personal accomplishment. The more indifferent and withdrawn a graduate trainee becomes, the less satisfaction they derive from clinical work and the less effort they exert toward improving client outcomes, further reinforcing feelings of incompetency, emotional distress, and apathy (Baker, 2003; Barnett & Hillard, 2001; Demerouti et al., 2004; Maslach et al., 2001). In fact, Ledingham et al. (2019) found that burnout negatively impacts psychologists' capacity to accurately assess and respond to changes in client affect and signs of decompensation, augments risk for unmitigated therapeutic ruptures, and ultimately degrades the therapeutic alliance. Because psychologists are bound by an ethical obligation to maintain professional competence and protect the well-being of those whom they serve, psychologists experiencing burnout are at increased risk of committing serious ethical violations (Simionato et al., 2019).

Ethics Violations, Loss of Professional Trust, and Malpractice Litigation.

Psychologists are bound by the APA's (2017) *Ethical Principles of Psychologists and Code of Conduct* (hereafter referred to as the Ethics Code) which establishes moral principles and ethical standards for professional practice. The Ethics Code states, "psychologists strive to benefit those with whom they work and take care to do no harm." In accordance with the general principles of beneficence and nonmaleficence, the Ethics Code also advises that "psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to

help those with whom they work" (Principle A, p. 3). The terms "impaired practitioner" and "wounded healer" have been used to describe psychologists whose personal distress presents a barrier to competent professional practice. Competence comprises three factors, including technical knowledge, interpersonal skills, and emotional well-being (Knapp & VandeCreek, 2006). Lack of professional competence can directly impact client care and may result in major ethical violations and legal issues (Koocher & Keith-Spiegel, 2016).

When psychologists experiencing burnout persist in delivering clinical services despite impairment, they may endanger their clients' emotional and physical well-being. The exhaustion and cynicism components of burnout have the potential to compromise a psychologists' ability to offer necessary compassion, guidance, and support to their clients, resulting in suboptimal therapeutic services, alliance ruptures, and exacerbation of clinical symptoms (Elman & Forrest, 2007; Johnson & Barnett, 2011). Impaired psychologists may also be less capable of assessing and responding to indicators of client risk (e.g., suicidal ideation; Wilkinson, et al., 2017). In light of these issues, the Ethics Code states, "when psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties" (APA, 2017, Standard 2.06, p. 5). Burnout and associated impairments can also compromise one's professional integrity and erode collegial trust which are fundamental characteristics of an ethical psychologist (APA, 2017, Principles B & C). Moreover, incompetence may result in malpractice litigation which is a significant concern for graduate psychology training directors and clinical supervisors (Hogan, 1979; Vacha-Haase et al., 2004).

Recommendations

The etiology of burnout is complex and multifactorial. Prevention and successful remediation of impairments related to burnout require consideration of the personal, professional, and organizational variables that constitute risk for burnout, as well as those that may serve as protective factors. Individualized approaches that account for each of these factors are necessary to promote graduate student well-being, ethical clinical practice, and rewarding, long-standing professional careers in psychology (Maslach et al., 2001; Simonata et al., 2019). The following recommendations are separated into four broad areas, including: 1) awareness, 2) openness and connection, 3) balance and wellness, and 4) remediation and forgiveness. Within each area, recommendations are given for graduate students, supervisors, and training programs.

Awareness

Awareness is the ability to self-monitor one's personal distress. Having awareness is crucial for one's ability to respond in effective ways to mitigate the distress.

Graduate students

The APA Ethics Code (2017) advises that psychologists should aspire to maintain awareness of personal factors, mental and physical, that may impede their ability to provide effective care to the communities they serve (Principle A). Psychologists also have an ethical responsibility to suspend or terminate clinical practice when their personal issues threaten to impair their competence or their ability to seek appropriate resources and support (e.g., professional consultation; APA, 2017, Standard 2.06). As future psychologists, graduate students must strive to be vigilant to signs of burnout and other forms of personal distress. They must also understand the ethical and professional ramifications associated with impairment and the failure

to appropriately address personal issues that may negatively impact competence. Some recommendations are included below.

