Pastoral Counseling, Supervision/Consultation, Burnout, and Ethical Violations: A Review of the Literature

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ABSTRACT

Existing research has demonstrated that the experience of stress and burnout has the potential to negatively impact the cognitive processes involved in decision-making. Consequently, this may result in a heightened susceptibility for counselors to engage in unethical decision-making. Research exists about counselors, social workers, psychologists, and clergy who experience burnout. Research revealed consistent topics about leadership roles, supervision/consultation, and how entitlement can be the most problematic issue for anyone in a leadership position. Much of the literature indicated that burnout is prevalent among clergy and recommends having some support.

Keywords: pastors, pastoral counseling, burnout, ethics, clinical supervision

1.   Introduction

Burnout, compassion fatigue, and vicarious trauma are all very real experiences for professionals whose careers are devoted to helping others. Burnout that results in emotional exhaustion, which typically manifests as a result of the demands and pressures of their roles (Frederick et al., 2021). Pastoral leaders often cite God, family, and friends as their primary sources of support. The primary responsibility of a pastor is to provide oversight within their church and community and enlightenment to living a Christ-like life. Acts (20:28, NIV) instructs pastors to observe not only yourself but everyone else in God's kingdom. Are structural support systems incorporated when the pastor offers

counseling services to other service-related responsibilities? Are most churches proactive enough to recognize that this responsibility is different from overseeing other ministries within the church? The church should have mechanisms to protect the client and the pastoral counselor. Awareness of the seriousness should conceivably lead church leaders and board members to extend extra investment in the church leader and the clients.

Congregation and community members expect pastors to fulfill multifaceted roles in the church such as church administrators, political strategists, and social activists (Cohall & Cooper, 2010). There is evidence that partakers need to be more successful in managing all these responsibilities. Without clear boundaries, it is common to become consumed with the job's responsibilities, eliciting vulnerabilities such as not attending to their health. There is a rising concern about how clergy's occupational distress can harm their health, ministry, and congregation's functioning (Chaves, 2007). Pastoral counselors are increasingly expected to manage congregational physical, spiritual, and mental health difficulties. Religious psychotherapy clients can be examined and treated by faith-based counselors with behavioral science skills. To prepare for client sessions, most professional counselors read evidence-based literature and case studies. A leader's worldview determines self-awareness, thoughts, and values. Moral reasoning shows a leader's internal, conscious, ethical worldview motivates and stimulates their outward character and integrity. Besides being self-aware and not imposing values on others, insight helps one remember talents. Being healthy allows the flock to receive complete spiritual care, which sustains them weekly. Hebrews 11:3 envisions "bringing the universe in the beginning into its intended shape and order" (NIV), whereas Galatians 6:1 aims to "restore to spiritual health a person who has fallen".

Lack of financing has forced communities to turn to the church for support, which might rekindle a relationship with God. Counseling fosters self-sufficiency, community, natural support, empowerment, and other abilities, whether in a church or not. Pastoral duties have expanded beyond spiritual guidance and religious education. Pastors now have many family, congregational, and community duties. Unprepared church organizations risk professional upheaval and failure due to rising community demands. Since social media and communication have grown, religious issues have become more visible. This overextension harms pastors and their churches.

Pastors risk physical and mental health issues, self-identity, ethics, family, social skills, and professionalism. Pastors may experience loneliness, isolation, stress, and other burnout symptoms when handling congregational issues. Well-being and psychological health have led scientists to study the relationship between church and community health. Thus, many depend on church leadership health. Leaders' mental, psychological, and social health, as well as their followers' perceptions and responses, are important for any organization. Studies have inked leadership style, personality, preaching style and expertise, membership growth, and revenue to personality traits and leadership perception.

