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BURNOUT IN MARRIAGE AND FAMILY THERAPISTS

by

Cory A. Eddington

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development

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ABSTRACT

Burnout in Marriage and Family Therapists

by

Cory Eddington, Master of Science

Utah State University, 2006

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Department: Family, Consumer, and Human Development

Among the profession of marriage and family therapy, the goal is to help those individuals, couples, and families that are struggling in life. While working with these clients there is the possibility that the therapists may become stressed themselves and experience burnout. The following is a descriptive study of 30 marriage and family therapists (MFTs) in the state of Utah. The demographic variables of clinical experience, sex, caseload, setting of practice, education level, and marital status were studied as to their relation to the experience of burnout. Statistically significant findings demonstrated that the variables of sex and caseload were the only two variables that showed a relationship to burnout.

Also studied was how prevention techniques such as diet, exercise, time-off, peer consultation, supervision and personal therapy lessened the effects of burnout. Although interesting trends were indicated, only diet was found to be statistically significant. The participants of this study also gave detailed suggestions as to how they work to prevent

burnout in their own careers as well as advice to help beginning therapists to also lessen the effects of burnout.

(81 pages)

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Cory A. Eddington

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CHAPTER I

INTRODUCTION

In the field of psychotherapy, professionals spend the majority of their time delving into the problems and struggles of peoples' lives. These professionals often do not see the fruits of their labors, as therapy can often be ambiguous and frustrating. For those professionals who work continuously with people under such circumstances the chronic stress can be emotionally draining and increases the risk that burnout will occur (Maslach & Jackson, 1981).

The most accepted description of burnout comes from the work of Christina Maslach (1982) and her three dimensional model consisting of Emotional Exhaustion, Depersonalization and Personal Accomplishment. Emotional exhaustion is described as being caused by excessive psychological and emotional demands that are being made on helping professionals (Jackson, Schwab, & Schuler, 1986).

Depersonalization refers to the treating of people like objects, developing negative cynical attitudes and feelings about one's clients that affect the professionals' ability to empathize or show concern for clients (Lee & Ashforth, 1990; Maslach & Jackson, 1981). The last dimension of burnout is personal accomplishment. Reduced personal accomplishment is the tendency to negatively evaluate one's own work (Jackson et al., 1986; Richardsen & Martinussen, 2004).

Effects of burnout on the professional can include depression, anxiety, low self-esteem, irritability, fatigue, weakness, substance use, poor physical health and relationship difficulties (Freudenberger, 1974; Grosch & Olsen, 2000; Maslach, 1978, 2001; Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001; Piedmont, 1993;

Taskaya-Yilmaz et al., 2004; Toppinen-Tanner, Ojajarvi, Vaananen, Kalimo, & Jappinen, 2005; Wetchler & Piercy, 1986). Similarly, as professionals experience the above symptoms they become less motivated, physically ill, and unsatisfied with their current job situations (Jackson et al., 1986; Skorupa & Agresti, 1993). Skorupa and Agresti also suggest that psychologists experiencing burnout begin to be apathetic and treat clients with a loss of empathy and respect that can be very important for a client's progress in therapy.

As researchers have sought to better understand the phenomenon of burnout they have found some relationships between the experience of burnout and certain demographic variables. The variables of age, sex, caseload, work setting, education level, and marital status are all related to burnout (Ackerley, Burnell, Holder, & Kurdek, 1988; Huberty & Huebner, 1988; Maslach et al., 2001; Rogers & Dodson, 1988; Taskaya-Yilmaz et al., 2004; Van Der Ploeg, van Leeuwen, & Kwee, 1990; Vredenburgh, Carlozzi, & Stein, 1999). These relationships will be clarified in the literature review.

Research has also suggested strategies to prevent the experience of burnout. These suggestions include physical exercise, taking regular vacations, setting boundaries around work and private lives, proper diet and even psychotherapy (Daley, 1979; Freudenberger, 1974; Maslach, 1976; Raquepaw & Miller, 1989) and will also be further clarified in the literature review.

Purpose of the Study

Among the above-mentioned research, burnout has been described with its detrimental effects both on the client and therapist through their systemic interactions. Burnout has been commonly understood through the three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. Burnout has been shown to have detrimental effects on both the client and the therapist. Research has shown that demographic variables effect burnout, as well as suggest possible prevention techniques.

To better understand the phenomenon of burnout, as it relates to the therapist, this study will work to better understand the relationship burnout has to demographic variables such as described above. More specifically, this study will focus on Marriage and Family Therapists, as little research on burnout has been conducted in this profession. Additionally, this study will address what marriage and family therapists do to prevent burnout.

Research Questions

Do demographic variables such as clinical experience, sex, caseload, setting of practice, education level, and marital status effect the experience of burnout among marriage and family therapists?

Do prevention techniques such as exercise, diet, time off, personal therapy, supervision, and peer consultation lessen the effects of burnout among marriage and family therapists?

CHAPTER II

LITERATURE REVIEW

The concept of burnout among human service workers has developed over the course of the last 30 years, mostly through the work of two individuals, and through two phases of development. During this time these two authors have presented definitions of the phenomenon and have even gone a step further and created a way in which to measure burnout in these helping professionals. As research has progressed variables such as age, sex, caseload, setting of practice, amount of education, and marital status have been used to describe burnout among the different professions of nurses, police officers, teachers, and the different fields of therapists (psychologists, psychiatrists and social workers). This chapter will help to review the previous definitions and research in relation to helping professionals and burnout.

Burnout

In the human services field there are many areas of specialty from health care workers, such as nurses and doctors, teachers, police officers, and psychotherapists. All of these professions have one thing in common; they are employed in the helping of others, therefore, more prone to experiencing burnout as they spend their days dealing with the problems of others. These helping professionals work with people of many problems, whether physical or psychological, which can be very demanding (Freudenberger, 1974; Pines & Kafry, 1978). For example, therapists often work with

individuals and families dealing with past or current abuse, which can be very emotionally challenging, and exhausting for both the families and the therapist alike.

Burnout has been described and developed mostly through the work of two individuals, Herbert Freudenberger and Christina Maslach, and through two phases of development, the pioneering and empirical phases. The pioneering phase included goals to explore and articulate the burnout phenomenon. Freudenberger was a psychiatrist who observed and studied accounts of himself and others he worked with, and their experience of emotional depletion and loss of motivation that developed through their work in health care agencies. Freudenberger (1974) labeled these experiences with the term burnout, which was previously used as a term to describe the effects of chronic drug abuse. He specifically defines burnout as "to fail, wear out or become exhausted by making excessive demands on energy, strength or resources" (p. 159).

Christina Maslach, a social psychologist studying the effects of emotions in the workplace, has further developed the concept of burnout. She describes burnout as a prolonged response to chronic emotional and interpersonal stressors on the job, and divided burnout into three dimensions emotional exhaustion, cynicism, and inefficacy (Maslach, 1976). These three dimensions became evident as Maslach interviewed a wide range of human service workers about the emotional stress of their jobs and began to see how burnout affected people's professional identity and behavior.

The second phase, or empirical phase, of burnout development was more focused on quantitative measures of research. The Maslach Burnout Inventory (MBI) was created to measure the three dimensions of emotional exhaustion, cynicism, and inefficacy, and was used to survey larger populations. This phase helped develop greater generalizability

to more human services occupations as the sample sizes increased and the methodology became more sophisticated (Maslach & Jackson, 1981).

Most researchers (Enzmann, Schaufeli, Janssen, & Rozeman 1998; Jackson et al., 1986; Maslach, 2001; Maslach & Jackson, 1981; Richardsen & Martinussen 2004; Schutte, Toppinen, Kalimo, & Schaufeli, 2000; Skorupa & Agresti, 1993) since have most used these three dimensions of emotional exhaustion, depersonalization (cynicism), and personal accomplishment as a way to define and study the burnout phenomenon. These same authors have continued to work to define and explain these three dimensions. Emotional exhaustion is described as being caused by excessive psychological and emotional demands that are being made on helping professionals (Jackson et al.). An individual might begin to feel emotionally drained, or overextended, as a result of his or her contact with other people (Maslach & Jackson, 1981).

The second dimension is depersonalization or the tendency to think of individuals as objects rather than people, creating an impersonal attitude and feeling towards others. This creates a level of detachment from those individuals they are attempting to help (Jackson et al., 1986; Maslach, 2001; Maslach & Jackson, 1981; Richardsen & Martinussen 2004; Schutte et al., 2000).

The final dimension is low self-efficacy or feelings of low personal accomplishment, which occurs when professionals repeatedly fail to produce desired positive results (Jackson et al., 1986). Personal accomplishment encompasses an individuals feeling of competence in their jobs, and can lead to a negative schema of evaluating oneself in relation to his or her work as well as with other people (Maslach & Jackson, 1981; Schutte et al., 2000). For example, Skorupa and Agresti (1993) suggested

that psychologists experiencing burnout begin to be apathetic and treat clients with a loss of empathy and respect that can be very important for a client's progress in therapy.

These three components of burnout combine to cause potentially serious problems. These problems can include depression, anxiety, low self-esteem, irritability, fatigue, weakness, substance use, poor physical health and relationship difficulties (Emerson & Markos, 1996; Justice, Gold, & Klein, 1981; Maslach & Jackson, 1981; Taskaya-Yilmaz et al., 2004). These symptoms have a positive relationship to the emotional exhaustion, and depersonalization dimensions. This means that as emotional exhaustion and depersonalization increase symptoms such as depression will increase in the therapist. In contrast, there is a negative relationship with the personal accomplishment dimension (Freudenberger, 1974; Grosch & Olsen, 2000; Maslach, 1978, 2001; Maslach & Jackson; Maslach et al., 2001; Piedmont, 1993; Taskaya-Yilmaz et al.; Toppinen-Tanner et al., 2005; Wetchler & Piercy, 1986). Thus as a therapist feels more competent and sees more success with their clients the symptoms such as anxiety will decrease.

