EXPLORING HOW SELF-EFFICACY, WORKLOAD, AND PARENT ENGAGEMENT INTERRELATE WITH BURNOUT AMONG CHILD THERAPISTS

by

Olivia Tusa Fichtner

A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
In partial fulfillment of the requirements
For the degree of Doctor of Philosophy in
Counseling Education and Supervision

Charlotte

2024

Approved by:

_____
Dr. Sejal Parikh Foxx

_____
Dr. Phyllis Post

_____
Dr. Hank Harris

_____
Dr. Kyle Cox

_____
Dr. Stephanie Potochnick

ABSTRACT

Exploring How Self-Efficacy, Workload, And Parent Engagement Interrelate with Burnout Among Child Therapists (Under the direction of DR. FOXX)

The National Healthcare Quality and Disparities report in 2022 revealed that almost a quarter of children ages 3-17 in the United States have a mental health related disorder. Because of this, well-equipped child therapists are needed to carry out the responsibility of providing services to support this population. However, several systematic reviews have noted the prevalence of burnout among child therapists, possibly hindering quality care (Acker, 2010; Simionato & Simpson, 2018). Because of this, investigators have sought to understand burnout and its effect on child therapists. Many have noted the risks of professional burnout (Adams et al. 2006; Chen et al. 2019; Paris et al. 2010; Sanchez-Moreno et al., 2015), however there is limited research specific to burnout among child therapists. This study examined how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists. A multiple regression analysis investigated relationships among self-efficacy, workload, and parent engagement with child therapist burnout (n=537). The findings indicate that the predictor variables explain 63% of the variance in child therapist burnout. Conditional process analyses were then employed to consider indirect and conditional relationships among the variables. Self-efficacy was found to moderate several relationships among parent engagement, workload, and burnout. Lastly, considerations, implications, and recommendations for future research are reviewed.

DEDICATION

The completion of this degree would not have been possible without my loving and supportive friends and family. To my husband JD and my daughter Freya, you have both been my source of strength and stability. I would not have been able to do this without you. To my mom Kathy, who always believed in me even when I didn't believe in myself.

To my committee chair, Dr. Foxx, thank you for the constant encouragement and support. To my dissertation committee: Dr. Post, Dr. Harris, Dr. Cox, and Dr. Potochnick thank you for the insightful comments and constant commitment to my work.

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CHAPTER I: INTRODUCTION

The National Healthcare Quality and Disparities report in 2022 revealed that almost 20% of children ages 3-17 in the United States have a mental health related disorder. As roughly a quarter of the children in the United States are suffering, there is a vast need for equipped child therapists to support this mental health crisis. In addition, helping professionals provide emotional support that can be mentally and physically taxing. This taxing work puts helping professionals, specifically mental health professionals, at risk of burnout. In a systematic review, the percentage of psychotherapists who reported burnout was 54% (Acker, 2010; Simionato & Simpson, 2018). This staggering percentage shows a need to further investigate factors that influence therapist burnout. Similarly, in a sample of child therapists, 70% of the respondents reported moderate to extreme levels of burnout (Aminihajibashi et al., 2022).

Burnout can be understood as professional emotional exhaustion and professional inefficacy (Maslach 1976; Maslach & Jackson, 1981). Burnout is associated with a state of chronic stress, low personal accomplishment, emotional fatigue, and depersonalization (Maslach 2003; Maslach & Jackson, 1981; 1986). Examining the phenomena of burnout is vital to better support its growing risk among these professionals (Edú-Valsania et al., 2022; Chen et al., 2019; Yang & Hayes, 2020). Individuals who experience burnout frequently face impairments to their emotional and physical well-being and have a lower sense of overall health (Stalker & Harvey, 2002). All helping professions are at risk of burnout, however, therapists are at a disproportionately higher risk due to the interpersonal exchange and responsibility required by the therapeutic relationship (Farber, 1990). In addition, those who experience burnout are at higher risk of ethical violations, which could be devastating for the clientele of the professional (Aminihajibashi et al. 2022; Edú-Valsania et al., 2022; Maslach & Jackson, 1981). Ducharme et

al. (2007) denote burnout, specifically the emotional exhaustion aspect of burnout among human service occupations, was correlated with job turnover and intention to leave the human service profession. Similarly, in a review of burnout, Paris and Hogue (2010) discuss how burnout elicits "enormous concerns regarding the recruitment, retention, training, and performance of the behavioral health workforce" (Paris & Hogue, 2010, p. 519)