Religion aids families, relationships, and morals (Trihub, 2010). These institutions' families, churches, and communities suffer when leaders lack training, experience, and support. Pastoral counseling for mental health is crucial to debunk myths about ineffective practices and promote quality management. Clergy sexual abuse and church financial mismanagement have tarnished spiritual leaders' reputations. After publishing leadership missteps, churches should create a place to restore faith. This can be done by displaying professionalism. When local support fails, faith-based organizations and churches must provide moral and spiritual requirements. In non-profit and socially responsible organizations, churches can show leadership, culture, and decision-making (Stewart, 2008). Inadequate expectations might result in feelings of emotional exhaustion. Research reveals school leaders need a solution to loneliness, isolation, stress, and burnout (Drago-Severson, 2012).

Acquiring self-awareness and insight enhances the ability to focus on others outside of oneself. Self-awareness reveals that the treatment of oneself impacts one's communication with others. Educating the helpers and educators must be a priority in the human services profession. Identified healers must implement strategies to protect themselves, resulting in best practices for the client. Health and mental health information promote what a high priority the appropriate amount of rest has on one's lifestyle.

2. Method

This study reviewed the literature on pastoral counseling, supervision/ consultation, burnout, and ethical violations. The review utilized the EBSCO database that allowed for a variety of journal articles. The review utilized a funneling approach whereas the start of the search focused on pastoral counseling generally. It then narrowed in scope to more in-

depth topics such as supervision/ consultation, burnout, and ethical violations. Further, the search focused on articles mostly within the last 20 to 30 years and in the United States. There were no exclusionary criteria in terms of location of study, methodology, etc. as the goal was to broadly search and then create a discussion on issues faced by pastoral counselors and the field of pastoral counseling as a whole.

3.   Role of Pastor

The role of the pastor is to lead and protect the church, and care for those in and outside of the church. With this appointment, there is the perception that clergy are above reproach. Of all people in the world, these are the appointed people God chose to spread His word. An overseer (i.e., an elder or pastor) must be "above reproach" (1 Timothy 3:2, NKJV). Pastors are not above sin, yet congregations and members of society seem to hold them in higher esteem than intended in God's word. This puts undue pressure on anyone because everyone sins fall short of God's glory.

There is a critical need for proactive mechanisms to be incorporated by church organizations to protect its spiritual leaders (Fia et al., 2022). This highlighted that unaddressed stress impacts the quality of life. Some pastors and clergy may seek to avoid aligning with professional counselors out of concern about being subject to the same regulations and codes (Bush, 2012). This may be due to their roles requiring them to practice in a nonjudgmental approach, like Rogerian nondirective counseling. Pastoral care and moral guidance converge in the pastor's role, which involves clarifying moral dilemmas, resources, intuitions, and offering direction rather than strict guidance (Bush, 2012). Like counseling professions, pastors and counselors employ techniques like active listening and empowerment, often drawing from approaches like Roger's genuineness, empathy, and unconditional positive regard, but with a spiritual perspective.

Common themes in the literature suggest that pastoral leaders have some of the following traits in common. They have the vision to achieve large-scale ideas they dream of accomplishing and the personal power to enact them (Gibson et al., 2012). With this sense of responsibility comes power. When defining pastoral leadership, many questions arise, such as: What makes a good pastor? What characteristics guide their actions and approach? What tools best measure these characteristics? To answer these questions, researchers must know what elements and features to look for and measure. Unfortunately, some pastors equate effectiveness

with being a good preacher, the size of their congregation, the church's financial intake, and their political status. Some spiritual leaders find it challenging to manage day-to-day leadership responsibilities and maintain a work-life balance. Pastors may encounter these challenges, striving to maintain harmony and retention among church members.

Trusting relationships between followers and leaders can only be sustained with concern by the leader for others and a willingness to work with people rather than dictate them (Thomas & Rowland, 2014). The American Association for Pastoral Counselors recommends that pastors be honest and prudent with themselves and their ministry. "If you have not been trustworthy in handling worldly wealth, who will trust you with true riches?" (Luke 16:11, NIV).