Similarly, as professionals experience the above symptoms they become less motivated, physically ill, and unsatisfied with their current job situations (Jackson et al., 1986; Skorupa & Agresti, 1993). Research shows that consequences of burnout to the work environment include absenteeism, job turnover, low-productivity and low morale among the different helping professions (Angerer, 2003; Freudenberger, 1974; Maslach, 1978; Maslach et al., 2001; Toppinen-Tanner et al., 2005).

In the client's experience with professionals experiencing burnout, LeBlanc, Bakker, Peeters, Van Heesch, and Schaufeli (2001) suggests that among oncology care

providers, burnout affects clients in that the providers begin to treat clients in cynical indifferent ways. Skorupa and Agresti (1993) previously suggested that when psychologists experience burnout they risk becoming apathetic and treat clients with a loss of empathy and respect that can be very important for a client's progress in therapy. Tallman and Bohart (1999) report that among the factors that help clients to change, empathy and respect from the therapist are reported by clients as high in importance in their improvement in therapy. When empathy and respect for clients are diminished by burnout the therapist may not be able to give the help the client needs. Burnout has been defined as a three dimensional experience of emotional exhaustion, depersonalization and inefficacy that can have major consequences on the professional, his/her work environment, and the clients that need their help. Among these therapists are common demographic variables that have been studied as to their relationship to the experience of burnout.

Clinical Experience

According to Maslach et al. (2001), age is the variable "most consistently related to burnout" (p. 409). Results of the following studies indicate a negative correlation between age and burnout.

Maslach et al. (2001) reported that burnout was higher for younger employees in the human services. Those employees include many professions such as police officers, counselors, teachers, social workers, psychiatrists, psychologists, attorneys, physicians, and agency administrators. These authors speculate that the relationship between age of worker and burnout is confounded by work experience, meaning that those who burn out

early in their careers are likely to quit their jobs, and therefore appears to be a more prevalent risk factor earlier in one's career. The author's further state that the interpretations of this confound of work experience has not been thoroughly studied.

Generally, Taskaya-Yilmaz et al. (2004) found that age was negatively correlated to burnout in a comparative study of 78 staff and students in two dental schools in Turkey using the MBI. They suggest that people with longer careers present with lower levels of depersonalization, or cynicism, and thus lower levels of overall burnout. The authors hypothesize that the lower levels of burnout in older students and staff may indicate more developed methods of dealing with career related problems than that of their younger counterparts. The authors drew this conclusion from the assumption that those who experienced symptoms of burnout later in their career were more prepared to cope with them, than those who experienced burnout earlier.

Similarly, among school psychologists, Huberty and Huebner (1988) also found a negative correlation between age and burnout in their survey of a national sample of 234 school psychologists using the MBI. Rogers and Dodson (1988) similarly reported a negative correlation between age and burnout using the MBI among 99 occupational therapists. Though reporting similar results, no explanation was given.

Van Der Ploeg et al. (1990) reported a negative relationship between age and burnout. They reported that "the older the respondents, the fewer the symptoms of burnout" among 98 Dutch psychologists using a Dutch translation of the MBI (p. 109). Similar results have been found in the United States suggesting a negative relationship between age and burnout among psychologists (Ackerley et al., 1988; Vredenburg et al., 1999). These authors hypothesized that factors for this inverse relationship included

differences in personal characteristics such as work habits and expectations that may be different for those who are older and report lower levels of burnout, but they did not refer to any evidence for their speculation.

The literature on age and burnout demonstrates a negative correlation trend, indicating that the older the therapist the lower the level of burnout. Sample sizes were fairly large among articles, and almost all of the articles used the MBI, which strengthens the position of generalizability. Additionally, this research was conducted among many different professions, from agency administrators to police officers, and in different countries, such as Turkey and the Netherlands.

Difficulties appear in the different conceptualizations of age. Some assessed for biological age while others studied a professional's length of career or experience. Those using biological age (Ackerley et al., 1988; Huberty & Huebner, 1988; Rogers & Dodson, 1988; Taskaya-Yilmaz et al., 2004; Van Der Ploeg et al., 1990; Vredenburg et al., 1999) may be finding results indicative of length of career or experience, yet are relating those findings to the biological age. There may be a high correlation between age and experience, and yet they are different and more clarification is needed to understand how this variable relates to burnout. The present research will focus in on marriage and family therapists (MFT's) in the United States, a field that has rarely been investigated, and study the relationship of those therapists' clinical experience to levels of burnout.

The research that has been conducted on sex and its effect on burnout has been mixed, possibly because of unequal sample proportions or other methodological problems. There have been studies that have found no difference between men and women on burnout as well as those researchers that have found that men and women are different when burnout is concerned. The similarities and differences will be further discussed in this portion of the review.

Taskaya-Yilmaz et al. (2004) in their study of 78 dental school staff and students concluded that there was no difference on work related strain between men and women when given the MBI, although they did not specify how many men versus women they sampled. Maslach et al. (2001) describe how some studies find women to score higher on burnout, and yet some other studies show little to no difference between men and women. They conclude that sex research may be confounded by occupation, for example, police officers are most likely to be men, and women are more likely to be nurses. By comparing these many different occupations together, control for extraneous variables would be difficult as the representation of men and women is unequal and uncontrolled.

Other studies have found a difference between men and women. Among 3,313 Finnish physicians (1,677 = women, 1,634 = men) men were found to score higher on cynicism and women were found to score higher on emotional exhaustion using the MBI (Toyry et al., 2004). Male-Female proportions in this study were almost equal. A similar result was found with a general survey of human service employees, psychologists, as

well as police officers and support personnel with comparable samples of men and women (Gaines & Jermier, 1983; Maslach, 2003; Maslach & Jackson, 1981; Van Der Ploeg et al., 1990).

In a 1999 study of 521 clinical psychologists (335 = women, 186 = men), Vredenburg et al. found that men reported a higher level of depersonalization of clients than did females on the MBI. Vredenburg et al. continue to state that this is consistent with other findings, and yet still inconsistent with other studies, which may be due to a systematic bias in sampling (i.e., more females) and may highlight differences that may or may not exist (Gall, Gall, & Borg, 2003). Vredenburg et al. concluded that because of mixed findings the relationship between sex and burnout “remains unclear” (p. 300).

The above research suggests that the relationship between sex and burnout remains unclear for the most part. The mixed findings make it very difficult to draw conclusions as to how sex and burnout are related. Possible reasons for this inconsistency between studies possibly stems from unequal proportions of men and women participants (Gall et al., 2003). Many of the studies have almost twice as many females as males and the results revolve around many different professions, and even geographic countries. The unequal proportions and differences among participants create many possibilities for doubt or confusion as to how age really relates to the experience of burnout because of the lack of control for extraneous variables. The present study will attempt to add to the knowledge base of how men and women report burnout, focusing on the one profession of marriage and family therapy, and working to maintain equal sample proportions of men and women.

Caseload

Therapists and human service workers have chosen careers in which they are to work directly with people who most likely have problems. As such, these professionals have caseloads or levels of contact with their clients. Maslach et al. (2001) stated that emotional demands (high number of clients, client negative feedback, and scarcity of resources) lead to depletions of an individuals' energy, even to extent that recovery may be impossible (p. 414). The following research also suggests that caseload is positively correlated with burnout.

Barad in Maslach and Jackson (1981) measured 845 public contact workers in the Social Security Administration. They found that when caseload sizes were large (40 or more people served per day) they reported higher scores on the emotional exhaustion and depersonalization scales of the MBI indicating higher levels of burnout.

Another conceptualization of caseload was proposed by Savicki and Cooley (1987) who studied 94 mental health workers across 10 different agencies using the MBI and found that high contact workers (> 50% time spent in direct contact) showed higher levels of depersonalization, therefore greater levels of burnout, than did low contact workers (< 50% of time spent in direct contact). Contact is defined as amount of time in direct contact with clients. Mental health worker is a broad term that includes job titles such as child-youth worker, mental health specialist, administrator, family worker, psychologist, and nurse. Mental health workers, therefore, work with individuals in relation to mental illness rather than those individuals studied by Barad in Maslach and

Jackson (1981), who may only work with individuals on a one time basis to begin government services.

Specifically within a sample of 225 psychologists, using the MBI, client load or client contact hours, was positively correlated ($p < .05$) with the depersonalization scale (Skorupa & Agresti, 1993). Even more specifically, 98 psychologists taking the MBI reported a positive relationship ($r^2 = .036$; $p < .05$) with caseload and emotional exhaustion (Van Der Ploeg et al., 1990), and personal accomplishment ($r^2 = .14$) (Vredenburg et al., 1999). The results of the above studies report low correlations and further research is needed to determine whether caseload really is related to burnout.

There are a few researchers who like Onyett, Pillinger, and Muijen (1997) found no significant relationship between burnout and caseload size in their study of 445 team members among 57 different community mental health teams. They also chose to only focus on one area of profession and their results may better be understood by reviewing Jackson and colleagues' (1986) argument that caseload size can easily be confounded by job type, and type of client contact, all of which Onyett et al., and most other authors did not control for. Jackson and colleagues suggested that future studies should better operationalize caseload into four dimensions, frequency of contact with client, duration of contact, total number of active clients, and percentage of total time spent with clients. They stated that, "improved measurement implies, in turn, improved conceptualization" (p. 638).

Caseload has been found to be positively related to symptoms of burnout among many professions of social service workers, using fairly large sample sizes and consistent measurement devices (MBI). The authors who did not find a relationship discuss

possible problems with the caseload data, asking for improved operational definitions of caseload. Another methodological concern is the composition of the study samples. The comparison of many different professions and client types decreases the control for extraneous variables and makes interpretation of research findings difficult.

Most research was conducted on general social service workers, which can contain a large diversity of education, training, and client contact experiences. The current study will investigate the relationship between frequency of contact with client, type of clients, duration of contact, total number of active clients, and percentage of total time spent with clients within the specific profession of marriage and family therapy and levels of burnout.

