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Coping and Work-Related Correlates of Burnout for Counselors of Sex Offenders

Sonya A. Adams
Walden University

Walden University

College of Social and Behavioral Sciences

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Sonya Adams

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Eric Riedel, Ph.D.

Walden University
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Abstract

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by

Sonya Annette Adams

MSM, Troy University, 2005

BBA, Fort Valley State University, 1986

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

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Abstract

Burnout affects mental health workers both personally and professionally. Identifying

variables that lead to burnout, such as poor coping skills, may assist organization in

preventing burnout among mental health workers. Most researchers studying burnout in

the mental health field have focused on human service workers in general. There is a gap

in the literature concerning job burnout among counselors of sex offenders. The theory of

cognitive appraisal and coping was the theoretical foundation for this study. The purpose

of this quantitative study was to examine whether problem-focused coping and emotion-

focused coping, genders, years of experience, and caseload size predict job burnout in

counselors who treat sex offenders. Surveys containing items from the Maslach Burnout

Inventory and the COPE Inventory along with demographic questions were distributed to

counselors of sex offenders who were members of the Association for the Treatment of

Sexual Abusers. Data from 86 complete questionnaires were analyzed using simple linear

regression and analysis of variance. Caseload size was found to be a statistically

significant predictor of the depersonalization aspect of burnout. It, however, was not

statistically significant predictor of emotional exhaustion and reduced personal

accomplishment. In addition, coping, gender, and years of experience were not

significant predictors of burnout. The findings have the potential of stimulating positive

social change by making treatment providers more aware of the factors that contribute to

burnout among counselors of sex offenders. If providers give these counselors a more

manageable caseload, they may be able to reduce their burnout, leading to a higher

quality of care for offenders and improved well-being for counselors.

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Dedication

I dedicate my dissertation to my best friend Lachone Ann Kimbrough, who is no longer with us. You believed in me when I didn't believe in myself. You were the first to encourage me to follow my heart and achieve my dreams. I wish you were here to share this milestone with me. You are truly missed.

Acknowledgments

Completing my dissertation impacted my life both personally and professionally. This was a very intense journey that required a lot of sacrificing from myself, family, and friends. I would like to thank the people who made the sacrifice to help me complete this journey. First, I would like to thank my mom Mrs. Katie Adams for her continued belief in me in all my endeavors. I would like to thank my siblings and family members, especially my sister Sheila Green who kept me grounded and helped me relax during the tough times. I would like to thank my chairperson, Dr. Sharon Xuereb for her support, patience, and kindness. I really appreciate you. Also, my committee member Dr. Rhonda Ann Bohs for being so supportive and positive. I would like to thank my good friend and "crisis manager" Dana Scott. She encouraged me to keep going when I was tired and didn't want to go any further. Thanks for believing in me and pushing me to keep going. I would like to thank my good friend Rashida Perez for helping decrease the stress in my life by encouraging me to enjoy life during the process. Marcia Allen was there when it all began and she hung in there with me to the end. You kept me grounded during the very tough times. Thank you for being my friend and confidant. I want to say thank you to my coworkers who became my friend. I appreciate all of you.

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Chapter 1: Introduction to the Study

Introduction

Working in the human services profession can be both rewarding and fulfilling but burnout is a possible consequence. Job burnout rates have been steadily increasing among human service workers because these workers are often required to spend a significant amount of time with clients (Thomas, Kohli, & Choi, 2014). Job burnout can occur in response to the amount of time and interaction that human service workers focus on clients' psychological, social, and physical problems; this level of engagement can become emotionally demanding to these workers (Maslach & Jackson, 1981). Job burnout is defined as the inability to perform clinical duties effectively because of emotional or physical duress, personal discouragement, and indifference toward symptom stress (Puig et al., 2012).

Burnout is a syndrome characterized by feelings of emotional exhaustion, cynicism, and lack of personal accomplishment (Finney, Stergiopoulos, Hensel, Bonato, & Dewa, 2013). Human service workers are people whose work is focused around interaction with people (Finney et al., 2013). Human service workers can include but not limited to mental health counselors, social workers, and therapists.

Counselors of sex offenders are consistently tasked with processing sexually explicit and conceivably disturbing information during therapy sessions (Slater & Lambie, 2011). Because of these interactions, more than 54% of counselors reported feelings of frustration; cynicism, emotional exhaustion, and depression. These feelings also contribute to the increase in job burnout (Slater & Lambie, 2011). It is important for

mental health counselors who treat sex offenders to develop and maintain a therapeutic

relationship as well as establish treatment efficacy (Carmel & Friedlander, 2009).

However, burnout can result in the inability to perform clinical duties effectively because

of emotional or physical duress, personal discouragement, and indifference toward the

impact of stress-related concerns (Puig et al., 2012). It may, also, have a negative impact

on the treatment provided to clients (Slater & Lambie, 2011). Maslach and Leiter (1996)

stated that long-term burnout becomes more difficult for human service workers to

manage. Effective coping strategies may enhance the counselor's ability to manage stress

and burnout and prevent emotional and physical issues (e.g., emotional exhaustion and

fatigue) that can occur (Shin et al., 2014).

Job burnout is a concern for human service workers because it can result in poor

job performance, higher staff turnover, depression, anxiety, decreased job satisfaction,

and depersonalization (Shin et al., 2014). The personal development of counselors

impacts the quality of care and treatment for sex offenders. Thus, establishment of

effective coping strategies is needed to manage the stress and job burnout associated with

counselors' job responsibilities (Gnilka, Chang, & Dew, 2012). Even though burnout is

common among counselors of sex offenders, certain factors are correlated with burnout

and can impact the level of exhaustion (Thomas et al., 2014). For example, coping

strategies, gender, years of experience and caseload size can influence the intensity of

burnout.

Burnout negatively impacts the emotional, physical, and psychological health of

counselors. Stress, fatigue, depression, anxiety, irritability, and cardiovascular disorders

are potential symptoms of burnout (Vladut & Kallay, 2010). Identifying variables and understanding predictors of burnout which increase the chances of developing burnout may positively impact the psychological well-being of mental health workers. Despite its frequency and connection with emotional and physical health issues, more attention needs to be focused on reducing burnout (Morse et al., 2012). This problem needs to be investigated further because identifying and understanding predictors of burnout may positively impact the quality of care that sex offenders.

In Chapter 1, an overview of job burnout is provided with the focus on the impact and implications of burnout for mental health professionals. In addition, a background of key issues related to the study phenomenon, factors that contribute to burnout, and identified variables that may be predictors of burnout are discussed. Also, research questions and hypotheses, theoretical foundation, nature of the study, and assumptions are addressed. Following this content is a summary of the main points of the chapter.

Background

Job burnout among human service workers is a heavily researched topic. Losing the ability to be energetically involved at work has lessened the overall effectiveness of organizations, leading to a decrease in productivity, financial impact, and lower rates of job satisfaction among employees (Leiter et al., 2013). Many researchers studying burnout have focused on human service workers in general (Leiter et al., 2013). Dean and Barnett (2011) and Dreier and Wright (2011) conducted qualitative studies in which they explored the experiences of therapists who treat sex offenders. Gould, Watson, Price, and Valliant (2013) conducted an exploratory investigation to examine the relationship

between burnout and coping mechanisms used by correctional officers. Based on my review of the literature, there is a gap in the literature related to the impact of job burnout on counselors of sex offenders specifically.

Long-term job stress can lead to burnout in the workplace, which can lead to feelings of exhaustion, cynicism, ineffectiveness, and lack of personal accomplishment (Gould et al., 2013). Adult correctional facilities are an area of high stress and increased job burnout because of the constant interaction with offenders and job risk factors (Gould et al., 2013). Workers are tasked with aiding in offender rehabilitation and preparing them for reentry into society, which ultimately can contribute to the prevention of recidivism. The stress involved can negatively impacts productivity and employee morale (Finney et al., 2013).

Human service workers experience burnout at a higher rate because of the increase in caseload, role ambiguities, declining wage rates, and lack of opportunities for growth (Thomas et al., 2014). Some researchers studying burnout have focused on the impact of caseload size because it may contribute to the high levels of emotional exhaustion (Thomas et al., 2014). The demanding workload and caseload size has been connected to increased burnout (Thomas et al., 2014). Specifically, organizational stressors such as caseload and role conflict may interact with individual factors such as personality and family problems and can lead to mental and physical health problems for employees (Thomas et al., 2014).

Finney et al. (2013) identified five categories of work-related or organizational stressors among human service workers such as social workers and nurses that can lead to

burnout. The first category includes the job stressors that are intrinsic to the job such as heavy caseload (Finney et al., 2013). The second category is the role within the organization that can lead to role ambiguity and role conflict (Finney et al., 2013). The third category is career development which includes upward mobility within the organization (Finney et al., 2013). The fourth category involves the interaction between subordinates, coworkers, and supervisors (Finney et al., 2013). The fifth and final category involves the organizational structure and climate (Finney et al., 2013). Organizational stressors, if not addressed at the organizational level, can have negative consequences on human service workers. Hence, organizational support is needed to prevent or decrease burnout (Finney et al., 2013).

According to Vladut and Kallay (2010), work stress and burnout can infiltrate workers' personal lives. Human service workers often struggle to negotiate the relationship between their individual and work selves' due to the stressors that result from working with sex offenders. Their personal and professional lives can be impacted by their work. Those who suffer from burnout are unable to cope with the distress caused by job burnout in their private lives, Vladut and Kallay (2010) found. I conducted this study to examine whether the experience of burnout among counselors who treat sex offenders may differ based on coping, genders, years of experience, and caseload size.

Problem Statement

Researchers have found that counselors experience a high level of job burnout due to the demands of their jobs (Puig et al., 2012) and that burnout has a negative impact on the treatment they provide (Slater & Lambie, 2011). Burnout is a concern because it can

result in poor job performance, higher staff turnover, depression, anxiety, decreased job satisfaction, and depersonalization (Shin et al., 2014).

While research exists on job burnout (Gould et al., 2013; Puig et al. 2012), limited research is available, according to my review of the literature, on the coping strategies of counselors who treat sex offenders and how those strategies affect job burnout. Elliott and Daley (2013) define coping as stabilizing cognitive and behavioral efforts by individuals to manage external and or/internal demands which they perceive as exceeding their personal resources. Identifying factors that lead to burnout such as poor coping skills is important in the prevention of burnout (Gould et al., 2012). Thomas et al. (2014) found that gender, years of experience, and caseload size significantly contributed to job burnout for human service workers. However, according to my review of the literature, researchers have not studied the impact of these factors on counselors who treat sex offenders.

Many previous researchers have focused on job burnout in human service workers (Slater & Lambie, 2011). To address a gap in the literature, I addressed job burnout among counselors treating sex offenders. Because of the repeated exposure to sexually explicit information, more than 54% of counselors reported feelings of frustration in their jobs; cynicism, emotional exhaustion, and depression were found to contribute to the increase in job burnout among counselors (Slater & Lambie, 2011). Given the negative implications of burnout, more research is warranted.

Purpose of the Study

The purpose of this study was to examine burnout among counselors and identify variables that are correlated with the development of burnout in counselors of sex offenders. I conducted a quantitative descriptive correlational research design to examine the relationship between the predictor variables (coping, gender, years of experience, and caseload size) and the dependent variable (job burnout). In this study, research to determine whether gender, years of experience, and caseload size predict burnout in counselors of sex offenders was conducted. I measured the level at which counselors experience emotional exhaustion, depersonalization, and feelings of accomplishment. Understanding the factors that contribute to the development of burnout is important in the treatment process for sex offenders and for the health and wellness of counselors. In conducting this investigation, I sought to provide empirical knowledge of the coping strategies that can decrease burnout among counselors of sex offenders.

Research Questions and Hypotheses

I sought to answer four research questions and test four corresponding sets of hypotheses. To measure burnout experienced by counselors of sex offenders, I used the Maslach Burnout Inventory (MBI-HSS; Maslach & Jackson, 1993). The MBI-HSS has three dimensions, including emotional exhaustion, depersonalization, and feelings of accomplishment. The COPE Inventory (Carver, Scheier, & Weintraub, 1989) measures the presence of problem-focused coping and emotion-focused coping strategies.

RQ1- Does problem-focused coping, as measured by the COPE Inventory, predict burnout, as measured by the MBI-HSS, in counselors of sex offenders?

$H_0$1- Problem-focused coping is not a predictor of burnout in counselors of sex offenders.

$H_1$1 Problem-focused coping is a negative predictor of burnout in counselors of sex offenders.

RQ2 – Does emotion-focused coping, as measured by the COPE Inventory, predict burnout, as measured by the MBI-HSS, in counselors of sex offenders?

$H_0$2- Emotion-focused coping is not a predictor of burnout in counselors of sex offenders.

$H_2$2- Emotion-focused coping is a negative predictor of burnout in counselors of sex offenders.

RQ3- Is gender a significant predictor of the three dimensions of burnout, as measured by the MBI-HSS, in counselors of sex offenders?

$H_0$3 – Gender is not a significant predictor of burnout for counselors of sex offenders.

$H_3$3 – Gender is a significant predictor of burnout for counselors of sex offender.

RQ4- Do years of experience positively predict the three dimensions of burnout, as measured by the MBI-HSS, in counselors of sex offenders?

$H_0$4- Years of experience are not a statistically significant predictor of burnout in counselors of sex offenders.

$H_4$4- Years of experience are a positive predictor of burnout in counselors of sex offenders.

RQ5- Does caseload size positively predict the three dimensions of burnout, as measured by the MBI-HSS, in counselors of sex offenders?

$H_0 5$ – Caseload is not a statistically significant predictor of burnout for counselors of sex offenders.

$H_5 5$ – Caseload is a positive predictor of burnout for counselors of sex offenders.

Theoretical Foundation for the Study

The theoretical framework for this study was Lazarus and Folkman's (1987) theory of cognitive appraisal and coping. The four components of the theory of cognitive appraisal and coping are the primary appraisal process, secondary appraisal process, a coping response, and the outcome (Lazarus & Folkman, 1987). The core factors of the appraisal process is how people evaluate what is happening to them and how they cope during stressful situations (Lazarus & Folkman, 1987).

During the primary and secondary appraisal processes, individuals assess a stressor and determine whether they can manage the situation (Lazarus & Folkman, 1987). The coping stage is how a person chooses to manage the situation, and the final stage is outcome of the situation (Lazarus & Folkman, 1987). The premise of this theory is that, when coping is effective, stress is managed well, whereas, when coping is ineffective, stress rises and impairs functioning (Lazarus & Folkman, 1987).

