6-2017

Contributing Factors to Burnout Development in the Mental Health Field: A Systematic Review

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CONTRIBUTING FACTORS TO BURNOUT DEVELOPMENT IN THE MENTAL

HEALTH FIELD: A SYSTEMATIC REVIEW

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Ashley Newman

June 2017

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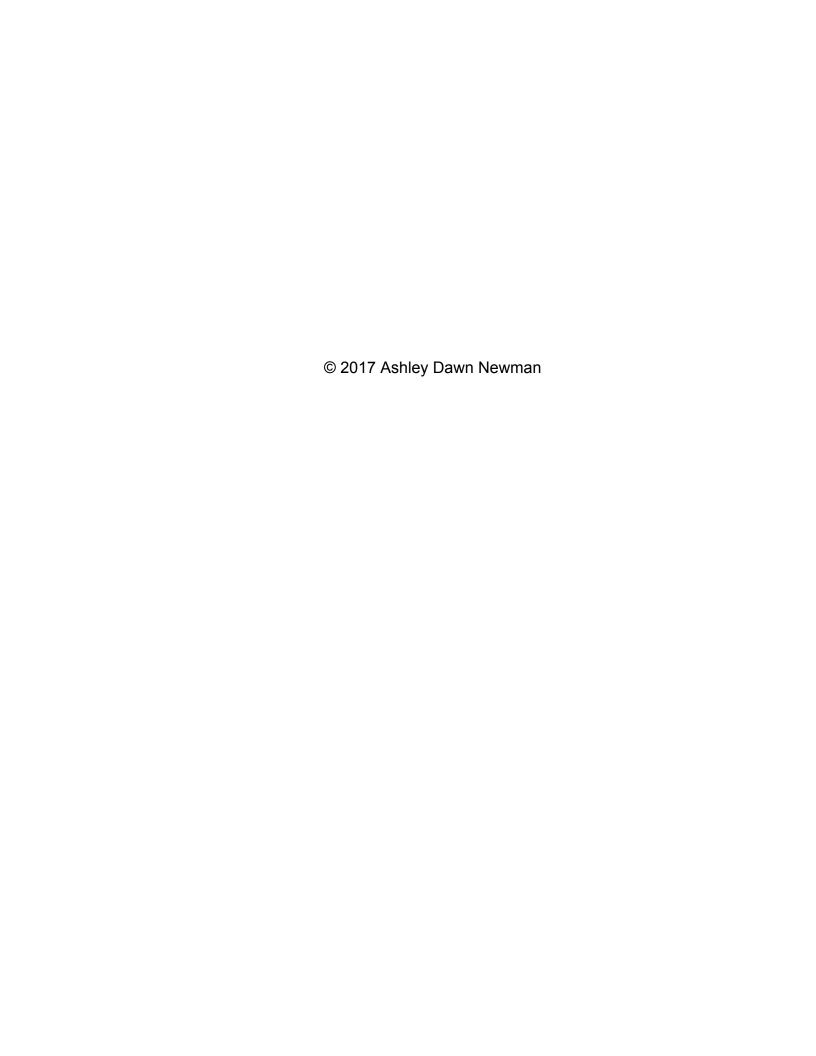California State University,

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June 2017

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ABSTRACT

A significant amount of previous research has addressed burnout among mental health professionals who work with individuals with severe and persistent mental disorders. Multiple issues can contribute to burnout including organizational factors, severity of client diagnosis, and low quality supervision (Lasalvia et al., 2009, Ballenger-Browning et al., 2011, Kozlawska, Nunn, & Cousens, 1997). The purpose of this study is to identify the most critical elements of burnout among public mental health professionals. This study is a systematic review, using 10 key articles, of existing literature on elements of burnout and contributing factors to developing burnout in public mental health professionals. The search yielded three major categories of dynamics: client specific characteristics, individual worker characteristics, and organizational/environmental characteristics. Identifying the red flag contributors to burnout in this segment of social work will be essential informing clinician's practice in public mental health. Additionally, the findings from this study may be effective in macro practice in informing large-scale trainings for social workers as well as policy and legislation.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Burnout is defined as a psychological response to the stressors of a demanding job, and is considered a major category of job stress for those who work directly with other human beings experiencing distress (Maslach, 1982). Maslach (2003) describes as resulting from a problem involving goodness of fit between worker and job setting. Also highlighted by Maslach are the three main elements of burnout: emotional exhaustion, depersonalization, and a decrease in feelings of accomplishment. Maslach describes emotional exhaustion as occurring when an individual has overextended him or herself and is depleted of emotional resources or empathy. Depersonalization involves the eventual develop of negative or cynical feelings towards one's line of work, that is not typical of that person. Reduced personal accomplishment can be perceived as a cumulative impact of the aforementioned dynamics of burnout, and can be both real and perceived.

Burnout originally presented itself as a major social problem in the late 1960's, one that psychiatrists and other human service workers observed in their staff and volunteers (Schaufeli & Maslach, 1993). The term was introduced by Greene (1961), in his book titled *A Burn Out Case*, which is a fictional case study

of an architect experiencing burnout symptoms and fleeing his uncomfortable reality. Burnout has been shown to contribute to a decrease in quality of service and can include feeling pessimistic, exhausted, and inadequate in accomplishments (Green, Albanese, Shapiro, & Aarons, 2014). Research has demonstrated that instances of burnout are especially common in the social work profession, particular in the area of public child welfare due to low resources offered and high demands on workers (Lizano, 2015). Similarly, it is elevated in the area of public mental health for clinicians working with clients experiencing severe and persistent mental health disorders (Ray, Wong, White, & Heaslip, 2013). Typically, as per Riverside County Department of Mental Health, the majority of clients served at the public or county level are constituted as severely and persistently mentally ill and some clients are considered gravely disabled, a harm to themselves, or a harm to others (Riverside University Health Systems, Behavioral Health, 2015).