Professional burnout has been investigated among physicians, nurses, social workers, and psychologists (Adams et al. 2006; Chen et al. 2019; Paris et al. 2010; Sanchez-Moreno et al., 2015), however, there is limited research on the specific burnout of child therapists. The literature uses mental health clinicians and therapists interchangeably, but the term child therapists was used in this study. Child therapists who are experiencing burnout are limited in their ability to attune and connect with the growing number of children needing therapy. Few pioneer researchers have already established the prevalent experience of child therapist burnout (Aminihajibashi et al. 2022; Dynes, 2016, Gibson et al., 2009; Trentham, 1994). While research has investigated the connection of burnout with factors including counselor training, supervision, and experience level, there is sparse research on parent engagement, self-efficacy, and workload, as factors impacting burnout in child therapists.

There is a need to better investigate burnout among this population as they predominantly work with children who are in a more vulnerable place in society. Researchers who continue the understanding of these relationships will guide the improvement of training programs that educate child therapists to better protect themselves from burnout. The current study examined the specific constructs of self-efficacy, workload, and parent engagement, to further our understanding of how these variables interrelate with burnout.

Overview

The next segments within this chapter will describe the independent variables, dependent variables, and sample population. A growing body of literature began examining variables related to the experience of burnout among helping professionals; however, little research has surveyed variables related to burnout for child therapists. The sections will describe self-efficacy, workload, and parent engagement concerning burnout among child therapists. Finally, the researcher will discuss a rationale for how these constructs relate to burnout.

Burnout

Burnout can be defined as depersonalization, emotional exhaustion, and a lowered sense of personal accomplishment in one's professional identity (Maslach & Jackson, 1981). Burnout impacts individuals' interpersonal relationships, influencing negative concept of self and others. Freudenberger and Richelson created the term burnout (1980) and described it as to "deplete oneself." Authors describe the phenomena of burnout as overpowering exhaustion, feelings of detachment from one's occupation, high stress, a sense of hopelessness, and lack of achievement (Jackson & Maslach, 1982; Maslach & Jackson, 1996). The high risk of burnout is often stronger for mental health professionals due to high emotional outpouring and relational attunement (Chen et al., 2019; Yang & Hayes, 2020). The effect of burnout on mental health clinicians, specifically child therapists, is not only crippling to their careers, but it could also impact their clientele and community. Child therapists conduct interpersonal work where they often hear repetitive stories of trauma, abuse, or neglect of children which could impact emotional exhaustion and stress. In a sample of child therapists, 70% of the 373 respondents reported moderate to extreme levels of burnout due to intense pressure to support a vulnerable population, poor professional wellbeing, and noted intentions of leaving their occupation (Aminihajibashi et

al., 2022). This statistic supports the need for continued research on factors that impact burnout of child therapists.

Presently, there is a trend in literature linking burnout theory to a wider theory of learning. Burnout research has been explored within the theory of Bandura's Social Cognitive Theory (Maslach & Leiter, 1996; 2016; Leiter, 1989) and the concept of personal self-efficacy (Bandura, 1997). This framework provides a comprehensive way to understand burnout and its relationship with individual and environmental factors. Social cognitive theory determines that high self-efficacy supports recovery from occupational stress, whereas low self-efficacy imparts low accomplishment and poor professional development (Luszczynska et al., 2005). These assertions create a theoretical framework from which to understand ways to safeguard professionals from burnout. Thus, this study seeks to investigate burnout among child therapists through the lens of Bandura's Social Cognitive Theory.