Setting of Practice

Most professionals working with people fall into either public or private practice settings, some even fitting within both categories. Savicki and Cooley (1987) described a relationship between work environment and burnout. In their survey of 94 mental health workers using the MBI and the work environment scale (WES) they found that the work environments associated with low levels of burnout are those in which workers are strongly committed to their work, co-worker relationships are encouraged and management relationships are supportive.

Alternatively, Savicki and Cooley (1987) reported that high burnout was related to high demand for adherence to work, and restriction of freedom or flexibility. Savicki and Cooley (1987) suggest that this relationship may be the result of locus of control, or if workers feel pressured or restricted they show higher levels of burnout, whereas those

that feel supported and in control report lower levels of burnout. As stated in previous sections, these authors surveyed many different professions ranging from police officers to administrators, potentially limiting their results, as their sample professions are so very different in nature it appears there is little control for confounding variables when studied together. An example includes the possible differences in type of burnout between a police officer and a government administrator. Thus, overall generalizations make it difficult to compare across groups.

There are some professionals who work both in multiple settings simultaneously. Proctor and Steadman (2003) found that among 32 school psychologists, those working in one school reported lower levels of burnout than those working in multiple schools. They further describe how those employed in one school scored higher on job satisfaction and perceived themselves more effective than those psychologists employed in multiple schools, although the authors did not give reasons for their findings.

In Proctor and Steadman's study, burnout was assessed using an inventory specifically designed for this study, rather than a standardized questionnaire like the MBI, where reliability and validity have been established. Individually developed measures have the potential of poor reliability and validity as establishing this type of credibility can be a laborious process and not likely to be conducted on a single research study (Kaplan & Saccuzo, 2001).

Justice et al. (1981) found that those working the government sector show slightly higher levels of burnout than did those in the private sector, using an unnamed 21 question burnout measure. Their study included a sample of 188 government and private sector employees (administration, $n = 23$; social work, $n = 107$; clerical positions, $n = 15$;

and other positions, $n = 43$) working in inpatient and outpatient substance abuse programs. Those employees in the government sector may have less opportunity for input into decisions and lower chances for achievement and recognition than those working in the private sector. Again it is important to note the diversity of employees surveyed, and how there may be confounding variables not controlled for when comparing the different job titles.

Raquepaw and Miller (1989) surveyed 68 psychologists using the MBI, and found that psychotherapists who worked in agency settings were more likely to experience burnout than those working in private practice. Similarly, Ackerley et al. (1988), Skorupa and Agresti (1993), and Dupree and Day (1995) described that psychotherapists in private practice reported higher levels of satisfaction and lower levels of burnout than those in public agencies. The authors propose several possible explanations. These differences might be an indication that those in private practice have more control over factors like being able to choose own clients, in terms of number and acuity of clients, develop own paperwork protocols, and controlling schedule requirements to help mediate the burnout experience.

Van Der Ploeg et al. (1990) took it a step further as they described 98 Dutch psychologists employed exclusively in mental health agencies reporting statistically significant higher scores on the emotional exhaustion scale of the MBI than those not employed in mental health agencies. The authors stated, "Regional mental health services may be characterized by an organization structure which possesses fatiguing affects on their employees" (p. 111). That means, that because of structural restrictions,

those employed in mental health agencies are more likely to experience burnout, and its previously stated consequences.

The above research indicates that work setting has a relationship with the experience of burnout. Settings where therapists have some degree of control are related to higher levels of commitment and lower levels of burnout. Employees working in multiple settings were found to have higher burnout levels. Those employed in public settings may have less control of factors such as paperwork, or caseload size leading to fatigue and burnout. Similarly, those in private practice settings appear more committed to their work as most times they have set up the agency, and have more control over some of the factors leading to burnout.

As these authors tried to understand and generalize the burnout phenomenon many did not control for job type, often studying many different professions at the same time, which may skew the relationship between burnout and setting of practice, because of possible differences in clientele or agency policy. The present study will exclusively study marriage and family therapists (MFTs) working in public agencies, private practice or both and their experience of burnout. The benefit of focusing on MFT's is that a homogenous sample will allow for a more in depth study of practice setting.

Education Level

Within the helping professionals there are different levels of education that can be attained, from high school diplomas to doctoral and post graduate work. Little has been done studying the relationship between education level and burnout, but the available evidence will be reviewed.

Among a sample of 333 nurses working in university and state hospitals, higher education levels, ranging from technical school licensure to doctoral degrees, was found to decrease the level of burnout an individual nurse might experience (Demir, Ulusoy, & Ulusoy, 2003). Support for the above study is found within a different profession. Among 123 academic and psychological counselors in a university setting, education was positively related to higher levels of personal accomplishment and lower levels of overall burnout (Cianfrini, 1997). The authors hypothesized that this finding occurs as those counselors who work to obtain a higher education level find greater satisfaction or personal accomplishment with their work than those of lower education level.

Maslach and Jackson (1981) described contradictory findings in their study of a general population of many health and service occupations (police officers, nurses, administrators, psychologists, psychiatrist and teachers). They state that more education was related to higher scores on emotional exhaustion. Those that had completed college or postgraduate work scored higher than those who had not completed college.

Maslach et al. (2001) further explained that education level may be confounded with other variables like occupation for example. They hypothesized that people with higher educations may have more responsibilities, or higher expectations for themselves that could lead to the higher scores on burnout, but they state that it is not clear as to how to interpret these findings. These contradictory findings may also be the result of the author's lack of control for occupation as they compare professions such as police officers to psychologists, which have dramatically different education requirements and job descriptions.

Among the research on education level, few authors report contradictory findings. Some described a negative correlation between education and burnout while others reported the opposite. The potential weakness of this research is the lack of control for occupations. The authors compare dramatically different occupations, which may have large differences in educational requirements. The present research will attempt to study only marriage and family therapists, which inherently restricts the education levels to be studied. Marriage and family therapists must have at least a Masters degree or higher.

Marital Status

One of the theorized factors leading to burnout is social support. Pines and Kafry (1978) studied a sample of 129 social service workers and asked participants about whether their support systems, or someone they could confer with about a problem, were helpful when having difficulty with a client. Social support as described here includes anyone from a friend, spouse or even a coworker. They discovered a negative correlation between social support and job tedium on a five-question inventory. Tedium was defined as "a general experience of physical, emotional and attitudinal exhaustion" (p. 499). Tedium, in this article, includes many sources of stress, one of which is regular difficulty with clients.

Keicolt-Glaser (2001), in her study on the physical benefits of marriage, reported that good marriages are helpful for couples when dealing with depression or physical ailments. Similarly, Simon (2002) reported that marriage is emotionally advantageous for both men and women. Both of these authors describe that healthy marriage can

improve the reaction to stress whether physical or psychological. Yet, it is not known how or even if marriage lowers the experience of burnout.

Maslach and Jackson (1981) reported that human service workers who are single report higher levels of burnout $F(3,819) = 11.36, p < .001$ than those who are married, particularly on the emotional exhaustion scale of the MBI, but do not make speculations as to why this finding occurred. Maslach (2003) and Maslach et al. (2001) also used the above data in their continued discussion on burnout. Most research appears to lump many human service professions together, comparing apples to oranges at times, or professions that should not be compared with one another. By comparing individuals among different professions and not controlling for those confounding variables it is difficult to understand whether the correlation is related to marital status or some other random factor. The relationship between marital status and burnout has not been extensively studied. The present study will help explore this relationship by attempting to account for possible confounding variables specifically focusing on one profession, Marriage and Family Therapists.

Prevention

Among the research on burnout among helping professions little research has been done to document ways in which therapists might be able to lessen the effects of burnout. There are many researchers who instead offer possible suggestions to burnout prevention. Most authors suggest activities for therapists such as physical exercise, taking regular vacations, setting boundaries around work and private lives, proper diet and even psychotherapy (Daley, 1979; Freudenberger, 1974; Maslach, 1976; Raquepaw

& Miller, 1989). While these are common suggestions there does not appear to be any empirical evidence.

Daley (1979) used logic to decide which prevention techniques may be useful in a given situation, rather than through specific research. Freudenberger's (1974) evidence for prevention techniques comes from "careful observation and evaluation" (p. 162), and Maslach (1976) follows the advice given by Freudenberger as she bases many of her studies from his writings. Raquepaw and Miller (1989) then followed suit by giving evidence to prevention techniques by citing both Freudenberger and Maslach's articles.

Other authors describe techniques that employers and agencies can do to prevent burnout. Osborn (2004) suggested that employers help to allow therapist more opportunities to make choices pertaining to their role in the agency, thus a greater sense of commitment and reward in their work. Similarly, Maslach and Leiter (1999) encouraged the facilitation of team spirit with whom you work. This sense of community allows for therapists to share ideas, praise and humor with one another as an outlet for burnout symptoms.

More suggestion for burnout prevention comes from Kushnir and Milbauer (1992) who initiated a training workshop for 20 caregivers in day-care settings, which was based in cognitive-behavioral approaches. Participants were given a short self-report questionnaire before, during, and six months after the workshop. Results indicated an improvement in symptoms of work stress. The authors described the process as helping participants to view work stressors as challenges, or in other words reframe their perceptions.

As stated before little research has been conducted pertaining to what types of prevention techniques are useful in preventing or lessening the experience of burnout, rather most authors just offer possible suggestions. This research study will investigate the effectiveness of hypothesized prevention techniques used in the experience of burnout among marriage and family therapists.

Summary

In summary, we see that burnout is most commonly described and measured using the three dimensions of Christina Maslach's burnout inventory, emotional exhaustion, depersonalization and personal accomplishment. Research has also shown that certain demographic variables (age, sex, caseload, setting of practice, education level, and marital status) have been used to further understand how professionals experience this burnout phenomenon.

