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UNDERLYING CAUSES OF BURNOUT FOR PRACTITIONERS WHO INTERVENE WITH PERSONS LIVING WITH SUBSTANCE USE

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INTERVENE WITH PERSONS LIVING WITH SUBSTANCE USE

DISORDERS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

————————————————

In Partial Fulfillment

of the Requirements for the Degree

Masters of Social Work

————————————————

by

Michelle Rose Garcia

June 2017

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Approved by:

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ABSTRACT

Professors repeatedly warn students against burnout throughout the years of schooling that is required to earn a credential or license to work with persons who suffer from a substance use disorder. Despite these many warnings, burnout amongst practitioners continues to occur. There has been considerable research done over the years on the phenomenon of practitioner burnout, its causes and how to prevent it. Substance use disorder practitioners' challenges often include high caseloads, difficult cases and lack of self-care. The data collected through an electronic server Survey Monkey allowed for a quantitative cross-sectional analysis which focused on participants' perceptions of the causes of burnout and methods used for self-care. Respondents were recruited from two substance use disorder treatment programs, participation was voluntary. The analysis highlighted that the survey participants (n=30) view self-care as an appropriate intervention against burnout. These findings present: underlying causes of burnout; effective self-care practices for practitioners who are suffering from burnout; and how practitioners with higher education viewed self-care differently. Among the goals of the research done in this project was to bring awareness to; underlying causes of burnout; solutions to prevent burnout and effective techniques currently being used by practitioners that contributes additional knowledge to social work's knowledge on burnout and self-care methods for practitioners experiencing burnout symptoms.

ACKNOWLEDGMENTS

DEDICATION

This project is dedicated to my source of inspiration and determination, my sons Arthur Perez, Jr. and Thomas Raymond Perez.

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CHAPTER ONE

ASSESSMENT

Introduction

The focus of this research project is burnout amongst substance use disorder (SUD) practitioners in both the outpatient and inpatient clinic settings. Because burnout is so prevalent in SUD practitioners, efforts in this research project highlight the underlying causes of burnout: symptoms associated with burnout, insight on how practitioners can recover and how they can prevent future burnout episodes. In addition to the research focus the research paradigm is included in this chapter. The chosen paradigm includes the rationale behind the reason for the chosen paradigm. The researcher has gathered quantitative data during this process and acknowledged concerns SUD practitioners have about burnout. The literature review allowed the researcher to obtain knowledge of how SUD practitioners have identified signs of burnout and what they did to reduce it. The theory provided insight as to how they found themselves experiencing burnout and what they did to resolve it. The results of this research project bring awareness to some of the internal and external stressors that result in burnout and prevent the SUD practitioners from experiencing efficacy.

Research Focus

The research focus in this paper is burnout of practitioners who intervene with persons that suffer from substance use disorders. This research project will partially consist of what the participants identify what they feel are the causes of burnout. In their book Becoming a Helper Corey and Corey (2011) define burnout as "Burnout is a state of physical, emotional, and mental exhaustion that results from constant or repeated emotional pressure associated with an intense, long-term involvement with people (p.354)." Some identified causes are high caseloads, lack of self-care, and lack of proper training. The causes and preventive measures have been further explored by the researcher. The literature on this subject acknowledges the root causes of burnout SUD practitioners are faced with and effective tools to combat burnout. The theory brought light to the how despite warnings during the education process these SUD practitioners have found themselves experiencing burnout on the job. The results of this research provide both the SUD practitioners and their employers with insight on how they can work to enhance working conditions, and provide quality care to the individuals the practitioners are working with. It will prove the hypothesis to be true that the dependent variable burnout can be prevented or reduced through by the independent variables of self-care and support from management.

Paradigm and Rationale for Chosen Paradigm

The positivist paradigm is the best selection of the paradigms for this project. This is because it is based on the objective reality of what the case and effect is perceived by the SUD practitioners and their management. This paradigm focuses on the underlying causes of burnout and solutions to resolve and reduce burnout. This paradigm was chosen based on the researcher's goal to identify the correlation between burnout and self-care. Morris (2014) suggests that a positivist researcher is to begin the development of the research project by carrying out a literature review. Identifying the cause and effect through this process will shed light on how SUD practitioner can prevent burnout. Unlike critical theory where the observer defines the reality using ideologies of his or her social group, a positivist researcher will base his or her assumptions on data that has been gathered from a natural setting producing an accurate understanding of reality (Morris, 2006). This is viewed as a phonetic understanding of the human condition. Using the positivist paradigm allows for statistical analysis of quantitative data to determine if the hypothesis is true and to rule out the null hypothesis.

Literature Review

The literature review allowed the researcher to expand the researcher's knowledge and develop a theoretical perspective for the research topic. Researchers using the positivist paradigm approach have the same obligation as the researchers using the other paradigms, to do a methodical literature review.

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The researcher is also obliged to identify any conflictual findings during the review process. There is a considerable amount of studies that have been done on this topic which resulted in showing that there are various reasons why burnout occurs.

Close to a dozen articles have been reviewed which provided great insight as to how the research can effectively be carried out. The results from the articles showed findings that the organizations management and leadership were a source of stress that cause burnout (Wallace, Lee, & Lee 2010; Broome et al 2009, Knudsen, Ducharme & Roman, 2008). Bruce (2009) has identified three factors in her article recognizing stress and avoiding burnout to consist of work environment, self-care versus other care and personality. Staff turnover rate was also identified as one of the underlying causes to burnout (Knudsen, Ducharme & Roman, 2008).