Self- Efficacy

Self-efficacy refers to one's belief their performance to attain results (Bandura, 1982). In the counseling field, counselor self-efficacy (CSE) can be understood as belief in the ability to effectively counsel clients (Larson et al., 1992). Research indicates self-efficacy is a significant buffer for counselors to cope with burnout (Larson & Daniels, 1998). Literature (Leiter, 1992; Chwalisz et al., 1992) has previously linked high self-efficacy as a protective factor to burnout, as it relates to belief in the competence, and ability to cope with occupational stress. As the literature has previously noted higher CSE to be connected with more positive outcomes, it is important to understand how this construct relates to burnout. Bandura (1997) claims that a person's level of competence is directed by systemic and environmental factors. These factors have the power to create a positive or negative belief in self-confidence and perception of their

environment. Foundational research in the area led by Pines (1993) noted success, self-confidence, and achievement were all protective factors of burnout. The author went on to note that humans strive to create meaning, and it is not the failure itself, but rather one's belief about the failure that impacts burnout. This assertion makes a case to connect how self-efficacy can be a valuable variable in understanding burnout.

When surveying helping professions, Yao et al. (2018) discovered stress to be the most significant risk factor in occupational burnout, and conversely, general self-efficacy to be the most significant protective factor. As the literature implies, CSE is not only a belief in the ability to counsel clients, but it also represents a primary coping skill to combat burnout. Aminihajibashi et al. (2022) uncovered self-efficacy and counselor training to be a primary coping factor in combating burnout among child therapists. Given the connection between low self-efficacy and burnout, it is important to note how child therapists are at risk of this phenomenon. Although there is a body of literature linking low self-efficacy to burnout among helping professionals, there is limited research investigating burnout in child therapists. As such, this study supported the gap in the literature regarding child therapist burnout specifically related to parent engagement, self-efficacy, and workload.

Workload

A growing concern within the digital age is eroding boundaries at work, leading to a higher workload, influencing heightened stress and burnout. Workload refers to the physical and mental workload of an occupation, including temporal demands, physical demands, perceived risk, mental demands, performance, and frustration level (Lu et al., 2019). Advances in technology increased the need for a fast response and promote a level of urgency that can cause

increased workload (Carr et al., 2011). The level of urgency to attend to work needs is especially heightened with helping professionals who work with clients in vulnerable populations.

The literature has discovered several job-related factors that increase burnout, including disproportionate workloads and lack of well-being support (Maslach et al., 2001). DeDiego et al. (2023) discovered expectations to comply with an online platform due to the COVID-19 pandemic, increased the workload of counselor educators. Pressure was placed on workers to extend work hours to attend to students' needs, which correlated with heavy burnout. If therapists have limited boundaries with their professional workload, they are not likely to restore their mental energy, putting them at risk of burnout.

Helping professionals are increasingly vulnerable to a demanding workload and psychological distress due to the high-stress and emotionally taxing profession of counseling (Adams et al., 2006). Phillips et al. (2020) identified that increased workload was connected to burnout and intention to leave the medical profession among nurses. Similarly, El-Demerdash et al. (2013) suggests that healthcare workers with greater workloads of patients experiencing acute distress or psychological problems had an increased likelihood of burnout. The literature is consistent in finding high levels of workload with high levels of emotional exhaustion and burnout. In a sample of child therapists, Meany-Walen et al. (2018) revealed increased self-care and setting boundaries with workload, to be the number one protective factor for compassion fatigue. An expectation of child therapists is also maintaining support and contact with the child's parents or family, thus increasing, sometimes doubling the caseload. Due to this increase, it can be inferred child therapists present a great risk of disproportionate workload and burnout compared to other therapists who do not have the responsibility of parent engagement.

As burnout is a physical and psychological reaction to continuous conditions of work-related stress (Maslach & Leiter, 2016) the literature makes a strong case that workload is connected to burnout. Burnout among therapists with higher workloads can induce limited empathy when counseling their clients (Xiaoming et al., 2014). It can be inferred that child therapists with higher workloads impact a greater number of clients than those with smaller workloads, thus potentially harming more children. In addition, child therapists with higher workloads are modeling poor boundaries and behavioral habits to their clients and client's families (Gibson et al., 2009). In the face of these challenges, it is important to support child therapists by further investigating the association between workload and burnout. There is a gap in the literature surrounding child therapist burnout and workload, which motivated the need for this study.