Build Awareness of One's Stress Signature. Build awareness of one's personal "stress signature" – the degree of stress that can serve as a positive motivational force to improve work performance versus the degree of stress that can impair performance and promote burnout (Teigen, 1994). Awareness of one's stress signature and the associated signs and symptoms (e.g., psychological, emotional, physical) can serve as a tool for early identification and prevention of burnout (Simonata et al., 2019).

Practice Mindfulness. Mindfulness involves contacting the present moment through increased, nonjudgmental awareness of one's internal and external experiences. Engaging in regular mindfulness practice has been shown to enhance the personal well-being of psychologists (Di Benedetto & Swadling, 2014) and may be a mutually beneficial way for graduate students to enhance awareness of their personal stress signature while promoting psychological health.

Engage in Routine Assessment. Recognize that susceptibility to burnout can wax and wane over the course of one's graduate training and professional career. Performing routine "check-ins" assists in remaining attuned to potential signs and symptoms of burnout and may reduce the tendency to deny one's experience of personal distress (Good et al., 2009). For individuals who prefer objective measures, the following burnout assessment scales are available: *Are You Burning Out? Adapted from the Freudenberg Burnout Scale* (Freudenberg, 2007), *The Professional Self-Care Scale* (Dorociak et al., 2017), and *The Maslach Burnout Inventory* (Maslach et al., 1996).

Acknowledge Susceptibility to Burnout. Acknowledge that as humans, psychologists (and graduate trainees) are susceptible to personal distress, mental health issues, and painful life circumstances, regardless of our extensive background knowledge of psychology and clinical training. We are also vulnerable to impaired competence and unethical behavior if we fail to be truthful with ourselves and acknowledge how our personal struggles may negatively impact client care and ethical decision-making. Ultimately, it is the graduate students' responsibility to monitor and take appropriate steps to address signs of burnout and impairment when they appear (APA, 2017; O'Connor, 2001).

Yet, graduate students may struggle to identify their personal stress signature or the point at which distress begins to impair their competence and place them at risk for engaging in unprofessional or unethical behavior. Numerous factors may contribute to these difficulties, including lack of clinical experience, normalization of burnout symptoms among peers and training faculty, habituation to chronic stress, cognitive deficits associated with burnout, desire to protect one's professional status, fears of negative evaluation or stigma, and feelings of guilt and anxiety associated with terminating or suspending psychotherapy with clients in need (Barnett & Hillard, 2001; Behnke, 2009; Deligkaris et al., 2014; Ledingham, 2015). Training programs also stress the development of skills for identifying and responding to the mental health needs of others, which can reinforce the belief that as healers, psychologists are somehow immune to personal distress, resulting in minimization or denial of burnout symptoms (Good et al., 2009; Ledingham et al., 2019). In fact, one study found that the majority (59.6%) of psychologists continued to provide clinical care despite their awareness of debilitating levels of personal distress; yet, 85% endorsed understanding that practicing while impaired was unethical (Pope et al., 1987). Further, the current literature on burnout does not offer clear guidelines or cut-off

levels to assist clinicians in determining what amount of personal distress is too much. Thus, efforts to increase self-awareness and personal monitoring are still susceptible to blind spots, indicating that graduate training faculty and supervisors must also be vigilant to signs and symptoms of burnout in the students they teach and train (Simonata et al., 2019).

Supervisors and Graduate Training Programs

As previously discussed, psychologists are notably poor at recognizing and responding to their own personal distress and impairment. Graduate students, who are still obtaining competence, may be even less equipped to engage in successful self-monitoring. Thus, although professional oversight committees and many graduate training programs place the responsibility of acknowledging and addressing distress on the individual (Johnson et al., 2012), as a profession and a collective, all psychologists play a role in protecting the communities served. Moreover, APA accredited graduate training programs, including faculty, training directors, and supervisors, are charged with the responsibility of monitoring, identifying, and addressing graduate student impairment (APA, 2017). Yet, because of the hierarchical structure of training programs and students' desire to be perceived as competent and agreeable, identifying outward signs of distress and impairment can be challenging (Swartz-Mette, 2009). Some recommendations are included below.