Social connection, cultivating relationships, and acting as a necessity for survival of people, families, and communities are imperative for social and ethical consciousness. The personal self grows, leading to the development of a professional self, which affects service delivery. Consultation, supervision, training, and ongoing education should be the foundation for these development tools. These skills could increase the pastoral counselors' morals and ethics, as they focus on society rather than their personal and individual goals, and this may achieve morality.

4.   Ethics

Nonexistent ethical systems can result in poor choices and unethical behavior. American Association of Pastoral Counselors (AAPC) incorporates a code of ethics as guidelines. This code of ethics is a set of guidelines developed to help people improve their decision-making and determine right from wrong when the line is unclear. Leaders have the responsibility of setting the tone for their institutions or organizations. Those around them, whether colleagues, family, or employees, look to these leaders when facing dilemmas and crises. Power dynamics among leaders and congregations can cause ethical problems within pastor-congregation relationships.

Miller-McLemore's book emphasizes the need for continuous communication between the helper and receiver in all forms of care, from parish-based ministry to chaplaincy and pastoral psychotherapy (Miller-McLemore, 2006). The AAPC's views of dual relationships among pastoral counselors instruct its members to preserve relationships with clients professionally. Sexual behavior toward clients and former clients is considered unethical. The pastoral counseling code of ethics recognizes the potential issues

surrounding dual roles, which are less clearly defined than other restrictions (American Association of Pastoral Counselors).

The literature review on counseling ethics indicates that decision-making allows for clear reflection on what is moral. Individuals' self-construal, their understanding of themselves in relation to others, can significantly shape ethical decision-making within group settings. This concept consistently anticipates variations in people's cognitive, emotional, and behavioral responses (Hoyt & Price, 2015). All professional counselors, including pastoral counselors, should recognize that a pragmatic attitude starts with the self, the person with goals, desires, hopes, and fears. In addition to training, education, and supervision, common sense should be incorporated into ethical practices with clients. Having a proper perspective of the world helps identify and accomplish one's goals. Personal ethics are core values defining self-perceptions, treatment of others, and evaluations of right and wrong. Demonstrating a personal code of ethics is tied to healthy self-esteem, a good work ethic, positive character, and integrity.

Ethical violations as grounds for membership expulsions made in counseling, psychology, and social work organizations (Phelan, 2007). They indicated that the rates of expulsions stayed steady or declined, were disproportional across organizations and that organizational sanctioning may be even more rigid than that of the state board. The most common cause for expulsion was dual relationships, specifically noting those with a sexual foundation (Phelan, 2007). Pastoral counselors can quickly become prey to a dual relationship with their clients since their congregants are also their clients. Consistently, professionals get into serious trouble when their boundaries need to be better defined (Corey et al., 2008). The results emphasized the need for continuous ethical training and support in this area.

Hebrews 13:17 urges us to obey and submit to our leaders since they protect us and are held accountable. There are many views regarding leadership, yet people follow authority figures for different reasons. Ethics and morality encourage followers to follow leaders' lifestyles, beliefs, and preaching. Engagement is fundamental; effective ministry requires people who know their unified meaning and value. When faced with ethical issues, pastors, psychologists, counselors and social workers must be proactive and self-aware to provide maximum care.

5. Leadership

As seen often in the media, having an executive-level position does not always equal to genuine leadership. Skill, vision, creativity, and integrity are some core principles that people like to see in their leaders. Some published literature indicates that core values developed in early life contribute to factors affecting leadership skills. Honesty, integrity, work ethic, creativity, and flexibility can help determine whether a person would be an effective leader. Nichols (2016) examined how experiences with leadership determine the value and effectiveness of leaders. The roles of dominance and cooperation as they have always been two of the most critical traits in leadership research (Nichols, 2016).

Strategic leadership approaches for non-profits would work in churches according to Grandy (Grandy, 2013). With multiple tasks allocated to church leaders, many congregations and denominations are administered like corporations. Pastors and other church leaders, like CEOs, implement their vision. Analysis of churches can reveal how leaders' and members' values affect leadership, culture, decision-making, and strategy in nonprofit and socially responsible companies (Stewart, 2008). Both pastors and hired employees participated. A focus group with nine Pastoral Council members was held because the council makes decisions by consensus. This study tested strategic leadership in a church environment and found that St. Joseph's parish leader employed it successfully.