Parent Engagement

Several authors have noted the importance of parent engagement within therapy for children (Gross, et al, 2014; Kazdin et al., 2006; Nock & Kazdin, 2001). In this paper, the term "parents" pertains to the guardian or parent bringing the child in for treatment. The federal statute 20 USC § 7801(39) describes parental engagement as "the participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities" (USC § 39). The statute also describes parental engagement as assistance in decision-making, needs, and active involvement within the child's life. Within the context of counseling, authors describe parental engagement as attendance in treatment, participation in treatment, and a union with their child's therapist (Ingoldsby, 2010; Staudt, 2007).

Barriers to parent engagement are a typical concern for many child therapists. Dynes et al. (2018) describes parent disengagement as treatment resistance, limited attendance, and poor

participation in consultations during their child's treatment. The relationship between the parent and their child's therapist plays an important role in the mental health treatment of their child (Eames et al., 2010; Koerting et al., 2013). When working with young children, the role of parent engagement is fundamental in the therapeutic process for the therapist, parent, and children. Parents' "resistance and disengagement during the process of their children's therapy has been linked with negative therapist perception towards client parents and their client's therapeutic process " (Dynes, 2016, p. 3). This disengagement process can adversely influence the overarching treatment of their children. Gopalan et al., (2010) discussed how parent engagement in the therapeutic process is built on the belief that treatment is helpful and valuable, lending itself to the commitment of the children and their parents. Working from a social cognitive theory, therapists must emotionally engage clients and, in extension, the client's parents (Stepien & Baernstein, 2006). If therapists can model healthy engagement, parents will learn ways to replicate prosocial behavior with their children. However, when therapists experience heavy resistance and disengagement with parents, it can impact feelings of inadequacy or low self-efficacy in themselves and their ability to perform which can often lead to therapist burnout. In addition, therapists who experience heavy resistance and disengagement with parents may have an increased workload due to the additional contact or support to the client's parents. Lindsey et al. (2014) discussed the connection between therapists' depersonalization and emotional exhaustion with low levels of internal parent engagement in their child's therapy. As depersonalization and emotional exhaustion are two of the main cornerstones of burnout, these findings (Eames et al., 2010; Lindsey et al., 2014) indicate a strong connection between parent engagement and therapist burnout.

Conclusion

Counselors who lack self-efficacy have low confidence in their aptitude to perform in their occupation, which can impact low personal accomplishment and burnout (Bandura, 1982). Poor parent engagement may cause a tense work environment, and rather than working with one client, the child therapist is additionally working with the parent, multiplying the caseload of the child therapist, thus increasing the workload. The gap in the literature surrounding child therapist burnout inspired the current study. There is a clear need to assess factors related to the burnout of child therapists to better support the growing experience of burnout within helping professionals. This study attempted to close a gap in the literature by examining the factors related to burnout among child therapists.

Significance of the Study

The literature suggests a long-standing effort to understand factors related to burnout. As previously stated, the National Healthcare Quality and Disparities Report in 2022 reported that 20% of children in the United States experience a mental health disorder. Child therapists are increasingly called upon to work with these clients. Although there is ample research surrounding helping professionals' connection to burnout, limited research and support is focusing on child therapist burnout. This is a critical area of research as burned-out child therapists are at risk of providing negligent care to a vulnerable population. In hopes of meeting this need, the present study investigated factors associated with burnout among child therapists.