One study found that 21-67% of mental health workers experienced elevated levels of burnout (Morse, Saly- ers, Rollins, Monroe-DeVita, & Pfahler, 2012). Mental health social workers, whether they are in a county outpatient clinic or a private inpatient hospital, work with some of the most severe mental health disorders that one would expect to come across in the field. These disorders range from mild clinical depression, to severe personality disorders and schizophrenia. As a result of inadequate supervision, high caseloads, and other

elements of a negative work environment, social workers run the risk of negatively impacting their client's health and safety.

In public mental health, consequences of burnout can result in a decrease in documentation productivity. Documentation of client progress as well as client risk plays a large role in public mental health, but is often a major challenge for busy staff with high caseloads. When a mental health worker fails to document risk, including suicidal and homicidal ideation, the repercussions can be devastating for both the client and the staff's career. For example, a clinician sued by the family of a client who committed suicide, because the clinician did not adequately assess for the risk of suicide or presence of suicidal ideation. It is possible that this clinician lacked the supervision needed to consult on this matter at the present time, or had in the past and as a result did not adequately develop the assessment skill. There are also major differences in what mental health workers consider risk, and how they document it, with clinicians often having to rely on their own clinical judgment in tough cases (Regehr, Leblanc, Bogo, Paterson, & Birze, 2015).

The National Association of Social Workers holds closely a set of crucial values: competence, integrity, dignity and worth of a person, social justice, self-determination, importance of human relationships, and service (National Association of Social Workers, 1999). These values guide each and every professional in the field, and a violation of these values can result in legal action taken on someone as well as the possibility of a loss of ability to practice social

work. The development and experience of burnout is a direct threat to several of these core values, in the way of reducing the quality of work the person is capable of. It is crucial for social work professionals, particularly in the mental health field, to have vast self-awareness and be vigilant about burnout indicators.

Research has shown that with proper supervision in which the worker feels supported and that their experiences are being heard, the rates of burnout and compassion fatigue are much lower than without the adequate supervision (Livni, Crowe, & Gonsalvez, 2012). This has implications for policy in that it stresses the importance of required weekly supervision. Many field directors of accredited schools of social work require in their contracts with placements that students are receiving at least one hour of supervision each week. There are many elements that have been found to contribute to burnout in the mental health field, at the individual level as well as those stemming from within the agency. These severe implications of social work practice create significant barriers for clinicians to provide satisfactory and competent services to their clients.

Gaps in knowledge and limited experience have been cited as being prominent individual factors related to turnover and burnout (Sullivan, Kondrat, & Floyd, 2015). Additionally, in the same study, organizational elements such as low pay, limited supervision, and high caseloads were also found to be significant contributing factors of burnout. Due to the high demand of mental health services and the limited amount of licensed professionals to provide services, it seems likely that mental health practitioners in most settings have unrealistic caseloads

and high pressure. This also likely transfers over into access to supervisors in clinics, as the supervisors typically have their own large caseload and are attempting to balance providing a service to clients and providing guidance to staff. Burnout is influenced by multiple factors in different ways, and it is important to identify which are the most crucial and have the strongest contribution in order to prevent it.

Purpose of the Study

The purpose of this project is to explore and identify, the most significant contributing factors of burnout development in the mental health sector of social work based on existing research and data. The mental health workers we will be encompassing include: social workers, marriage and family therapists, psychiatrists, and psychologists, as they each play a role with a client in some capacity and will often work on clinical teams for one client. This study is a systematic review that encompasses both qualitative and quantitative data, or a mixed-methods approach. The quantitative data comes from prevalence numbers and survey data regarding burnout in mental health. On the other hand, the qualitative data incorporates interviews and focus groups that were conducted with mental health workers in studies. This combination of data provides for both concrete, statistical representations of the research as well as a component for lived experiences and major themes.

For this review, research was gathered that conducted surveys and analyzed major relationships among burnout and elements such as supervision and caseload size. These designs may be able to indicate a correlation or some sort of causation that would give a clear picture of the key elements that contribute to burnout. We are also including and examining qualitative studies regarding burnout and mental health workers, to get an idea of the major themes that have been discovered through interviews and focus groups. The goal here is to begin gathering the more precise, statistical quantitative research supporting key elements of burnout development.

This study is a descriptive study that attempts to create a more precise overview of the problem and what elements the data has indicated as being particularly crucial. The data sources for this study are completely secondary, including a combination of previously conducted research on the topic of mental health workers and burnout. This gathering of relevant studies was both comprehensive and exhaustive to ensure that no major data is excluded and to create the most thorough description of the elements of burnout. The research gathered targets burnout of mental health workers who work with clients with severe and persistent mental health disorders, to narrow down the research to this segment of the public mental health field.

Significance of the Project for Social Work Practice

Burnout has major implications for social work practice, on both a micro and macro level. At the micro level, understanding what research says regarding burnout in mental health can contribute to a greater understanding of self-care, and what mental health workers should be advocating for, ensuring that their needs are met within their agencies. Also, at the micro level, further understanding of burnout could assist clinical supervisors in informing their supervisory sessions with developing mental health workers in a way that is beneficial for all involved, including the clients which are of upmost importance. When clinicians are feeling the effects of burnout such as emotional exhaustion and depersonalization, it seems likely that it would transfer into their direct practices and begin to negatively impact their clients, clients who are already in an unstable condition.

Lastly, understanding burnout could be applicable to macro social work in upholding the NASW ethical standards such as competence and integrity, as well as improving both small and large-scale trainings delivered to social workers (National Association of Social Workers, 1999). On an even larger scale, the more research we conduct on burnout, the closer we come to informing future government agendas. An example of an influence on agendas would be an act to further increase the funding funneled to mental health in order to higher more clinicians and therefore decrease existing caseloads. Due to the severity of the

effects of burnout, it has the potential to influence many policies, impact direct practice, and ultimately improve the way we currently provide services.