Effective coping strategies that have been considered by researchers in the reviewed literature are cognitive behavioral therapy, adaptive skill training, reduction in caseload, social support, work performance appraisals, supportive staff (Awa, Plaumann, & Walter, 2009; & Gam, Kim, & Jeon, 2015). Some articles identified mindfulness is a contributing factor to predicting burnout (Taylor & Millear, 2015). Other articles identified contributors to burnout are supply and demand of services, shortened length of authorized treatment episodes and increased demand for counselor accountability (Tartakovsky & Kovardinsky, 2013). Rowalle et al. (2015) have suggested that motive incongruent is a

contributor to burnout and has a negative impact on the counselors over all well-being. Counselors who work with clients that have debilitating diseases often lead to a counselor's feelings of depression, frustration and helplessness (Shoptaw, Stein, & Rawson 2000). Some researchers have identified exhaustion and staff turnover rates as an underlying cause for burnout for some counselors (Broome et al, 2009 & Knudsen, Ducharme & Roman, 2008). Although stress can lead to burnout Pines and Keinan (2005) have separated the two and pointed out the significant difference between stress and burnout.

The goal of this research project is to provide evidenced based techniques and resources to assist persons working as practitioners with persons living with substance use disorders and who are experiencing burnout symptoms to better equip them to deal with burnout. Of course, this research project will not eliminate burnout amongst practitioners but it will bring greater awareness to the underlying causes and measures that can be taken to reduce or eliminate future burnout episodes from occurring. Contributing factors of burnout as well as preventive measures were addressed multiple times during the literature review. Yet there is a need to conduct further research reviews on how to effectively prevent burnout from occurring.

Theoretical Orientation

The theoretical orientation that was be observed during this research project is the cognitive behavioral theory as it will be the best theoretical

approach for this research project. "Cognitive Behavioral Theory is based on three waves of behavioral theory and this approach holds that with active client participation, behavior can be modified through a wide range of tested techniques" (Turner, 2011, p.77). This approach was considered because it assists the individuals' ability to focus on the relationship between thoughts, feelings and behaviors when they are faced with self-destructive behaviors and irrational thoughts that are enhanced by emotions. However, considerations were given to Problem Solving Theory because this theory builds on and seeks to enhance the client's abilities to face psychological problems within the potential of a supportive and focused relationship that combines reality and challenge (Turner, 2011, p.364). This allows for persons in the social work field to implement these theoretical practices when working with practitioners who are experiencing on the job burnout.

Potential Contribution of Study to Social Work Practice

A recurring concept throughout the literature review consisted of strategizing coping strategies to deal with stress and negative emotions that enhances SUD practitioners' self-efficacy and reduces or eliminates burnout altogether. Having success with effective coping strategies will contribute to a healthier work environment, increased productivity, and reduce turnover rates. More importantly it will have a positive lasting impact on the services SUD practitioners provide to their clientele. Accomplishing reduction in burnout will not

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only have a positive impact on the micro level with direct service to the recipients but on the macro level with the service provider. The reduction of burnout on the job will also benefit the personal lives of the SUD practitioners.

Research Question

The question is "What are the underlying causes of burnout and what are the most effective preventive measures being used by practitioners and their employers to prevent, reduce or eliminate burnout?" There have been many articles written over the years regarding burnout for practitioners who work in various settings. The goal of this project is to find out what is working to combat burnout for practitioners who work with individuals suffering from substance use disorders.

Summary

The researcher gave considerations of how through the process of literature review identification of the causes of burnout and effective coping strategies such as self-care and assistance from management can bring awareness for SUD practitioners to maintain or reach self-efficacy. Also, identified in this section is the theoretical approach the researcher considered for the proposal with the primary focus being cognitive behavioral theory and problem solving theory how these approaches in a therapeutic setting will benefit the micro and macro social work practices.

CHAPTER TWO:

ENGAGEMENT

Introduction

Chapter two addresses the engagement stage of this research project. Therefore, the researcher addresses how building rapport with personnel occurred at the research sites. How diversity, ethical and political issues were addressed are also be included in this chapter. In a study based on the positivists' paradigm, the emphasis is on the gathering of quantitative data and the use of technology was also be discussed.

Research Site

The research sites consist of approximately two alcohol and drug treatment centers located in Southern California.

Engagement Strategies for Gatekeepers at Research Site

In order to solicit participation from current SUD practitioners at these facilities the researcher first made contact with the agency management via telephone and when necessary made follow up calls. The researcher informed them of the reason of the study; to find out what has been working for them at their agency to prevent staff burnout. It was the goal of the researcher to have an appointed liaison who the researcher can contact throughout the study.

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At this time the researcher informed them of the purpose of the project. The researcher secured a liaison who would be the contact person throughout the research project to maintain focus and execute the actual survey more easily. Routine contacts were made via email or through phone contacts to ensure participation and keep the liaison/gatekeeper informed of the target dates. A follow up via email, or in person, will be offered to the participating agencies.