Lazarus and Folkman (1987) asserted that coping is a process and can only be studied if a comparison can be made between what happened at one moment and what happened at another moment. Such an analysis requires the ability to study a person in different contexts to understand the person's experience of stress and ability to cope with

stressors (Lazarus & Folkman, 1987). Primary appraisal is when individuals appraise whether they should be feeling threatened, whereas secondary appraisal is when individuals evaluate whether they have the coping resources necessary to cope with the stressor (Lazarus & Folkman, 1987). There is an assumption that there is an interchange between primary appraisal, secondary appraisal, and coping (Lazarus & Folkman, 1987). For example, when risks are high, there should be a deployment of coping activity as it relates to primary appraisal. The secondary appraisal occurs when the individual is trying to determine if anything can be done after the stressor occurs (Lazarus & Folkman, 1987).

In the theory of cognitive appraisal, the primary appraisal process is centered on the significance of the situation to the individual, and secondary appraisal is the evaluation of the individual's ability to cope with the stressors of the situation (Lazarus & Folkman, 1987). The results of a study conducted by Gomes et al. (2013) indicated a connection between perceptions of stress on work activity and burnout. Furthermore, the primary and secondary cognitive appraisals mediated the relationship between work-related stress and burnout in the work setting (Gomes et al., 2013). The results of the study can aid in explaining the responses to work-related stress. In the current study, it is argued that effective coping strategies are needed to address the stressors involved with treating sex offenders. Chapter 2 will provide a more detailed explanation of Lazarus and Folkman's (1987) theory of cognitive appraisal and coping.

Nature of the Study

In this study, a quantitative research methodology with regression analysis was conducted to examine whether coping strategies, gender, years of experience, and caseload size predict job burnout among counselors who treat sex offenders. This method was selected to examine the relationship between the variables. The independent variables are coping strategies, gender, years of experience, and caseload size. The dependent variable was job burnout of mental health counselors who treat sex offenders. A quantitative methodology was chosen because the participants are randomly selected, which usually requires a larger sample from the population of interest. Also, the information collected can be used to quantify data and the results may be generalized to a larger population of counselors of sex offenders. Furthermore, understanding how variables predict another variable (in this case, burnout), can only be done using regression analysis, which is a quantitative methodology.

The instruments used included the COPE Inventory (Carver, Scheier, & Weintraub, 1989) and MBI-HSS (Maslach & Jackson, 1993) to measure how the demographic variables and coping strategies impact burnout in counselors. The questionnaires were sent in an electronic format to counselors of sex offenders who are members of Association for the Treatment of Sex Abusers (ATSA). ATSA is an international, multi-disciplinary organization dedicated to preventing sexual abuse (Christopher, 2014). The data collected through the questionnaires included coping strategies, gender, years of experience, and caseload size. The information from the study

may help develop effective coping strategies needed to manage the level of burnout in counselors of sex offenders as well as decrease the level of recidivism for sex offenders.

Definitions

Burnout: Maslach and Jackson (1981) defined burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment; it is a reaction to chronic job stress associated with those who do people-work of some kind.

Caseload size: Is the number of clients assigned to the counselor.

Coping: Coping is a cognitive and physiological response to reduce or minimize stressful situations. Lazarus and Folkman (1987) defined two kinds of coping strategies. Problem-focused coping is the person's attempt to act on or change the perceived stressor or stressful situation, and emotion-focused coping involves trying to reduce the negative emotional responses associated with stress such as anxiety, fear, or depression, associated with stress by seeking emotional support.

Counselors of sex offenders: Health care professionals who work alongside primary care physicians to provide care to sex offenders.

Depersonalization: Depersonalization represents negative feelings of cynicism, lack of empathy, and emotional detachment from the client (Shin et al., 2014).

Emotional exhaustion: Emotional exhaustion is the inability to feel compassion for clients (Oser, Biebel, Pullen, & Harp, 2013)

Emotion-Focused Coping: This method of coping involves acceptance of responsibility, positive reappraisal, or distancing from the stressor (Lazarus & Folkman, 1987).

Gender: Defined as men or women

Job stress: Job stress is the psychological response that arises from individual and organizational stressors in the workplace (Finney et al., 2013). Stress is a significant work-related hazard and can negatively impact mental health workers' physical and psychological well-being as well as their job performance (Childs & Stoeber, 2012).

Personal Accomplishment: Personal accomplishment is the feeling of incompetence and lack of personal achievement in one's job (Shin et al., 2014).

Problem-Focused Coping: The person's attempt to act on or change the perceived stress (Lazarus & Folkman, 1987).

Recidivism: Recidivism is the measure of times a sex offender repeats or relapses in the same criminal or delinquent behavior.

The Association for the Treatment of Sex Abusers (ATSA): ATSA is an association of professionals that promotes the philosophy that empirically-based assessment, practice, management, and policy strategies will: enhance community safety, reduce sexual recidivism, protect victims and vulnerable populations, transform the lives of those caught in the web of sexual violence, and illuminate paths to prevent sexual abuse (Christopher, 2014).

Theory of Cognitive Appraisal and Coping: Lazarus and Folkman's (1987) theory of cognitive appraisal and coping explained the relationship between stress and coping using four processes: primary appraisal, secondary appraisal, coping response, and outcome.

Years of experience: is a measure of the length of time the counselor has been providing service to sex offenders.

Assumptions

In this study, it is assumed that counselors of sex offenders experience substantial burnout. The MBI-HSS which is considered a valid and accurate method for measuring burnout was performed to examine whether counselors are experiencing burnout. There are three dimensions of burnout included in the MBI-HSS; emotional exhaustion, depersonalization, and reduced personal accomplishment.

There is also an assumption that the sample was representative of ATSA members, to including those suffering from burnout and those who are not experiencing burnout. It is also assumed that coping strategies, gender, years of experience, and caseload will predict burnout in counselors of sex offenders. The assumption is that the participants in the study understood and responded honestly to the MBI-HSS survey, COPE Inventory survey, and the demographic survey. Also, participants understood they could withdraw from the study at any time and the results would remain confidential.

Scope and Delimitations

The purpose of the study was to examine how coping strategies, gender, years of experience, and caseload size impact burnout in counselors of sex offenders. The focus of this study is on clinicians who have worked with sex offenders at least two years and focus on reducing sexual recidivism, protecting vulnerable populations, and providing care to transform the lives of sex offenders. The research participants were current members of ATSA. Non-members of ATSA were not participants of the study.

The current study included members of ATSA and due to the selected population sample, generalizability may be specific to people who meet the qualification needed to join ATSA. ATSA allows student membership into the organization but student members of ATSA were not included in the sample of participants. The results of the study may not be applied to counselors of sex offenders with less than two years of experience.

Limitations

There are limitations to this quantitative research study. The first limitation involves using a self-report survey method. According to Poghosyan, Aiken, and Sloane (2010), the MBI-HSS is a self-administered survey with high validity and reliability that is widely used to assess burnout. There is a potential for response bias related to the interaction from members of ATSA without the presence of an administrator. The bias can be minimized because of the anonymity and confidentiality of the participants in the study. Burnout among counselors of sex offenders should not be assumed, because the participants in the study may or may not experience burnout when working with sex offenders. The data were collected and the results of the data analysis were reported without bias.

The use of a convenience sample of counselors of sex offenders who are members of ATSA will not assure a representation from the population of all counselors of sex offenders. There are other organizations for people who treat sex offenders and they may respond differently than members of ATSA. This would lead to different findings for this study. Because of this, the results must be applied to counselors outside of ATSA with caution. The independent variables used in this study were gender, years of experience,

and caseload size. It is possible that other factors or variables may have contributed to the burnout experienced by the participants in the study.

Significance

This study contributed to advancing knowledge of burnout and the possible impact of coping strategies, demographic issues, and work-related factors for counselors who treat sex offenders. According to Gnilka et al. (2012), negative coping strategies relate to undesirable emotional and psychological outcomes such as burnout. The study's original contribution was to examine how positive coping strategies, gender, years of experience, and caseload size can reduce or eliminate job burnout in counselors, who treat sex offenders. The possibility these variables can predict job burnout amongst counselors who treat sex offenders has not been examined in previous studies. The identification of predictors of burnout could help organizations develop strategies to avoid certain aspects of burnout among employees.

Potential implications for positive social change include preventing job burnout in counselors of sex offenders. Preventing burnout can lead to better job performance, decreased turnover, and less time off from work. The findings may lead to several interventions by the organization or the individual to decrease the level of burnout, thereby improving well-being amongst counselors of sex offenders.

Summary

The increase in job burnout and turnover among counselors of sex offenders impacts the quality of care provided to them. With the added responsibilities to the community and the organization, developing effective coping strategies could benefit

health and well-being of counselors. Also, effective coping strategies can provide a safer environment for populations that are vulnerable to sex offenders such as children and adolescents. Coping is a cognitive and physiological response to reduce or minimize stressful situations. Lazarus and Folkman (1987) defined two kinds of coping strategies. Problem-focused coping is the person's attempt to act on or change the perceived stressor or stressful situation, while emotion-focused coping involves trying to reduce the negative emotional responses associated with stress such as anxiety, fear, or depression, by seeking emotional support. Job burnout has been measured in terms of emotional exhaustion, depersonalization, and lack of personal accomplishment for counselors.

In chapter 2, a brief restatement of the problem and purpose of the study was provided. The review of literature, which is the focal point of the chapter, provided a synopsis of the current literature as well as an in-depth review of research related coping, gender, years of experience, caseload size, and job burnout in mental health counselors. The literature search strategy discussed in this chapter pinpointed the library databases and search engines used as well as the key search terms used to locate peer-reviewed journal articles. In addition, the chapter included the rationale for the choice of the theory selected, and a summary concluded of the chapter.

Chapter 2: Literature Review

Introduction

Having a greater understanding of burnout among mental health professionals is important. Job burnout rates among human service workers have been steadily increasing (Thomas et al., 2014), and researchers have found that 21% to 67% of mental health professionals may be experiencing a high level of job burnout (Morse, Rollins, Monroe-DeVita, & Pfahler, 2012). Job burnout is defined as the inability to perform clinical duties effectively because of emotional or physical duress and personal discouragement (Puig et al., 2012). In their seminal study on burnout, Maslach and Jackson (1981) identified three dimensions of burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment. The three dimensions are key in determining the level of burnout of human service workers.

Burnout is associated with adverse health and work-related consequences, such as decreased work productivity, increased absenteeism, and decreased functioning in many areas of physical and emotional health, including exhaustion and insomnia (Warren, Schafer, Crowley, & Olivardia, 2013). Acker (2010) studied 591 social workers in New York and found that levels of burnout, specifically, emotional exhaustion and depersonalization were related to increased flu-like symptoms and gastroenteritis.

Researchers have examined the impact of job burnout (see Gould et al., 2013; Puig et al., 2012), but few have explored the effects of the coping strategies used by counselors who treat sex offenders, according to my research. Understanding how certain demographic and work-related variables impact a person's ability to cope may be crucial

in decreasing or preventing job burnout (Puig et al., 2012). Minimal research exists on effect of these variables on counselors who treat sex offenders. Thomas et al. (2014) concluded that gender, years of experience, and caseload size significantly contributed to job burnout for human service workers.

The purpose of this quantitative study was to explore whether coping strategies, gender, years of experience, and caseload size predict job burnout in counselors who treat sex offenders. Burnout can result in the inability to perform their duties (Puig et al., 2012). Identifying factors that lead to burnout such as poor coping skills are important in its prevention (Gould et al., 2013). This study identified strategies that provide support for mental health counselors who treat sex offenders and experience burnout as a result.

In Chapter 2, the literature search strategy, theoretical foundation, and the literature review is discussed. The literature review is comprised of subtopics that include job burnout, coping strategies, gender, years of experience, and caseload size. This chapter concludes with a summary to highlight key points of the chapter.

Literature Search Strategy

In the literature search for this study, the research was conducted by accessing resources available online through the Walden University research databases, including Academic Search Complete, Business Source Complete, CINAHL Plus with Full Text, Google Scholar, ProQuest Criminal Justice, PsycARTICLES, PsycINFO, and Sage Premier. The keywords used included *burnout*, *coping*, *counselors*, *human services workers*, *sex offenders*, *gender, caseload size*, and *experience.* The focus of the research was job burnout in counselors of sex offenders but expanded to include job burnout for

human service workers because of the limited studies available. The literature selected offered full-text information dated within the last five years on the subject of burnout and coping. Also, the articles relevant to the study on the research topic were selected and included in the literature review.

Theoretical Foundation

Lazarus and Folkman's (1987) theory of cognitive appraisal and coping includes four specific areas -- namely, primary appraisal, secondary appraisal, coping response, and the outcome. The principal concept of this theory is that primary appraisal, secondary appraisal, and coping strategies facilitate the relationship between the stressor and a person's stress outcome (Lazaraus & Folkman, 1987). The use of cognitive appraisal aids in determining whether a demanding situation gives rise to stress (Gomes, Faria, & Goncalves, 2013).

Because not all stressors lead to negative outcome, it is during the primary appraisal process, that a person evaluates the stressful event in relation to their health and well-being (Goh, Sawang, & Oei, 2010). According to Lazarus and Folkman (1987), a person assesses the harm, anticipated threat, and complications that may arise. For example, a counselor during primary appraisal might acknowledge that they have a very high caseload, which they may view as a threat or they might conclude that they can manage this high caseload.

Secondary appraisal is triggered when, in the primary appraisal stage, the person perceives the stressful event as a threat in this secondary appraisal state, the person assesses the coping resources needed to manage the threat or challenge (Lazaraus &

Folkman, 1987). If there are resources available to meet the demands of the job, then the

outcome will be positive. However, if the resources are not available and counselors are

unable to cope, their level of stress increases which could lead to job burnout.

The theory of cognitive appraisal and coping underpinned this research study.

Cognitive appraisal processes are very important for understanding human responses to

stressful situations because the experience of stress depends on how a person appraises

the situation and the coping resources used. Lazarus and Folkman's (1987) theory of

cognitive appraisal and coping was used to explore the importance of how people

evaluate what is happening to them and how they cope during stressful situations. This

theory provides a basis of understanding the appraisal process when managing stress and

coping.

Literature Review Related to Key Variables

Burnout was discussed in 1975 when practitioner Freudenberger and researcher

Maslach began to write about this phenomenon (Maslach, Leiter, & Jackson, 2012).

Freudenberger (1975) was the first to discuss burnout in scientific terms. Freudenberger

defined burnout as a psychological syndrome in response to interpersonal stressors on the

job. Maslach and Jackson (1981) characterized burnout as having three key dimensions

of exhaustion, cynicism, and lack of personal accomplishment. Burnout is a

psychological strain that is related to excessive emotional demands, job stressors, and

interpersonal stressors related to dysfunctional work conditions. The person experiences

negative attitudes and feelings about their job functions (Chen et al., 2012).