If both developing and experienced social workers understand the major contributing elements of burnout they will likely have a greater chance of upholding the ethical guidelines of our field and preserving the reputation of social work. Additionally, they will potentially have a better overall quality of life, and not be so devastatingly impacted by the realities of their career. Each of these qualities are a benefit to each client we serve in the field of social work. Our clients, in any setting but particular in mental health services, deserve to have clinicians and other mental health professionals who are psychologically capable of providing such crucial services. Mental health agencies should be provided with the knowledge and resources necessary to fully support their staff and prevent the psychological distress that burnout entails. With that said, the research question for this project is as follows: what are the most significant contributing factors of burnout in the mental health sector of social work?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following is a summary of the key literature surrounding the phenomenon of burnout of human services workers in the field of mental health. This summary focuses on the major elements of burnout in the field of mental health. There are several major subsections, including Theories Guiding Conceptualization, Supervision, Client Mental Illness and Caseload Size, and finally Managed Care and Other Administrative Tasks. Each of these subsections highlights major areas of research that have demonstrated a connection to burnout in public mental health and to working with severe and persistent mental illness.

Supervision

Although it seems to be a major ingredient to successful growth as a professional mental health worker, the effectiveness of clinical supervision has received limited attention as far as peer-reviewed research and as an evidence-based practice. Watkins (2012) describes supervision as a form of quality control for those who are growing as therapists. He also describes the definition of the supervisory relationship as being a bit unclear and uncertain, as it seems to be a

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combination of teaching, therapy, and simply consultation (Watkins, 2015). The concept of supervision can be traced back to the days and works of Sigmund Freud, and encompasses elements of his psychoanalytic work such as transference and countertransference. Freud (1914/1950) describes this process as far more didactic and focused on teaching than it was conversational in nature. Even in present day we see that clinical supervision may focus on these aspects of the counseling relationship.

Clinical supervision plays a major role in the perceived and actual wellbeing of budding clinicians and mental health workers (Watkins, 2012). However, this positive impact of supervision of course depends on how high the quality is and how competent the supervisor is. Schofield & Grant (2013) discovered that the competence and experience of the supervisor played a major role in the quality of supervision being given to the supervisee, citing the years of experience as being a key ingredient. However, there are major negative implications of poor supervision as well, which can have implications on the supervisee and their work experience.

Kozlowska, Nunn, & Cousens (1997) found that if a supervisor provided less than adequate supervision, it had an influence on the supervisee's level of preparedness for dealing with negative client interactions. They also discovered that this negative supervisory experience resulted in the supervisees reporting feelings of despair toward their work. This study had highly significant findings, however the date being nearly 20 years ago shows the gap in literature on this

specific topic and the need for further evaluations of the supervisory relationship. Similarly, research has shown that when supervisees received high quality supervision and perceived a supervisory alliance, they reported lower levels of burnout and higher levels of job satisfaction (Livni, Crowe, & Gonsalvez, 2012).

Vinton & Wilke (2011) found that clinical supervisors tended to be more lenient and less confrontational with their supervisees that they perceived as being more efficient and competent. This can have negative impacts on the supervisee as well as their clients in that the individual who is perceived as excellent may never become aware of their possible shortcomings, which may later influence burnout and decreased work satisfaction. It is likely that a negative supervisory experience would eventually indirectly impact the clients that the supervisee provides services to.

Client Mental Illness Specifiers and Caseload Sizes

Research has supported the idea of client or consumer's severity of mental illness influencing burnout in mental health providers. In general, it has been shown that working with clients with severe and persistent mental illness ultimately has a harmful effect on clinicians due to the difficulty in engaging clients and maintaining a long-term therapeutic relationship (Acker, 1999). There has also been significant research regarding aggression in the workplace as it relates to developing burnout. Gascon et al. (2012) found that when public healthcare professionals experienced both physical and non-physical aggression

by clients or coworkers, they experienced high levels of emotional exhaustion and reduced personal accomplishment.

Ballenger-Browning et al. (2011) found that among military mental health providers, having more clients per week as well as having clients with personality disorders was correlated with higher rates of burnout. This indicates that there is some relation to the type or severity of mental illness as well as the number of cases one has in a given amount of time. However, one study found no significant finding showing correlation between caseload size and level of burnout, so it appears that this is still an uncertain issue (Green, Albanese, Shapiro, & Aarons, 2014). One study had similar findings, noting that one of the most common factors of burnout in those who treated eating disorders were type and symptom severity as well as the personal characteristics of the clients (Warren, Schafer, Crowley, & Olivardia, 2012).

In addition to the characteristics of the client's mental illnesses, other factors such as client suicide have been cited as being a crucial factor in the burnout of mental health workers. When a mental health professional loses a client due to suicide, they can feel very much unprepared and without guidance on how to process the loss. Regardless of the amount of trainings or number of degrees, having a client on your caseload die by suicide is simply a unique event that causes great shock. This element of shock and overwhelm can lead to a decrease in the quality of services the clinician delivers from that point forward (Ellis & Patel, 2012).

Managed Care and other Administrative Tasks

Interestingly, the impact of managed care organizations on mental health social workers has also been examined (Acker, 2010). This study highlighted some of the major conflicts that come with the rise of managed care organizations including higher accountability and a more business-like approach with clients. It is no surprise in the mental health field that often clinicians must "find a way" if you will to fit a client under a category that will clear them for coverage of services. What this usually means is that the clinician must either fabricate or exaggerate the symptoms of a client's mental illness in order to provide them the services they need. It is critical for managed care agencies such as Medical that clinicians quickly construct a diagnosis for each client, typically within the first meeting with a client.

Research has also demonstrated a connection between a mental health professional's perceived competence working with managed care organizations and their overall job satisfaction and burnout levels. Acker & Lawrence (2009) found that for social workers that felt confident with managed care realities, they also experienced lower levels of burnout and higher levels of job satisfaction. It is possible that this type of politicized service delivery and additional role would lead to some type of burnout or decreased job satisfaction, which can also have a major impact on clients.