Many of the research articles work to strengthen the use of the MBI, and to better understand the burnout phenomenon, although little has been studied in the realm of prevention usefulness, and the specific field of marriage and family therapists. The objective of this study is to further describe and evaluate the experience of burnout in terms of the above stated demographic variables as well as the role that prevention techniques play in lessening the potential consequences of burnout within the realm of marriage and family therapy.

CHAPTER III

METHODS

The proposed study examined the relationship between demographic and work related variables, and the degree of burnout within marriage and family therapists. This was accomplished through examination of a questionnaire administered to marriage and family therapists in northern Utah.

The description of methodology that comprises this chapter is organized accordingly. First, a description will be given of how the sample of marriage and family therapists was obtained. Second, the procedures for conducting the study including data collection and instruments used will be described. Finally, the proposed statistical analysis methods will be explained in connection with the research hypothesis.

Design

This study used a descriptive design. Gall et al. (2003) stated that a descriptive design is "viewed as understanding what people or things mean" (p. 290). This study will be aimed at understanding what the relationship between burnout and marriage and family therapists is, or the description of the phenomenon of burnout in marriage and family therapists.

A descriptive design will be useful to help understand how marriage and family therapists compare to the current research on burnout. By seeking to understand the relationships between variable such as caseload and burnout, we can further strengthen

the current research and better understand possible differences between marriage and family therapists and other professional fields.

Participants

Subjects for this study were thirty marriage and family therapists in the state of Utah. Thirty were selected because it is a large enough sample for analysis of trends, and still small enough to elicit detail. Selection criteria included at least a Masters degree in MFT, and current state licensure.

Participants were recruited through the use of the AAMFT website to get contact information, and then therapists were contacted by email and a personal invitation was given (see Appendix B). From those contacted by email, 42 therapists were interested, but only 71% (30) actually returned the survey. The majority of therapists were married, and all of the therapists have at least a master's degree (see Table 1).

Table 1

Demographic Variables of Marriage and Family Therapists

| | <u>Male</u> | | <u>Female</u> | |
|----------------|-------------|-----|---------------|-----|
| | N | % | N | % |
| Marital status | | | | |
| Married | 19 | 63% | 8 | 27% |
| Divorced | 0 | 0% | 3 | 10% |
| Education | | | | |
| Ph.D. | 3 | 10% | 4 | 18% |
| MSW | 1 | 3% | | |
| Ed.M | 2 | 7% | | |
| MS | 11 | 37% | 5 | 17% |
| MA | 2 | 7% | 2 | 7% |

Table 2

Caseload Demographics of Marriage and Family Therapists

| | Male | | Female | |
|-----------------------|-------|-------|--------|--------|
| | M | SD | M | SD |
| Years licensed | 8.39 | 6.96 | 9.64 | 7.53 |
| Clients seen per week | 18.53 | 11.54 | 21.91 | 6.30 |
| Session length | 50.53 | 13.22 | 57.73 | 11.48 |
| Total active clients | 37.28 | 31.87 | 82.80 | 125.02 |
| Client time per day | 5.89 | 2.77 | 6.91 | 1.70 |
| Paperwork per day | 2.67 | 1.80 | 2.05 | 0.79 |

Participants were also asked about their caseload demographics. Of the 30 participants the majority were full time therapists. The number of clients that marriage and family therapists saw per week ranged from 0 to 40. Participants reported that the hours they spent with clients each day ranged from 0 to 13, and the hours they spent doing paperwork each day ranged from ½ to 6 (see Table 2). There was one respondent who reported not seeing any clients and was kept for the analysis because the therapist was a supervisor and that is why they did not have a caseload of clients. Yet, this supervisor would still be meeting with therapists in session and therefore appropriate still for the analysis.

Measurements

In the measurement of burnout this study used the Maslach Burnout Inventory Human Services Survey (MBI-HSS) designed by Christina Maslach, professor of psychology at the University of California, Berkeley. This questionnaire was developed to assess the three dimensions of the burnout syndrome, emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981). The MBI-

HSS consists of 22 questions answered on a six point likert scale. Responses range from 0 (never) to 7 (every day; see Appendix C).

Emotional exhaustion (nine items) can be defined as feelings of being emotionally overextended and drained as a result of a professionals work demands. It is measured through questions like, "I feel used up at the end of the day," "I feel like I am at the end of my rope," and "I feel emotionally drained from my work." Depersonalization (five items) is defined as feelings of detachment and impersonal response toward clients. It is assessed through questions such as, "I've become more callous toward people since I took this job," "I worry that this job is hardening me emotionally," and "I don't care what happens to some recipients."

Finally, personal accomplishment (eight items) evaluates feelings of competence and achievement in one's work. Questions for this scale include, "I feel very energetic," "I deal very effectively with problems of my recipients," and "I have accomplished many worthwhile things in this job."

Scores are calculated by summing the responses on each scale, and are generally reported in terms of low, moderate, and high levels of burnout. Higher scores on the emotional exhaustion and depersonalization scales indicate higher burnout, whereas, on the personal accomplishment scale lower scores indicate higher levels of burnout.

Test-retest reliability for the MBI-HSS has been reported as .82 for emotional exhaustion, .60 for depersonalization, and .80 for personal accomplishment. Calculations for internal consistency are appropriate for each subscale, emotional exhaustion ($\alpha = .90$), depersonalization ($\alpha = .79$), and personal accomplishment ($\alpha = .71$; Maslach, & Jackson, 1981; Richardson & Martinussen, 2004; Rosenberg & Pace, 2006; Schuafeli & van

Dierendonck, 1995). Factorial validity has demonstrated that the three scales of emotional exhaustion, depersonalization, and personal accomplishment are related, but separate dimensions of burnout (Lee & Ashforth, 1990; Richardson & Martinussen, 2004; Rosenberg & Pace, 2006; Schutte et al., 2000).

Upon completing the MBI-HSS participants then completed a brief demographic questionnaire (see Appendix D). They were asked to describe themselves in terms of age (years licensed), gender, caseload (sessions per week, session length, total number of active clients, and time spent seeing client vs. paperwork), setting of practice (private, public agency or both), education level, marital status and prevention strategies used (amount of exercise, regular vacation time, diet, personal therapy, supervision, and other).

Procedures

Those participating were mailed a survey that includes a copy of the MBI-HSS and the demographic questionnaire developed for this study. Upon completion of the survey, which took from 15 to 20 minutes, the participants returned their information through a self-addressed, postage paid envelope.

All questionnaires were coded and contained no identifying information. Also data collected was stored in a locked filing cabinet for security. After all data was analyzed the original questionnaires were destroyed to further protect the confidentiality of the participants. The procedures and design of this study were reviewed and approved through the Internal Review Board at Utah State University prior to collection of any data.

CHAPTER IV

RESULTS

Upon completion of the questionnaire we used various statistical methods to measure the relationship of demographic variables such as years of experience, sex, caseload, setting of practice, education, marital status, and prevention techniques to the data collected on the Maslach Burnout Inventory.

Chronbach's Alpha (Kaplan & Saccuzzo, 2001) was used to measure the reliability of the MBI-HSS as used in this study. Values for the coefficient alpha were $\alpha = .66$ for total burnout, $\alpha = .88$ for emotional exhaustion, $\alpha = .70$ for depersonalization, and $\alpha = .74$ for personal accomplishment.

Research Question #1

The first hypothesis is whether demographic variables such as years of experience, sex, caseload, setting of practice, education, and marital status, influence the experience of burnout in marriage and family therapists.

Clinical Experience

For the first variable, years of experience, Pearson correlations were run to compare the independent variable of years of experience to the dependent variable of burnout. The Pearson correlation is the most appropriate analytical procedure for this part of the first hypothesis, as it will generate data showing a direction and magnitude of the relationship between these two interval level variables (Gall et al., 2003).

Results on this variable indicate a negative relationship between years licensed and burnout, although this was not significant at the $p < .05$ level. Pearson correlations were also computed on the three individual dimensions of burnout as they relate to years licensed and were emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA), again none of the three were found to be significant at the $p < .05$ level (see Table 4).

Follow up questions were asked to better understand how marriage and family therapists thought that their own clinical experience related to the experience of burnout. Results indicated that the majority (63.3%) of participants consider their work experience as a protective factor to keep them from experiencing burnout, while 36.7% indicated that they did not consider their work experience to be a protective factor. When asked if their work experience has been a protective factor for them, 10% reported "All of the time," 46.7% reported that it was "Most of the time," 20% reported "More often than not," 13.3% stated "Occasionally," 6.7% reported that work experience "Rarely" was a protective factor, and 3.3% stated that it was "Never" a protective factor.

Overall, the measure results indicated that years licensed was not related to the experience of burnout among marriage and family therapists. In contrast, however, the majority of marriage and family therapists reported that they felt their clinical experience (years licensed) was a protective factor for burnout.

Sex

The variable of sex was tested using independent sample *t* tests to compare the means between the independent variable of men and women as it relates to the dependent

variable, burnout. The *t* test is the most appropriate analytical procedure for this part of the first hypothesis, because comparisons will be drawn between the means of independent samples, where one variable is categorical data and the other variable is interval data (Gall et al., 2003).

The *t* test was significant which indicated that male marriage and family therapists on the average experienced more burnout than did female marriage and family therapists (See Table 4). This result indicates that the sex of a marriage and family therapist is related to the experience of burnout. To further add context to these scores Maslach, Jackson, and Leiter (1996) report that the mean burnout score for men is 63.48, and the mean score for women is 64.51. Comparing the present results with Maslach et al., men in this study are not only higher than women, but they are higher than usual.

Caseload

The relationship between the next variable, caseload (sessions per week, session length, total number of active clients, and time spent seeing client versus paperwork) and burnout, was tested using a Pearson correlation. The Pearson correlation is the most appropriate analytical procedure for this part of the first hypothesis, as it will generate data showing a direction and magnitude of the relationship between these two interval level variables (Gall et al., 2003).