It is imperative for executives with a creative inclination to possess a comprehensive understanding of the mission and values of the organization. Leadership theory illuminates the complexity of leadership effectiveness evaluation. Carter (2009) examined transformational leadership and pastoral efficacy using Biblical traits that many religious leaders can relate to (Carter, 2009). Gideon-style leaders are good decision-makers, pressure-handlers, and developers who help start new congregations. However, this notion has never been tested and remains the question of what makes a good pastoral leader.

The Multifactor Leadership Questionnaire (MLQ), NEO-Factor Inventory (FFI), and Spiritual Transcendence Scale (STS) were used to analyze 93 pastors' leadership styles, personality traits, and spirituality to identify predictors of pastoral leadership effectiveness (Carter, 2009). Pastors were recruited by reference, email, letter, fax, and phone. Leadership transformation is linked to pastoral efficacy. Many secular and nonsecular theories were used to study pastoral leader effectiveness. Nygren and Uheritis (1993) used the MLQ to find that effective church leaders are

transformative, have specific personality qualities, and display various behaviors. Spirituality and leadership style did not predict leadership success (Nygren & Uheritis, 1993). All five transformational leadership measures positively and significantly connected with the PLES, but only individual consideration predicted it. This study proved that both leadership styles function in certain situations. Results supported transformational pastors' effectiveness. Researchers should choose urban and suburban churches to examine how location and church type affect leadership type.

Many spiritual leaders recognized the importance of physical health, but differed on whether the church should encourage health (Webb et al., 2013). Those who believed their church cared for bodily and spiritual wellbeing cited their programs. Other faith leaders fiercely opposed non-spiritual things. The association between religion, spirituality, and well-being was inconsistent in this study, which is interesting. This suggests that faith-based leaders may not value health enough to encourage it in their church community, which could affect their health. Concerningly, faith leaders neglected to connect physical, spiritual, and mental wellness. This suggests certain churches need more training and knowledge.

Some school leaders formed peer support groups to address isolation and job-related stress, with reported satisfaction (Brown & Wallace, 2004). However, no prior exploration of the formation and experiences of these peer support groups exists (Howley & Pendarvis, 2002). Researchers have cited the need for a solution to the issues of loneliness, isolation, stress, and burnout experienced by school leaders (Drago-Severson, 2012; Hansen, 2011). Douglas (2014) discussed leadership with an emphasis on character, mentoring, the prioritization of family and friends for support (Douglas, 2014). Pastors talked about the dangers of the ministry if character is lacking, this should be documented in policies and practices to protect the church and the pastor's integrity.

6. Burnout

Pastors and leaders face job overwhelm and burnout due to rising career demands. Yet, few research has studied how spirituality affects burnout and leaders' mental health. The average pastor works 50–60 hours per week, has few friends, and spends little time on spiritual formation (Francis et al., 2011). Stress and burnout raise blood pressure, cholesterol, and heart disease risk (Swenson & Shanafelt, 2017). Milstein

et al. (2020) examined occupational distress-related spiritual well-being and depression. This study found that Methodist pastors' religiosity protected them from depression (Milstein et al., 2020). These writers suggested that pastoring can broaden unresolved emotional concerns that healing methods can address. Pastors' personal and spiritual care habits may help explain how they handle ministry challenges and how they avoid burnout. Researchers say burnout is a major reason pastors quit.

Rainer (2014) identified 13 lessons from the experiences of pastors. Some of those are: inability to decline requests, handling critics poorly, dysfunctional church setting, lack of exercise, minimal daily Bible time, and family neglect (Rainer, 2014). The list went on to discuss rare days off and vacations, no sabbaticals, failure to learn continuous relational and leadership skills, argumentative, and insufficient pay. Most of the research highlights pastors are leaving their position due to burnout. There is a lack of literature correlating burnout to impaired decision-making that harms the pastor, church, family, and community.