Theories Guiding Conceptualization

Most of the research that has been done on the concept of burnout has utilized a combination of systems theory and ecological theory (Germain, 1978; Luhmann, 1970). Burnout involves psychological, social, and environmental components that are interacting with one another to create the undesirable impact of burnout. This framework is precisely the underlying assumption of systems and ecological theory. Although a theoretical framework is not explicitly stated in any research we have found, one can see through patterns in the research that many of the studies evaluate the interconnectedness and relations of systems and how they impact burnout. This is the main theory utilized by this study, as we are looking at different elements of burnout with an underlying tone of how they interact to ultimately create burnout.

Additionally in one study, social cognitive theory, which was contrived by Albert Bandura in the 1980's was utilized and cited as a framework. Social cognitive theory posits that human beings contribute to their life outcomes and are not simply mechanical beings that have no autonomy or personal choice in their fate (Bandura, 1989). It also emphasizes the importance of an individual's environment, affect, and other personal characteristics having a major role in life outcomes, otherwise known as reciprocal causation (Bandura, 1989). Similar to systems theory, this theory aligns well with the concept of burnout in that it postulates that there are multiple elements of one's life and surroundings that

contribute to a particular outcome, in this case being burnout in the mental health field and the welfare of the social worker.

There are two ends of the spectrum when it comes to worker welfare, on one end we have work wellbeing and on the other end we have work-related stress (Bowden, Smith, Parker, & Boxall, 2014). If not addressed and improved, the work-related stress can potentially develop into a more severe form, burnout. Bowden et al. (2015) conducted interviews with frontline mental health workers and found that the major themes of stress in the workplace were high demands and unmet needs. This study also corroborated previous research finding that the concept of occupational stress is complicated and multifaceted, and included themes such as worker resilience and boundaries.

The theory of Job Demands and Resources, founded by Arnold B. Bakker and Evangelia Demerouti, is an effective theoretical framework to apply to the concept of burnout in human services. The theory posits that in any job there are a variety of demands placed upon the worker, and these demands must be balanced out by the acquisition of a toolbox of resources including positive feedback, support, and autonomy (Bakker & Demerouti, 2007). Maslach & Jackson (1981) developed three major components to burnout and described them in great detail. The three components that are involved in burnout are: emotional exhaustion, depersonalization, and a reduction in personal accomplishment. They emphasized emotional exhaustion as representing an overextension of the self that eventually drains the individual's resources.

Depersonalization involves having extremely negative or cynical feelings towards one's own services and work that is very much uncharacteristic of the person. Lastly, as described in its title, the reduction in personal accomplishment is both real and perceived in that it encompasses the quality of service as well as the perception of the quality. One can see how these elements combined would be a major force in developing burnout rapidly.

Summary

Overall, the aforementioned literature points to many different factors that seem to contribute to or play a large role in the development of burnout when it comes to mental health professionals. Most of this research has focused on mental health social workers, however due to the multidisciplinary aspect of the field of mental health, it does include other professionals with different titles such as marriage and family therapists, psychiatrists, and psychologists. One can begin to see the severity of burnout and how crucial environmental factors are in shaping the experience of social workers. Work issues such as presence of a supervisor, quality of supervision, caseload size and severity, support of coworkers, and type of clients served are all factors that can either work against a clinician or with them. Unfortunately, the ultimate outcome of these factors is what can lead to burnout and an overall decrease in quality of life for social workers in the mental health field.

In summary, this study is a systematic review designed to explore what the major contributing factors are to a mental health worker developing burnout in their practice. Studies have identified possible influences such as supervision, client mental illness, and managed care as starting points for contributing factors (Acker, 2010; Kozlowska, Nunn, & Cousens,1997; Ballenger-Browning et al. 2011;). Burnout has a direct impact on the quality of services that clients receive, and understanding the factors that can lead to it has a direct implication for policies in the mental health field. Multiple theories have been utilized to provide a framework for burnout including: systems, ecological, social cognitive, and job demands and resources theory. This study analyzes the main elements of burnout in the mental health field by collectively exploring existing literature.

CHAPTER THREE

METHODS

Introduction

This study attempts to identify the major workplace factors that contribute to burnout among mental health workers in public mental health. This study encompasses emotional exhaustion, depersonalization, and reduced personal accomplishment, as these are the main dimensions that research has identified as being directly tied to burnout. The following is a description of the process used to analyze the major elements using previously conducted studies on burnout in public mental health. The major sections included are: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study is a descriptive study that attempts to create a more precise overview of the problem of burnout in public mental health and what elements the data has indicated as being particularly crucial to the development of burnout in this field. The data source for this study is secondary, including a combination of previously conducted research on the topic of public mental health workers and burnout. The concept of burnout in human services has been widely researched,

primarily in child welfare, but it has been extensively explored in mental health as well.

Due to the aforementioned fact that burnout in the mental health field has been extensively researched, a major benefit of this systematic review is that it condenses the major findings over the years of the research. This condensing of main points will make knowledge about mental health burnout more easily accessible and provide a summary of the research as well as a collection of major authors of the topic. This gathering of relevant studies was both comprehensive and exhaustive to ensure that no major data was excluded and to create the most thorough description of the elements of burnout. The research gathered primarily targeted burnout of mental health workers who work with individuals experiencing a severe and persistent mental health diagnosis, as the objective was to narrow down the research to this segment of the mental health field.

One of the limitations of a systematic review that focuses specifically on this population is that it may inadvertently leave out other essential aspects of burnout. In addition, one major critique of systematic reviews is that the quality of studies that are including in the analysis can be questionable in some cases (Jarvholm & Bohlin, 2014). One problem that has been common in the history of systematic reviews is that biased professionals, who are in favor of certain organizations such as pharmaceutical companies, have often utilized them to increase support for a product. It is important to note that when possible,

recovery-oriented language will be utilized (i.e. Mental health versus mental illness), in order to avoid further stigmatization of this marginalized population. That being said, the research question for this study is as follows: what are the significant elements of burnout for those human services workers in public mental health?