The MBI-HSS, developed by Maslach and Jackson (1981), is the most common measure of burnout. Emotional exhaustion is the inability to feel compassion for clients (Oser et al., 2013), or the feeling of being depleted of one's emotional resources and experiencing physical and emotional fatigue (Shin et al., 2014). Depersonalization represents negative feelings of cynicism, lack of empathy, and emotional detachment from the client; reduced personal accomplishment is the feeling of incompetence and lack of personal achievement in one's job (Shin et al., 2014).

In a study of 29 directors at a community mental health center, it was found that two-thirds reported high emotional exhaustion and low personal accomplishment. Half of them also reported high levels of depersonalization (Morse et al., 2012). Thus, it is determined that mental health professionals are highly susceptible to developing job burnout (Volpe et al., 2014).

Stress in Relation to Burnout

Workplace stress and burnout affect between 21% and 67% of employees working in the community (Morse et al., 2012). Stress and burnout are often used synonymously but there are differences between the two. Stress is a significant work-related hazard and can negatively impact mental health workers' physical and psychological well-being as well as their job performance (Childs & Stoeber, 2012). For instance, symptoms of chronic work-related stress include increased risk for cardiovascular diseases and mood disorders (Melchers, Plieger, Meermann, & Reuter, 2015).

Studies have identified stressors specific to the mental health profession. In addition, the relationship often experienced between the clinicians and the patients is demanding, such as difficult interactions with other disciplines and threats from violent offenders (Rossler, 2012). Stress produces a sense of urgency and seems to intensify effects of physical and psychiatric disorders such as depression and anxiety (Dewa, Thompson, & Jacobs, 2011). In addition to depression and anxiety, stress is the leading cause of employee absence, which negatively impacts organizational productivity (Childs & Stoeber, 2012).

Stress can be understood as losing the ability to be energetically involved in work- related activities (Leiter et al., 2013). Energy is the most immediate physical and psychological resource available to workers and prolonged exhaustion weakens energy levels (Leiter et al., 2013). Stress is individualized, subjective, and affected by individual differences and situational factors (Gardner & Fletcher, 2009). Stress signals danger and prepares the person to act and respond to the stressor. It is a stimulus and excessive stress can lead to burnout (Gandi, Wai, Karick, & Dagona, 2011).

Stress can give rise to positive as well as negative outcomes. Eustress is a positive psychological response to a stressor and distress is a negative psychological response to a stressor. A positive outcome such as stress-related growth and positive personal change occurs when counselors utilize appropriate resources. Resources can include job control and organizational support (Gardner & Fletcher, 2009). Long-term job stress can lead to a negative outcome such as job burnout and is typically characterized by feelings of exhaustion, cynicism, and lack of personal accomplishment (Finney et al., 2013).

According to Onyett (2011), some of the main stressors reported by mental health workers include a heavy workload or increased job demands, lack of resources to meet the demands of the job, lack of recognition or rewards from the organization, and organizational problems. Also, chronic exposure to high work stress can transform into mental disorders and disability. According to Dewa et al. (2011), workers who perceive their job as highly stressful considers their actions to adversely impacts coworkers and the work environment. The intense workload and lack of resources make it difficult to meet organizational goals. The lack of rewards can negatively impact the organization by decreasing the value of the employee and their work. This can lead to increased perception of incompetence. Appropriate rewards build intrinsic pride, professional satisfaction, or financial gain (Vladut & Kallay, 2010).

A sense of sovereignty, creativity, and job variety are important in the prevention of chronic stress. A greater level of social support at work is associated with lower odds of reporting chronic work stress (Dewa et al., 2011). Having more input or choice and less control by organizational leaders as it relates to meeting the demands of the job can decrease some of the stressors of the job (Wallace et al., 2010).

Job Burnout

Stress does not always lead to burnout because a person can be stressed but not burnt out. Burnout is a prolonged response to chronic stressors that are encountered in the context of a job, where such stress is followed by chronic fatigue, quick loss of temper, unexplained headaches, fevers, and susceptibility to colds (Gandi et al., 2011). Burnout affects psychiatrists and mental health professionals, but compared to non-medical

mental health professionals, psychiatrists exhibit higher degree of emotional exhaustion and a lower sense of personal accomplishment. Psychiatrists are at a higher risk for burnout (Gandi et al., 2011). The higher risk of burnout among psychiatrists could be attributed to the emotions such as anger, guilt, fear, and anxiety that are expressed during the interaction between patients and therapists. There are several stressors that are prevalent in psychiatric settings (Gandi et al., 2011). Some of the unique stressors in the psychiatric setting include the stigma towards mental health problems, patients with hostile or aggressive behaviors, and the complexity of relationship within teamwork. The use of drug and/or alcohol, suicide, premature retirement, and difficulty recruiting psychiatrists are concerns within this specialty (Volpe et al., 2014).

The prevalence of burnout was discussed in a study conducted by Jenaro, Noelia, and Arias (2007) in which 28% of workers were found to suffer from stress while 23% suffered from burnout. The study also revealed that professionals who provide care to high risk clients have high incidence of burnout. This was attributed to job demands such as work shifts, demanding schedules, and challenging behaviors of clients as well as low incomes (Jenaro et al., 2007). Counselors working with high-risk clients such are believed to experience mental disorders at a higher level than mental health counselors who do not serve this population. Morse et al. (2012) investigated the relationship between job burnout and depressive disorder. Participants included 3,276 mental health workers and based on the results of the study, those with mild burnout were 3.3 times more at risk of having a major depressive disorder and those with severe burnout were 15 times more likely to have major depressive disorder (Morse et al., 2012).

There is a loss of motivation and feelings of hopelessness and helplessness associated with depression (Melcher et al., 2015). Burnout is also associated with poor health, insomnia, turnover, alcohol and drug abuse, lower levels of job morale, poor quality of patient care, and marital and family problems (Childs & Stoeber, 2012). A study conducted by Leiter et al. (2013) investigated how changes in burnout (exhaustion and cynicism) can predict the future need for psychotropic medication related to prolonged stress such as antidepressants. This study focused on burnout and the development of burnout as well as the changes in the consistency of burnout dimensions over a four-year period (Leiter et al., 2013). The findings of the study indicated that workers who were prescribed psychotropic medication such as antidepressants experienced chronic distress, which led to a diagnosis of depression (Leiter et al., 2013). Also, mental health workers who work specifically with sex offenders experience painful and distressing imagery regarding sexual violence, which adversely affects their own sexual behavior (Leiter et al., 2013). There is an increase in the suspicion and a lack of trust in others (Clarke, 2011). Counselors, constant interaction with sex offenders helps them realize how persuasive the sex offenders can be and recognize their ability to manipulate others (Clarke, 2011). This leads to doubt and wariness of people causing them to be more protective and guarded of themselves and their family.

There are distinct differences between stress and burnout. First, stress can cause a sense of urgency, over-reaction, over-engagement, loss of energy, and anxiety type disorders. While, burnout is more emotion driven and leads to a sense of helplessness and hopelessness, depersonalization, and a lack of motivation and drive (Clarke, 2011).

Without the support of the organization, chronic stress and burnout could occur, which could lead to poor job performance by counselors of sex offenders (Childs & Stoeber, 2012).

Antecedents of Burnout

Job burnout encompasses psychosomatic, somatic, and social disorders (Chen, Wu, & Wei, 2012). Studies have examined the root causes, general antecedents, and consequences of job burnout (Chen et al., 2012; Lee, Lim, Yang, & Lee, 2011). According to Lee et al. (2011), because of the nature of their work, therapists' inherent vulnerability to burnout and the costs associated with the consequences of burnout, researchers are seeking to identify antecedents associated with burnout. Even though therapists expect their work to be challenging and stressful, they also expect it to lead to positive changes in their clients. For example, in correctional facilities where many sex offenders are incarcerated, employees are expected to facilitate positive changes in their clients but also assist them in becoming law-abiding citizens (Finney et al., 2013) and help to decrease the rate of recidivism.

Chen et al. (2012) examined the history of burnout and provided a new perspective on job burnout that expanded upon the studies conducted by Maslach in 1976. There are situations where some employees display more intense symptoms of job burnout than others do in the same work situations. This is due to their personality traits. This concept is possibly true for counselors of sex offenders because not all counselors experience job burnout (Chen et al., 2012).

In their theory of cognitive appraisal and coping, Lazarus and Folkman (1987) posit personality and characteristics of the person help determine their response to the stressful event. During the appraisal process, people evaluate what is happening to them in relation to their well-being. People have goals and commitments that make them vulnerable to certain threats or stressors. This varies from person to person and the differences are related to the individual's personality and coping strategies (Lazarus & Folkman, 1987).

Some of the personality traits include maladaptive personality traits (neuroticism), which is associated with avoidance coping and with a higher risk of psychological distress. Also, Ashfar et al. (2015) identified extraversion and conscientiousness as personality traits that aid in determining one's response to stressful events This premise is based on the personality traits attributed to extraversion (assertiveness, sociability, and emotional expressiveness) and conscientiousness (organized, goal-directed, and mindful of details).

Chen et al. (2012) examined three characteristics needed to study the general antecedents of job burnout from a new perspective that would expand upon the information provided by Maslach. The three characteristics included organizational characteristics (resources, context, and systems); work characteristics (workload, role, and job type); and individual characteristics (personality, demographics, and substance use). In addition, there are three subcomponents of job burnout; work weakness-caused burnout, organizational weakness-caused burnout, and individual characteristic-caused burnout.

Work weakness-caused burnout defined as the continued physical and emotional symptoms experienced because of the person's work characteristics such as workload and job type; organizational weakness-caused burnout related to organizational stressors such as a lack of organizational support, decreased organizational morale, and high turnover; third is individual characteristic-caused burnout which is related to the individual's personality and lifestyle. Employees with certain characteristics are more prone to experience job burnout than others in the same organization or work conditions (Chen et al., 2012).

To better understand the subcomponents of burnout, seven aspects of the root causes of burnout were discussed (Chen et al., 2012). Availability is the susceptibility or resistance to burnout; concealment is the ease of detecting burnout within the organization; universality is the proportion of people experiencing burnout within the group studied; severity is the consequences of job burnout; duration is how long the symptoms of burnout last; diffusibility is the impact of job burnout on the people in the environment; and changeability is the degree of difficulty of recovering from job burnout. Each aspect is measured as weak, medium, or strong in relation to the causes of burnout (Chen et al., 2012). In comparing the three subcomponents of job burnout identified in the study and Maslach's three subscales (emotional exhaustion, depersonalization, and personal accomplishment), these new perspectives help to distinguish the root causes of burnout, but further research is needed in this area.

In their studies, Chen et al. (2012) and Maslach and Jackson (1981) addressed the root cause of burnout. Chen et al. (2012) expanded upon and overlapped with the concept

of burnout by Maslach focusing on the characteristics of the organization that may impact

the development of burnout. However, Maslach and Jackson (1981) concentrated more

on the individual while Chen et al. (2012) discussed organizational variables.

Understanding the role of the organization and the role of the individual can help provide

insight into the development of burnout for counselors of sex offenders. Maslach's views

on job burnout have been researched and confirmed for several years so this is a more

reliable model.

Factors that Contribute to Burnout

Burnout rates for mental health workers continue to increase for several reasons,

including high levels of staff involvement with the clients (Blau & Tatum, 2013) and

negative community reactions to sex offender treatment (Clarke, 2011). According to

Dean and Barnett (2011), there are mitigating factors that impact the effect of the

treatment provided and contribute to increased level of job burnout. Factors include the

level of training provided, limited opportunity to participate in clinical supervision, and

lower levels of motivation.

Morse et al. (2012) conducted a study that indicated job burnout is prevalent

amongst individuals working in mental health settings and up to two-thirds of sampled

mental health professionals were experiencing some level of burnout. Counselors of sex

offenders are responsible for managing challenging and difficult clients. The level of

interaction involves maintaining constructive relationships and dealing with problems

and emotional concerns. Establishing boundaries and maintaining a therapeutic

relationship can help the counselors deal with the traumatic information they are consistently exposed to because of their job (Morse et al., 2012).

The identification of job demands and stressors of treating sex offenders has been supported by research studies. For example, Lee et al. (2011) believed the antecedents of burnout included job stress or job demands, over-involvement, control, and professional identity for psychotherapists. These points significantly correlated with the three dimensions of burnout identified in the MBI-HSS. Within the study, it was hypothesized that job demands and over-involvement would be strongly correlated with emotional exhaustion while job resources would be strongly related to personal accomplishment in relation to job satisfaction and turnover intention (Lee et al., 2011). For psychotherapists, their emotionally demanding relationship with the client and heavy caseloads were identified as a major factor leading to job stress, and therapists' empathy and concern towards clients made them susceptible to emotional exhaustion (Lee et al., 2011).

Consequences of Burnout

The consequences of burnout can seriously impact counselors, clients, and the organizations when counseling sex offenders. Treatment of sex offenders involves providing face-to-face evaluation and counseling to presentenced or convicted sex offenders in jails, prisons, and community-based facilities (Dreier & Wright, 2011). Sex offense counselors face a variety of job stressors, which can lead to deterioration in the quality of care or treatment provided by the counselors, diminished morale, and increased job turnover (Lee et al., 2011). Many studies have supported the existence of burnout in mental health workers because it is believed that burnout is a potential response to the

emotional stress of working with troubled individuals such as sex offenders. The results of the study conducted by Lee et al. (2011), concluded that two of the most prevalent consequences of burnout were decreased job satisfaction and increased job turnover. Personal accomplishment had a stronger correlation with job satisfaction, while emotional exhaustion and depersonalization correlated with turnover more than job satisfaction. An increase in caseload and longer work hours correlates with emotional exhaustion (Rupert, Miller, & Dorociak, 2015).

Counselors of sex offenders are subjected to prolonged exposure to work stress. Even though the cause of the stress is job related, it affects the counselors' physical, emotional, and social life. Research supports the concept of a work-life balance through the development of personal coping and self-care strategies (Rupert et al., 2015). For instance, some of the physical problems are headaches, gastrointestinal problems, cardiovascular problems, and sexual disorders, while the emotional and social issues involve sleep disorders, major depression, and conflict between work and personal life (Vladut & Kallay, 2010).