Caring for oneself and fulfilling personal needs can be particularly challenging for pastors. Ultimately, these leaders can suffer from depletion and vulnerability over time. Pastors often lac clear personal boundaries due to their extended work hours. Smullens (2012) reported compassion fatigue and vicarious trauma from ongoing care for other's needs (Smullens, 2012). This article noted that the antidote to burnout is self-care. This supports the importance of leaders modeling self-care by being creative in an environment where self-development have unending fluidity.

Morkides (2009) discussed how counselors transition from burning brightly to simply burning out (Morkides, 2009). When addressing occupational stress and ethics, pastors and religious clergy should also be grouped with professionals since they deal with distressed victims daily. However, religious clergy is not as safeguarded by the regulations and policies often required in other helping occupations. When pastoral work becomes all-consuming, their capacity to give prominence to and distinguish between other roles, such as father, husband, wife, mother, or friend, is diminished (Pooler, 2011). Role identity theory can help explain how certain pastors form an identity that hinders their ability to recognize personal issues and seek assistance.

Self-categorization also happens when pastors identify themselves within groups and make distinctions between themselves and those in out-groups (congregants/nonministers). Dunbar et al. (2020) explored

this burnout and found that pastors feel that being called to serve God can result in experiences in work and family imbalances, inter-role conflict, and adverse physical/psychological effects (Dunbar et al., 2020). As the roles of clergy have increased, research on self-care and burnout has become more available.

Pastors and other clergy are considered frontline "professional" caretakes because they are involved in life transitions including marriage, sickness, and death (Abernethy et al., 2016). The pressures on pastors are intense; 50% have considered leaving the ministry, and 70% have lost self-esteem since entering ministry (Beebe, 2007). Many clergy members try to hide their sentiments and provide a good image because they believe in their calling and can handle stress (Charlton et al., 2009). Many clergy say their congregants have high expectations but low appreciation (Francis et al., 2011). Increased religious community awareness and assistance should be explored to reduce fatigue.

7.   Alternative Methods for Managing Burnout

Some spiritual leaders say praying, fasting, and journaling help them through stress. More pastoral counselors interviewed on stress and burnout management employed holistic methods like meditation or prayer, which improve health (Andrade & Radhakrishnan, 2009). Spiritual prayer or meditation lowers blood pressure, melatonin, serotonin, reactive oxygen, stress, and mood (Andrade & Radhakrishnan, 2009). To improve one's relationship with God, fasting involves suppressing natural urges. Purifying the spirit, body, and mind permits one to lean on God in times of need, which brings rewards (Matthew 6:16–18). Pastoral counselors or clergy reading this could assume prayer is enough to survive spiritually and professionally. Pastors in distress can pray to God or use supervision/consultation to manage burnout. Holistic care emphasizes balance for good health. Shirey (2001) found that the pastors' order of preference for the six support systems was family, denominational, personal, congregational, interdenominational, and community (Shirey, 2001). Thus, if pastoral leadership understands this significance, these key factors could promote their personal and professional survival.

Church leaders may feel lonely as leaders. Staley et al. (2013) to explored rural isolation, pastors were shown ways to avoid loneliness and isolation. Priests' impediments to helpful relationships were examined by researchers . They found that natural supportive ties and connections with people who share interests may help clergy (Staley et al., 2013). Training, supervision, and consultation were not mentioned. Natural support systems may be more accessible than formal ones, making them as key as professional help. This information about hanging out with like-minded people could be considered peer consultation.

Pickens (2015) aimed to identify the skills needed by today's pastors to lead churches. The skills that this researcher examined were self-care, devotion, hobbies, mentors, and finally, a balance between work and family (Pickens, 2015). Natural support such as family, friends, and community members are helpful when venting and processing in crisis. The support systems discussed are strategies that could be used independently and with supervision or consultation. Having a supervisor or consultant is like having an accountability partner. These supervisors should have the training and expertise to recognize when the pastoral counselor or clergy member may be operating outside their professional standards. A friend may be able to offer support, but professional support should have the skills to offer redirection to keep that professional counselor focused and humbled.