Develop a Program to Monitor Burnout. Create a program structure equipped with internal processes designed to monitor, address, and prevent burnout and associated impairments among graduate students. Comprehensive monitoring programs that are supportive, rather than punitive, which combine individual, peer, program, and supervisor oversight of graduate trainees' functioning are likely to be the most effective and mutually beneficial for all parties involved (Simonata et al., 2019).

Provide Psychoeducation. Provide psychoeducation around the etiology and consequences of personal distress and burnout early and often throughout graduate training and in supervision sessions to enhance graduate students' awareness of these issues and promote preventative behaviors. McGonigal (2015) indicates that it may be particularly helpful to explore students' personal perceptions and reactions to stress (i.e., mental and physical). Individuals who perceive stress as a threat may be more prone to react in unhelpful, maladaptive ways (e.g., substance use, procrastination, absenteeism), whereas individuals who understand stress to be a normal part of human life that can be helpful at times, tend to respond by accessing more positive coping mechanisms (e.g., self-care, social support, problem-solving).

Clarify the Clinical Supervisor's Role. Communicate to practicum supervisors that they play a critical gatekeeper role in the process of monitoring and addressing graduate student impairment and issues of competence. As discussed by Netherton and Mullins (1997), supervisors are charged with the responsibility of creating boundaries around the supervisory relationship, modeling professional ethics, monitoring and evaluating graduate trainees, protecting the public welfare, and supporting professional development. Similarly, trainees are responsible for providing therapeutic services, monitoring their personal and professional functioning, and adhering to the ethical standards and guidelines of their profession. Thus, clinical supervisors must exhibit willingness to assist their supervisees in developing the self-awareness required for achieving these goals.

Openness and Connection

A culture of openness and connection fosters an environment wherein graduate students can be vulnerable and honest about their experiences of personal distress and burnout with peers, program faculty, and clinical supervisors. This openness fosters increased connection among

members of the psychological community and enhances the probability of accessing and utilizing appropriate supports necessary for preventing and reducing symptoms of burnout.

Graduate Students

Data indicates that even experienced psychologists are reluctant to approach colleagues exhibiting signs of distress or impairment due to concerns around rupturing existing relationships, creating more distress for their colleague who may have to terminate or suspend clinical duties, being subjected to retaliatory efforts, and simply feeling uncomfortable approaching colleagues they may not have a close working relationship with (Smith & Moss, 2009). Graduate students likely experience similar reservations when it comes to approaching impaired peers. Additionally, due to immaturity and a lack of professional experience, students may be more prone to resort to gossiping about or degrading peers who exhibit signs of distress or impairment. Such unhelpful responses may serve to further alienate the impaired student, resulting in heightened personal distress and increased likelihood of engaging in maladaptive coping strategies known to perpetuate the burnout cycle. More beneficial approaches are detailed below.

Normalize Personal Distress. Instill a culture of openness among fellow graduate students that normalizes personal distress, encourages conversations around the ethical and professional consequences of impairment, offers supportive recommendations, and encourages vulnerability and honesty when personal and/or professional stressors threaten to impair one's functioning.

Create Peer Oversight Committees. Create a peer oversight committee composed of graduate students at all levels of professional development that can field and respond to student concerns around impaired peers. Such committees could serve as a first line of defense against

burnout in graduate students and may reduce existing stigma and shame around the burnout experience.

Be Open to Peer Feedback. Exhibit willingness to be open to peer feedback and concerns around personal distress and impairment. Listen fully to the concerns being expressed and notice signs of threat (e.g., desires to justify or defend one's behavior, walk away, seek revenge, isolate or withdraw from others) which can prevent help-seeking behaviors (Lynch, 2019).

Seek Professional Consultation. Seek professional consultation, particularly when working with challenging client populations.

Communicate with Clinical Supervisors. Communicate awareness of one's personal distress to practicum supervisors and/or clinical training directors and seek their advice around balancing one's caseload or reducing/suspending clinical duties.

Engage in Personal Psychotherapy. Engage in personal psychotherapy to address burnout in addition to communicating with peers, faculty, and clinical supervisors if the latter options do not suffice.