Counselors' experience of burnout has direct adverse consequences to the clients they serve. Experiences of burnout can lead to a loss of respect and negative feelings for the clients, which can directly impact the quality of care provided (Wallace et al., 2010). The well-being of mental health counselors is very important because burnout can lead to increased staff turnover and low levels of job satisfaction. To increase the retention rate for mental health workers, a greater understanding of issues related to burnout is needed (Scanlan & Still, 2013).

Some of the reasons that steered counselors of sex offenders to work with this population and perform their duties effectively such as compassion and empathy can also contribute to job dissatisfaction, burnout, secondhand traumatization, and diminished work performance (D'Orazio, 2013). Appropriate care and support for counselors of sex offenders is required because of continued exposure to traumatic events through empathetic engagement with the offender (D'Orazio, 2013).

Community-Based Treatment of Sex Offenders

There is a greater need for more community-based treatment or aftercare programs for sex offenders being released from jail (Collins, Brown, & Lennings, 2010). As a result, the need for community-based counselors of sex offenders continues to grow. With the high turnover rate for counselors of sex offenders, the increased job demands of counselors can become overwhelming as they try to meet the expectations of the organization. Some of the key stressors are increases in workload related to high turnover, absenteeism, time management, and lack of support from organization. In addition, there were excessive administrative duties, inadequate resources, and poor-quality management (Onyett, 2011).

Counselors working in institutional settings such as community-based agencies are more vulnerable to burnout because the governmental hierarchical system does not allow for a sense of autonomy and job control for counselors (Wallace et al., 2010). Studies have supported the premise that an increase in job control and decrease in workload can contribute to a lower level of burnout (Leiter et al., 2013). Counselors of

sex offenders tend to have less job control and heavier workloads, which are related to increased absenteeism and job turnover.

In their empirical studies, researchers have shown that counselors working in the community setting have higher rates of emotional exhaustion and depersonalization. In several studies, community health workers had high emotional exhaustion and depersonalization rates. For example, 151 community health workers participated in a study the results of which indicated 54% had high emotional exhaustion and 38% reported depersonalization rates. Despite these high figures, most described high levels of personal accomplishments (Collins et al., 2010).

In another study, of 29 directors of community mental health centers studied, 67% had high emotional exhaustion and low personal accomplishment (Morse et al., 2012). Onyett (2011) also reported a sense of uneasiness related to the placement of the offender in the community. Counselors must visit violent offenders who can display psychotic symptoms and aggression, in areas that are deemed unsafe. Counselors working in urban settings have a higher level of burnout (Onyett, 2011).

Reaction to Community-Based Treatment

Community reaction to counselors who treat sex offenders can have a negative impact on the counselors, resulting in increased defensiveness. The lay person does not understand why or how mental health counselors are able to work with sex offenders. Members of the community view the counselors of sex offenders as advocates for the offenders and believe that efforts should be used on the victims instead (Clarke, 2011).

The counselors in the private setting have more job control, more autonomy, and less job

demand (Wallace et al., 2010).

The management of sex offenders in the community adds additional

responsibilities to the counselors accountable for their treatment, such as community

notification and preventing sexual reoffending (Day, Carson, Boni, & Hobbs, 2014). The

decrease in energy level caused by the emotional exhaustion impacts the counselors'

well-being and the quality of care provided. Burnout hinders the counselors' ability to

perform optimally (Green, Albanese, Shapiro, & Aarons, 2014).

Rate of Recidivism

The goal of the treatment program is to prevent or decrease the incidence of

recidivism. Counselors of sex offenders are very concerned about the rate of recidivism

for this population (Grady, Howe, & Beneke, 2013). Research studies have shown that

sexual recidivism was significantly related to lack of aftercare (Collins et al., 2010).

There are stressors associated with sex offender treatment, and therapists identified

expressions of aggression, lying, hostility, and client dependency as the most stressful

behaviors exhibited by incarcerated clients (Clarke, 2011). Another aspect of treating sex

offenders that frustrates counselors is that sexually deviant behavior is pleasurable and

stimulating to clients and most seek treatment largely as a means of early release from the

correctional facility (Clarke, 2011).

The rate of sexual violence is an international health concern because the World

Health Organization reports that at least 33% of physically violent acts are accompanied

by sexual violence (Grady et al., 2013). With the overcrowding of jails, sex offenders

considered to have a lower risk to reoffend are released to supervised community-based treatment. Many of them are unmotivated to receive treatment and studies show many refuse treatment or are noncompliant with the treatment program. Brown and Tully (2014) reported that in a United States prison sample, 38% refused treatment and 39% did not complete the treatment program. This can lead to anger, frustration, and burnout due to a lack of personal accomplishment for mental health workers (Brown & Tully, 2014).

Coping Strategies

The effect of burnout can be detrimental and has been related to both emotional and physical health issues. Counselors of sex offenders might experience secondary trauma related to exposure to intense graphic details (Bourke & Craun, 2014). The ability to identify resources or coping strategies is a key component to reducing stressors and preventing job burnout. Lazarus and Folkman (1987) theorized coping as a multifaceted, organized sequence of behaviors that include cognitive appraisal, action impulses, patterned somatic reactions, and reflecting physiological aspects of an emotion. It is conceptualized as efforts to amend the perceived threat or to manage stress emotions utilizing emotion-focused coping and problem-focused coping (Lazarus & Folkman, 1987).

Lazarus and Folkman (1987) examined the relationship between appraisal and coping and identified an interchange between the two. During the primary phase when stressors arise, the deployment of coping activity is initiated but the coping varies based on the stakes involved for the person. During the secondary phase, four questions are

evaluated to determine the method of coping that would be most effective. Can the event be changed, must it be accepted, is more information needed before acting, and is it necessary to hold oneself back before responding to the stressor (Lazarus & Folkman, 1987).

Problem-Focused Coping

According to Lazarus and Folkman (1987), problem-focused coping is the person's attempt to act on or change the perceived stress. For example, problem-solving, time management, and seeking information can help eliminate the stressor. This method of coping is considered effective because it helps the person mitigate the stress when it occurs. People who use problem-focused coping tend to be more optimistic and are more than likely to maintain their sense of well-being (Chao, 2011).

Emotion-Focused Coping

Emotion-focused coping focuses on managing emotional distress. This method of coping involves acceptance of responsibility, positive reappraisal, or distancing from the stressor (Lazarus & Folkman, 1987). Emotion-focused coping involves trying to reduce the negative emotional responses associated with stress, such as anxiety, fear, or depression by seeking emotional support (Lazarus & Folkman, 1987). For example, the use of anti-anxiety medication can be considered an emotion-focused method of coping. There is an acceptance that they cannot change the stressor so this method tries to reduce the level of stress. Avoidant coping can be considered a form of emotion-focused coping. Avoidant coping is considered to have little or no effectiveness in eliminating the stressor (Chao, 2011). It includes the venting of frustrations, behavioral disengagement, and

mental disengagement. Avoidant focused coping has a negative effect (Chao, 2011) so counselors of sex offenders should seek available resources to address stressors.

Functions of Coping

Lazarus and Folkman (1987) identified problem-focused and emotion-focused coping styles as the two methods of coping used during stressful encounters. Even though Lazarus and Folkman (1987) differentiated between the two, the focus was on the function rather than types of coping, because the functions can overlap. For example, problem-focused coping was used more in situations considered as changeable whereas emotion-focused coping was used more in situations that required acceptance. The general perception is that problem-focused coping is more effective or functional than emotion-based coping at eliminating the stressor but, emotion-based coping can be an effective method of reducing the level of stress as well (Lazarus & Folkman, 1987). For example, positive reappraisal can be an effective method of preventing burnout. The person determines the most effective method of dealing with the stress during the primary and secondary appraisal phase.

Problem-focused coping is directed towards managing the person-environment relationship and emotion-focused coping seeks to manage the emotional distress (Shin et al., 2014). Shin et al. (2014) conducted a meta-analysis to examine the relationship between coping and burnout, focusing on problem-focused (planning, positive reinterpretation, and seeking support) and emotion-focused (religion, reappraisal, and acceptance) coping strategies. The results of the study indicated that problem-focused coping correlates negatively with the three dimensions of burnout whereas emotion-

focused coping positively correlates with the three dimensions of burnout. Problem-focused coping involves doing something to solve the problem that is causing the distress and generating an alternate solution (Shin et al., 2014). This method of coping is associated with lower levels of burnout ratings of emotional exhaustion and higher ratings for personal accomplishment (Gould et al., 2013). Effective coping strategies may aid in reducing burnout level and increasing job satisfaction (Wallace et al., 2010) and may positively affect the quality of care provided. In addition, emotion-focused coping may be used when problem-focused coping is ineffective and the level of stress increases.

Gender

In the behavioral health field, the common thought is that women are more predisposed to burnout more than men employees because of the complexities of the job that includes professional, personal, and social aspects (Vladut & Kallay, 2010). For example, women are reported to have higher levels of compassion fatigue, which is a predictor of job burnout. In organizations with a structured workplace environment, women typically have higher job satisfaction and a greater sense of personal accomplishment in properly structured organizations. Conversely, there is a higher level of frustration and burnout in unstructured or disorganized workplace (Thomas et. al., 2014).

Carver, Scheier, and Weintraub (1989), assessed both problem-focused coping and emotion-focused coping among 978 undergraduates at the University of Miami. They found that that there were several significant gender differences in various coping strategies. For example, the use of alcohol and/or drugs was much higher among men

than women. The differences were with focus on and venting of emotions, and to seek social support for both instrumental and emotional reasons. The scores were all greater among women than among men, which is consistent with gender role stereotypes.

However, in most studies, gender is not considered to be a very strong predictor of burnout. Whether gender is a strong predictor of burnout has been debated with a variety of outcomes, but many studies do agree that there are dimensional differences in burnout between men and women (Vladat & Kallay, 2010). For example, in a study conducted by Gould et al. (2013), men were more likely to use problem-focused coping strategies when dealing with stressful situations. Within the study, the emotion-focused coping items used were acceptance, emotional support, humor, positive reframing, and religion. Problem-focused items included active coping, instrumental support, and planning. Responses of the men and women participating in the study were compared.

There was a significant difference on the depersonalization scale for men and women with men having a higher level (Gould et al., 2013). For personal accomplishment and emotional exhaustion, the results were not significant. In addition, women reported using more emotion-focused coping strategies than problem-focused coping strategies. Despite this, women used both coping strategies while men used other techniques, such as aggression and isolation from others (Gould et al., 2013). Also, men correctional officers had higher depersonalization burnout scores. This was attributed to their perception of the stressful work environment and how they cope with this stressful. The higher level of cynicism is related to the emotional exhaustion that may occur when working with offenders (Gould et al., 2013).

Years of Experience

The relationship between years of experience and burnout among mental health professionals varies. Gould et al. (2013) studied the relationship between burnout and tenure for 208 correctional officers from adult and young offender facilities. The relationship between years of experience, burnout, and coping was examined to determine if burnout and coping were significantly correlated with length of experience. Correctional officers with more experience in corrections reported higher levels of emotional exhaustion and personal achievement. Lent and Schwartz (2012) investigated the relationship between burnout and years of experience for 340 mental health counselors. They found that women counselors reported significantly higher emotional exhaustion than men counselors with the same amount of experience. Women also had significantly higher depersonalization than men with more years of experience.

Based on the studies by Gould et al. (2013) and Lent and Schwartz (2012), one could argue that because the correctional setting is a male-dominated environment, studies have shown that men are more likely to experience emotional exhaustion because of decisions to use aggression and independence as coping strategies when dealing with work-related stress. Based on the information provided earlier, women are more likely to experience compassion fatigue. The correctional officers may feel a sense of personal accomplishment based on the level of control and power associated with their job. Regardless of the years of experience, working in the correctional setting can be challenging and the ability to cope impacts the length of employment, meaning that correctional officer who can prevent or decrease the level of burnout tends to stay on the

job longer than those who are unable cope with working in this setting, which leads to a higher turnover rate (Gould et al., 2013).

Caseload Size

Some researchers have focused their attention on the relationship between caseload size and burnout. Recent studies identified workload, role conflict, role ambiguity, and lack of support from supervisors as specific factors for burnout (Scanlan & Still, 2013). Studies support the hypothesis that caseload does impact burnout but implementing strategies to enhance or improve workplace settings can minimize burnout. Support from colleagues, managers, and job training to improve skills were considered enhancements to help decrease burnout related to caseload (Scanlan & Still, 2013).

Organizational support can help minimize or reduce burnout associated with caseload. A study conducted with 232 counselors, whose clients included sexual abusers and substance abusers, examined whether caseload significantly impacted burnout. In the study, the dimensions of caseload focused on time pressures (Thomas et al., 2014). A great deal of research has been conducted to understand the factors that lead to burnout for mental health counselors. Caseload has been identified as a predictor of burnout. For example, Yurur and Sarikaya (2012) identified caseload as a predictor of burnout. The relationship between caseload and emotional exhaustion was significant. The high levels of absenteeism and turnover increase the workload and create role conflict and role ambiguity. Excessive workload results in the counselors being unable to complete their tasks, which leads to a lack of personal accomplishment.

Literature Related to the Method

Qualitative methods have been used to answer questions related to coping and burnout for counselors of sex offenders. For example, Dreier and Wright (2011) examined the impact of counseling sex offenders. Quantitative research studies were used to examine the correlates of burnout for human service workers (Thomas et al., 2014) and correctional officers (Gould et al., 2013), but I will focus on the treatment of sex offenders. The quantitative method was used for this study because statistical analysis was used to examine coping and work-related correlates of burnout for counselors of sex offenders. Studies have used multiple regression analysis to examine burnout in human service workers. For example, Puig et al. (2012), Wallace et al. (2012), and Thomas et al. (2014) used multiple regression to explore the relationship between coping, personal wellness, and burnout among human services workers. This study employed multiple regression to examine whether coping strategies, gender, years of experience, and caseload size predict job burnout among counselors who treat sex offenders.

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Summary and Conclusions

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Mental health counselors are experiencing burnout at a higher rate; subsequently job burnout is a concern for mental health counselors because of the emotional and physical distress it causes. Burnout affects the quality of care and can lead to increased turnover and decreased job satisfaction. The availability of resources to the counselor can impact the response to the stressor. Effective coping skills can be used to manage and cope with the level of burnout experienced by mental health professionals.

Primary appraisal, secondary appraisal, coping response, and outcome are the components of the theory of cognitive appraisal and coping (Lazarus & Folkman, 1987). Counselors' appraisal of the stressor and their method of coping with stress are the central factors in determining the outcome of the situation. The failure to manage burnout among counselors negatively impacts the quality of care provided to the client and has a negative impact on the people in the community.