Self-Preparation

The researcher scheduled time for obtaining, reviewing and organizing literature review throughout the calendar weeks and months that work is done on this research project. The researcher obtained permission letters from the participating agencies. The researcher also prepared the electronic survey questions. The electronic survey provides an indirect means of obtaining participants input which did not require the researcher to spend a lot of time interviewing participants. This allowed the researcher more time to focus on existing literature for the comparison portion of the research project. The researcher planned on making routine contacts with the gatekeeper to ensure study participation from identified practitioners. The researcher needed to maintain a nonbiased perception of the incoming results from the completed surveys. The researcher was prepared to address any concerns the agencies and or practitioners may have had during data collection phase via telephone, email or in person if requested.

Diversity Issues

The researcher needed to be aware of the potential diversity issues that could have arisen during the survey process. There was a potential for diversity based on gender, age, and or reason for entering the field. The researcher planned for any unforeseen diversity issues that may have arisen during the course of this research project. The researcher would have consulted the research advisor for direction on how to effectively handle any unexpected matters regarding this matter.

Ethical issues

The researcher gave consideration to some potential ethical issues while working on this project. The researcher completed the Human Subjects training which provided invaluable insight on how to avoid violating someone's rights and how to maintain an ethical obligation throughout the research process. However, one issue that could have arisen was that the participants possibly being reluctant to answer the questions in fear of upsetting management. While it was the goal of the researcher to obtain honest feedback from participating practitioners, a disgruntled employee could have said things in the feedback portion that were not favorable towards the management staff. The researcher will ensure participants anonymity through the electronic survey server "Survey Monkey" to avoid any conflict with the staff and their employers. This allowed the

participants to give honest feedback without disclosing which staff provided

feedback.

Political Issues

Any political concerns or issues were addressed prior to the study survey

being implemented with the gatekeepers and the management staff. It was the

positivist researcher's aim to conduct this project with the focus of assisting

current practitioners and the agencies they work for. However, there could have

been apprehension by the employees to be honest in fear of being reprimanded,

treated differently or terminated by their management teams due to their

participation and feedback in the study. The reason for the study being

conducted outside of the county from which the researcher is employed was to

avoid the potential for a conflict of interest to study participants and their

employers. The findings of this research project did not have any negative impact

on either of the participating agencies reputation or standing within the

community that each of them serves. The selected agencies are privately owned

and participation did not affect funding in any way. It was necessary to expand

the research to additional an additional agency but the same safeguards were

put in place to ensure confidentiality and anonymity of participating agencies and

practitioners.

The Role of Technology in Engagement

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The expected technology during the research process was a computer. It assisted in the creating of excel spread sheets for data collection and emails for open lines of communications with agency liaisons and participants. The telephone will also be used for making routine contacts with the participating agencies. The Statistical Package for the Social Sciences (SPSS) data analysis instrument was used to sort out the data and further explore the correlation between burnout and measures being taken by practitioners and participating agencies to prevent, reduce or eliminate burnout.

Summary

This chapter covered steps for the engagement process that included self-preparation with focus on data collection and literature review. It also covered agency and participant selection efforts with considerations for any ethical, diversity or political issues that can occur. A plan to deal with them if they do occur. The use and importance of technology was also covered in this section.

CHAPTER THREE

IMPLEMENTATION

Introduction

This section explains how the research was carried out. Also included is

the selection of study participants and target agencies. It covers how data were

gathered and the various phases of data collection, how data were be recorded,

and analyzed. How the researcher will communicate the outcomes of the findings

with the participants and agencies that participated in the study through the

follow up procedure.

Study Participants

In this study participants consisted of SUD practitioners from two agencies

from the Southern California Region. All participants were over 18 years of age

and will consisted of male and female practitioners. They work in various

treatment settings: intake (initial point of contact with a potential client; residential

(client resides in a facility where treatment is provided); inpatient (medical

observation for detox and withdrawal complications) and outpatient (client

resides at home and attends an outpatient clinic).

The participating practitioners have various titles and job descriptions.

Practitioners provide direct services to persons suffering from substance use

disorder. The practitioners conduct intakes, assessments, provide referrals,

create reports when needed, do record keeping, and provide individual and group education. On occasion and when needed the practitioner will provide crisis intervention services.

Practitioners may also conduct screenings for appropriate level of care, complete assessments, and develop treatment plans, provide crisis intervention, conduct educational groups, provide referrals and complete discharges on clients regardless of the reason the client's treatment is ending. The intake setting is where practitioners conduct screenings and referrals for appropriate level of care. In an inpatient setting the practitioners provide educational groups, individual sessions, psych-social assessment and referrals. The medical treatment is carried out by the medical staff (doctor, nurses and intake specialists). In a residential or outpatient treatment setting the practitioner will facilitate groups, individual sessions, develop treatment plan goals and objectives with the clients and complete necessary documents/reports.

Practitioners needed to maintain some type of license, certification or credential to work with this population. For those practitioners working specifically as an alcohol and drug counselor he or she needed to be registered with a credentialing body within the State of California and be working towards obtaining a credential which requires taking and passing a state exam. This is basically their justification to practice and provide services to alcohol and/or drug clients within the state.

Selection of Participants

The sample of persons participating are a random sample as to meet the criteria for the research design. There are hundreds of agencies within the state that provide substance use disorder treatment services. Data collection required the support of management team at the identified agencies, who helped the study participants understand and be reassured that their participation in this study would not have a negative impact on their employment with the agency. Approximately thirty practitioners from the two agencies participated in the study survey through convenience sampling.