Scholars have cited the importance of self-efficacy related to burnout (Leiter, 1992; Stalker & Harvey, 2002; Yao et al., 2018) but there is limited research on how parent engagement and workload impact burnout. It is necessary to better understand factors that impact child therapists' burnout, as child therapists who experience burnout are at risk of not serving

their clientele most ethically (Kranz et al., 1998; Dynes, 2016). Therapists who serve children are at higher risk of experiencing burnout, as they often hear repetitive descriptions of the child's abuse, trauma, and neglect of vulnerable populations (Gibson et al., 2009). Counselor educators, mental health clinicians, and supervisors of child therapy will profit from knowledge on this topic. Furthermore, supervisors of child therapists can leverage the findings of this study to enhance their ability to identify the risk factors contributing to burnout among these professionals. The results of this study fill an important gap in the literature by providing new insights into how workload, self-efficacy, and parent engagement impact child therapist burnout. These constructs offer advances for the profession as currently there is a lack of understanding on child therapist burnout.

Purpose of the study

The purpose of the study was to analyze how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists.

Research questions

1. How do self-efficacy, workload, and parent engagement predict burnout among child therapists in the United States?
2. Does workload mediate the relationship between therapist parent engagement and burnout?
3. Does self-efficacy moderate the relationship between workload and burnout?
4. Does self-efficacy moderate the relationship between therapist parent engagement and burnout?

Assumptions

The assumptions of this study are:

- The population sampled is representative of the larger population of child therapists.
- The instruments used are reliable and valid.
- Participants will finish all inventories voluntarily and truthfully.
- Participants have indicated they have conducted therapy predominantly with children under the age of 13.
- Participants have a master's degree or higher in counseling (clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage couple, and family) with a full or provisional license.
- Participants have practiced therapy within the United States in the last year.

Delimitations

The variables within the researcher's control in this study are:

- This convenience, homogeneous population sample was collected from self-identified child therapists across the United States.
- Only child therapists with a master's degree or higher in counseling (clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage couple and family) with a full or provisional license, who have conducted therapy predominantly with children under the age of 13 within the last year will participate.
- Qualtrics was used to collect data.

Limitations

The factors outside the researcher's control, are true of this study:

- The sample of child therapists is not generalizable to all professionals in the helping field.

- The data used self-reported measures and a convenience sample.

Threats to Validity

Internal validity. Internal validity refers to changes in the dependent variable, possibly linked to the effect of the independent variable rather than other influencing factors (Johnson & Christensen, 2004). This researcher designed this study as a survey, non-experimental design, and will take the following measures to combat threats to internal validity. Utilizing assessed instruments that are tested by researchers and considered reliable and valid. This study uses anonymous reporting to combat the threat of social desirability or desirability bias.

Threats to External Validity

External validity. External validity is the extent that which researchers can generalize study findings to the population (Johnson & Christensen, 2004). The researcher will combat threats to external validity as follows. The researcher used a convenience sample of child therapists who responded to this study. The results are only extrapolated to other child therapists, or therapists in related fields, with comparable demographics.

Operational Definitions

Child Therapists

The literature uses mental health clinicians and therapists interchangeably but for the purpose of this dissertation, the term child therapists is used. In this study, child therapists are those who hold at least a master's degree or higher in counseling with a full or provisional license and have conducted therapy predominantly with clients under the age of 13 within the last year. Child therapists can include clinical mental health, school, career, addiction, rehabilitation, community, college, marriage, couple, and family counselors and play therapists.

Child Therapy

For the purpose of this study, child therapy is a developmentally appropriate therapeutic approaches that help children to process and manage conflict within their lives. In accordance with the federal statute 15 U.S. Code 6501, "a child can be defined as under the age of 13."

Burnout

For the purpose of this study, burnout refers to someone experiencing emotional exhaustion, depersonalization, and lack of personal accomplishment (Maslach & Jackson, 1981). The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) measured burnout (Maslach & Jackson, 1981). Total scores will be utilized in the data analysis.

Self-Efficacy

For the purpose of this study, self-efficacy refers to a counselor's ability to assess their sense of competence and effectiveness in their role as a counselor (Larson, et al., 1992). The Counseling Self-Estimate Inventory (COSE) measured counselor self-efficacy (Larson et al, 1992). Total scores will be utilized in the data analysis.