8.   Consultation and Supervision

The importance of supervision as a source of support for professionals working with people experiencing difficulties has been stressed in the literature (Iosim et al., 2021). For the survival of human service professionals, the field needs to have access to an abundance of research on signs and symptoms of burnout, interventions, and unfavorable outcomes when not addressed. The absence of literature suggests a need for stricter guidelines on continuous supervision and consultation to prevent ethical violations that harm those under treatment. Professional training emphasizes the importance of establishing a balanced power dynamic in therapeutic relationships for harmony. Spirituality can significantly affect leadership abilities, with skills like vision and values being more effective than fear, power, and control in influencing others (Samul, 2019). It is crucial to recognize that authority and power concepts inherently influence client-professional interactions.

Pohly (2003) explored the theory and supervision in various fields, including the church, highlighting ten essential supervision characteristics applicable across professions (Pohly, 2003). A fundamental discovery was the importance of supervision regarding how one is deemed

ready to become and remain a fully qualified practitioner. Supervision is often viewed negatively in the church but should be seen as a helpful aspect of carrying out responsibilities (Pohly, 2003). Some facts surrounding this are: pastors tend to avoid supervisory relationships, pastoral relations committees are inclined to shun the supervisory task, congregations differ in their supervisory relationship with the denominations, and judicatory persons are more than occasionally frustrated in their attempts to fulfill their supervisory responsibilities with those committed to their charge. Some of these factors may be inherent or acquired. Regardless, this hinders the supervisory process by blocking it entirely, causing it to be done unsystematically.

Pohly (2003) characterized supervision based on experiences as a supervisee and supervisor, emphasizing its pastoral, covenantal, reflective, and intentional nature. They also mentioned some key issues inherent in supervision practices: accountability, ownership, trust, evaluation, identity, and training (Pohly, 2003). It plays a crucial role in ministry preparation, accountability, and support, helping local congregations find their identity (Pohly, 2003). This overview of the purpose and function of supervision in ministry can greatly aid when creating a supervision program for ministry leaders.

Positive supervisory experience and environment can mitigate challenges in the supervisory relationship (Borders & Brown, 2005). While supervision can create power imbalance, mutual respect and trust enable goal-setting and positive impacts on client services. For example, if the supervisor and supervisee have different clinical styles and ideals for interventions, they can agree to disagree. Flexibility in expressing different clinical style and ideals is empowering. Strained relationships can lead to tension and resistance to suggestions.

Effective supervisors include incorporation of ethical guidelines into supervisory sessions, guiding of clinical interventions, treatment planning, and promoting ongoing while considering cultural factors. Unfortunately, some supervisors leave professionals to navigate their journey independently, which can hinder familiarity with ethical codes.

The American Psychological Association reported in a survey that of the accredited doctoral programs, only 17% address spirituality. In searching for faith-based or spiritual supervision in the area, it is only offered by spiritual leaders, not licensed professionals. Although the pastor or spiritual counselor may be certified through the AAPC or Pastoral Counseling, they may not know about the Social Work and Counseling Professional Codes of Ethics. Even credentialed therapists need much support surrounding and maintaining clear boundaries while upholding the professional code of ethics. This indicates a need to enhance the availability of religious supervision and a need for more research on its impacts and effectiveness.

The ethical and trustworthy counselors may receive their level of supervision or consultation to ensure that they are self-aware to only practice within their competence level. Supervisors are bound to the same professional ethics as counselors; when clients need assistance beyond their scope of competence, they should seek help or refer the supervisee to someone more appropriate. Spiritual and religious competence is equally essential in clinical work as racial and ethnic competence due to the expectations of competency in attitudes, knowledge, and skills (Shafranske, 2016).