Data Gathering

Data gathering allowed the key informants to identify causes and what preventive measures they are using to keep burnout from occurring or continuing. The researcher gathered quantitative date through the survey which consisted of 29 questions Likert scale type questions. Questions 1-7 collected demographic information and data on their education. Some questions were on self-care and others were on efforts carried out by employers to reduce burnout and the support management provides them. Questions: 8, 9, 10, 11, 13, 18, 20, 21, 22 and 25 measured the dependent variable. The remaining questions measured the independent variable.

It was important to keep the survey short but long enough to gather relevant information about the causes of burnout and current efforts to prevent

burnout from occurring by the study participants and their management team, also, considered was the time it would take the participants to complete the survey so that it would not be burdensome to them and could be taken during their work day. The survey was anonymous and in electronic form.

Phases of Data Collection

Data collection began in December 2016 and ended before April 30, 2017. This provided the researcher enough time to collect the data from the survey and make follow up attempts if all participants have not completed the survey. The electronic survey link was sent to the respective gatekeepers who distributed the link to their identified staff members. Survey Monkey tracked all participants completing the survey and the researcher monitored the system to see if the projected 30-40 participants had completed the survey. In the event that all 30-40 staff members did not complete the survey, the researcher would have made contact with the gatekeeper to inquire if there had been any resistance and or if the staff members were available to complete the survey.

Data Recording

The data collected through the survey process was recorded once the survey was completed by the study participant. The selected electronic survey program also provided statistical analysis. The researcher was able to obtain percentages and needed data from the survey outcomes through Survey Monkey.

Data Analysis

The quantitative data for this research project was analyzed by using the SPSS. Statistical tests measured the correlation between the dependent variable being burnout and the independent variable being methods to reduce or prevent burnout from occurring. It also determined if the hypothesis of self-care and support from management reduces or prevents burnout for practitioners. The goal was to reject the null hypothesis of there being no relationship between burnout and self-care and support from management.

Termination and Follow Up

Termination occurred for survey participants once the survey was completed. Follow up occurred for participating agencies with management and or counseling staff if management elected to have a follow up. A formal thank you via email or letter was mailed to the participating agencies as soon as the surveys were completed. A debriefing statement was created and was available to be disseminated if deemed necessary. However, the researcher did not foresee a need for a debriefing statement for this study due to the non-use of any deception or trickery.

Communication of Findings and Dissemination Plan

For both groups of participants and the participating agencies a link to the study was made available to them to access the results once it was completed. A

copy of the completed study was mailed to the management team of the

participating agencies.

Summary

This section covered the selection of research sites and participants. It

also included the process of gathering data through surveys and how the data

was recorded and analyzed. It covered how the findings were communicated to

the participants and agencies. Lastly, this section included how the termination

process was carried out.

CHAPTER FOUR

FINDINGS AND RESULTS

Introduction

This chapter consists of the statistical analysis results of the data

presented by the respective substance use disorder professionals of the study.

Demographical trends such as gender and age will be provided, followed by

discipline and number of years these practitioners have worked in the field. Cross

tabulations were conducted and breakdown the statistical analysis of the key

elements to the research question: What are the underlying causes of burnout

and what are the most effective preventive measures being used by practitioners

and their employers to prevent, reduce or eliminate burnout? Lastly, a brief

summary on the data provided will conclude this chapter.

Descriptive Analysis

This study's participants provided various rudiments of their social status

within the substance use disorder profession in Southern California. A total of 30

individuals participated in the survey, however, some participants opted out of

certain questions. The data in this study is comprised of demographics: age,

gender, education, discipline and type of workplace.

Of the thirty participants who participated in the study eighteen were

female (n=18) and twelve were male (n=12) (see Table 1). With not all

participants responding to each of the questions in the survey, there are standard errors included in some of the findings.

Data Analysis

Data analysis utilized SPSS statistical software. First, descriptive data were calculated to obtain the measures' psychometric procedures. Secondly, correlations were calculated. Lastly, t-tests and ANOVA's were conducted to measure any possibly statistical significant differences between groups.

Table 1. Gender

Characteristic	Values	N	%
Gender	Male	12	40.00%
	Female	18	60.00%

The ages of the survey participants varied from eighteen years old to seventy-four years old. Although there was an option to select seventy-five years or older, none of the survey participants identified as being older than seventy-four (See Table 2).

Table 2. Age of Respondents

Age	n	%
18-24	1	3.3

25-34	4	13.3
35-44	9	30.0
45-54	7	23.3
55-64	7	23.3
65-74	2	6.7

The highest level of education data shows of the thirty survey participants thirty percent have completed high school and attended some college. Twenty-seven percent have obtained their associates degree, twenty-three percent obtained their bachelor degrees and only twenty percent furthered their education and obtained a graduate degree (see Table 3).

Table 3. Highest Level of Education

Education	n	%
Some college, no degree	9	30.0%
Associate degree	8	26.7%
Bachelor degree	7	23.3%
Graduate degree	6	20.0%

The participants in this study reported their respective educational disciplines. According to the results of this data set, the discipline that had the highest selection was that of the certified alcohol and drug counselor (see Table 4). Although there was the option of choosing doctorate of licensed clinician, this selection was not chosen by any of the persons who elected to participate in this study.