Further research is needed to determine the possible impact of coping strategies, gender, years of experience, and caseload size on the development of burnout. The identification of variables that can predict burnout in counselors of sex offenders could have a positive impact. The findings of the study may lead to better treatment and decrease in the rate of recidivism, decreased turnover, and better job performance. Chapter 3, consists of an outline of the methodology used in the current study.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine burnout among counselors of sex offenders and identify variables that are correlated to the development of burnout in counselors of sex offenders. I conducted a quantitative descriptive correlational research design to examine the relationship between the predictor variables (problem-focused or emotion-focused coping), gender, years of experience, and caseload and burnout among counselors of sex offenders. While researchers have examined job burnout among mental health counselors (Gould et al., 2012), little is known about whether burnout is affected by coping skills, gender, years of experience, and caseload among counselors of sex offenders. In this research study, I sought to provide insight about whether coping strategies, gender, years of experience, and caseload size are significant predictors of burnout in counselors of sex offenders (Gould et al., 2012).

Chapter 3 includes a more detailed discussion of the quantitative research design I selected to examine the relationship between the variables. Further information is provided on the participants in the study, the minimum sample size, and the criteria for eligibility. Also, I provide an overview of the survey instruments I used to obtain and analyze data. validity and reliability of my data analyses are also considered. This chapter concludes with a summary of the main points of the chapter.

Research Design and Rationale

A quantitative descriptive correlational research design was chosen to examine the relationship between the variables. The independent variables used for the study were

coping strategies, gender, years of experience, and caseload. The dependent variable was burnout, which was measured using the three dimensions identified in MBI-HSS (emotional exhaustion, depersonalization, and personal accomplishment). The MBI-HSS is one of the most widely used measures of job burnout among human service workers (Maslach et al., 1996).

I performed a regression analysis to determine the relationship between the independent variables and the dependent variable. Thomas et al. (2014) concluded gender, years of experience, and caseload size significantly contributed to job burnout for human service workers. However, minimal research exists examining on the effect of burnout on counselors who treat sex offenders. There is extensive research on burnout among counselors (Wallace et al., 2010) but not specifically related to counselors of sex offenders. Further research is needed to identify the strength of the relationship between the independent and dependent variables as well as determine if the independent variables are significant predictors of burnout in counselors of sex offenders.

I chose the survey method because it has several advantages. The advantages will be discussed in this section. The distribution of the survey through Qualtrics provides for easy access by potential participants, which enhances the response rate. Furthermore, the data was collected in a short period of time, which makes the survey method more feasible.

Methodology

The target population were all counselors of sex offenders. The participants in the study were active members of the Association for the Treatment of Sexual Abusers

(ATSA) at the time of data collection. ATSA members are professionals that promotes

the philosophy that empirically based assessment, practice, management, and policy

strategies (Christopher, 2014). This organization focuses on enhancing community safety,

reducing sexual recidivism, protecting victims and vulnerable populations. The goal is to

transform the lives of those caught in the web of sexual violence, and illuminate paths to

prevent sexual abuse (Christopher, 2014).

Sampling and Sampling Procedures

ATSA is an international and multidisciplinary organization dedicated to

preventing sexual abuse and the treatment of sex offenders (Christopher, 2014). There are

approximately 2700 members of ATSA (Christopher, 2014). The participants in the study

were recruited from the ATSA member database over a three-month timeframe. Study

participants were individuals who provide treatment to sex offenders. Even though ATSA

is an international organization, only active Clinical or Affiliate members from the

United States were recruited and included in the study. Also, only active members of the

organization were recruited.

An a priori power analysis was performed to determine the minimum number of

participants needed to conduct a regression analysis with four independent variables for

the research study. The sampling size was statistically calculated using G*Power 3.1.9.2

(Faul, Erdfelder, Buchner, & Lang, 2014). The alpha (α) level, effect size, power, and

number of predictors are used in determining the sampling size for linear simple

regression (Faul et al., 2014). The alpha level or *p*-value was set at .05, which is the norm

in social sciences (Faul et al., 2014). The alpha level represents the probability that the

null hypothesis will be rejected, which is a Type I error (or, false positive); (McGrath, 2011). A Type II error is a false negative, which occurs when the null hypothesis is not rejected even though it is false (McGrath, 2011).

The power level represents the probability that the null hypothesis will be rejected. For this study, the power was set at .80 for an 80% probability. Setting the power level at 80% means there is an 80% chance of achieving a statistically significant result when the effect is real. The higher the power level and sample size, then the greater the chance of rejecting the null hypothesis (McGrath, 2011).

For this study, the effect size was .15 because a low to moderate effect size is usually the best indicator of the relationship between the variables (McGrath, 2011). The effect size, which is also known as the correlation coefficient, represents the correlation between the variables or the strength of the relationship between the variables (McGrath, 2011). A correlation coefficient of .10 represents a weak correlation, a correlation coefficient of .30 is a moderate correlation, and a correlation coefficient of .50 or larger represents a strong or large correlation (McGrath, 2011).

I used G*Power 3.1.9.2 (Faul et al., 2014) to calculate a priori power analysis. I did so with the α level of .05, the power level at .80, and the effect level at .15. I then entered four predictors (or, independent) variables. I determined that the minimum sample size of 85 would be required. The higher the power level, the higher the required sample size. For example, power levels of .80 and .99 would yield a required minimum sample size between 85 and 174, which means that there is 80% or 99% chance of appropriately rejecting the null hypothesis.

Procedures for Recruitment, Participation, and Data Collection

ATSA has over 2700 members from all 50 states and 18 other countries. There are different levels of membership within the organization. The participants in the study met the criteria identified for Clinical membership or Affiliate membership. The requirements for clinical membership include having a master's degree in the behavioral or social sciences and providing a minimum of 2000 hours of direct clinical services (assessment, individual and/or group treatment) to individuals who have engaged in sexual offending behavior (Christopher, 2014). The requirements for an affiliate membership include currently working on a full-time basis for at least 40 hours per week either in a related area (such as the treatment of sexually abused children or adult victims/survivors of sexual abuse) or in a nonclinical capacity such as the criminal justice system (Christopher, 2014).

Individuals involved in clinical practice, providing assessment and treatment services, and/or those individuals involved in conducting research related to sexually offending behavior, who qualify for a higher membership category, are not eligible for membership in the affiliate category (Christopher, 2014). Those who do not meet the criteria for clinical membership or affiliate membership were excluded from participation in the study. In addition, members of the organization who provide counseling to spouses or other family members of the sex offenders were not included in the study.

A recruitment letter was mailed to the members of ATSA requesting their participation in the research study (see Appendix A for the recruitment letter requesting participation in my research study). The recruitment letter included a brief introduction

and contact information, purpose of the study, criteria for participation in the study,
which includes active membership within the organization as either a clinical, or affiliate
membership. If the invitation to participate in the study is accepted, the participant
received a document for informed consent and access to the following surveys using
Qualtrics: MBI-HSS (Maslach & Jackson, 1981), COPE inventory (Carver, 1989), and
demographic questions to cover years of experience, gender, and caseload.

Upon completion of the survey, the information was collected from Qualtrics and
reviewed thoroughly for completion. If the participants partially complete the
questionnaire or survey, the data was not included in the analysis. The participants had
the right to decide not to complete the survey or to withdraw from participation at any
time. The completed information was properly sorted and labeled using strict
confidentiality. There was a debriefing at the end of the survey reiterating the purpose of
the study and thanking them for their participation in the study.

Instrumentation and Operationalization of Constructs

This study used the MBI-HSS, COPE Inventory, and a Demographic
questionnaire to collect data. The MBI-HSS measured the level of burnout among
counselors of sex offenders, while the COPE Inventory measured the coping abilities of
the counselors of sex offenders. The demographic questionnaire was developed to include
gender, years of experience, and caseload size of the participants in the study. The two
instruments and the demographic questionnaire were available online through Qualtrics

Maslach Burnout Inventory.

The MBI-HSS was designed to measure three aspects of burnout for human

services workers (Maslach and Jackson, 1981). An initial form of the MBI, which consisted of 47 items was administered to a variety of health and service workers to including police, counselors, teachers, nurses, social workers, psychiatrists, psychologists, attorneys, physicians, and agency administrators (N=605). Ten factors emerged for both the frequency and the intensity, which led to a reduction in the number of items from 47 to 25 items (Maslach and Jackson, 1981).

The first version of the MBI assessed burnout for human services workers (MBI-HSS), the second MBI was developed for educators (MBI-Educator Survey), and the third was a general survey (MBI-General Survey). The items for the MBI provides valuable information about the attitudes and feelings that are experienced by the burned-out human services worker (Maslach & Jackson, 1981). According to Maslach and Jackson (1981), the consequences of burnout are potentially serious for the staff, clients, and the organization. The original research on burnout concluded it negatively affects the quality of care provided by the human service workers. It is also considered a factor in job turnover, absenteeism, and low morale. In addition, it is also correlated with physical and mental exhaustion, insomnia, marital problems, and increased use of alcohol and drugs (Maslach and Jackson, 1981).

Maslach et al. (1986) created the MBI-HSS. The inventory is composed of 22 items divided into three subscales of burnout: nine-item Emotional Exhaustion scale (EE); five-item Depersonalization scale (DP); and an eight-item Personal Accomplishment scale (PA). Emotional exhaustion is related to the inability to feel compassion for their clients or the depletion of their emotional resources (Oser et al.,

2013). Depersonalization represents the negative feelings of cynicism, lack of empathy, and emotional detachment from the client Personal accomplishment is the feeling of incompetence and lack of personal accomplishment in one's job or not feeling they are making a difference in the care of the client. The responses to the survey questions are answered on a seven-point scale ranging from never (0) to every day (7) (Maslach et al., 1986).

While other researchers have developed burnout measures (Burnout Measure and Copenhagen Burnout Inventory), the MBI is the most widely used instrument by researchers (Poghosyan, Aiken, & Sloane, 2009). Based on the widespread use of the MBI, it was necessary to determine if the validity and reliability are adequate (Aguayo, Vargas, Fuente, & Lozano, 2011). Maslach et al. (1981) used Cronbach's coefficient alpha to estimate the reliability of the 25-item scale. The reliabilities for the individual MBI subscales were .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. The results of the psychometric analyses determined that the MBI has high reliability as a measure of burnout.

Convergent validity was demonstrated in a variety of ways. First, the individual MBI scores were correlated with scores provided by someone who knew the individual. Second, the scores were correlated with specific job characteristics that were considered to contribute to job burnout. Third, the MBI scores were correlated with various outcomes that were hypothesized to be related to job burnout. All three correlations were used to provide evidence for the external validity of the MBI (Aguayo et al., 2011). The external validations for Emotional Exhaustion, Depersonalization, and Personal

Accomplishment were completed by comparing personal experience, job experience, and personal outcomes (Maslach & Jackson, 1981). The results of the psychometric analyses determined that the MBI has high validity as a measure of burnout. The instrument has strong internal consistency, test-retest reliability, and convergent validity (Maslach et al., 1996). The purpose of the study is to explore the level of burnout and the MBI-HSS is the most widely-used measure of burnout for human service workers (Maslach et al., 1996) so it is appropriate for the study.

      COPE Inventory. The Cope Inventory was developed in 1989 by C.S. Carver (Carver, Scheier, & Weintraub, 1989) is a multidimensional coping inventory used to assess the different ways people respond to stressful events in their lives. This questionnaire has 60 questions that ask respondents to indicate what they generally do and feel when they experience stressful events. The COPE Inventory was developed to assess a broad range of coping responses, such as problem-focused and emotion-focused coping. The items within the COPE Inventory are separated into five scales (of four items each) measure theoretically diverse facets of problem-focused coping. Active coping (5, 25, 47, & 58); planning (19, 32, 39, & 56); suppression of competing activities (15, 33, 42, & 55); restraint coping (10, 22, 41, & 49); seeking of instrumental social support (4, 14, 30, & 45). The emotion-focused coping also has five scales (of four items each) to measure aspects of emotionally related factors; seeking of emotional social support (11, 23, 34, & 52); positive reinterpretation (1, 29, 38, & 59); acceptance (13, 21, 44, & 54); denial (6, 27, 40, & 57); turning to religion (7, 18, 48, & 60). Five scales measuring coping responses that arguably are less useful to include: Focus on and venting of

emotions (3, 17, 28, & 46); behavioral disengagement (9, 24, 37, & 51); mental

disengagement (2, 16, 31, & 43); Humor (8, 20, 36, & 50); and substance use (12, 26, 35,

& 53). There are four available options when you respond to the questions. The first is *I

usually don't do this at all*; second is *I usually do this a little bit*; third is *I usually do this

a medium amount*; and fourth *I usually do this a lot* (Carver et al., 1989).

The COPE Inventory scale was created to evaluate a broad range of coping

responses among adults for all illnesses. Coping strategies refer to the specific efforts that

include both behavioral and psychological actions that people employ to reduce or

minimize stressful events (Yusoff, Low, & Yip, 2010). Research showed that people use

different strategies such as problem-focused and emotion-focused coping to overcome

stressors (Lazarus & Folkman, 1987). Although most stressors tend to elicit both types of

coping, problem-focused coping tends to predominate when people feel that the stressors

should be endured (Carver et al., 1989). Active coping, which is a dimension of problem-

focused, refers to the process of using direct action to try and bypass the stressor.

Planning involves the person thinking of how to cope with the stressor by coming up with

active strategies to deal with the problem. The suppression of competing activities

involves putting other projects to the side to deal with the stressor. This could lead to

restraint coping by waiting and not acting prematurely. Finally, seeking out support for

instrumental reasons involves getting advice or information from others to help address

the stressor (Carver et al., 1989).

Seeking social support for emotional reasons is an aspect of coping. Using social

support involves getting oral support, sympathy or understanding from others. Some of

the emotion-focused coping strategies are considered maladaptive. For example, focusing on and venting of emotions can impede judgment because of the anger expressed in some situations if it is focused on for a long period of time. There are two other coping strategies that are considered maladaptive or dysfunctional. The first is behavioral disengagement, which means reducing one's effort to deal with the stressor. This is often associated with poor coping outcome and a sense of helplessness. On the same level, mental disengagement is a variation of behavioral disengagement. In mental disengagement, distractions are used to avoid the stressors (Carver et al., 1989).

Positive reinterpretation is similar to Lazarus and Folkman's (1987) positive reappraisal because it is a type of emotion-focused coping that is geared towards managing the stress rather than dealing with it. Two other forms of emotion-focused coping are denial and acceptance coping. Denial, which occurs during primary appraisal, is used to minimize the distress. Denial is sometimes considered to be dysfunctional while acceptance is considered a functional coping strategy. In accepting the stressor, the person acknowledges it is real and attempts to deal with it (Carver et al., 1989).