The top three methods of supervision are direct supervision, verbal report, and progress notes review and the four models of supervision: traditional, co-therapy, direct observation (two-way mirrors, video tapes, audio tapes), and direct supervision (DeRoma et al., 2007). Results indicated that supervisors rated co-therapy to have the most substantial advantages, followed by live supervision, videotaping, audiotaping, and self-report. Professional knowledge and supervision should include integrating ethics into daily practice, having solid diagnostic skills, using diverse supervisory approaches, and staying current on evidence-based research. A supervisor's first duty is to inform the supervisee about counseling standards C.1, which state that professionals must know and follow certain ethics and regulations. Next, the supervisor must examine ACA code F.3.d on prohibiting advising personal and professional relationships with friends, family, and partners. In remote areas where one counselor or priest handles everyone, dual relationships may be inescapable. Despite good intentions, the supervisor must direct the supervisee to refer to someone else to protect the client's best interests. Since clients choose to bring their burdens to professional counselors, they must meet, engage, analyze, and treat them.

Counselors carry their own and their clients' baggage. These variables emphasize the necessity for extensive, consistent, and high-quality counselor supervision. Supervisory experiences should be supportive, informative, constructive, and developmental. Pastoral supervision's soul recovery begins with genuine supervisors who have found their frightened purpose and can relieve their supervisees to achieve the same, states Pohly (Pohly, 2003). Professional codes set minimum practice requirements. Professionals

believe only following guidelines is necessary. However, these criteria were minimally required to protect clients and the community. Supervision will help professionals give the best service and care. An agreement that precisely describes the supervisory process is crucial for professional advancement. Effective supervisors set goals based on counselor needs and learning priorities (Bernard & Goodyear, 2009).

The American Counseling Association (ACA) dictates that counselors are responsible for monitoring signs of their professional impairment that result from personal problems (American Counseling Association, 2014). The ACA Code of Ethics (2014) reminds counselors that engaging in self-care activities will increase best practices for clients (American Association of Pastoral Counselors). Furthermore, the ACA (2010) supports counselors via its website (www.counseling.org) by providing resources to increase self-awareness and wellness (American Counseling Association, 2014).

The National Association of Social Workers (NASW) recommended that social workers understand the board's position on professional impairment (National Association of Social, 2008). The NASW's ethical standards states that social workers must not permit personal issues, psychological distress, legal troubles, substance abuse, or mental health challenges to hinder their professional judgement or performance, and if such issues do interfere, they should promptly seek consultation and take necessary corrective actions to safeguard the well-being of their clients and others (National Association of Social, 2008).

Nydam (2012) began writing how he became a licensed social worker . After retiring from full-time ordained ministry, he noticed a difference between pastoring and social work with the role of supervision. To become a licensed social worker, he acquired 4,000 hours of social work practice under weekly professional supervision by another fully licensed social worker. During supervision, the supervisor's license is the one under which the supervisee operates, making the supervisor liable for any malpractice committed by the supervisee. Professional supervision consists of a candid review and empowering both the social worker's practice and personhood to practice ethically and therapeutically and ensuring no harm comes to clients (Nydam, 2012). Nydam (2012) reported that pastors need similar supervision, stressing the similarities between practice professionals and pastors' responsibility in influencing and aiding relationships (Nydam, 2012).

Due to variety and number of relationships pastors navigate, these interactions might cause emotional exhaustion from absorbing others' needs. Exhaustion can cause social avoidance, passive-aggressive wrath, poor empathy, and ministerial superficiality. These issues might destabilize a ministry. Counselors must sometimes oversee parallel relationships, status quo change, and various conflicting professional hats. Personal obligations, excessive pastoral demands, church politics, and spiritual impediment need management (Nydam, 2012). They recommend pastoral clinical monitoring in the first five years of ordained ministry as a solution and prophylactic.

Nydam (2012) insisted that pastoral-clinical supervision should be mandated by the official CRC Church Policy and that the professional supervision of local pastors should move to the local church level. Here, each local church council contract with a "pastoral-clinical supervisor" person to give professional supervision. The pastor-supervisor and elders' relationship need reevaluation within the constraints of the existing church order, which primarily assigns guidance authority to elders and denominational assemblies (Nydam, 2012).