Table 4. Educational Discipline

Discipline	n	%
Certified Alcohol &Drug Counselor	20	69.0%
Nurse	7	24.1%
Masters of Social Work	1	3.4%
Licensed Chemical Dependency Counselor	1	3.4%

The survey participants identified working with substance use disorder clients in various settings. Twenty-two (73.3%) identified working in an inpatient setting, with four (13.3%) identifying working in a residential setting and the remaining four (13.3%) identified working in other settings (see Table 5).

Table 5. Work Setting

Setting	n	%
Inpatient	22	73.30%
Residential	4	13.30%
Other	4	13.30%

The years each of the substance use disorder practitioners have worked in the field varies. A reported 33.3 % have worked in the field for less than five years, while 33.3% have worked in the field from six to ten years, and the remaining 33.3% of the practitioners have worked in the field over ten years (see Table 6).

Table 6. Number of Years Worked

Years	n	%
0-5 years	10	33.3%
6-10 years	10	33.3%
11-19 years	8	26.7%
20+ years	2	6.7%

The study included two questionnaires; burnout and self-care (see Table 7). Chronbach's alphas were run for both scales, with the results displayed in Table 5. The results suggest low internal consistency, a shortcoming of this study.

Table 7. Burnout and Self-Care Scale

Variable	M	SD	Cronbach's a
Burnout Scale	3.64	0.46	0.5
Self-Care Scale	4.69	0.33	0.45

Likert Scale Topics

The Likert scale research topics explored perceptions of what contributes to burnout and what types of self-care prevent or reduce burnout from occurring or lingering in a practitioner's life.

The burnout scale (see Table 6) shows that of the twenty-nine participants who responded to the question of "when I am not satisfied with my overall job performance, it contributes to burnout" whom either agreed (N=15) or strongly agreed (N=13) to this as a cause of burnout. Only one participant (3.4%) selected neither agree or disagreed. When it comes to high caseloads as a contributor to

burnout, the majority of participants agreed (N-18) that high caseloads contribute to burnout. One participant who strongly disagreed and one who disagreed, while there was twenty percent (N=6) who neither disagreed or agreed. The remaining ten percent of participants (N=3) strongly agreed higher caseloads contribute to burnout. In regards to consideration of drinking or using again, fifteen (55.6%) strongly disagreed, five (18.5%) disagreed, and five (18.5%) neither agreed or disagreed and two participants (7.4%) agreed.

Table 8. Burnout Scale by Item

Burnout	Strong Disagree n = 22	Disagree n = 15	Neither Disagree or Agree n = 28	Agree n = 85	Strongly Agree n = 51
	(%)	(%)	(%)	(%)	(%)
When I am not satisfied with my overall job performance, it contributes to burnout	0.0	0.0	3.4	51.7	44.8
I experience higher levels of stress when I have difficult cases	3.4	17.2	17.2	44.8	17.2
Staff turnover contributes to increased stress which contributes to burnout	0.0	3.3	6.7	62.1	27.6
Having a cohesive work environment keeps my stress level down and helps me stay focused	3.4	0.0	10.3	34.5	51.7
High caseloads increase my stress level and contribute to burnout	3.4	0.0	10.3	34.5	51.7
I have quit or considered quitting my jo because of increased levels of burnout	13.8	10.3	20.7	31.0	24.1

I have considered drinking using again as a result of burnout	55.6	18.5	18.5	7.4	0.0

Table 9. Self-care Scale

Self-Care	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
	n = 0	n = 0	n = 0	n = 18	n=40
	(%)	(%)	(%)	(%)	(%)
When I am not satisfied with my overall job performance, it contributes to burnout	0	0	0	10.3	89.7
I experience higher levels of stress when I have difficult cases	0	0	0	51.7	48.3

A two-item, five point, self-care scale was developed for the use of this survey (see Table 7). Participants rated the degree to which they agreed with the presented statements. There was a high percentage of participants who selected that "self-care is essential to my well-being" about 90% strongly agreed with the statement, and another 10% agreed with it. In addition to this finding, about half

(52%) agreed with the statement "when I do not engage in self-care it affects my work and personal life" and the other 49% agreed.

Results

Table 8 presents means, standard deviations, and reliabilities for the study measures. As seen in the table, participants generally reported moderate amounts of burnout (M = 3.64) and strongly agreed that self-care is important (M = 4.69).

To examine the differences between various respondent characteristics, in sense of burnout and self-care, t-tests and one-way ANOVA's were utilized. Pearson's correlations were conducted to examine the links between burnout and self-care with age, years in the field, years in their position, and client load.

Burnout did not significantly correlate with age (r = .09, p > .001), years in the field (r = .10, p > .001), years in their position (r = -.6, p >.001), or client load (r = .18, p > .001). Self –care did not significantly correlate with age (r = .08, P > .001), years in the field (r = .12, p > .001), years in their current position (r = .-17, p > .001), or client load (r = -.21, p > .001).

Table 10. Pearson's Correlations Table

	Burnout		Self-Care	
	r	sig.	r	sig.
Age	0.09	0.614	0.08	0.655
Years in field	0.1	0.595	0.12	0.525

Years in position	-0.06	0.729	-0.17	0.356	
Client load	0.18	0.33	-0.21	0.256	

Table 11. Years in Profession Burnout and Self-Care Scale

	Years In profession	N	Mean	Std. Deviation	Std. Error Mean
Self-Care Scale	Under 5	10	4.70	0.34	0.11
	Over 5	19	4.68	0.34	0.07
Burnout Scale	Under 5	10	3.58	0.39	0.12
	Over 5	19	3.66	0.49	0.11

(t (27) = .117, p = .907, there is no significant difference in self-care between professionals under 5 years In the profession and professionals over 5 years in the profession.
t (27) = -.441, p = .663, there is no significant difference in burnout between professionals under 5 years in the profession and professionals over 5 years in the profession).