The results of the correlational analysis show that only 1 out of the 4 correlations were statistically significant. Results indicate that frequency of contact (sessions per week) was not statistically significant when compared to overall burnout (see Table 3).

Table 3

Pearson Correlation Results for Therapist Demographic Variables Compared to Burnout

| | Burnout | EE | DP | PA | Years licensed | Clients seen per week | Session length | Total active clients | Client time per day | Paperwork per day | Time in mental health | Time in RTC | Time in private practice |
|--------------------------|---------|--------|--------|--------|----------------|-----------------------|----------------|----------------------|---------------------|-------------------|-----------------------|-------------|--------------------------|
| Burnout | | | | | | | | | | | | | |
| EE | .85** | | | | | | | | | | | | |
| DP | .71** | .47** | | | | | | | | | | | |
| PA | -.24 | -.57** | -.43* | | | | | | | | | | |
| Years licensed | -.03 | -.24 | .04 | .35 | | | | | | | | | |
| Clients seen per week | -.11 | -.13 | -.43* | .46** | .15 | | | | | | | | |
| Session length | -.32 | -.07 | -.68** | .16 | -.16 | .36* | | | | | | | |
| Total active clients | -.05 | -.13 | -.26 | .41* | .29 | .35 | .16 | | | | | | |
| Client time per day | -.56** | -.36* | -.63** | .15 | -.08 | .44** | .49** | .16 | | | | | |
| Paperwork per day | .38* | .19 | .46** | -.05 | .12 | -.39* | -.45** | -.30 | -.56** | | | | |
| Time in mental health | .15 | .22 | -.09 | .00 | -.08 | .19 | .34 | .34 | .04 | -.32 | | | |
| Time in RTC | .12 | .20 | .36* | -.51** | -.37* | -.36* | -.35 | -.32 | -.03 | .28 | -.48** | | |
| Time in private practice | -.28 | -.41* | -.27 | .45** | .47** | .39* | .06 | .06 | .04 | .00 | -.44* | -.38* | |
| Time in other practice | -.01 | -.08 | -.06 | .18 | .05 | -.27 | -.03 | -.14 | -.07 | .04 | -.12 | -.35 | -.16 |

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Table 4

t-Test Results for Therapist Variables Compared to Burnout

| | M | SD | <i>t</i> | Effect size |
|-------------------|-------|-------|----------|-------------|
| Sex | | | 2.19 | |
| Male (n = 19) | 69.37 | 9.42 | | .83 |
| Female (n = 11) | 62.00 | 7.84 | | |
| Education | | | -1.20 | |
| Doctorate (n = 7) | 64.86 | 11.44 | | -.45 |
| Masters (n = 23) | 67.22 | 8.98 | | |
| Marital status | | | .036 | |
| Married (n = 27) | 66.70 | 9.58 | | .01 |
| Divorced (n = 3) | 66.33 | 10.16 | | |
| Healthy diet | | | 2.13 | |
| Yes (n = 26) | 65.31 | 9.32 | | .80 |
| No (n = 4) | 75.50 | 4.51 | | |

When broken down to the individual dimensions of burnout the same non-significant correlation is found for EE. In contrast, the DP and PA subscales showed a statistically significant relationship at the $p < .05$ level. This may mean that as MFT's have more contact with their clients they are less likely to experience DP, and more likely to experience PA.

Results indicated that the duration of contact (session length) with clients was not statistically significant when compared to overall burnout. On the individual dimensions of burnout, the relationship between duration of contact and DP was statistically significant (see Table 3). The other subscale scores were not statistically related to duration of contact. Duration of contact was negatively correlated to DP at a $p < .01$ level. This may indicate that the longer a marriage and family therapist's sessions are the less likely they will experience symptoms of depersonalization.

Total number of active clients was also found not to be statistically related when compared to overall burnout. Emotional exhaustion and depersonalization were also not statistically significant. A statistically significant relationship was found with personal accomplishment at $p = .03$ (see Table 3). This may indicate that the more active clients a marriage and family therapist has the higher levels of PA he or she will experience.

The final caseload variable was percentage of time spent with clients as opposed to time spent doing paperwork. Results indicate a statistically significant positive relationship between percentage of time seeing clients and burnout at a $p < .001$ significance level (see Table 3). This may indicate that during a work day the more time an MFT is in session with clients the less likely they are to experience symptoms of burnout.

Follow up questions were asked to further understand how marriage and family therapists thought that these caseload variables related to the experience of burnout. Participants were asked about whether participants felt that emotional demands from their clients lead to a depletion of their energy and if they are happy in their current job. 3.3% of respondents stated that emotional demands from their clients lead to a depletion of energy "All of the time," 6.7% reported "Most of the time," 30% stated "More often than not." 30% reported "Occasionally," and 30% reported that "Rarely" was this true for them.

When asked if they are happy in their current job, 13.3% reported being happy "All of the time," 60% stating being happy "Most of the time," 16.7% report "More often than not," and 10% reported being happy "Occasionally."

Overall, results indicated that among the four dimensions of caseload, only the time spent with clients as opposed to time spent on paperwork was found to be statistically related to the experience of burnout. It was also found that marriage and family therapists thought that clients were emotionally draining more often than not, and that the majority of therapists are happy in their current jobs.

Setting of Practice

The relationship between the setting of practice variable and burnout was tested using a Pearson Correlation Coefficient. The Pearson correlation is the most appropriate analytical procedure for this part of the first hypothesis, as it will generate data showing a direction and magnitude of the relationship between these four interval level variables (Gall et al., 2003).

Correlation coefficients were computed among the four categories of marriage and family therapist's settings of practice (Mental Health, Residential Treatment Centers, Private Practice and Other) to burnout scores and none of the four were found to be statistically significant (see Table 3). Among those working in a Mental Health practice a positive correlation was found with burnout, although not significant at the $p < .05$ level. Similarly, when this variable was compared to the three individual dimensions of burnout none of them showed a statistically significant relationship.

The relationship of those working in a Residential Treatment Center (RTC) was also not statistically significant when compared to overall burnout. When compared to the individual dimensions of EE, DP and PA, DP and PA were found to have statistically significant relationships at the $p < .05$ level (see Table 3). Depersonalization was

significant at $p = .048$, suggesting that the more time a MFT spends in a Residential Treatment Center the more likely he or she will experience symptoms of depersonalization. Personal accomplishment was significant at $p = .004$, suggesting that as MFT's spend more time in Residential Treatment Centers the less they will experience personal accomplishment.

When working in a Private Practice results were not statistically significant when compared to overall burnout. Among the three individual dimensions of burnout EE and PA had significant correlations (see Table 3). Emotional exhaustion was statistically significant at $p = .03$, and PA was statistically significant at $p = .01$. This result may indicate that the more time an MFT spends in private practice the less likely they will experience symptoms of EE, and will more likely experience PA. Those clinicians who reported working in Other settings of practice show no statistically significant correlations to burnout, not even among the individual dimensions of burnout.

Data was then recoded to compare the respondent's primary setting of practice to burnout. Analysis of variance was the most appropriate measure as it will compare the means of the four variables and determine if statistical significance exists. Burnout overall was not statistically significant $F(3,22) = 1.27, p = .31$. The individual dimensions were also not statistically significant with EE $F(3,22) = 1.99, p = .16$; DP $F(3,22) = 1.77, p = .18$; and PA $F(3,22) = 2.99, p = .06$. The results indicate that setting of practice was not statistically related to the experience of burnout among marriage and family therapists.

Education Level

Education level as it relates to therapist burnout was measured using independent samples *t* test. As the independent variable, masters or doctoral level education, is categorical, and the dependent variable burnout is interval level data independent *t* tests are the appropriate method of analysis (Gall et al., 2003).

Results of the *t* test were not statistically significant among any variable, but show a trend towards those having Master's degrees having higher levels of burnout than those with Doctorate degrees (See Table 4). Of note is the small sample size among the participants with Doctorate degrees ($n = 7$) this calls into question the results and assumptions about any trend should be avoided. This is further verified with the effect size of $d = -.45$, which is classified as small, and showing little difference between the means.

Additional follow up questions were also asked of the participants to better understand how marriage and family therapists think that their education relates to the experience of burnout. Eighty percent of participants reported that they considered their education to be a protective factor for burnout, and 13% reported that education lessened the effects of burnout "All of the time," 43.3% stated that this was true for them "Most of the time," and 20% reported "More often than not."

Ultimately, education level on the measure was not statistically related to the experience of burnout among marriage and family therapists. In contrast, the majority of therapists did report that they believed their education level as a protective factor for burnout.

Marital Status

Marital status was also measured using independent sample *t* tests. Data gained on whether a participant is married or not (independent variable) and how that relates to burnout (dependent variable) will be measured using the independent samples *t* test.

Results computed on marital status were also not significant due to small sample sizes (see Table 3). While it is possible to do the test, the small sample size renders the results meaningless. This statement is verified with the low effect size showing no difference between the means.

Follow up questions were asked to understand how marriage and family therapists believed their marital status related to burnout. Results found that 86.7% of respondents stated that they considered their marital status to be a protective factor for burnout. 26% reported that they thought that their marital status lessened the effects of burnout "All of the time," 43% stated this was true for them "Most of the time," and 23.3% reported that marriage lessened the effects of burnout "More often than not." Only 6% of the participants reported marriage only "Occasionally" or "Rarely" lessening the effects of burnout.

On the whole, marital status when using the measure was not statistically related to the experience of burnout among marriage and family therapists. Yet, the majority of therapists did report that they believed that their marital status was a protective factor for burnout.

The second hypothesis studied how prevention strategies such as exercise, time off, diet, peer consultation, supervision, and personal therapy, influence the experience of burnout among marriage and family therapists.