Operationalization of variables. I will now provide the operational definitions of the independent and dependent variables.

Independent variables.

In determining the reliability and validity of the COPE Inventory, Carver et al. (1989) conducted a study using 978 undergraduates from the University of Miami. The Alpha test and test-retest reliabilities produced values that were very high, with only one of the values falling below .5 (mental disengagement scale). Cronbach's alpha for the 15

scales of COPE ranged from .45 to .92. Except for mental disengagement, all were above .60, with the majority above .70. The average was .79.

The results of Cronbach's Alpha Reliability were active coping (.62), planning (.80), suppression of competing activities (.68), restraint coping (.72), seeking social support – instrumental (.75), seeking social support – emotional (.85), positive reinterpretation and growth (.68), acceptance (.65), turning to religion (.92), focus on and venting of emotions (.77), denial (.71), behavioral disengagement (.63), mental disengagement (.45).

Demographic questions.

A demographic questionnaire was included in the survey distributed to the counselors of sex offenders. The self-administered assessment included gender, years of experience, and caseload. The information gathered was used to analyze the data and explore the relationship between the independent and dependent variables.

The operational definitions for the independent variables are, as follows:

Caseload size: The number of clients assigned to the counselor at the time of taking part in the study.

Coping: A cognitive and physiological response that is intended to reduce or minimize a stressful situation (Lazarus & Folkman, 1987). The COPE Inventory (Carver et al, 1989) scale was used to measure various coping responses of counselors of sex offenders. The inventory contains 60 items and is rated by the four-point Likert scale, ranging from "I usually don't do this at all (score one) to "I usually do this a lot" (score

four). Higher scores indicate greater coping strategies. Some of the items measured

included active coping, religious coping, and acceptance.

Gender: Defined as men or women.

Years of experience: The length of time (in months) that the counselor has been

providing service to sex offenders.

Dependent variable.

The dependent variable wa*s* burnout. Maslach and Jackson (1981) define burnout

as a syndrome of emotional exhaustion, depersonalization, and reduced personal

accomplishment; it is a reaction to chronic job stress associated with those who do

people-work to include psychiatrists, psychologists, licensed clinical social workers, and

therapists. The Maslach Burnout Inventory-Human Services Worker instrument was used

to measure the level of burnout. This self-report assessment is composed of 22 items and

is measured using a 7-point scale ranging from never (score one) to everyday (score

seven).

Data analysis plan.

The data collected were statistically calculated or analyzed using Statistical

Program for Social Sciences (SPSS) program version 23. The data collected using the

MBI-HSS, COPE Inventory, and the demographic questions was analyzed. The data was

cleaned and screened. In screening the data, the following was reviewed: first, proofread

to data for accuracy to make sure the data was entered correctly; second, check for

missing data and determine if the data are missing randomly and look for a pattern. If no

pattern exists, missing data can be replaced; if there is a pattern, follow the guidelines for

missing variables (Tabachnick & Fidell, 1996). If participants do not complete both surveys, the data will not be included in the study.

The data were analyzed and descriptive statistics were obtained for each sub-scale of the MBI-HSS and COPE. A regression analysis was used to determine if coping, gender, years of experience, and caseload size predict burnout among counselors of sex offenders. In the regression analysis, the dependent variable was job burnout and the independent variables were coping strategies, gender, years of experience, and caseload size.

Research questions and hypotheses

The research questions and hypotheses were used to examine the relationship between coping strategies, gender, years of experience, and caseload size on job burnout in counselors of sex offenders. The MBI-HSS was used to measure the level of burnout experienced by counselors of sex offenders. Burnout has three dimensions to include emotional exhaustion, depersonalization, and feelings of accomplishment.

RQ1- Does problem-focused coping, as measured by the COPE Inventory predict burnout, as measured by MBI-HSS in counselors of sex offenders?

H_o1- Problem-focused coping is not a predictor of burnout in counselors of sex offenders.

H_11 - Problem-focused coping is a negative predictor of burnout in counselors of sex offenders.

RQ2 – Does emotion-focused coping as measured by the COPE Inventory predict burnout, as measured by MBI-HSS in counselors of sex offenders?

$H_2$2- Emotion-focused coping is not a predictor of burnout in counselors of sex offenders.

$H_0$2 - Emotion-focused coping is a negative predictor of burnout in counselors of sex offenders.

RQ3- Is gender a significant predictor of the three dimensions of burnout, as measured by the MBI-HSS in counselors of sex offenders?

$H_3$3 – Gender is not a significant predictor of burnout for counselors of sex offenders.

$H_3$3 – Gender is a significant predictor of burnout for counselors of sex offender.

RQ4- Do years of experience positively predict the three dimensions of burnout, as measured by the MBI-HSS in counselors of sex offenders?

$H_0$4- Years of experience are not a statistically significant predictor of burnout in counselors of sex offenders.

$H_4$4- Years of experience are a positive predictor of burnout in counselors of sex offenders.

RQ5- Does caseload size positively predict the three dimensions of burnout, as measured by the MBI-HSS in counselors of sex offenders?

$H_0$5 – Caseload is not a statistically significant predictor of burnout for counselors of sex offenders.

$H_5$5 – Caseload is a positive predictor of burnout for counselors of sex offenders.

Threats to Validity

Internal Validity

Internal threats to validity can be related to the experiences of the participants that threaten the researcher's ability to draw correct readings from the data about the population in the research study. The instrumentation may provide a threat to internal validity by impacting the scores and the outcome. The primary threat to validity could be related to the MBI-HSS and COPE Inventory. The MBI-HSS and COPE Inventory have well-established construct validity. The results of the psychometric analyses determined that the MBI-HSS and COPE Inventory have high validity as measures of burnout. The participants' experiences of burnout or coping may change over a period. In this correlational study, the internal validity is related to the accuracy of the study and how well the researcher conducts the study. Statistics indicate that the measures being used have good internal validity (Huitt, Hummel, & Kaeck, 1999). Therefore, an internal threat to validity should be non-existent.

External Validity

External validity can be impacted using a research design and statistical analysis that are appropriate to the types of data collected and the questions being answered. Using a descriptive correlational research design to examine the relationship between variables is an appropriate method. In using this method, the independent or predictor variables can be used to predict whether there is a statistically significant relationship in relation to burnout.

Another threat to external validity is related to the ability to generalize the results of the data collected to a larger population of counselors. The participants in the study were selected from the ATSA database and were carefully chosen based on established criteria for members of the organization. Because the participants are selected from a specific population with certain characteristics, the results should accurately depict the characteristics of the population based on the size of the selected sample and generalization to a similar population will be possible.

Ethical Procedures

When conducting research with human participants, an application must be submitted for approval from Walden University's Institutional Review Board before proceeding with the collection of data. Walden University requires the completion of the Institutional Review Board (IRB) application and submission for IRB approval prior to conducting research. Approval was granted from the IRB (approval #10-14-16-0383138). Walden University IRB has regulatory standards for the protection of human research. Once approval was granted from Walden University, an email was sent to the ATSA board of directors to gain access to the database to recruit participants for the research study. The email included a brief biography, my student status, and that I was fulfilling a dissertation requirement. Also, the motivation for my study and the goal of conducting this study was included, as well as explaining how the data was used an offer to communicate the results. Furthermore, I shared my goals for social change, which is to prevent or reduce burnout in counselors of sex offenders. Since I am a Clinical Associate Member of ATSA, I was granted access to the database. Before being granted access to

the database, there are strict guidelines that had to be followed. The following

information was submitted:

1. The purpose of the study

2. Research questions and summary of the supporting literature

3. Detailed data collection methods and accompanying instruments

4. Copy of consent form and details about procedure to obtain informed consent
   from the participants

5. Certification of approval by a bona fide Institutional Review Board

6. Letter of support from supervisor

7. The ATSA Listserv announcement proposed to recruit participants as
   recommended by Executive Director of ATSA.

An email was sent to the participant that included an invitation to participate in

the study and the value and benefit of the participant completing the survey. Completing

the survey was voluntary and they had the right to refuse at any time. The informed

consent included the following information:

1. Brief description of the study

2. Inclusion criteria

3. How contact information was obtained

4. Informed consent process

5. Background information about the study

6. Procedures

7. Sample questions for questionnaire

8. Voluntary nature of the study

9. Risks and benefits of being in the study

10. Confidentiality of information

11. Contacts and questions

12. Obtaining your consent

Confidentiality and anonymity were maintained by advising participants that the researcher would be unable to identify any of the participant's personal information. Participants were not asked to disclose any of their identifying personal information. The researcher had no knowledge of which participants responded to the survey. There was strict adherence to the IRB guidelines and it is a requirement that students of Walden University record the responses with accuracy and honesty. Through random selection from the ATSA database, the participants in the study responded to the MBI-HSS survey, COPE Inventory survey, and demographic questionnaire related to gender, years of experience, caseload, and the impact on burnout in counselors of sex offenders.

Furthermore, the data exported to SPSS was secured by storing it as the only data on a password-protected disk. The data collected from the research study will be retained in accordance to Walden University's recommended guidelines. It is a requirement that all raw data such as interview tapes, spreadsheets, questionnaire results, and so forth be kept for no less than five-years upon completion of one's doctoral study. For safekeeping, copies of the data are stored in two different locations. My dissertation committee was available to provide me with feedback in the occurrence of an ethical dilemma. It was essential and a requirement to maintain ethical integrity by adhering to several codes of

ethics established. Finally, as a student of Walden University, I ensured a commitment to conduct ethical research and adhere to appropriate protocols and guidelines.

Summary

In this study, a quantitative research design was used to examine the relationship between coping strategies, gender, and years of experience, caseload, and burnout among counselors of sex offenders. The participants in the study were counselors of sex offenders who are also members of ATSA. The MBI-HSS and COPE Inventory instrumentation were used to collect the data, and a demographic questionnaire was used to identify gender, years of experience, and caseload. The data collected were statistically calculated using the SPSS program version 23. The data collected from the MBI-HSS, COPE Inventory, and the demographic questions were analyzed. The data were cleaned and screened. The data were analyzed and descriptive statistics were obtained for each sub-scale of the MBI-HSS and COPE. A regression analysis was used to determine if coping, gender, years of experience, and caseload size predict burnout among counselors of sex offenders. In Chapter 4, an overview of the purpose, research questions, and hypotheses was provided, in addition to information on the data collected including the results of the surveys and questionnaire and summary of the data analysis.

Chapter 4: Results

Introduction

The purpose of this quantitative research study was to predict the extent of burnout as well as the relationship between coping strategies (problem-focused or emotion-focused), gender, years of experience, caseload, and burnout among counselors of sex offenders. While researchers have examined job burnout (Gould et al., 2013), little is known about how burnout among counselors of sex offenders impacted by coping skills, gender, years of experience, and caseload. The results of this research study answered the questions of whether coping strategies, gender, years of experience, and caseload size were a significant predictor of burnout in counselors of sex offenders. The research questions used to examine the relationships were the following.

RQ1- Does problem-focused coping, as measured by the COPE Inventory, predict burnout, as measured by MBI-HSS, in counselors of sex offenders?

RQ2 – Does emotion-focused coping, as measured by the COPE Inventory, predict burnout, as measured by MBI-HSS, in counselors of sex offenders?

RQ3- Is gender a significant predictor of the three dimensions of burnout, as measured by the MBI-HSS, in counselors of sex offenders?

RQ4- Do years of experience positively predict the three dimensions of burnout, as measured by the MBI-HSS, in counselors of sex offenders?

RQ5- Does caseload size positively predict the three dimensions of burnout, as measured by the MBI-HSS, in counselors of sex offenders?

Data were collected from participants in the study using the demographic

questionnaire, MBI-HSS, and COPE Inventory. I used SPSS 21 to analyze the data and

present the findings. The result of data analysis showed how the independent variables of

coping, gender, years of experience, and caseload predicted the extent of burnout in

counselors of sex offenders. The results of my data analyses, including tables and graphs

for illustrations, are presented in this chapter. Chapter 4 concludes with a summary of the

findings.

Data Collection

The period for response rate for data collection totaled six weeks. ATSA has a

membership of approximately 2700 members (Christopher, 2014). Members of ATSA

who were included in the organization's listserv database received a participation letter

via e-mail with a survey link attached. A total of 144 members of ATSA responded to the

survey, but only 86 completed all three questionnaires included in the survey. The sample

size met the minimum required ($N = 85$) based on my a priori analysis. There were no

discrepancies from the data collection process presented in Chapter 3.

The descriptive demographic characteristics were gender, age, ethnicity, job

setting, caseload size, and years of experience as a counselor of sex offenders. The

sample size was a representation of the participant population. ATSA who are adults 18

years of age and older. Findings from the sample size examined the relationship between

coping, burnout, and the demographic variables but is not a representation of the entire

population of counselors of sex offenders.

Demographic Characteristics

Descriptive statistics for the demographic variables used in the study are presented in Tables 1-2. I analyzed eighty-five completed surveys. There were more women participants than men. Of the participants, (60%) were women and (40%) were men. The majority of the respondents were between 35 and 44 years old (36.50%) or 45-54 years old (30.50%).

Table 1

Age and Gender of Participants

Age	Total		Men		Women	
	Freq	%	Freq	%	Freq	%
18-24	1	1.18	0	0	1	1.96
25-34	6	7.05	0	0	6	11.76
35-44	31	36.47	10	29.40	21	41.18
45-54	26	30.59	14	41.20	12	23.53
55-64	18	21.18	8	23.50	10	19.61
65 or older	3	3.53	2	5.90	1	1.96
Total	85	100.00	34	100.00	51	100.00

Most respondents were either African American (42.40%) or Caucasian American (36.40%), and worked in an inpatient or hospital setting (24.40%), outpatient mental health facility (20.90%) or community or residential treatment facility (20.90%). The respondents had on average 13.62 years ($SD = 6.99$) with the majority reporting between 10 – 15 years of experience as a counselor of sex offenders. While the average current weekly caseload size was 13.40 ($SD = 6.83$), the range for the majority was 10 – 15 cases each week.

Table 2

Ethnicity and Gender of Participants

	Total		Men		Women	
Ethnicity	Freq	%	Freq	%	Freq	%
Black/African American	36	42.35	13	38.20	23	45.08
Caucasian American	31	36.47	15	44.10	16	31.40
Asian/Pacific Islander	3	3.53	2	5.90	1	1.96
Hispanic/Latino	7	8.24	2	5.90	5	9.80
Other	8	9.41	2	5.90	6	11.76
Total	85	100.00	34	100.00	51	100.00

Assumption Tests

I performed data screening to determine the accuracy of data and the presence of any missing values or outliers. I concluded that there were no missing data. Multivariate outliers were analyzed sing the Mahalanobis distance for each case by fitting a linear regression with the respondent ID as the dependent variable and the three burnout subscales, gender, years of experience, and caseload size, as the independent variables. According to the Mahalanobis distance, there was one outlier based on a cut-off probability of 0.001. The outlier was removed. Skewness and Kurtosis were analyzed to screen for normality. The data analyzed met the normality assumptions as presented in Table 3. The assumption of multicollinearity was assessed by measuring the tolerance and variance inflation factors (*VIF*) for the dependent and independent variables. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1.