However, not all participants responded to the symptoms experienced in question 29 of the survey. Figure 1 shows the survey participants responses.

Figure 1. Self-Care Responses

Response Count

Category	Count
Other (please specify)	4
consult with management when I have a difficult case	20
debrief with management/staff as needed	22
engage in self-care more often	27
attend self help meetings regularly	17
contact my sponsor regularly	14
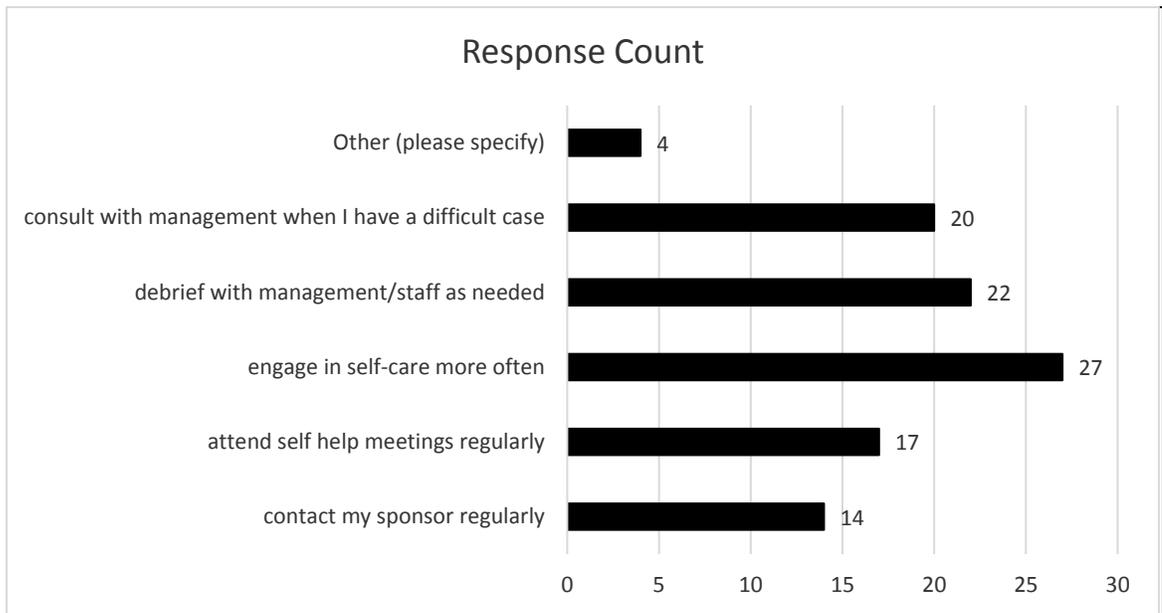
A t-test was conducted to see if there were any differences in burnout or self-care by gender. For gender, $t(27) = 1.36$, $p > .05$, there is no significant difference between genders regarding burnout experienced. For self-care, $t(27) = -.46$, $p > .05$, there is no statically significant deference between genders regarding self-care engagement and beliefs (see Table 10).

Table 12. Independent t-tests for Self-Care and Burnout Scales by Gender

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Self-Care Scale	Female	18	4.67	0.34	0.08
	Male	11	4.72	0.34	0.1

Burnout Scale	Female	18	3.74	0.46	0.1
	Male	11	3.49	0.44	0.12

(t (27) = -.461, p = .648, there is no significant difference between self-care between genders.
t (27) = .180, p = .180, there is no significant difference between self-care between genders)

Analysis of Variance showed a statistically significant difference at the p<.05 level in the self-care scores for the different education groups: F (3,25) =4.09, p=.017 (See Table 13). Analysis of Variance did not show a statistically significant difference at the p< .05 level in the burnout scale scores for the different education groups: F (3,25) = .79, p = .51.

Table 13. One-Way ANOVA for Self-Care and Burnout Scale

		Sum of Squares	df	Mean Square	F	Sig
Self-Care Scale	Between Groups	1.056	3	0.352		
	Within Groups	2.151	25	0.086	4.092	0.017
	Total	3.207	28			
Burnout Scale	Between Groups	0.506	3	0.169		
	Within Groups	5.33	25	0.213	0.792	0.51
	Total	5.836				

F (3, 25) = 4.09, p=.017. There is a significant different in self-care by education.
F (3, 25) = .79, p= .51, there is no significant effect of education on burnout.

Post-hoc comparisons using the Tukey HSD test indicated that the mean self-care scale score for Graduate Degree recipients (M = 5.00, SD = .00) was

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significantly different from non-college graduates (M = 4.56, SD = .30) and

associate degree recipients (M = 4.50, SD = .41). (See Table 14).