Sampling

This systematic review included a total of 10 studies that each highlighted at least one major contributing factor of burnout. Although the criteria for the results was essentially the same across the collected studies, the method by which the research was done varied from interviews and focus groups to meta analyses and other systematic reviews. Similar to the existing research, the population this study targeted were mental health workers who work in public mental health, with clients who are experiencing a severe and persistent mental disorder. As previously mentioned, in most public mental health agencies workers are assigned clients with the most severe mental health issues, and these professionals experience undesirable effects (Maslach, 1982). What this means is that much of the research gathered covers both public mental health workers and those who work with severely and persistently mentally ill clients.

The selection criteria for this review were specific and based on both the title as well as the abstract of the articles. Articles that focused on major

elements that contribute to the development of burnout in the public mental

health field were included. Any research that was applicable specifically to public

mental health was included. Articles were chosen based on the following

additional criteria: a.) Spanning years 2011-2017, b.) English language only, c.)

Peer-reviewed journals, d.) IV: contributing factor, DV: Burnout. Although the

sole language criterion was English, articles were collected from a variety of

countries that utilized the English language.

Data Collection

Given that no data were collected first-hand from human subjects in this study,

the following will be a description of the searches conducted during the data

collection process, including the results that were yielded in the form of numbers.

A combination of terms was utilized including: 1.) Burnout, 2.) Emotional

exhaustion, 3.) Depersonalization, 4.) Reduced personal accomplishment, 5.)

Mental health, 6.) Public mental health, and 7.) Severe and persistent mental

illness. As noted in the introduction, burnout encompasses emotional exhaustion,

depersonalization, and reduced personal accomplishment, so we felt it necessary

to cast a wide net in terms of search terms and use all of the terms. Multiple

databases or instruments were used including: California State University, San

Bernardino's (CSUSB) library electronic database called PsychInfo, CSUSB's

general electronic database EBSCO Host, and the search engine Google Scholar.

While utilizing the phrase "burnout among public mental health workers" the search yielded 57 different results on Psychinfo. When the phrase "emotional exhaustion and public mental health" was used, it yielded a total of 35 results (Psychinfo). When the phrase "burnout in public mental health" was typed into the general EBSCO Host quick search, it yielded a total of 393 different articles. On Google Scholar, we searched using the phrase "burnout among mental health workers" and received a total of 56,200 different articles. This large volume of results indicated the we need to use more specific and intentional language in our search. We conducted a more precise search on Google Scholar using the phrase "elements of burnout for public mental health workers and severe and persistent mental illness", which yielded about 18,000 articles. Once the terms were searched, we narrowed article results down even further by ticking the option "scholarly journals only" to ensure that we were receiving peer reviewed articles. From the large volume of articles, we sifted through the abstracts of the presented articles and selected several that researched our exact research topic.

Procedures

In order to gather relevant studies for this research, particular key words were utilized in the internet search for articles. These key words included: mental health, burnout, public mental health, emotional exhaustion, and depersonalization. Articles were limited to only those that mentioned those three concepts, and did not include anything about unrelated work topics such as compassion fatigue. Due to the fact that the chosen population was limited to public mental health workers, search terms were specified in order to filter the articles the search engine retrieved. Articles were chosen based on title and abstracts that were relevant to the research question at hand, and were limited to those from peer-reviewed journals. After gathering a sufficient amount of articles, each article was reviewed several times to begin the process of elimination according to the relevance of the articles. Articles that met criteria for this systematic review were documented (see Table 1), and author made note of essential details such as year of publication and results. The author documented the search process in detail, utilizing a Microsoft Excel worksheet outlining several items of importance including: search terms, results, chosen articles, and final articles used.

Protection of Human Subjects

For this study, absolutely no human subjects were included in the data collection process. All research was done using literature from previously conducted studies. Although these studies utilized human subjects, this study did not.

Data Analysis

This section will be described in terms of how the researcher categorized the different articles, which was based on either the type or aspect of burnout the study was exploring or the results that the study found. This is also the way in which the data was analyzed. There were multiple categories of study exploration and results including: major stressors, individual worker characteristics, and work or environmental characteristics. Each of these categories focuses specifically on the impact of those elements on the development of burnout, including emotional exhaustion, depersonalization, and reduction in perceived personal accomplishment.

Conclusion

In summary, this study is a systematic review that used the literature to synthesize concepts of burnout and ultimately determine the most salient

elements that contribute to burnout. A systematic review was chosen in order to summarize the main factors that have been identified through research, and to create a clear picture of the trajectory of burnout among different categories such as individual characteristics, workforce environment, and other areas. Multiple studies across the different domains were utilized in order to thoroughly analyze the existing literature. The methodological implication of this study is that it allows for some generalization when referring to burnout among public mental health workers who work with clients who struggle with severe and persistent mental health issues.

CHAPTER FOUR

RESULTS

The following is a summary of the major findings and trends discovered through this systematic review. The sample for this review contained 11 articles that identified key elements to the development of burnout in the public mental health field. The articles ranged in date from 2009-2015. The sample size (N) ranged from 9-2017 and included mental health workers from a variety of disciplines including: social work, marriage and family therapy, psychology, and psychiatry. The studies in the systematic review included two qualitative studies and nine quantitative. This section also presents the central trends in relationships found in the studies between client specific characteristics, individual worker characteristics, and environmental/organizational characteristics, and job burnout.

Description of Studies

Articles were categorized based on the sample type, sample size, research design, and independent and dependent variables (See Table 1). The sample for this review contained 11 articles that identified key elements to the development of burnout in the public mental health field. The articles ranged in date from 2009-2015. The sample size ranged from 9-2017 and included mental health workers from a variety of disciplines including: social work, marriage and

family therapy, psychology, and psychiatry. The mixed-methods collection included two qualitative and nine quantitative studies. Of the 11 articles, one focused on supervisors and supervisees in public mental health, four focused on general public mental health professionals, three focused specifically on social workers in public mental health, one focused on military mental health providers, one focused on psychology managers in public mental health, and one more focused on public mental health workers who specialize in eating disorder treatment.