Exercise

Exercise was measured by having participants report how many days per week they exercised for at least thirty minutes. The exercise variable was tested using a Pearson correlation coefficient. The Pearson correlation is the most appropriate analytical procedure for this part of the second hypothesis, as it will generate data showing a direction and magnitude of the relationship between these two interval level variables (Gall et al., 2003).

The relationship between exercise and overall burnout was not statistically significant at the $p < .05$ level (see Table 5). Exercise compared individually to EE, DP and PA was also not statistically significant. The results indicate that exercise was not statistically related to the experience of burnout among marriage and family therapists.

Time Off

Time off was measured by asking participants to report how many days per month they took off of work for their own mental health. The time off variable was tested using a Pearson correlation coefficient. The Pearson correlation is the most appropriate analytical procedure for this part of the second hypothesis, as it will generate data

showing a direction and magnitude of the relationship between these two interval level variables (Gall et al., 2003).

The correlation coefficient found between time-off and overall burnout was not statistically significant (see Table 5). The individual dimensions of burnout were also not statistically significant. These results indicate that the variable of time-off from work is not statistically related to the prevention of burnout among marriage and family therapists.

Peer Consultation

Peer consultation was measured by asking participants to report how many times per month they met in consultation with fellow therapists. The variable of peer consultation was tested using a Pearson correlation coefficient. The Pearson correlation is the most appropriate analytical procedure for this part of the second hypothesis, as it will generate data showing a direction and magnitude of the relationship between these two interval-level variables (Gall et al., 2003).

Peer consultation as it relates to overall burnout was not statistically significant (see Table 5). Again, when separating the individual dimensions of burnout no significant relationship was found. This indicates that peer consultation is not statistically related to the prevention of burnout among marriage and family therapists.

Supervision and Personal Therapy

Supervision was measured by asking participants to report how many times per month they met with an AAMFT approved supervisor to consult on their cases. Personal therapy was measured in a similar fashion by asking how many times per month the

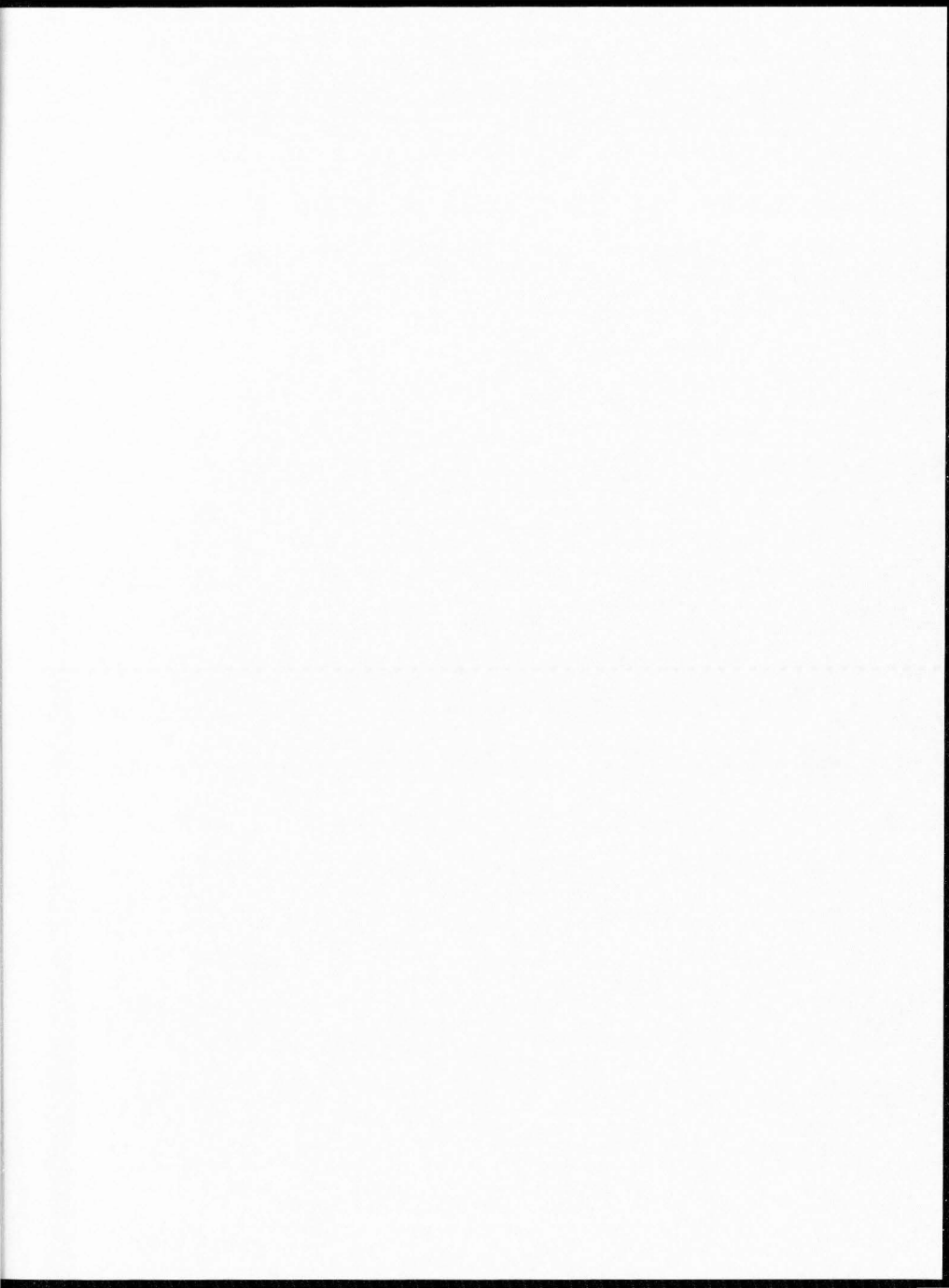
Table 5

Pearson Correlation Results for Therapist Prevention Variables Compared to Burnout

| | Burnout | EE | DP | PA | Exercise | Time off | Diet | Peer consultation | Supervision |
|-------------------|---------|--------|-------|------|----------|----------|------|-------------------|-------------|
| Burnout | | | | | | | | | |
| EE | .85** | | | | | | | | |
| DP | .71** | .47** | | | | | | | |
| PA | -.24 | -.57** | -.43* | | | | | | |
| Exercise | -.35 | -.35 | -.24 | .18 | | | | | |
| Time off | .24 | .15 | .06 | .15 | -.18 | | | | |
| Diet | -.37* | -.34 | -.13 | -.02 | .27 | -.14 | | | |
| Peer consultation | .28 | .22 | .30 | -.14 | -.34 | .24 | .04 | | |
| Supervision | -.17 | -.05 | -.18 | -.08 | -.15 | -.15 | .17 | .10 | |
| Therapy | -.05 | -.12 | .12 | -.01 | .09 | -.04 | .08 | -.01 | -.02 |

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)



therapists attend therapy themselves. Supervision and personal therapy variables were tested using a Pearson correlation coefficient. The Pearson correlation is the most appropriate analytical procedure for this part of the second hypothesis, as it will generate data showing a direction and magnitude of the relationship between these two interval level variables (Gall et al., 2003).

Supervision and personal therapy were not statistically related to burnout (see Table 5). The individual dimensions of burnout were also not statistically related to burnout. These results indicate that supervision and personal therapy are not statistically related to the prevention of burnout among marriage and family therapists.

Diet

Diet was measured asking the participants to report whether or not they felt that they ate a healthy diet, answers were given as “yes” or “no.” The variable of diet was analyzed using independent samples *t* test. The results were significant, $t(28) = 2.13$, $p = .04$. Those that report not eating a healthy diet scored higher on the MBI-HSS, whereas, those who report eating a healthy diet scored lower on the MBI-HSS (see Table 4). Although statistically significant, it is important to note the small sample size among those reporting not eating a healthy diet as it violates the assumptions of equal variances. With a large effect size we can better clarify that there is a difference between the means, and that diet is statistically related to burnout among marriage and family therapists.

Therapist-Used Prevention Strategies

Open-ended questions were asked to better understand what strategies current marriage and family therapists report using on a regular basis. All of the participants

Table 6

Frequency of Categories for Prevention Strategies Used by Therapists

| | N | % |
|---|----|-----|
| Recreational/hobbies | 15 | 31% |
| Personal care | 11 | 22% |
| Work related stress reducing activities | 8 | 16% |
| Specific religious | 6 | 12% |
| Increased education | 5 | 10% |
| Family | 4 | 8% |
| Total | 49 | |

Note: The total is greater than N because participants were allowed to enter as many techniques as desired.

gave at least one answer, and many gave more than one. Six categories of techniques are identified (see Table 6). These categories were identified using content analysis to find common themes among qualitative data (Gall et al., 2003).

Many therapists report using techniques that include recreation activities or hobbies. Examples of these activities include, "fishing, golfing, games," and "entertainment, and travel."

The next category is personal care and included answers such as, "Listening to music," and "Watching humorous movies." Also reported were certain work related stress reducing activities. These included such things as, "Doing therapy and supervision and mixing up my responsibilities," and "two to three times per day I do something I enjoy or something completely unrelated to therapy."

Other prevention categories reported, were specific religious practices, increased education and family. Examples of the answers for these categories included, "I use prayer, scripture study, and church attendance," "Meditation," "Presenting at seminars," "Setting goals," and "Spending regular quality time with my family."

Prevention Strategies Suggested by Therapists

The final open-ended question that was asked of the participants was to see what suggestions marriage and family therapists would give to beginning therapists to prevent them from experiencing burnout. Again, all therapists gave at least one answer and many therapist gave multiple answers. The same six categories used above were used again as participants gave similar answers as well as to determine differences between used strategies from suggested ones (see Table 7).

Among the first suggestions were those relating to work related stress reducing activities. Respondents answers included, "Speak up for yourself in the your workplace," "Be well organized," and "Laugh and enjoy your job." Next, respondents suggested beginning therapists should include personal care techniques to prevent burnout. These suggestions included, "Keep a balanced lifestyle," and "To identify and practice ways that you can recharge yourself."