Workload

For the purpose of this study, workload refers to the physical and mental workload, including temporal demands, physical demands, perceived risk, mental demands, performance, and frustration level (Lu et al., 2019). Workload was measured using the Physician Mental Workload Scale (Lu et al., 2019). Total scores will be utilized in the data analysis.

Parent Engagement

For the purpose of this study, parent engagement can be defined as attendance in their child's therapy treatment, participation in treatment, and a union with their child's therapist

(Gopalan et al., 2010; Ingoldsby, 2010; Staudt, 2007). Parent engagement was measured using the Therapist Barriers to Engage with Parents Scale (TBEPS) (Dynes, 2016; Dynes et al., 2018). In this study, the term parent engagement refers to a lack of parent engagement due to the scoring of the scale used. Total scores will be utilized in the data analysis.

Summary

Chapter one contained (a) background information on child therapists including definitions, statistics, and prevalence of child mental health issues, (b) an introduction of the variables: self-efficacy, workload, parent engagement, and burnout, (c) the purpose of the study, (d) an overview of the threats to validity, limitations, delimitations and (e) operational definitions of the variables. With the rising number of children requiring mental health services, therapists are tasked to support this vulnerable group. An exploration of how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists will benefit mental health professionals as well as their clientele.

Organization

This dissertation comprises five sections. The initial chapter presents the study's rationale and offers operational definitions for the study variables: burnout, self-efficacy, workload, and parent engagement. Additionally, it provides background information on the significance of these variables, as well as assumptions, research questions, and limitations. The second chapter details a literature review. The third chapter delineates the study methodology, covering data collection procedures, participants, and data analysis methods employed by the researcher. The fourth chapter presents the results, and finally, the fifth chapter offers a discussion of those results.

CHAPTER II: LITERATURE REVIEW

Target Population

Child Therapists

As previously noted, the National Healthcare Quality and Disparities report in 2022 revealed almost 20% of children ages 3-17 in the United States experience a mental health related disorder. This staggering percentage demands a need for equipped child therapists to support this mental health crisis. However, although there is a vast need for child therapists, there is research suggesting high burnout rates among child therapists (Aminihajibashi et al. 2022; Dynes, 2016, Gibson et al., 2009; Trentham, 1994) thus impeding their ability to provide services. Simionato and Simpson (2018) reported a meta-analysis that concluded that 54% of therapists experience moderate to high stress or burnout. Not only are children in the United

States suffering but there is an epidemic of therapist burnout which leaves children without appropriate mental healthcare providers (Simionato & Simpson, 2018). Due to the severe burnout rates among child therapists and intention to leave the field, research on this topic is important (Ducharme et al., 2007; Paris & Hogue, 2010). As previously stated, the literature uses mental health clinicians and therapists interchangeably, but this paper will use the term child therapists.

All helping professions are at risk of burnout, however, child therapists are at a disproportionately higher risk due to the interpersonal exchange and responsibility demanded by the therapeutic relationship (Dynes, 2016; Meany-Walen et al. 2018; Núñez et al., 2022). For the purpose of this study, child therapists are those who hold at least a master's degree in counseling with a full or provisional license and have conducted therapy predominantly with children under the age of 13 in the United States. Because child therapists predominately work with children who are in a more vulnerable place in society, it is important to better protect this profession from burnout. Researchers who investigate child therapist burnout, support the development of effective training programs. Thus, the purpose of the study was to assess how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists. This chapter will review the literature and showcase the relationship between these constructs. Although studies suggest helping professionals are more at risk of burnout due to high output of emotional energy (Ballenger-Browning et al., 2011; Maslach, 2003), the research on burnout of child therapists is limited.