Client-Specific Characteristics

One major element that has been found consistently in studies is the impact of specific client characteristics on the development of burnout (Acker & Lawrence, 2009; Ballenger-Browning et al., 2011; Warren, Schafer, Crowley, & Olivardia, 2012). In a study focused on military mental health providers, it was found that the number of clients a professional treats per week has a significant impact on the development of burnout. Furthermore, the study identified the treatment of individuals diagnosed with personality disorders as being a major trigger for the development of burnout in this area of mental health (Ballenger-Browning et al., 2011).

Several studies identified details related to the clients being served as having a significant impact on the development of burnout in those who provide mental health services. Acker and Lawrence (2009) found that mental health workers who generally served clients struggling with severe and persistent

mental health disorders reported higher instances of burnout. Another study took a closer look at types of disorders, and identified the treatment of personality disorders as playing a large role in the development of burnout among public mental health workers (Ballenger-Browning et al., 2011).

Another study identified the treatment of eating disorders as being an essential ingredient for the development of burnout for mental health professionals in this area (Warren, Schafer, Crowley, & Olvardia, 2012). Eating disorders were cited by participants in this study as a cause of their burnout due to the high rates of relapse as well as the low rates of success or slow progress associated with eating disorders like anorexia and bulimia. Participants also reported feeling a sense of discouragement when their clients, suffering from eating disorders, did not make progress in treatment, and they connected this repeated discouragement with their own eventual burnout.

Individual Worker Characteristics

Research has found a connection between traits and circumstances of individual mental health staff and the onset of burnout. Green, Albanese, Shapiro, and Aarons (2014) found that younger clinical case managers with less experience in public mental health were more inclined to experience a reduced sense of personal accomplishment, a hallmark of the phenomenon of burnout. The same study indicated a significant difference in levels of depersonalization between wraparound case managers ($M= .78$; $SD= .49$) and traditional case

managers (M =.28; SD= .30). Similarly, another study identified type of role as being significant in determining the occurrence of burnout in public mental health settings. Ballenger-Browning et al. (2011) found that compared with the discipline of psychology, the role of psychiatrist was associated with higher levels of burnout due to the combination of direct patient care and administrative/supervisory responsibilities.

Relationships with coworkers were noted as playing a significant role in the development and trajectory of burnout in their practice (Roncalli & Byrne, 2015). Through questionnaires distributed to psychology managers, Roncalli and Byrne found that the relationship between staff member and supervisor was critical, as well as the connections said staff member has with their coworkers. A strong sense of trust between staff member and supervisor, as well as perceived cohesion among coworkers, resulted in lower levels of emotional exhaustion and depersonalization. However, contrary to what has been found previously, cohesion among staff was not found to be related to or impact personal accomplishment.

Environmental/Organizational Characteristics

Multiple studies have examined the consequences of high demands placed on workers while simultaneously having minimal resources provided to them (Bowden, Smith, Parker, & Boxall, 2015; Livni, Crowe, & Gonzalvez, 2012). These studies utilized and were congruent with the Job Demands and Resource

Model, founded by Arnold B. Bakker and Evangelia Demerouti. In one study, interviews were conducted with nine frontline mental health workers, finding that the more work stressors the worker experienced, coupled with limited resources, contributed to low morale and limited engagement in the provision of services (Bowden, Smith, Parker, & Boxall, 2015).

Aggression in the workplace has also been demonstrated as playing a significant role in the development of burnout and its related dynamics (Gascon et al., 2012; Merecz, Drabek, & Moscicka, 2009). Gascon et al. (2012) discovered that among healthcare workers in a public mental health setting, all participants had experienced some form of aggression in the workplace from clients, including threats, verbal aggression, and physical assault. Further, the author found a significant correlation between the aggression participants experience in their respective workplace and them experiencing all elements of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment). Another study utilized both public mental health nurses as well as public service workers to explore a similar construct, the connection between aggression in the workplace and burnout (Merecz, Drabek, & Moscicka, 2009). In this study, participants reported regular instances of aggression in the workplace, from both clients and coworkers. Consistent with other research on the subject, the study yielded a connection between job dissatisfaction, burnout, and experiencing workplace aggression.

A major element of public mental health is the involvement of managed care organizations such as Medical insurance. Research has focused on the links between staff developing burnout relative to their experience with managed care organizations and duties such as documentation (Acker, 2010; Acker & Lawrence, 2009). Acker & Lawrence (2009) conducted questionnaires with social workers in public mental health, and found that when staff felt confident in their understanding and ability to accomplish work tasks involving managed care organizations, they experienced significantly less burnout and stress on the job. In another study, the author repeated the study with another set of social workers, and found the same results, indicating that social workers who perceive themselves as competent in the world of managed care experienced lower levels of emotional exhaustion (Acker, 2010). The author made the connection between burnout and the opposing value systems that public mental health and managed care organizations operate on, with managed care valuing cost efficiency and billable services and public mental health aiming to serve clients.

CHAPTER FIVE

DISCUSSION

The aim of this study was to explore and identify the major workplace factors that contribute to burnout among mental health workers in public mental health. The trends that emerged in the systematic review were client specific characteristics, individual worker characteristics, and organizational/environmental characteristics. This section provides a summary of the study findings and implications for the development and improvement of the field of mental health, and overall improving the services consumers of public mental health receive.

Client-Specific Characteristics

In a study by Ballenger-Browning et al. (2011), it was found that the type of disorder clients struggle with plays a role in the development of burnout in mental health workers. One point that was made was that compared with disorders stemming from psychological causes, clients with traumatic brain injury (TBI) may be treated with more compassion due to it's physical and accidental causes. On the other hand, treating individuals diagnosed with personality disorders contributes to depersonalization, a major dynamic of burnout. The experience of treating personality disorders has been widely researched, and in

one study there was also a connection between treating personality disorders and experiencing emotional exhaustion that impacted the worker's practice (Garcia et al., 2016). One article notes the emotional demands that individuals struggling with personality disorders seem to place on their service providers, as well as the level of vulnerability they demonstrate (Kurtz, 2005).