Supervisors and Graduate Training Programs

Integrate Ongoing Discussions. Integrate psychoeducational conversations around burnout and associated impairments, as well as risk and protective factors, in course materials and supervisory meetings throughout professional training. Most graduate programs offer one professional ethics course early in training and assume that students should thereafter bear the responsibility for ethical-decision making. However, a single ethics course only ensures a basic understanding of ethical guidelines and standards, it does not guarantee the ability to manage the complex ethical dilemmas that routinely arise in clinical practice (Schwartz-Mette, 2009). Such

courses also provide little to no information on the burnout condition and how to recognize it. Some authors recommend devoting entire graduate seminars to the topic of burnout since psychologists who are aware of the ethical implications of practicing while impaired are more likely to engage in preventive self-care and initiate safeguards to reduce further impairment (Skorupa & Agresti, 1993).

Provide Professional Development. Provide professional development opportunities to assist graduate students in their work with challenging client populations that may present boundary issues or promote compassion fatigue (e.g., personality disorders, trauma-related disorders; Smith, 2003).

Encourage Professional Consultation. Encourage graduate students to engage in professional consultation as a sign of advanced competency rather than an indicator of clinical weakness or personal deficiency. Acknowledge that vulnerability and openness around one's personal and professional struggles increases social connection, improves collegial relationships, and promotes personal growth and professional development (Maslach et al., 2001).

Create Support Networks. Create a network of former program graduates and other members of the psychological community willing to engage in professional consultation with current trainees. By establishing a norm that students have access to readily available consultants, this may counteract feelings of inadequacy and uncertainty around seeking clinical advice and support when needed.

A communitarian, strengths-based approach that fosters openness, receptivity, connection, and shared responsibility among graduate students, program faculty, and clinical supervisors is essential for preventing burnout, protecting the public, and creating a resilient,

ethical, and highly effective psychological community that is able to thrive rather than merely survive (Wise & Reuman, 2019).

Balance and Wellness

As psychologists in training, it is essential that doctoral graduate students are attentive to the delicate interplay between wellness of self and wellness of others. The ability to care for others is contingent upon our ability to care for ourselves. Yet, as a profession, psychologists fail to heed our own advice and often struggle to strike a balance between providing care to others while also caring for ourselves. Not only is self-care essential for our survival and personal well-being, but it is also essential for maintaining professional competency and providing quality patient care. In fact, self-care has routinely been deemed an "ethical imperative" for professional psychologists (Wise et al., 2012) and some even recommend making this practice a universal law for mental health providers (Knapp & VandeCreek, 2006). Like our other recommendations, creating a culture of balance and wellness in our field requires a team effort. Graduate students must understand the personal, professional, and ethical ramifications associated with failing to prioritize their own wellness. They must also make a commitment to engaging in regular self-care and devising ways to balance their personal and professional lives. Graduate training directors, faculty, and supervisors have the responsibility to encourage and model self-care practices among the graduate students they mentor and supervise while simultaneously creating a learning environment where personal wellness is prioritized over productivity. We have included a number of recommendations below.

Graduate Students

Understand the Components of Self-Care. According to Baker (2003), self-care comprises three interrelated features, including self-awareness, self-regulation, and balance. As

previously discussed, self-awareness requires intentional monitoring of one's physical and emotional health. With increased self-awareness comes the ability to better regulate one's behavioral and emotional responses. Utilizing the same skills we teach our clients to increase psychological flexibility and emotional regulation (e.g., mindfulness, DBT distress tolerance and emotion regulation skills) allows us to model appropriate coping behaviors, protect our clients from unnecessary iatrogenic effects, and promote personal well-being. Finally, balance is the cumulative effect of increased self-awareness and self-regulation that involves avoidance of extremes by pursuing a middle path, trusting one's intuition, and seeking centeredness (Baker, 2003).

Engage in Regular Self-Care. Psychology graduate students have an ethical obligation to commit to engaging in regular self-care practices to promote physical and mental wellness and to protect the populations we serve (Wise et al., 2012). It is essential to create a self-care program that is both workable and sustainable which may require experimenting with various self-care practices to determine the strategies that are most effective and realistic for you personally. An integrative rather than an additive approach to self-care is likely to be more sustainable for balancing personal wellness with professional success considering the demands on time and resources graduate students face (Wise et al., 2012). Finding moments to integrate self-care practices throughout one's day (e.g., taking a brief walk outside after a challenging session, engaging in a short mindfulness or relaxation practice, eating lunch outside) are likely to be particularly helpful (Simionata et al., 2019). It is also important to exhibit flexibility and willingness to adjust one's self-care practices if your needs change or your current practices become unworkable.