Table 3

Normality Frequencies of Coping and Burnout

	N	M	*SD*	Skewness Statistic	*SE*	Kurtosis Statistic	*SE*
PFC	85	60.48	12.80	. .03	.26	-1.07	.52
EFC	85	54.18	08.81	-.13	.26	-.20	.52
EE	85	21.03	12.47	-.06	.26	-1.00	.52
DP	85	8.43	6.80	. .30	.26	-1.19	.52
PA	85	34.58	10.47	-.48	.26	-.28	.52

Note. M = mean; *SD* = standard deviation; *SE* = standard error; PFC = problem-focused coping; EFC = emotion-focused coping; EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment.

Descriptive Statistics

The purpose of the COPE Inventory is to determine how people respond when they face stressful events. There are 60 questions in the COPE Inventory scale that are separated into 15 categories with four questions in each category. The responses of the participants are rated as problem-focused coping (PFC) and emotion-focused coping (EFC). Table 4 shows means and standard deviations for these sub-scales.

Men had a higher score in the PA subscale compared to women. This was in contrast to the EE subscales, where men scored on average lower than the women. Similarly, men had an average DP subscale score lower when compared to women. The results are presented in Table 4.

Table 4

*D*escriptive Statistics for the COPE and Burnout Subscales

Variable	*N*	Group	*M*	*SD*
PFC	34	Men	57.97	11.63
	51	Women	62.16	13.37
EFC	34	Men	51.62	8.82
	51	Women	55.88	8.46
EE	34	Men	18.79	12.87
	51	Women	22.53	12.09
DP	34	Men	07.06	06.61
	51	Women	09.35	06.83
PA	34	Men	35.76	12.04
	51	Women	33.78	09.31

Note. M = mean; *SD* = standard deviation; PFC = problem-focused coping; EFC = emotion-focused coping; EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment.

Reliability

The reliability of the subscales for the MBI-HSS and COPE questionnaires was calculated using the Cronbach's alpha measurement. The subscales exhibited high reliability, varying from 0.79 for EFC to 0.93 for EE. The results are presented in Table 5.

Table 5

Reliability for the COPE Subscales and MBI-HSS

Variable	Items	Cronbach's Alpha
PFC	20	0.78
EFC	20	0.93
EE	9	0.93
DP	5	0.85
PA	8	0.89

Note. PFC = problem-focused coping; EFC = emotion-focused coping; EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment.

Results

Research Question 1

RQ1 – Does problem-focused coping as measured by the COPE Inventory predict burnout, as measured by MBI-HSS in counselors of sex offenders?

$H_0$1- Problem-focused coping is not a predictor of burnout in counselors of sex offenders.

$H_1$1 - Problem-focused coping is a negative predictor of burnout in counselors of sex offenders.

A simple linear regression was conducted with the three MBI-HSS subscales as the dependent variables (EE, DP, and PA), and problem-focused coping was the independent variable. The regression determined that problem-focused coping did not significantly predict burnout in any of the three subscales, at the 05 level for *p*. Therefore, the alternative hypothesis was rejected, and the null hypothesis accepted.

Research Question 2

RQ2 – Does emotion-focused coping as measured by the COPE Inventory predict burnout, as measured by MBI-HSS in counselors of sex offenders?

$H_0$2- Emotion-focused coping is not a predictor of burnout in counselors of sex offenders.

$H_2$2 - Emotion-focused coping is a negative predictor of burnout in counselors of sex offenders.

A simple linear regression was performed with the three MBI-HSS subscales as the dependent variables (EE, DP, and PA), and emotion-focused coping was the

independent variable. The results determined that emotion-focused coping did not

statistically significant predictor of the three subscales, as $p >.05$ in all cases. Therefore,

the null hypothesis was accepted.

Research Question 3

RQ3- Is gender a significant predictor of the three dimensions of burnout, as

measured by the MBI-HSS in counselors of sex offenders?

H_03 – Gender is not a significant predictor of burnout for counselors of sex

offenders.

H_33 – Gender is a significant predictor of burnout for counselors of sex offenders.

A simple linear regression was conducted with the three MBI-HSS subscales as

the dependent variables (EE, DP, and PA) and gender was the independent variable. The

regression determined that gender did not significantly predict burnout in any of the three

subscales, at the .05 level for p. Therefore, the alternative hypothesis was rejected and the

null hypothesis accepted.

Research Question 4

RQ4- Do years of experience positively predict the three dimensions of burnout,

as measured by the MBI-HSS in counselors of sex offenders?

H_04- Years of experience are not a statistically significant predictor of burnout in

counselors of sex offenders.

H_44- Years of experience are a positive predictor of burnout in counselors of sex

offenders.

A simple linear regression was performed with the three MBI-HSS subscales as the

dependent variables (EE, DP, and PA), and years of experience was the independent

variable. Based on the results of the linear regression analysis for research question 4,

years of experience did not significantly predict burnout in any of the three subscales at

the .05 level for p. Therefore, the alternative hypothesis was rejected and the null

hypothesis was accepted.

Research Question 5

RQ5- Does caseload size positively predict the three dimensions of burnout, as

measured by the MBI-HSS in counselors of sex offenders?

$H_0 5$ – Caseload is not a statistically significant predictor of burnout for counselors

of sex offenders.

$H_5 5$ – Caseload is a positive predictor of burnout for counselors of sex offenders.

A simple linear regression was conducted with the three MBI-HSS subscales as

dependent variables (EE, DP, PA) and caseload size as the independent variable to

determine if caseload size is a statistically significant predictor of the three subscales of

burnout in counselors of sex offenders. The results of the regression analysis determined

that caseload size did not significantly predict burnout in emotional exhaustion and

personal accomplishment at the .05 level for p. However, the regression analysis

determined that caseload size was a statistically significant predictor of depersonalization

at the .05 level for p.

The results for DP were: $F(1,83) = 5.22$, $p = .03$, $R^2 = 0.06$. As the caseload size

increased, depersonalization also increased.

Summary

Chapter 4 provided a detailed analysis of the results of the research study. There were five research questions that focused on burnout and coping as it relates to counselors of sex offenders. Five simple linear regressions were conducted to answer the five research questions. The MBI-HSS subscales (EE DP, PA) were the dependent variables and problem-focus coping, emotion-focused coping, gender, years of experience, and caseload size were the independent variables.

The findings of the study determined problem-focused coping and emotion-focused coping were not statistically significant predictor of burnout as stated in research questions one and two. The research study also indicated that gender was not a statistically significant predictor of burnout as measured by the three MBI-HSS subscales. Years of experience were not a statistically significant predictor of burnout in counselors of sex offenders as measured by the MBI-HSS using the three subscales. While caseload size was not a statistically significant predictor in emotional exhaustion and personal accomplishment, depersonalization was a significant predictor of burnout.

Chapter 5 includes an introduction, interpretation of findings, limitations of the study, and further recommendations that are grounded in the strengths and limitations of the study. The introduction will restate the purpose of the study while the interpretation of the findings will focus on how the results confirm or disprove the results found in previous studies identified in the literature review.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative research study was to examine burnout among counselors and identify variables that are correlated to the development of burnout in counselors of sex offenders. A quantitative descriptive correlational research design was used to examine the relationship between the predictor variables (coping, gender, years of experience, and caseload size) and the dependent variable (job burnout) among the study population. The basis of this study was to examine whether coping strategies, gender, years of experience, and caseload size were significant predictor of burnout in counselors of sex offenders. The MBI-HSS survey (Maslach et al., 1996) and the COPE Inventory (Carver, 1997) was performed to examine burnout and coping, respectively.

Descriptive statistics were gathered to analyze and summarize the data. A simple linear regression was conducted to analyze the research questions. The results of the data analysis showed a statistically significant relationship between caseload size and depersonalization. However, caseload size did not significantly predict burnout in emotional exhaustion or personal accomplishment. Furthermore, problem-focused coping, emotion-focused coping, gender, and years of experience were not significant predictors of burnout.

Interpretation of the Findings

This section includes discussion of the results of the data analysis for each of the research questions. First, I discuss findings on the relationship between problem-focused coping emotion-focused coping and burnout for counselors of sex offenders are

examined. I then discuss the findings on the relationships between gender, years of experience, caseload, and the three dimensions of burnout.

The target population for this study was comprised of members of ATSA. The research questions were formulated to predict burnout in counselors of sex offenders. Burnout as described by Maslach and Jackson (2012) consists of three dimensions (emotional exhaustion, depersonalization, and personal accomplishment). The relationship between problem-focused coping, emotion-focused coping, and the three dimensions of burnout were examined in the first two research questions. The relationship between gender, years of experience, caseload size and the three dimensions of burnout were examined in the last three questions. Statistical analysis included using simple linear regression and analysis of variance to score the results from the MBI-HSS and COPE inventory scales.

Job burnout is defined as the inability to perform clinical duties effectively because of emotional or physical duress and personal discouragement (Puig et al., 2012). In their seminal study of burnout, Maslach and Jackson (1981), however, identified three key dimensions of burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is the inability to feel compassion for their clients or the depletion of their emotional resources (Oser et al., 2013). Depersonalization represents the negative feelings of cynicism, lack of empathy, and emotional detachment from a client (Oser et al., 2013). Reduced personal accomplishment is lack of personal accomplishment in one's job or feeling they are not making a difference in the care of the client (Oser et al., 2013).

Coping

The COPE Inventory (Carver, 1997) examined coping in   this research study, coping was categorized in two ways, namely problem-focused coping and emotion-focused coping. Problem-focused and emotion-focused coping did not significantly predict burnout, as measured by the subscales of emotional exhaustion, depersonalization, and personal accomplishment.

Gomes et al. (2013) conducted a study to investigate the prevalence of burnout and the coping strategies that predicted burnout in correctional officers. In the study, the MBI-HSS measured burnout while the Brief COPE measured coping. The results of the study concluded coping strategies predicted burnout. However, other factors such as gender and years of experience were significant in predicting the level of burnout experienced by the correctional officers in their study.

In my study, the results were not significant for problem-focused coping and emotion-focused coping. This lack of significance could be attributed to several factors. The variables were measured using different survey instruments. For example, in the study conducted by Gomes et al (2013), coping was measured using the Brief COPE, whereas I used the COPE inventory. The Brief COPE has 28-items and is an abbreviated version of the COPE inventory which consists of 60-items (Carver, 1997). The COPE inventory provides a more comprehensive survey instrument so the more extensive survey instrument could have impacted the results of my study. In addition, the job setting for correctional officers is a stressful environment, researchers have found (Gomes et al., 2013). This work environment of correctional officers could have

impacted the results of the study. Members of ATSA counsel sex offenders in a variety of

job settings. If the study consisted only of members of ATSA who work in correctional

settings, the level of burnout I found may have been different. Coping strategies are

important, but other factors such as caseload size can have an impact on the level of

burnout in counselors of sex offenders.

Gender

Gender did not significantly predict burnout in any of the three dimensions of

burnout in my study but previous studies found that there are dimensional differences in

burnout between men and women (Vladat & Kallay, 2010). Women working in human

services have overwhelmingly reported higher rates of job burnout when compared to

men working in the same field (Vladat & Kallay, 2010). In addition, women have

reported higher levels of compassion fatigue, which is a predictor of burnout (Thomas et

al., 2014). In a different study, it was concluded emotional exhaustion and personal

accomplishment were not significant in predicting burnout in mental health workers

(Gould et al., 2013).

In the current study, there are possible reasons that gender did not significantly

predict burnout as measured by the subscales of emotional exhaustion, depersonalization,

and personal accomplishment. The gender split could have affected my results. In several

studies, gender was a significant predictor when there was a broader gender gap in the

number of men and women respondents. In one study, in which 73% of the participants

were women, gender was a statistically significant predictor of burnout (Blau et al.,

2013). Gender was also a statistically significant predictor of this phenomenon in another study in which 63% of the participants were men (Gould et al., 2013).

Women scored higher on the emotional exhaustion subscale while men score higher on depersonalization and personal accomplishment subscales (Blau et al., 2013). On the contrary, in the current study, 40% of the participants were men. The men scored lower in emotional exhaustion and depersonalization subscales while scoring higher in the personal accomplishment subscale. If the gender split had been broader, gender may have significantly predicted burnout as measured by the MBI-HSS subscales of emotional exhaustion, depersonalization, and personal accomplishment.

Years of Experience

The results showed that years of experience did not significantly predict burnout as measured by the subscales emotional exhaustion, depersonalization, and personal accomplishment. Gould et al. (2013) studied the relationship between burnout and years of experience for 208 correctional officers from adult and young offender facilities. They found years of experience to positively correlate with emotional exhaustion and personal accomplishment,

The results of the current study determined years of experience did not significantly predict burnout. Several factors may have impacted the results. First, mental health counselors have more insight and training related to the treatment of sex offenders. Their insight may have helped them develop more effective coping strategies. Second, it is conceivable the counselors may have adjusted to the job demands using effective coping strategies as years of experience increased. Last, the job setting may have

impacted the results of the study. The members of ATSA work in a variety of settings in comparison to correctional officers working in correctional centers. Researchers explored burnout in rural and urban areas and found human service workers in rural areas experienced higher rates of emotional exhaustion and lower personal achievement compared to their urban counterparts (Thomas et al., 2014).

Caseload Size

Caseload size was a statistically significant predictor in depersonalization, meaning as caseload size increased, depersonalization also increased. This may be result of increased cynicism or emotional detachment related to the inability to complete work because of the workload. The increase in caseload size can lead to a stressful work environment and job turnover. Excessive caseload size results in counselors finding their jobs hard, and they may experience burnout.

Previous studies also indicated that caseload size predicts depersonalization. Implementing strategies to enhance or improve workplace settings can minimize burnout. The high levels of absenteeism and turnover increase the workload and create role conflict and role ambiguity (Yurur & Sarikaya, 2012). This results in an increased level of depersonalization. Support from colleagues and managers, and job training to improve skills were considered enhancements to help decrease burnout related to caseload (Scanlan & Still, 2013).