Another point that has been made is that mental health workers often feel a sense of inefficacy when treating certain disorders due to the complexity of the disorder (Ballenger-Browning et al, 2011). Personality disorders as well as disorders related to complex trauma present unique challenges to mental health workers and involve an array of symptoms that often require inventive treatment approaches. These techniques may fall outside of what the professional is familiar with, and can take time to learn and apply, thus contributing to stress and ultimately burnout. For example, Miller et al. (2011) found that when compared with therapists who did not specialize in a specific intervention, therapists specializing in dialectical behavior therapy (DBT) reported lower levels of psychological stress as a result of working with clients struggling with a personality disorder. DBT was founded by Marsha M. Linehan in the 1980's, and has been shown to be the most effective treatment for borderline personality disorder (Lineham, 1993). Additionally, research has demonstrated that there are multiple factors of personality disorders that play a role in the successful treatment outcomes including childhood abuse, current interpersonal relationships, and severity of psychopathology (Gunderson et al., 2006).

Individual Worker Characteristics

Research has also supported the idea that the unique characteristics and circumstances of the worker are critical elements of the development of burnout. Green, Albanese, Shapiro, and Aarons (2014) found that the younger and less experienced the mental health worker was, the more likely they were to experience burnout. The less experience one has, the less exposure they have had to the various dynamics of the mental health field including the clients, agency cultures, and caseloads. This study also noted that the lack of familiarity with job roles and expectations is likely a major reason for the high instances of burnout in the public mental health field (Green, Albanese, Shapiro, and Aarons, 2014). New workers can also be surprised by the ongoing culture and traditions of a mental health agency, and research has identified a conflict between interweaving worker's personal or professional values in to their daily practice while maintaining the demands and requirements that the agency places on them (Leiter & Harvie, 1996).

Social supports in the workplace were also identified in this study as being key elements of burnout, particularly the relationships that mental health workers develop with one another and the decrease in burnout this can have (Roncalli & Byrne, 2015). It was found in this study that when mental health workers did not feel a sense of trust and connection to both their coworker and their supervisors, they experienced high levels of emotional exhaustion and depersonalization. A

potential explanation of this need for social support is the demoralization that results from not having quality leadership in an agency. Research has shown that skilled leaders play a role in reducing the dynamics of burnout significantly in their staff (Gabel, 2012). As previously mentioned, there are a multitude of dynamics present in the field of public mental health, and it is evident that workers require emotional and moral support throughout their years of practice in order to avoid burnout and related dynamics.

A final area that was discovered in the research was the role that a worker's individual discipline of practice played on the development of burnout. Psychiatrists and social workers were found to be more susceptible to developing burnout than psychologists (Ballenger-Browning et al., 2011). Psychiatrists, particularly in public mental health settings play combined roles of mental health practitioner and administrator. The administrative roles can vary from being responsible for an entire agency or clinic, to a smaller scale of supervising students. Additionally, it has been noted that psychiatrists and social workers typically work directly with more individuals experiencing severe psychosis, due to their specializations as well as the agencies they typically practice in (Ballenger-Browning et al., 2011).

Organizational/Environmental Characteristics

   The development of burnout has been demonstrated to be contingent upon the nature of the workplace the individual is in. Research has examined this area both generally and specifically, starting with demands and resources and how they impact a worker's experience. Bowden, Smith, Parker, & Boxall (2015) found that when workers experienced high demands from their employers and clients, but felt that their needs went unmet, they were more likely to experience burnout. This is congruent with the aforementioned theory of Job Demands and Resources, a theory that provides a clear explanation of how workplace dynamics influence the wellbeing of a worker in the mental health field (Bakker & Demerouti, 2007). It seems likely that when a worker feels that their needs are not being met by their workplace, they would begin to feel a sense of demoralization and eventually also feel emotionally exhausted and burnt out in their practice with clients.

   Another major organizational factor that was found to contribute to burnout was the level of fairness demonstrated by supervisors that the workers perceive (Lasalvia et al., 2009). When workers felt that their supervisors and administrators made appropriate decisions that impacted staff wellbeing, they were far less likely to experience burnout than those who felt they were impacted by unfair choices. This also seems to involve the one-on-one relationship that mental health staff have with their clinical or direct supervisors, such as in a study by Livni, Crowe, and Gonzalvez (2012), where participants attributed their

burnout to low quality supervisory relationships and a perceived lack of alliance between supervisor and worker. Due to the high stress environment associated with providing mental health services, it is likely that supportive figures in the workplace play a role in allowing the worker to emotionally express themselves and otherwise process feelings with supervisors and other coworkers.

One of the major areas of research regarding environmental and organizational characteristics is the dynamics of working in a field where managed care organizations play such a large role. Acker (2010) found that mental health professionals who perceived themselves as being incompetent in working under managed care standards experienced higher levels of burnout than those who were more confident in their abilities. This was demonstrated an additional time, when Acker & Lawrence (2010) found the same results using participants of the social work discipline. These studies connected the feeling of incompetence to a development of emotional exhaustion, as well as an increase in the intention to quit their jobs and the eventual turnover of those employees (Acker, 2011). This conflict with the demands of managed care organizations could provide a clear picture and partial explanation for the high rates of turnover in the mental health field, as well as the frequent lack of staff to match the needs and volume of clients.

An additional organizational factor is the impact experiencing aggression in the workplace has on the development of burnout. Research has demonstrated that aggression, from both clients and coworkers, contributes to

increased levels of burnout in mental health professionals (Gascon et al., 2012; Merecz, Drabek, & Moscicka, 2009). Further, research has demonstrated a clear delineation between experiencing abuse from clients and from coworkers, noting in one study that participants perceive aggression from coworkers as being more long-term and troubling than that of aggression done by clients (Merecz, Drabek, & Moscicka, 2009). This is congruent with the concept of workplace relationships being critical in the development of burnout, and highlights the consequences of those relationships being problematic for the wellbeing of the worker.