Different from supervision, consultation is defined as a collegial relationship between professionals designed to offer specialized guidance and direction (Cacrep, 2017). Consultation is a process that involves a consultant, a consultee, and a client system. There are no hierarchical roles in the consultation process, nor does the consultant have a supervisory responsibility to the consultee. Seeking consultation is expected in helping professionals (Dougherty, 2014). Section C.2.e. of the Code of Ethics specifically advises that counselors consult with one another regarding ethical obligations. Section C.2.g. implies that counselors assist professional colleagues in recognizing impairment. The role of a consultant is to assist the consultee with specific work-related problems, such as handling a complex case or addressing a challenge in a mental health program (Dougherty, 2014). In consultation, the practice is short-term and is equivalent to a colleague's discussion of cases or work. Documenting also helps keep a formal record of what has been done and identifies areas where work is needed.

The mission of the Christian Association for Psychological Studies is to promote networking, fellowship, and peer assistance as a source of support (Salwen et al., 2017). To provide uniformity in clinical supervision, training, and assistance, solutions to these complicated difficulties have been put forth. This is an opportunity to

maximize community efforts within religious organizations. Increased knowledge also results in the discovery and application of the appropriate preventative measure by pastors everywhere. Applying proven strategies from effective businesses and organizations will likely improve leadership styles and overall health of congregations and communities. Peer coaching partnerships discovered ways to incorporate constructive dialogue about curriculum practices into their daily routines (Jewett & MacPhee, 2012). Voluntary peer coaching partnerships lasted beyond proposed timelines, enabling teachers to develop history and professional trust with their peers. In effect, the partnerships became self-initiated after the required coaching timelines expired. This self-initiation demonstrated the value participants placed on peer support relationships.

9. Conclusion

The U.S Bureau of Labor Statistics (2024) projected that between 2022 and 2032, employment in the fields of community and social service occupations would increase. This could be interpreted to understand that this will increase the need for professionals in this field, indicating the need for their support and safeguards in place (Riley, 2024). Those currently in the field need to increase advocacy for continuous supervision and support (Iosim et al., 2021) to prevent burnout.

Professional codes of ethics mandate the utmost regard for quality care in helping professions such as counseling. Self-respect, dignity, integrity, and compassion for humankind are the foundation of a pastor's work ethic. While commitment, trustworthiness, caring, and genuineness are peripheral values, these are not as deeply embedded as core values. Counselors should align both value systems when strategizing to treat the client population. Pastors, psychologists, social workers, and counselors practice from an honor system incorporated into a commitment to provide the best care possible. State regulatory boards are in place to ensure clients are not harmed while also to protect counselors from exhaustion and being overburdened by clients. While funds and resources are diverted from human services, some people's only viable option is to return to spiritual foundations to manage their unmet basic needs. Faith-based or church services do not have the same constraints as publicly funded service providers. The positive perspective is that alternative services are available.

Many churches function as families, organizations, and communities. The pastor assumes multiple roles as a parent, mediator, advocate, counselor, spiritual advisor, teacher, CEO, financial advisor, and law enforcer. It's said that clergy get emotionally and practically overwhelmed by their tasks and demands. When church leaders neglect self-care, they may feel invincible. However, pastors' physical health and professional effectiveness can suffer from stress (Carter, 2012). Pastors had higher stress, depression, and blood pressure than the general population (Carter, 2012).

To promote clergy wellness, Lindholm et al. (2014) acknowledged the reality of the diagnosis of diabetes, hypertension, heart disease, high cholesterol, and obesity, clearly demonstrating neglect and a lack of insight in self-care (Lindholm et al., 2014). Treating and experiencing mental health issues can harm a person's ability to perform daily tasks, and it is equally difficult to quantify and address (National Institute of Environmental Health Sciences). The availability of self-care information should encourage professionals to incorporate preventative measures in counseling disciplinaries.

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