The results determined that caseload size did not significantly predict burnout on the emotional exhaustion and personal accomplishment subscales. The ability to become detached or depersonalize their feelings may have prevented the development of

emotional exhaustion and reduced personal accomplishment. Depersonalization

represents a lack of empathy and decrease in emotional resources (Oser et al., 2013). The

counselor may have accepted the fact they are unable to meet the demands of the job and

developed a dysfunctional coping strategy such as denial, which prevented the feelings of

emotional exhaustion and reduced personal accomplishment.

Theoretical Framework

Lazarus and Folkman's (1987) theory of cognitive appraisal and coping, together

with Maslach's theory of burnout (Maslach et al., 2012), underpinned this study. The

theory of cognitive appraisal and coping acknowledges that cognitive appraisal may

determine whether a demanding situation leads to stress, because not all stressors bring

about negative outcomes (Gomes, Faria, & Goncalves, 2013). The development of

coping strategies may promote a healthy work environment and home life balance.

My research study can add to the theoretical foundation identified in previous

research studies regarding burnout and coping strategies. Caseload size was a significant

predictor of burnout in depersonalization. Based on the results, it is believed that the

counselors' cognitive appraisal and maladaptive coping strategies factored into the

responses from the participants. Coping strategies, gender, years of experience, and

caseload size (emotional exhaustion and personal accomplishment) did not significantly

predict burnout in counselors of sex offenders. The use of effective coping strategies

(problem-focused coping and emotion-focused coping) can provide a therapeutic method

of dealing with burnout but the counselors' appraisal of the situations and life events can

impact the effectiveness of the coping strategy. In addition, the development of effective

coping strategies can help counselors handle the demands of the job and the stressors associated with treating sex offenders.

Maslach's theory of burnout (Maslach et al., 2012), with its three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment), was one of the theoretical frameworks for this study. It was argued that burnout is a unique phenomenon worthy of independent research. In previous studies related to burnout, mitigating factors such as personality, life events, and social support of stressful events are sometimes ignored (Gould et al., 2013). It cannot be presumed that stress leads to burnout, because a person can be stressed in the work setting and not necessarily burned out. However, caseload was a significant predictor of burnout for the depersonalization subscale. The increase in caseload size resulted in an increase the level of depersonalization, which signifies feelings of burnout and detachment. This finding affirms the value of studying the three distinct dimensions of burnout as presented by Maslach et al. (2012), rather than burnout as a single dimension.

Limitations of the Study

A quantitative descriptive correlational research design was used in this study. In this research design method, the data are collected at a specific time. In contrast, a longitudinal study allows for the observation of participants over a longer period. This offers an opportunity for the researcher to establish a system of events and follow any changes over time rather than a specific point. The results of the data collection could have provided a more detailed and comprehensive analysis of the relationship between coping strategies, gender, years of experience, and caseload size.

Self-report measures were used to complete the MBI-HSS and COPE Inventory survey instruments. Response bias may have affected the responses to the questions. If the participants completed the survey after a positive or negative counseling session with a sex offender, the scores could be misleading and biased.

The use of a convenience sample of counselors of sex offenders who are members of ATSA did not ensure a representation from the population of all counselors of sex offenders. There are other organizations for people who treat sex offenders and they may respond differently than members of ATSA. Sampling from a specific population or region may not be a true representation. Participants were limited to counselors of sex offenders in the United States. The inclusion of international participants may have resulted in different findings for this study. This could limit the generalizability of the study results.

Recommendations

There are several recommendations for future research that are based on the findings and limitations of the current study. The first would be assessing the effectiveness of coping strategies in other organizations and focusing on the work setting. Effective coping strategies could be impacted by the work setting. Specifically, examine the impact of coping and burnout in other mental health settings and provide the results to help identify methods of coping to potentially decrease the level of burnout. For example, research conducted by Gould et al. (2013) concluded correctional officers experience increased levels of emotional exhaustion and depersonalization. Further research could

compare this finding to other treatment facilities such as community setting, hospital setting, or residential treatment facilities.

There were no significant results for years of experience in emotional exhaustion, depersonalization, and personal accomplishment, despite previous research having suggested the contrary (Gould et al., 2013). Further research is needed to explore the relationship between the three dimensions of burnout, years of experience, and organizational structure, including the support offered to staff. Examining burnout and the level of support within the organizations for new and long-tenured employees could prevent burnout. Furthermore, assessing the type of training provided to employees of less than five years of tenure with the company could decrease the potential for developing burnout. Based on the findings of the previous study, seeking opportunities for further training for long-standing employees and determine if the level of burnout is higher or lower for each group. Increased length of tenure is associated with higher levels of stress. Identifying services and peer support are viable options to decrease job burnout (Gould et al., 2013).

Job stress and burnout are associated with poor organizational structure and commitment. The availability of job resources and organizational support may greatly impact burnout (Finney et al., 2013). Leiter et al. (2013) investigated job burnout and job characteristics and determined that poor organizational structure and resources influenced job burnout. Further research into burnout and organizational structure could potentially lead to better training and decrease burnout within organizations.

Coping strategies are important factors but other factors can impact the level of burnout in counselors of sex offenders. Previous research by Leiter et al. (2013) included a random selection of both men and women participants and often lead to mixed results. Conducting further research to explore burnout in men and women individually to gain further insight and identify the experiences of men and women individually.

Implications

Positive Social Change

The potential for social change can have an impact at the individual, family, organizational, and societal level. Counselors experiencing burnout can negatively impact the individual, their family and friends, the organization, and society. It has been well-documented that mental health counselors experience a variety of job stressors (Puig et al., 2012). Burnout can impact the personal wellness of human mental health counselors, which negatively impacts other aspects of their life away from work. My research study provides information on burnout and coping strategies to promote personal wellness in counselors of sex offenders. For instance, decreasing the caseload can decrease depersonalization which can lead to a higher level of personal accomplishment.

Professional implications

The demographic variables examined in my study included gender, years of experience, and caseload size. Gender and years of experience did not significantly predict burnout in counselors of sex offenders. However, some previous studies have provided mixed results but individuals, family, and organizations can benefit from wellness programs that provide guidance to counselors regardless of their gender or years

of experience. This could lead to a higher quality of care to the offender and improved well-being for the counselor. The goal is to reduce burnout by promoting positive interactions between counselors and sex offenders. The outcome could provide positive social change for organizations and society. One of the main stressors reported by mental health workers is a heavy caseload size and increased job demands. This makes it difficult to meet organizational goals (Onyett, 2011). There is a positive correlation between increased caseload size and depersonalization. Caseload size is a significant predictor of depersonalization. Focusing on the caseload can reduce the occurrence of burnout.

Conclusion

The study involved an investigation of the relationships between problem-focused coping and emotion-focused coping, as measured by the COPE Inventory, and the three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment) measured by the MBI-HSS. In this study, five regression analyses and analysis of variance were conducted to analyze the five research questions. Problem-focused coping, emotion-focused coping, gender, and years of experience were not significant predictors of burnout. Caseload size was not a significant predictor of burnout in emotional exhaustion and personal accomplishment subscales. Caseload size was a significant predictor of depersonalization in counselors of sex offenders. A variety of factors may have resulted in findings that were not significant. The variables being measured, survey instruments, and job setting could have affected the results.

The limitations of the study were discussed and the reliability and validity of the MBI-HSS and COPE inventory were discussed with both present with a high level of validity. Also, biases to self-reporting were outlined in this chapter. Recommendations for further research included additional research on coping and burnout related to job setting, age of sex offender, and possible discrepancies in support for newer or long-term employees within the organization. The identification of positive social change at the individual, family, organizational, and societal levels was described. This study will add to the previous research on coping and burnout and lead to further research to decrease or prevent burnout in counselors of sex offenders. The goal is to provide a work environment that includes preventive measures to decrease stressors and reduce burnout in mental health counselors of sex offenders.

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Appendix A: Letter for Participation

To Members of ATSA:

My name is Sonya A. Adams and I am a doctoral student at Walden University. My discipline is Psychology specializing in Forensic Psychology. My primary focus is burnout and coping abilities, particularly in counselors who work closely with sex offenders. In my general research, I am examining burnout and coping abilities, referring to Lazarus and Folkman's (1987) theory of cognitive appraisal and coping. This theory addresses the importance of appraisal, specifically how to evaluate they cope during stressful situations.

I am conducting a study about burnout in counselors of sex offenders and their coping abilities. I am requesting your participation in my study to help me complete part of my degree requirements. There is an anonymous questionnaire, which should take approximately 30-45 minutes to complete online. The questionnaire is completely voluntary and all the information collected is stored in a confidential secure database. Most importantly, the study will contribute further to understanding how counselors of sex offenders cope with stress and burnout. Members of ATSA who meet the criteria will be asked to participate in the study.

This is a completely anonymous questionnaire and upon submission, neither your name nor email address will be attached to your answers. Your information will be kept strictly confidential. Your knowledge and opinions regarding this topic makes your input invaluable. You will receive a link to Qualtrics in a broadcast email and would appreciate your participation.

Link: https://survey.co1.qualtrics.com/SE/?SID=SV_9nl8e8ZFDZSGiLH

Thank you for your time and consideration.

Sonya A. Adams

Appendix B: Maslach Burnout Inventory/Permission Letter

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:

Instrument: *Maslach Burnout Inventory, Forms: General Survey, Human Services*
Survey & Educators Survey

Copyrights:

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Three sample items from a single form of this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

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Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

Appendix C: Maslach Burnout Inventory

MBI-Human Services Survey

How often: **0**   **1**   **2**   **3**   **4**   **5**   **6**

Never | A few times a year or less | Once a month or less | A few Times a month | Once a week | A few times a week | Every day

How Often

0-6 Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.

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

Appendix D: COPE Inventory

Appendix D: COPE Inventory/Permission Letter

COPE Inventory
Version Attached: Partial Test

PsycTESTS Citation:
Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). COPE Inventory [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t10027-000

Instrument Type:
Inventory/Questionnaire

Test Format:
COPE Inventory response choices are "I usually don't do this at all," "I usually do this a little bit," "I usually do this a medium amount," and "I usually do this a lot" (scored from 1 to 4).

Source:
Wade, Shari L., Borawski, Elaine A., Taylor, H. Gerry, Drotar, Dennis, Yeates, Keith O., & Stancin, Terry. (2001). The relationship of caregiver coping to family outcomes during the initial year following pediatric traumatic injury. Journal of Consulting and Clinical Psychology, Vol 69(3), 406-415. doi: 10.1037/0022-006X.69.3.406

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Appendix E: COPE Inventory

COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

    1 = I usually don't do this at all
    2 = I usually do this a little bit
    3 = I usually do this a medium amount
    4 = I usually do this a lot

1. I try to grow as a person as a result of the experience.
2. I turn to work or other substitute activities to take my mind off things.
3. I get upset and let my emotions out.
4. I try to get advice from someone about what to do.
5. I concentrate my efforts on doing something about it.
6. I say to myself "this isn't real."
7. I put my trust in God.
8. I laugh about the situation.
9. I admit to myself that I can't deal with it, and quit trying.
10. I restrain myself from doing anything too quickly.

11. I discuss my feelings with someone.
12. I use alcohol or drugs to make myself feel better.
13. I get used to the idea that it happened.

14. I talk to someone to find out more about the situation.
15. I keep myself from getting distracted by other thoughts or activities.
16. I daydream about things other than this.
17. I get upset, and am really aware of it.
18. I seek God's help.
19. I make a plan of action.
20. I make jokes about it.

21. I accept that this has happened and that it can't be changed.
22. I hold off doing anything about it until the situation permits.
23. I try to get emotional support from friends or relatives.
24. I just give up trying to reach my goal.
25. I take additional action to try to get rid of the problem.
26. I try to lose myself for a while by drinking alcohol or taking drugs.
27. I refuse to believe that it has happened.
28. I let my feelings out.
29. I try to see it in a different light, to make it seem more positive.
30. I talk to someone who could do something concrete about the problem.

31. I sleep more than usual.
32. I try to come up with a strategy about what to do.
33. I focus on dealing with this problem, and if necessary let other things slide a little.
34. I get sympathy and understanding from someone.
35. I drink alcohol or take drugs, in order to think about it less.
36. I kid around about it.
37. I give up the attempt to get what I want.
38. I look for something good in what is happening.
39. I think about how I might best handle the problem.
40. I pretend that it hasn't really happened.

41. I make sure not to make matters worse by acting too soon.
42. I try hard to prevent other things from interfering with my efforts at dealing with this.
43. I go to movies or watch TV, to think about it less.
44. I accept the reality of the fact that it happened.
45. I ask people who have had similar experiences what they did.
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.

47. I take direct action to get around the problem.
48. I try to find comfort in my religion.
49. I force myself to wait for the right time to do something.
50. I make fun of the situation.

51. I reduce the amount of effort I'm putting into solving the problem.
52. I talk to someone about how I feel.
53. I use alcohol or drugs to help me get through it.
54. I learn to live with it.
55. I put aside other activities in order to concentrate on this.
56. I think hard about what steps to take.
57. I act as though it hasn't even happened.
58. I do what has to be done, one step at a time.
59. I learn something from the experience.
60. I pray more than usual.

Scales (sum items listed, with no reversals of coding):

Positive reinterpretation and growth: 1, 29, 38, 59
Mental disengagement: 2, 16, 31, 43
Focus on and venting of emotions: 3, 17, 28, 46
Use of instrumental social support: 4, 14, 30, 45
Active coping: 5, 25, 47, 58
Denial: 6, 27, 40, 57
Religious coping: 7, 18, 48, 60
Humor: 8, 20, 36, 50
Behavioral disengagement: 9, 24, 37, 51
Restraint: 10, 22, 41, 49
Use of emotional social support: 11, 23, 34, 52
Substance use: 12, 26, 35, 53
Acceptance: 13, 21, 44, 54
Suppression of competing activities: 15, 33, 42, 55
Planning: 19, 32, 39, 56

Appendix F: Demographic Questionnaire

1. What is your gender?

    a. Men
    b. Women

2. What is your age?

    a. 18-24
    b. 25-34
    c. 35-44
    d. 45-54
    e. 55-64
    f. 65 or older

3. What is your ethnicity?

    a. White
    b. Black or African American
    c. Hispanic or Latino
    d. Native American or American Indian
    e. Asian or Pacific Islander
    f. Other

4. How many years of experience do you have as a counselor of sex offenders?

    a. _____

5. What is your job title?

    a. _____

6. What is your current job setting?

    a. Community setting
    b. Inpatient/Hospital setting
    c. Outpatient mental health facility
    d. Private Practice
    e. Correctional setting
    f. Other
7. What is your current caseload size per week?

    a. _____