Implications for Research and Social Work Practice

Findings from this research and other similar studies yields opportunity for future research in the area of burnout and mental health workers. Future work should continue to expand on the established client, individual, and organizational dynamics contributing to burnout in public mental health. Given the major dynamics of burnout that have been uncovered, it is essential for research to focus on proactive approaches to mental health worker burnout, including solutions and interventions that are useful in preventing or treating burnout in workers. Additionally, research should attempt to uncover novel concepts that contribute to burnout, in turn delving deeper into the complexity of worker wellbeing and enhancing the quality of services clients receive.

The findings from this study can also be utilized as tools for direct practice clinicians and human service workers in the field of mental health. If practitioners are aware of the major red flags and contributors for developing burnout, they can take the necessary steps toward prevention. For example, understanding that the relationships workers have in the workplace can negatively impact them can encourage workers to maintain healthy boundaries and communications with those they work with. With practice, these skills can be transferable to worker's direct services to clients, and can serve as an excellent modeling opportunity for clients on self-care.

This study also provides information that is useful for macro practice in the field of social work. Attaining knowledge of the elements that impact burnout would be beneficial for those interested in or already possessing a role as a supervisor or administrator in the mental health field. As mentioned previously, some of the most critical dynamics that contribute to burnout involve the skills and decisions of supervisors and administrators. It is essential for budding and existing administrators to understand the implications for their staff as well as the potential harm done to clients by those experiencing burnout. For example, if a new supervisor has a clear understanding of the interpersonal skills necessary to preserve the wellbeing of their staff, they will be making a positive impact on the mental health field at large and ensuring quality services for mental health clients.

APPENDIX A

FINAL INCLUDED BATCH OF ARTICLES

Table 1. Final Included Batch of Articles

Author and Year	Major Findings	Research Design	Sample	N	IV→DV
Acker (2010)	Perceived competence of mental health professionals in the face of managed care was correlated with burnout (lower competence, higher burnout).	Questionnaires	Social workers from public and community mental health.	N=591	IV: managed care DV: Burnout (low competence in managed care=higher burnout)
Acker & Lawrence (2009)	Social workers who felt confident with managed care organizations reported less burnout. Those working with severe and persistent mental health disorders report less competence and higher burnout.	Questionnaires	Mental health care professionals	N=140	IV: managed care and client mental illness DV Burnout (low competence in managed care + severe mentally ill clients=higher burnout)
Ballenger-Browning et al. (2011)	Mental health professionals who worked with diagnoses of personality disorders, had high caseloads, etc. experienced burnout at higher rates.	Survey using the Maslach Burnout Inventory	Civilian and active duty providers from two U.S. military treatment facilities	N=97	IV: Type of diagnosis DV: Burnout (personality

Table 1. (continued)

Author and Year	Major Findings	Research Design	Sample	N	IV→DV
Ballenger-Browning et al. (2011) (continued)					disorders=higher burnout)
Bowden, Smith, Parker, & Boxall (2015)	Major work stressors included high demands and unmet needs.	Interviews	Frontline mental health workers	N=9	IV=Work stressors DV=Burnout (existence of work stressors=higher burnout)
Gascon et al. (2012)	Physical and nonphysical aggression correlated with symptoms of burnout (emotional exhaustion, depersonalization, and personal accomplishment)	Retrospective study	Public healthcare professionals	N=1826	IV: workplace aggression DV: Burnout (workplace aggression = burnout and related dynamics)
Green, Albanese, Shapiro, & Aarons, (2014)	Positive relationship between age and personal accomplishment/burnout development. The older the professional, the more accomplished they felt.	Surveys	Clinical/case management service providers in public mental health	N=285	IV: Age DV: Burnout (Younger age=higher burnout)

Table 1. (continued)

Author and Year	Major Findings	Research Design	Sample	N	IV→DV
Lasalvia et al. (2009)	Work environment factors, such as poor group cohesion and perceived unfairness, have major impact on development of burnout.	Cross-sectional Survey using the Organizational Checkup Survey	Mental health professionals from public agencies	N=2017	IV: Work environment factors DV:Burnout (negative work environment=higher burnout)
Livni, Crowe, & Gonsalvez (2012).	High quality supervision and supervisory alliance indicate lower levels of burnout and higher levels of job satisfaction.	Cross sectional: Repeated measures within groups and between groups	Supervisors and supervisees in public mental health	N=52	IV: Supervision DV: Burnout (low quality supervision=higher burnout/less job satisfaction)
Merecz, Drabek, & Moscicka (2009)	Employees who experience workplace aggression from clients and coworkers experience higher levels of burnout and have less job satisfaction.	Scales and questionnaires	Public mental health nurses and social service workers	N=1554	IV: workplace aggression DV: Burnout (Workplace aggression=higher burnut)

Table 1. (continued)

Author and Year	Major Findings	Research Design	Sample	N	IV→DV
Roncalli & Byrne, (2015)	Relationships with coworkers had a significant impact on the development of burnout. (did not indicate details as far as types/length/etc of relationships).	Questionnaires	Psychology managers in the public sector (community mental health teams).	N=77	IV: relationships with coworkers DV: Burnout (emotional exhaustion and personal accomplishment) (lack of relationship=higher burnout)
Warren, Schafer, Crowley, & Olivardia, (2012).	Burnout occurs more often in those who treat eating disorders.	Open-ended online questionnaire	Mental health providers who specialize in eating disorder treatment	N=298	IV: Type of disorder DV: Burnout (providing eating disorder treatment=higher burnout)

APPENDIX B

IRB APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) _____ Ashley Newman _____

Proposal Title ____ Contributing Factors of Burnout in the Mental ____
____ Health Field: A Systematic Review _____

___ SW11734 _____

Your proposal has been reviewed by the School of Social Work Sub-Committee of the

Institutional Review Board. The decisions and advice of those faculty are given below.

- -

Proposal is:

___✓___ approved

_____ to be resubmitted with revisions listed below

_____ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____
_____
_____
_____
_____
_____
_____

_____   2/28/2019
Committee Chair Signature   Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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