Focus on Flourishing not Surviving. Keyes (2002) discussed the notion of surviving as opposed to flourishing. Surviving is characterized by barely meeting established standards and heightened focus on preventing negative outcomes. Flourishing emphasizes capitalizing on one's strengths and building resiliency while focusing on openness and positive opportunities for personal and professional growth. By focusing on flourishing rather than merely surviving, graduate students may reap more enjoyment from graduate training and be better equipped to manage life's difficulties as they arise.

Pursue a Values-Driven Life. Values identification refers to the process of defining who and what is most important in one's life (e.g., family, success, spirituality, etc.). Values can also refer to aspirational qualities one desires to embody or live their life in accordance with (e.g., compassion, acceptance, integrity, honesty). Living life in accordance with one's values and pursuing values-driven goals has been shown to reduce maladaptive coping behaviors, improve psychological flexibility, promote balance, and enhance physical and mental well-being (Harris, 2019).

Create and Maintain Personal and Professional Boundaries. Optimizing work-life balance is suggested for preventing and treating burnout symptoms. Some potential strategies include distancing oneself from stressors, rejuvenating one's mind and body by taking time away from work to rest and engage in regular physical activity, and challenging unrealistic standards rooted in overly perfectionistic ideals (Hillert & Marwitz, 2006).

Supervisors and Graduate Training Programs

Create a Culture of Wellness. Creating a culture that promotes balance and wellness in graduate programs and clinical training sites is essential for supporting the self-care efforts of graduate students. Regularly incorporating discussions around self-care, setting appropriate

work-life boundaries, and other strategies for promoting personal wellness creates a safe environment wherein students may feel more secure revealing personal distress and seeking social support. Graduate students may also feel more confident in their ability to manage such distress thereby increasing their sense of self-efficacy and decreasing burnout symptoms (Maslach et al., 2001; Schwartz-Mette, 2009).

Encourage and Model Self-Care. Establishing a culture that supports wellness also requires training directors, program faculty, and clinical supervisors to model appropriate self-care practices and take steps to eradicate existing cultural norms that knowingly promote burnout and associated impairments (e.g., perfectionism, workaholism; Schwartz-Mette, 2009). This may include reducing academic workloads and clinical caseloads, managing unrealistic expectations, responding to distressed students with compassion and flexibility, and engaging in perspective taking. Supervisors and training faculty who are aware of their own susceptibility to burnout and take proactive measures to promote balance and wellness in their personal lives are likely to be more supportive of their trainees' self-care efforts and provide more effective supervision (Simonata et al., 2019).

Create Spaces for Personal Reflection. Clinical supervision provides a perfect space for graduate students to process and problem solve clinical challenges, engage in personal reflection, and receive advice around methods for promoting personal wellness and work-life balance. Educating graduate students about the benefits of engage in personal psychotherapy is also recommended. Finally, supervisors and graduate training faculty must create spaces for their own personal reflection wherein they can receive support around the challenges inherent to balancing their own caseloads while bearing the huge responsibility of training future psychologists (Simonata et al., 2019).

Provide Positive Feedback. Maslach et al. (2001) indicated that when individuals do not receive rewards that are commensurate with their level of effort, experience, or expertise, they tend to feel devalued and underappreciated, leading to increased feelings of inefficacy. Although financial rewards (e.g., raises, bonuses, benefits) are always appreciated, for many individuals, it's the social rewards (e.g., praise, recognition) that matter most. Graduate students are routinely expected to exert an extraordinary amount of effort to meet the many competing demands of their training programs, often receiving little to no financial support. Further, even advanced doctoral students and post-doctoral fellows who have amassed a great deal of knowledge and clinical expertise remain arguably underpaid. Though it may not be possible to increase financial compensation for graduate student trainees and early career psychologists, social rewards in the form of positive feedback, validation, and words of affirmation from supervisors and training faculty may enhance feelings of self-efficacy and protect against burnout.