Table 7

Frequency of Categories for Prevention Strategies Suggested by Therapists

| | N | % |
|---|----|-----|
| Work related stress reducing activities | 33 | 53% |
| Personal care | 11 | 18% |
| Increase education | 9 | 15% |
| Recreation/hobbies | 7 | 11% |
| Specific religious | 1 | 2% |
| Family | 1 | 2% |
| Total | 62 | |

Note. The total is greater than N because participants were allowed to enter as many techniques as desired

Increasing one's education and participating in recreational activities were also reported as good ways a beginning therapist might prevent burnout. Examples of these two areas include, "Reading about ethics, therapy case examples and professional journals," "Consult with supervisors and peers," "Take a vacation and turn off your phone," and "Participate and train for athletic competitions."

The final two categories of specific religious activities and family only received two responses. These two suggestions were, "Living your beliefs, personal, spiritual and physical," and "Make sure that family activities are a priority."

Finally, to assess the relative impact of all of these independent variables on burnout a multiple regression was proposed. This method would describe the magnitude of the relationship between a criterion variable, burnout and multiple independent variables such as our twelve independent variables (Gall et al., 2003). The multiple regression analysis could not be run due to small sample sizes among many of the variables.

CHAPTER V

DISCUSSION

The results of this study show that demographic variables are related to the experience of burnout among marriage and family therapists. Generally speaking the results of this study are similar to the research that has been done among other human service workers, and may not be different to those licensed in marriage and family therapy.

As reported in the previous chapter the reliability coefficients for the MBI-HSS for this study was found to be similar to those coefficients reported in the MBI-HSS manual (Maslach, Jackson, & Leiter, 1996). Similar reliability between this study and previous uses of the MBI-HSS decreases the concern of measurement error, at least with the MBI-HSS. Further concerns and discussion about the results of this study will follow.

Research Question #1

With the first hypothesis this study is seeking to understand if demographic variables such as clinical experience, sex, caseload, setting of practice, education level, and marital status affect the experience of burnout among marriage and family therapists. Generally, results have indicated that these demographic variables are related to the experience of burnout.

Clinical Experience

The measures of burnout were not statistically related to burnout, but at the same time the respondents reported that their clinical experience (years licensed) had reduced burnout. This contradiction may mean that the measure assessing levels of burnout was not sensitive enough, but when participants were asked directly they reported that clinical experience or their years licensed did reduce their experience of burnout. Ultimately, the fact that respondents report that clinical experience was a protective factor for burnout is congruent with past and current research on burnout (Maslach et al., 2001; Taskaya-Yilmaz et al., 2004; Van Der Ploeg et al., 1990).

Sex

The comparison between whether men or women are more likely to experience burnout was statistically significant at the $p < .05$. Results may indicate that men are more likely to experience burnout than women. When compared to other research these findings are congruent with some authors (Gaines & Jermier, 1983; Maslach, 2003; Maslach & Jackson, 1981; Van Der Ploeg et al., 1990; Toyry et al., 2004), and at the same time incongruent with other authors (Taskaya-Yilmaz et al., 2004; Vredenburg et al, 1999).

Problems that appeared evident in previous research, and may explain the inconsistency of results, were in relation to sample proportions. The majority of previous research had sample sizes that were unequal in proportion, leading to a possible sampling bias. Our sample of 19 men and 11 women although small, was closer to being equal,

therefore, adding to the research that reported a difference between men and women in relation to burnout.

Also of note is the idea that male marriage and family therapists in this study scored higher on burnout than is normally reported. In contrast, women marriage and family therapists scored lower on burnout than normally reported. These differences may be accurate, which may mean male marriage and family therapists in Utah not only are more likely burned out than women, but also in relation to men in the rest of the country. It may also be a result of some methodological problem, such as having too small of samples of men and women.

The demographic norms for men and women as reported by Maslach et al. (1996) in the Maslach Burnout Inventory Manual much larger sample sizes (men, $n = 2247$; women, $n = 3421$) and, therefore, more representative, as opposed to this study which has relatively small samples of men and women. It may be that the present sample had a systematic bias that influenced the results. Possible sources of bias among men were that most participants were LDS and are part of a lay clergy.

Caseload

The findings among the four variables of caseload (frequency of contact with clients, duration of contact, total number of active clients, and percentage of total time spent with clients) only showed one of the four that was statistically significant. Frequency of contact, duration of contact and total number of clients were not found to be statistically significant with burnout or any of the subscales of burnout. This may be due to the violation of the Pearson Correlation assumptions that maintains that variables are

normally distributed (Howell, 2002) which in this study they were not. This means that if this studies small sample sizes were larger there is a greater chance of a normal distribution leading to statistical significance. Frequency of contact, duration of contact, and total number of clients indicate results that are contrary to previous research, most likely due to the small sample sizes of this study. Sample size is important in the realm of generalizability, the larger the sample size the more likely the result will be applicable from one sample to the next. If a sample size is too small, results are less likely to be similar or related to the general population thus leading to insignificance (Gall et al., 2003).

The variable of percentage of time spent with clients and paperwork ($r = -.56$) was found to be statistically significant at $p = .01$ level. This negative relationship may indicate that as marriage and family therapists spend a greater percentage of their time with clients rather than doing paperwork the lower their symptoms of burnout will be. This is useful information to marriage and family therapists as it can help to determine possible job settings that will be more conducive to longer careers. If concerned about burnout, an MFT can evaluate jobs based on the amount of time spent with clients compared to other tasks such as paperwork. Of course, the results of this study are not conclusive evidence, and further research is needed to better establish this relationship. Preferably, research with random sample sizes to allow for greater generalizability.

Of interest is the follow up information that was asked of participants. Sixty-three percent reported that client's emotional demands do in fact deplete the energy of the therapist, yet at the same time 60% of respondents report that they are happy in their

current employment. This is helpful as it shows that even though a therapist may be experiencing symptoms of burnout they can still report being happy in their current job.

Setting of Practice

The results of the Pearson correlation among the four variables of setting of practice were found to not be statistically significant when compared to overall burnout. This is most likely due to the small, nonrepresentative sample, which violates part of the assumptions of the Pearson correlation coefficient (Howell, 2002). Although, the overall scores were not statistically significant, two of the practice settings indicated significance among the individual dimensions of burnout.

Those therapists who work in a residential treatment center were found to have a positive relationship on the depersonalization (DP) scale and a negative relationship on the personal accomplishment (PA) scale. This may indicate that marriage and family therapists that spend more time in residential treatment centers are more likely to have symptoms of DP and lower levels of PA.

Within a private practice setting, statistical significance was also found among the individual burnout dimensions of emotional exhaustion (EE) and personal accomplishment (PA). Results indicate a negative relationship between private practice and EE, and a positive relationship with PA. This could mean that as marriage and family therapists spend more time in private practice settings they are less likely to experience EE and more likely to experience PA. This is useful for marriage and family therapists as it gives evidence to show that being involved in a private practice may have more benefits other than just financial ones.

Overall, setting of practice was not found to be statistically significant. Yet on the individual dimensions of burnout setting of practice is related to the experience of burnout among marriage and family therapists.

Education

As indicated with previous variables, education level as it relates to burnout was not found to be statistically significant using an independent samples *t* test. This was most likely due to the violation of the assumptions of equal variances in the population sample, as the present sample had 7 doctoral level participants and 23 masters level participants (Howell, 2002).

Although, there were no statistically significant findings in the measure, the majority of respondents reported that education was a protective factor for them when asked in the follow-up questions. This contradiction may mean that the measure was not sensitive enough but when participants were asked directly they reported that education did reduce their experience of burnout. This finding was congruent with other literature among the fields of human service workers (Cianfrini, 1997; Demir et al., 2003; Maslach & Jackson, 1981; Maslach et al., 2001).

Marital Status

As with education level, marital status was not found to be statistically significant when compared to burnout using an independent samples *t* test. This was also most likely due to the violation of the assumption of equal population samples, which was the case in the study as 27 participants were married and only 3 participants were divorced or widowed (Howell, 2002). Like the education variable, marital status was also reported

by the participants to be a protective factor for them as a contradiction between the measures and follow-up questions. The respondent's reports are congruent with the literature on marital status and burnout (Maslach, 2003; Maslach & Jackson, 1981; Maslach et al., 2001).

Research Question #2

The second question asked in this study is whether prevention techniques such as exercise, diet, time off, personal therapy, supervision, and peer consultation lessen the effects of burnout among marriage and family therapists.

Exercise

The correlation found between exercise and burnout was not statistically significant. Explanation for a low correlation may be that exercise was measured with only one item on the questionnaire, which has the potential to decrease a correlation as there is little variability. This is true for this study as the majority of respondents reported exercising 3 to 4 times a week ($M = 3.22$). The negative correlation is congruent with the literature (Daley, 1979; Freudenberger, 1974; Maslach, 1976; Raquepaw & Miller, 1989).

Time Off

The results of this correlation between time off and burnout were also not statistically significant. Similar to exercise, time off was measured in this study using only one item on the questionnaire, and may be an explanation as to why the correlation was low and not statistically significant. The majority of participants report taking only

one day off per month with a mean of 1.59, and there is little variability between participants. The positive correlation found may indicate that as marriage and family therapists take more time off they are more likely to experience symptoms of burnout.

*Peer Consultation, Supervision,
and Personal Therapy*

Among these three variables, peer consultation, supervision, and personal therapy, no statistically significant finding was reported using the Pearson Correlation Coefficient. This finding is likely due to the small sample size decreasing the potential for a normal distribution (Howell, 2002). The average amount of time respondents spent in peer consultation was 4.23, supervision 1.07 and personal therapy .14. The only relationship of the three that fits the assumptions of this study is supervision. Results indicated that supervision is negatively correlated with burnout. This may mean that as marriage and family therapists engage in more supervision they are less likely to experience symptoms of burnout. This is useful, as it suggests that if a therapist is experiencing burnout that one solution might be to receive some supervision. Of course, further investigation is needed to verify if this is a correct statement, as assumptions are based on non-significant results due to a small sample size.