Table 14. Mean differences in Self Care Scores by Education Level

Dependent Variable	(I) What is the highest level of school you have completed or the highest degree you have received?	(J) What is the highest level of school you have completed or the highest degree you have received?	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Self_Care_Score	Some college but no degree	Associate degree	.05556	.14782	1.000	-.3679	.4790
		Bachelor degree	-.23016	.14782	.792	-.6536	.1933
		Graduate degree	-.44444*	.15459	.049	-.8873	-.0016
	Associate degree	Some college but no degree	-.05556	.14782	1.000	-.4790	.3679
		Bachelor degree	-.28571	.15678	.482	-.7349	.1634
		Graduate degree	-.50000*	.16318	.031	-.9675	-.0325
	Bachelor degree	Some college but no degree	.23016	.14782	.792	-.1933	.6536
		Associate degree	.28571	.15678	.482	-.1634	.7349
		Graduate degree	-.21429	.16318	1.000	-.6818	.2532
	Graduate degree	Some college but no degree	.44444*	.15459	.049	.0016	.8873
		Associate degree	.50000*	.16318	.031	.0325	.9675
		Bachelor degree	.21429	.16318	1.000	-.2532	.6818

Summary

The results of the study's statistical analysis were reported in this section of the project. Demographics, perceptions of the causes of burnout, self-care methods per the substance use disorder practitioners were reported in the in summaries and tables. Gender, years in the field, and highest levels of education were correlated with various burnout and self-care efforts in t-tests and ANOVA analysis. Included were the descriptive analysis which highlighted the characteristics of gender, years in the field and levels of education of the substance use practitioners who participated in the survey. The statistical results of the data resulted in one significant finding between the independent and dependent variables of the study that will be further discussed in Chapter 5.

CHAPTER FIVE

DISCUSSION, TERMINATION AND FOLLOW-UP

Introduction

The results of the study will be further discussed here. This discussion will cover demographic discrepancies, the overall results of the substance use disorder practitioner's perceptions of burnout and self-care, explanation of findings relevant to the data analysis presented in this chapter. Also, a brief discussion covering implications for substance use disorder practitioners and social workers will be included. Process of termination and follow up with the research site will be included. Lastly, plans to disseminate the findings from this study for consideration by social workers, other researcher and academic institutions will conclude this chapter.

Discussion

The substance use disorder practitioners that participated in the study presented diverse demographic backgrounds. The educational, discipline and years of experience of the respondents provides an assortment of possible outcomes from the questions in the survey. Although there was not a specific question regarding whether or not there were persons in recovery, there were several respondents who identified with burnout leading to thoughts of relapse with alcohol and or other substances.

Information was gathered by this study on how SUD practitioners may experience burnout by not practicing known self-care methods. This study has provided insight on how substance use disorder practitioners experience burnout and how they have taken care of themselves through their years of employment to battle and eliminate burnout. The respondents' overall perceptions of self-care as a result of experiencing burnout was 96%, which was twenty-seven of the twenty-eight practitioners who answered Question 29 of the survey. The t-tests and ANOVA explorations conducted in this study revealed highest level of education had a major influence on the results which are emphasized within the statistical analysis of the study as opposed to gender which did not have a major influence on the results. The study's recorded data suggests that self-care is an appropriate intervention for substance use disorder practitioners who are experiencing burnout.

Termination

Termination with the research site occurred at the end of the data gathering process. Any further contact will be at the request of the research site for the purposes of clarifying data or information contained in this study.

Communication of Findings

The researcher has contacted the research sites to thank them for their permissions and a copy of this project has been provided to them. Also, a poster

illustrating the results of the findings in this study will be prepared for display for faculty and others at CSUSB Poster Day event on June 13, 2017. A copy of the poster will also be forwarded to the gatekeepers at the research sites.

Recommendations for Social Work Practice, Policy and Research

Associating effective use of self-care combined with CBT for recovery from burnout creates opportunities for enhanced social work practices and further research on the subject matter. Given the optimistic view of self-care, this study's data indicates a possibility of implementing self-care as a standard practice at the onset of burnout symptoms.

Although self-care is optional for all substance use disorder practitioners, the results in this study support the idea that self-care in an appropriate intervention and could be considered an enhancement towards therapeutic practices with the respective population. In addition to self-care recommendations, the use of acceptance and commitment therapy as intervention strategy of CBT for practitioners experiencing burnout symptoms is recommended by (Lloyd, Bond, & Flaxman, 2013).

Summary

The study has been concluded with results of the study, the termination process between the researcher and the participants, and dissemination process for the research sites and distribution of findings to all interested parties. Lastly,

recommendations were made for social workers who work with clients who are

experiencing burnout symptoms.

APPENDIX A

SURVEY QUESTIONNAIRE

SURVEY QUESTIONNAIRE:

Survey Questions

1.   What is your age?

2.   What is your gender?

3.   What is the highest level of education you have completed or the highest

degree you have received?

>   Certificate

>   AA/AS Degree

>   BA/BS Degree

>   Graduate Degree

>   LMFT

>   LCSW

Other _____

4.   The credential or license I possess is:

>   Certified Alcohol and drug counselor

>   LMFT/Intern

>   LCSW/Intern

>   Physician

>   Psychiatrist

>   Psychologist

>   Nurse

>   Adjunct Therapist

Other

5.	Which of the following best describes the setting you work in:

Inpatient

Residential

Outpatient

Sober Living

Other

6.	Which of the following best describes the position you hold:

Chemical Dependency Counselor

Doctor

Nurse

Therapist

Admissions Coordinator/Intake Specialist

Administrative staff

7. How long have you worked with clients with substance use disorders?

8. How long have you been in your current position?

9. How many clients are on your caseload?

10. I receive trainings every

Week

Month

other

11.   I find the trainings I receive very useful.

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

12.   I have the opportunity to debrief with staff or management after a crisis or

when a difficult situation arises

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

13.   Self-care is essential to my well-being

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

14.   I engage in self-care

Often   seldom   never

1-------------------2-------------------3

15.   When I do not take the time for self-care it affects my work and personal

life

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

16.   I am satisfied with my overall performance

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

17.   when I am not satisfied with my overall performance it contributes to

burnout

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

18.   I experience higher levels of stress when I have difficult cases

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

19.   when I am experiencing burnout I have the following symptoms (check all

that apply)