Support Autonomy and Control. When individuals lack the autonomy to make job-related decisions or lack control over resources needed to effectively perform their job (e.g., office space, functional technology, administrative support), they tend to experience feelings of inefficacy and personal failure (Maslach et al., 2001). Promoting independent thinking and decision-making, celebrating diverse perspectives, and helping graduate students gain trust in their clinical intuition, may enhance students' confidence in their clinical abilities while combatting burnout symptoms. Further, ensuring that graduate student trainees have consistent office and study spaces that are equipped with the materials needed to perform clinical duties and complete academic projects (e.g., computers, copiers/printers, testing materials, basic office supplies) is likely to increase graduate students' sense of control, reduce unnecessary stress, increase efficiency and effectiveness, and enhance personal wellbeing.

Psychologists are the experts at teaching others how to engage in practices designed to support their personal well-being, but unfortunately, that expertise is far too often limited to the other. By denying ourselves the support we so willingly offer to our clients, we not only dehumanize ourselves, but we increase our risk for burnout, professional impairment, and ethics violations. As succinctly stated by Simionata et al. (2019), "Understanding the difference between 'talking the talk' and 'walking the walk' is key to creating ethical workplaces in the mental health sector" (p. 473).

Remediation and Forgiveness

Graduate students experiencing burnout and associated impairments must be identified and remediated to protect their personal and professional well-being, the well-being of the supervisors and faculty that train them, and the public at large. Remediation plans that are individualized, clearly defined, fair, and supportive are likely to produce the best results. Successful remediation efforts must also emphasize personal accountability and require active collaboration among graduate students, program faculty, and clinical supervisors. Promoting forgiveness and providing opportunities to rebuild professional trust are also essential. Some recommendations are included below:

Graduate Students

Accept Personal Responsibility. Impaired graduate students must be willing to accept personal responsibility for their actions and fully engage in the remediation process. Students must also recognize that ultimately, as future psychologists, they are accountable for managing personal distress, setting appropriate work-life boundaries, engaging in self-care, and seeking professional consultation from peers and colleagues when indicated.

Practice Self-Compassion. According to Neff (2003), self-compassion involves three interrelated components: 1) acknowledging personal distress or pain, 2) directing nonjudgmental kindness toward oneself, and 3) connecting with one's common humanity and the universal experience of pain and imperfection. Self-compassion has gained increasing attention in recent years due to its ability to significantly improve psychological wellbeing (Neff, 2017). This practice also appears to be inversely related to all components of burnout, suggesting it may be a protective factor (Hashem & Zeinoun, 2020). Engaging in compassion training has also been found to mitigate the exhaustion component of burnout and protect against compassion fatigue (Klimecki et al., 2013).

Reduce Vulnerability to Future Burnout and Impairment. Graduate students engaging in the remediation process must be willing to learn from prior mistakes and take steps to reduce vulnerability to future burnout and impairment. Successful interventions should involve mindful consideration of the factors contributing to current burnout symptoms and implementation of an individualized prevention plan targeting these risk factors.

Practice Forgiveness. Graduate students engaging in the remediation process may experience intense feelings of guilt, shame, disappointment, sadness, and/or anger regarding their past choices and behaviors. They may blame themselves and/or others for their impairment or poor decision-making, resulting in deep feelings of resentment and even vengeance. Such processes are not helpful and will only prevent students from fully engaging in and benefitting from the remediation process. Forgiveness involves a deliberate, voluntary process of releasing oneself from feelings of anger or resentment towards oneself and/or others for an offense, flaw, or mistake (Lynch, 2019). Forgiveness is essential for personal growth and healing.

Supervisors and Graduate Training Programs

Be Fair. When graduate students are treated with fairness, this communicates mutual respect, builds connection, and enhances self-worth. Perceived inequities in disciplinary procedures can create feelings of unfairness which may exacerbate burnout symptoms such as emotional exhaustion and cynicism (Maslach et al., 2001). Remediation plans for impaired graduate students should therefore be equitable to the offense committed and/or degree of impairment suffered. Further, program faculty and supervisors should consider input from impaired graduate students themselves to create a remediation plan that is comprehensive and includes recommendations from all parties involved.