Diet

Among the prevention techniques investigated diet was the only in this study that was found to be significant. The *t* test conducted showed a higher mean for those marriage and family therapists who reported not eating a healthy diet, and a lower mean for those reporting eating a healthy diet. This may mean that those therapists who

reported that they ate a healthy diet experienced lower levels of burnout than those therapists that did not eat a healthy diet.

These results were consistent with the literature (Daley, 1979; Freudenberger, 1974; Maslach, 1976; Raquepaw & Miller, 1989). This information gives just a little more evidence for a concrete way to decrease symptoms of burnout.

*Therapist-Used Prevention
Strategies and Therapist-Suggested
Prevention Strategies*

The information that was gathered by asking participants open-ended questions about the prevention strategies that they personally use and that they would suggest to beginning therapists may demonstrate that therapists are conscious of the potential for burnout. Of the strategies most used by marriage and family therapists in this study over 50% used strategies that included things like recreation, hobbies and self-care. On the other questions, marriage and family therapists in this study suggested that new therapists use work related strategies to prevent burnout over 50% of the time.

This is an interesting difference as most therapists state that recreation, hobbies and self-care are the most helpful for them, but then suggest otherwise to beginning therapists. Possibilities for this difference may be in the asking of the question. Participants were asked to give suggestions for beginning therapists, which may lead a person to think first about what they would have done differently in their first job. Another possibility may be that, as most participants reported being happy in their current job, these therapists consider it important to find a job that suits their needs and thus prevents symptoms of burnout first and foremost.

As these findings compare to the literature, it has been noted that suggestions for prevention were given arbitrarily or according to the logic of the researcher (Daley, 1979; Freudenberger, 1974; Maslach, 1976; Raquepaw & Miller, 1989). This study has found that there may be an order as to how prevention strategies might be viewed. Meaning that recreation and hobbies would be the most important or helpful and the others following down to family as reported in Table 6.

Summary

In summary, this study asked two questions, whether demographic and prevention variables were related to the experience of burnout among marriage and family therapists. This study found that only sex, caseload and diet were statistically related to burnout. Additionally, participants reported using such strategies as recreation, hobbies and personal care as the most helpful for them in protecting against burnout, and primarily suggested that beginning therapists should focus on work related techniques to best prevent the onset of burnout.

Limitations

The research presented in this study indicates some interesting trends, but with a few exceptions was not found to be statistically significant most likely due to small unequal sample sizes. To better address these questions a larger sample of therapists should be sought to better meet the assumptions of the statistical tests and to have a more representative sample. A larger sample may improve the congruence between the measures results and the open-ended questions reported by the participants.

Additionally, the sample was very homogeneous, most therapists in this study were married, had a Masters degree and all were from the same region of the United States. Further research might also seek out more diversity, both in terms of personal characteristics as well as regional location.

Recommendations for Future Research

Future research on burnout and marriage and family therapists would best be accomplished by gaining larger, more representative sample sizes that will allow researchers to be able to make more accurate inferences about the population and these variables. Future research in relation to sex and burnout may work to identify if this relationship is correct as well as what it is about men that may lead them to be experiencing burnout more often than do women therapists.

Other recommendations for future research might be to further understand how prevention techniques such as diet really do relate to burnout. Also, it would be interesting to better understand how marriage and family therapists compare to other professions on the experience of burnout. Ultimately, it is important for future research on marriage and family therapy and burnout to better enable therapists to be helpful to their clients and have long successful careers.

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APPENDICES

Appendix A.

Approval Letter

Utah State UNIVERSITY

INSTITUTIONAL REVIEW BOARD OFFICE
9330 Old Main Hill
Military Science Room 216
Logan UT 84322-9530
Telephone: (435) 797-1821
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USU Assurance: FWA#00003308

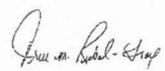
Protocol # 1597

7/20/2006

SPO #:
AES #: UTA00

MEMORANDUM

TO: Scot Allgood
Cory Eddington

FROM: True M. Rubal-Fox, IRB Administrator 

SUBJECT: Burnout among Marriage and Family Therapists

Your proposal has been reviewed by the Institutional Review Board and is approved under exemption #2.

- X There is no more than minimal risk to the subjects.
There is greater than minimal risk to the subjects.

This approval applies only to the proposal currently on file. **Any change in the methods/objectives of the research affecting human subjects must be approved by the IRB prior to implementation.** Injuries or any unanticipated problems involving risk to subjects or to others must be reported immediately to the IRB Office (797-1821).

The research activities listed below are exempt based on the Department of Health and Human Services (DHHS) regulations for the protection of human research subjects, 45 CFR Part 46, as amended to include provisions of the Federal Policy for the Protection of Human Subjects, June 18, 1991.

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through the identifiers linked to the subjects; and (b) any disclosure of human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Appendix B.
Letter of Information



Marriage and Family Therapy Program
2700 Old Main Hill
Logan, UT 84322-2700

Date Created: July 20, 2006
Utah State University IRB Approved 07/20/2006
Approval Expires 07/19/2007

IRB Password Protected per Tru M. Kahal-Fox, IRB Administrator

Tru M. Kahal-Fox

Letter of Information
Burnout among Marriage and Family Therapists

Introduction/Purpose: Professor Scot Allgood and Cory Eddington, research assistant in the Department of Family, Consumer, and Human Development at Utah State University (USU) are conducting a research study to determine what demographic factors in marriage and family therapists are associated with burnout. Additionally we are interested in what seasoned therapists do to reduce the risk of burnout. There will be approximately 20 therapists who will take part in this research project.

Procedures: If you agree to participate in this you will be asked to fill out a questionnaire, that has been purchased for this project and it may take about 10-15 minutes to complete. You will also be asked to complete a demographic information sheet. An addressed and stamped envelope is provided. When you are done with the questionnaires please send both of them in the same envelope. The potential risk of these questionnaires is that there may be some psychological discomfort. If that is true for you please call either Dr. Allgood or Cory at the numbers listed below for a referral for psychological services. No personal identifiable information is being requested for this study; therefore, please do not put your name any where on the questionnaire or demographics being provided.

Benefit/Risks: The benefit of this study to you may be to facilitate communication about activities that will lower your risk of burnout in your own job. Additionally the data will be to help provide information to better training new therapists, both in graduate school as well as interns in an attempt to lower their risk of burnout. There is minimal is participating in this study.

Voluntary Participation: Please understand that your participation is completely voluntary. If at any time you feel uncomfortable with material presented you may withdraw at anytime without consequences.

Confidentiality: Please do not put your name on the survey to protect your privacy and to keep your participation anonymous. All of the surveys will be kept in a locked file cabinet in the Family Life Center at USU. By returning a completed survey you are consenting to participate in this research.

USU Institutional Review Board (IRB): The IRB for the protection of human subjects at USU has approved this research study. If you have any questions or concerns about your rights, you may contact them directly at (435) 797-1821.

Scot M Allgood 7/26/06
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Appendix C.

MBI-HSS

MBI-Human Services Survey

| How often: | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|------------|-------|----------------------------------|----------------------------|---------------------------|----------------|--------------------------------|--------------|
| | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times times a week | Every day |

How Often

0-6

Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.

(Administrative use only)

EE: _____ cat DP: _____ cat PA: _____ cat

Appendix D.
Questionnaire

Please answer the following questions:

1. What is your Sex? Male Female

2. What is your marital status?

Single Married Divorced

3. Circle the level of education you have obtained:

Ph.D Ed.M MSW DSW EDD MS MA

4. How long have you been licensed as an MFT? ___ Years.

5. How many clients do you see in an average week? _____.

6. How long are your average sessions? _____ minutes.

7. How many active clients do you currently have in your caseload? This means that you are still responsible for them even if you do not see them on a regular basis.

8. In a typical work day how many hours do you:

___ See Clients? ___ Do Paperwork?

9. Research indicates that emotional demands (high number of clients, client negative feedback, and scarcity of resources) leads to a depletion of an individual's energy. How true is this for you?

All of the time Most of the time More often than not Occasionally Rarely Never

10. Are you happy in your current job? Circle best answer.

All of the time Most of the time More often than not Occasionally Rarely Never

11. Do you consider your years of work experience as a protective factor to keep you from experiencing burnout?

___ Yes ___ No

12. Research indicates that work experience can lessen the effects of burnout. How true is this for you?

All of the time Most of the time More often than not Occasionally Rarely Never

13. What percentage of time do you work in the following settings:

- Mental Health
 Residential Treatment Center
 Private Practice.
 Other.

14. Do you consider your education a protective factor to keep you from experiencing burnout?

Yes No

15. Research indicates that a person's education level can lessen the effects of burnout. How true is this for you?

All of the time Most of the time More often than not Occasionally Rarely Never

16. Do you consider your marital status a protective factor to keep you from experiencing burnout?

Yes No

17. Research indicates that a person's marital status can lessen the effects of burnout. How true is this for you?

All of the time Most of the time More often than not Occasionally Rarely Never

18. Research has suggested that self-care tasks such as exercise, diet, time-off, personal therapy, supervision, and peer consultation can lessen the effects of burnout. How true is this for you?

All of the time Most of the time More often than not Occasionally Rarely Never

19. How many days per week do you exercise for at least 20 minutes? _____

20. In a month, how often do you take a day off of work for your mental health?

21. Do you consider yourself to have a balanced and healthy diet?

Yes No

22. In one month, how often do you receive:

- a. Peer Consultation _____?
 b. Supervision _____?
 c. Personal Therapy _____?

23. What other self-care strategies do you use to keep from getting burned out?

24. What are some suggestions or advice that you would give to beginning therapists to prevent burnout?