        Increased stress

        Lack of productivity

        Apathy

        Detachment ineffectiveness

        Helplessness

        Emotionally drained

        Other (please specify)

20.   Staff turnover contributes increased workload

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

21.   When a client leaves treatment early or relapses, it affects me and

contributes to burnout

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

22. Having a cohesive work environment keeps my stress level down and helps me stay focused

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

23. High caseloads increase my stress level and contribute to burnout

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

24. I have quit or considered quitting a job because of increased levels of burnout

25. my organization's work positively impacts people's lives

26. I have been clean and sober for

years

27. I have a sponsor in recovery who helps me when I am experiencing burnout

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

28. I have considered drinking or using again as a result of burnout

SD   D   NA/D   A   SA

1----------2--------3----------4--------5

29. As a result of burnout I do the following to prevent burnout from occurring again (check all that apply)

Contact my sponsor

Attend self-help meetings regularly

Engage in self-care more often

Debrief with management/staff as needed

Consult with management when I have a difficult case

Other (please specify)

Developed by: Michelle Rose Garcia

APPENDIX B

SCHOOL OF SOCIAL WORK INSTITUTIONAL REVIEW BOARD

SUB-COMMITTEE APPROVAL LETTER

.

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

Researcher(s) _____Michelle Garcia_____

Proposal Title _____Burnout Among Substance Abuse Counselors_____

_____SW 1674_____

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)

_____In your instrument, there is a question between_____
_____Q.7 and Q8_____

_____

_____

_____

_____Janur_____   6/1/16
Committee Chair Signature   Date

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

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APPENDIX C

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences

School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is being conducted by Michelle Garcia, a Master of Social Work student fulfilling graduate school level requirements under the supervision of Dr. Herb Shon at California State University, San Bernardino.

The purpose of the study is to collect information from behavioral health professionals regarding perceptions of underlying causes of burnout for alcohol and drug counselors. The results of this study will contribute additional knowledge to existing literature on causes of burnout and what counselors and their employers are doing to prevent or reduce burnout. You will be asked to participate in a brief survey that will take 10-15 minutes to complete. There are no predictable risks as a result of your contribution to this study. Your identity will be anonymous. Participation in this study is completely voluntary and you are welcome to withdraw at any time without consequence. Questions regarding the participant's rights can be directed to the faculty supervisor, supervising this project, Dr. Herb Shon who can be reached at 909-537-5532 or herb.shon@csusb.edu at the California State University, San Bernardino School of Social Work.

The School of Social Work's Institutional Review Board (IRB) Sub-Committee at the California State University, San Bernardino, has approved this study. The results of this study will be made available at the John M. Pfau Library at the California State University, San Bernardino after December 2017.

By placing an "X" on the line below, I understand that I must be 18 years of age or older to participate in your study, have read and understand this informed consent and agree to participate in your study.

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date

APPENDIX D

APPROVAL LETTER- THE CHAMPION CENTER

The Champion Center

Recover, Renew & Rejoice

LOMPOC HEALTHCARE DISTRICT

303 South C Street
Lompoc, CA 93436-5641
phone:805.875.8800
fax:805.875.8835

Human Subjects
Committee School of
Social Work CSUSB
5500 University
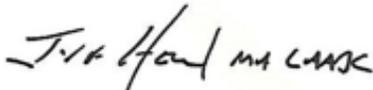Parkway
San Bernardino, CA
92407

3 / 10 / 16

Dear Committee

Members:

This is to confirm that Michelle Garcia has permission to carry
out her research project, Underlying Causes of Burnout for Alcohol
and Drug Counselors at the Champion Recovery Center. She will be
gathering data from Counseling Staff by electronic survey. The
data will be gathered from April 1, 2016 to June 30, 2017.

   Please feel free to contact me at (805) 875-8844 with any
questions.

   Sincerely,

Jeff Henrich, MA, LAADC
Program Director

www.championrecovery.com

APPENDIX E

APPROVAL LETTER- HEMET VALLEY RECOVERY CENTER

Hemet Valley Recovery Center
& Sage Retreat

Human Subjects Committee
School of Social Work
CSUSB
5500 University Parkway
San Bernardino, CA 92407

Date: 3/11/16

Dear Committee Members:

This is to confirm that Michelle Garcia has permission to carry out her research project, Underlying Causes of Burnout for Alcohol and Drug counselors and recovery staff at Hemet Valley Recovery Center. She will be gathering data from Counseling Staff by electronic survey. The data will be gathered from April 1, 2016 to June 30, 2017.

Sincerely,

Sherry Burditt, RN, HN-BC
Director of Clinical Services

371 North Weston Place, Hemet California 92543 Phone (951) 765-4900 Fax (951) 765-4828 Toll Free 1-800-493-0930 www.hvrc.com

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