Be Supportive. Graduate training program faculty and supervisors are fundamental to the successful remediation of impaired graduate students. Like professional bodies, many graduate training programs respond to impairment with punitive measures and disciplinary actions. Impaired students may also be ostracized by peers and/or program faculty, leading to further isolation and worsening of burnout symptoms. Such cultures do not promote openness and may prevent impaired students from engaging in healthy help-seeking behaviors. Though students who have committed misconduct should absolutely be punished for their offenses, remediation plans should be enacted within a context that is nurturing and supportive (Simonata et al., 2019). By offering supportive resources (e.g., student advocates, professional consultation) to impaired students throughout the remediation process, graduate training programs can create a culture that fosters trust, vulnerability, and open communication around personal and professional issues that may negatively impact competency.

Take Shared Accountability. Graduate students work under the supervision of a licensed psychologist. Because students are still in the process of gaining competency, their supervisor is supposed to be monitoring their behavior, supporting their professional development, and ensuring they are delivering competent patient care. Supervisors also have an ethical and legal responsibility for the actions of their supervisees and can even be found liable if they neglect to detect and address signs of impairment (Knapp & VandeCreek, 1997). Yet, monitoring graduate student impairment can be a challenging job. Many supervisors only work with a given supervisee for a very limited period of time (1-2 semesters) and may have minimal interactions with them throughout the week. Routine communication among clinical supervisors is recommended to track graduate student process and signs of impairment. Graduate students are also good at masking signs of distress and impairment due to mental health stigma in the field and fears of being negatively evaluated (Schwartz-Mette, 2009). Supervisors must therefore create a supportive space wherein supervisees can be vulnerable and seek guidance when experiencing personal distress.

Prioritize Proactive versus Reactive Solutions. Graduate training programs typically take a punitive approach to remediating graduate students to insulate themselves from incompetent or unethical behavior. Remediation efforts tend to be reactive rather than proactive, emphasizing punishment over prevention. In fact, many graduate programs set extraordinarily high expectations for their students and establish cultures of "workaholism," ultimately promoting burnout rather than preventing it. Though it is impossible to predict who will become impaired, graduate programs must invest more resources into preventing burnout and creating a program culture that emphasizes personal wellness as being essential to professional success and longevity.

Establish Formal Remediation Policies. Unfortunately, preventative efforts will not always be successful. APA accredited programs are obligated to monitor and routinely evaluate graduate trainees' interpersonal and professional functioning to uphold the highest standards of professional competency (APA, Committee on Accreditation, 2005); however, there are no universal guidelines for how to remediate impairment once it is identified. Training programs should establish formal policies and procedures for addressing student impairment which should also be clearly outlined in the graduate student handbook for transparency. It is advisable that these policies be reviewed on a semi-regular basis (1-2 times per academic year) to remind students of the consequences of their actions and encourage them to take preventative measures and engage in help-seeking behaviors.

Practice Forgiveness. Graduate students who practice while impaired or commit ethical violations can irreparably damage professional relationships and possibly compromise the careers of those who train them (Schwartz-Mette, 2009). It is natural for training program faculty and clinical supervisors to respond in some cases of student impairment with feelings of anger and resentment. Program faculty and supervisors may also feel guilty or personally responsible for not noticing or addressing signs of impairment sooner. By practicing forgiveness, training faculty and supervisors can release themselves from feelings of anger and resentment towards impaired students, as well as offer compassion toward themselves. Such feelings are burdensome, lead to further isolation of impaired students, and only perpetuate the burnout cycle. Forgiveness is also essential to creating a culture of openness and personal wellness.

Conclusions

Addressing burnout amongst clinical psychology doctoral students requires intentional and routine monitoring by students, program faculty, and practicum supervisors. Given its

contagious and self-perpetuating nature, a collaborative and supportive approach is needed to prevent burnout and break the cycle for students already experiencing burnout symptoms. Clinical psychology graduate programs tend to attract students who are very high achievers that wish to devote their lives to helping others. Unfortunately, many of the qualities that make attractive and successful graduate students are the very same qualities that contribute increased vulnerability to burnout. While it is important for students to learn their own stress signature, practice mindfulness, and engage in regular self-care, it is equally the responsibility of program faculty and practicum supervisors to create a supportive, validating culture that encourages self-care, models work-life balance, and promotes personal well-being.

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