Theoretical Framework

Social Cognitive Theory

Longstanding research has investigated burnout within Albert Bandura's social cognitive

theory (Bandura, 1997; Leiter, 1989; Maslach & Leiter, 2016) and the concept of personal self-efficacy (Bandura, 1997). This theoretical framework provides an understanding of burnout and its relationship with internal and external factors. Social cognitive theory suggests low self-efficacy is connected to low accomplishment and conversely high self-efficacy buffers occupational burnout (Luszczynska et al., 2005). Social cognitive theory (Bandura, 1986) offers a context for conceptualizing behavior and cognitive processes and suggests cognitive changes inspire behavior changes in one's life (Bandura, 1997). In the context of the current study, this theory supplies a framework for understanding how behavior changes such as workload and parent engagement, impact cognitive changes, such as self-efficacy and burnout in child therapists. Social cognitive theory postulates humans experience meaning through environmental and behavioral factors (workload, parent engagement) as well as individual and cognitive factors (self-efficacy, burnout). Therefore, this theory emphasizes a regulation and balance of environmental, behavioral, cognitive, and individual factors in the human experience. In other words, improving one factor can improve other factors. With this knowledge, it can be inferred that these factors may be interrelated in a system. In this system, change in one factor, impacts changes in other factors. To better understand this phenomenon, a conditional process model (Hayes, 2018) was employed to better understand the interrelationships of self-efficacy, workload, parent engagement, and burnout among child therapists.

The mental health needs of human service professionals prompted investigations into understanding burnout and its implications. Pioneer researcher, Maslach took an interest in the occurrence of burnout and conducted interviews with doctors, nurses, and other mental health professionals (Maslach, 1976) to better understand the negative emotional arousal of their jobs. These investigations uncovered those who experienced higher emotional turmoil with their work

led to depersonalization, emotional exhaustion, and low personal accomplishment (Maslach, 1976), which displays the strong connection between social and cognitive factors. This understanding led researchers to continue their investigation of burnout in various settings and develop an instrument to measure this phenomenon, the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). Researchers continued to examine how burnout negatively impacts healthcare providers to better combat its growing risk within the helping field. (Luszczynska et al., 2005; Maslach, 1976; Maslach & Jackson, 1981). Although investigators have made efforts to examine burnout in human service professionals, there is still a gap in the literature understanding burnout among child therapists.

Burnout

Burnout among Healthcare Professionals

The following section reviews burnout with relevant constructs. Burnout can be defined as depersonalization, emotional exhaustion, and a lowered sense of personal accomplishment in one's professional identity (Maslach & Jackson, 1981). Many researchers have explored burnout among healthcare professionals (Patel et al., 2019; Miller et al., 2021; Raggio, 2007; Ruiz-Fernandez et al., 2020). As previously stated, healthcare professionals who experience burnout are at risk of harming the clientele they serve, therefore it is paramount to continue investigating burnout and its related constructs (Chen et al., 2019; Yang & Hayes, 2020). Literature on burnout in healthcare seems to be directed at determining how workload and self-efficacy affect practitioners in their clinical practice.

There has been a proliferation of research on healthcare provider burnout in recent years. Many of the studies have suggested burnout is connected to compassion fatigue, job satisfaction, and workload (Patel et al., 2019; Ruiz-Fernández et al., 2020). When further dissecting burnout

rates among professions, researchers found that physicians had greater compassion fatigue and burnout scores, while nurses experienced greater compassion satisfaction scores (Ruiz-Fernández et al., 2020). When inspecting specific job characteristics concerning burnout, Patel et al. (2019) noticed work autonomy, self-efficacy, clinical skills, and positive work relationships served as protective factors of burnout (Patel et al., 2019). Authors concluded risk factors of burnout as heavy workload, continuous stressors, and a poor work environment. Researchers noted time off of work and decreased workload as a significant protective factor for burnout (Patel et al, 2019). Findings offer insight into the current study as workload and self-efficacy are both used within the model to better explore burnout. With the knowledge that workload and job characteristics are related to burnout, inspired the present study to investigate similar constructs among child therapists.

Various investigators have inspected burnout and self-efficacy among healthcare professionals and uncovered low self-efficacy to be a primary predictor of burnout (Miller et al., 2021; Raggio, 2007). Raggio (2007) revealed female healthcare workers reported higher emotional exhaustion whereas their male counterparts reported higher depersonalization. In addition, results uncovered lack of a clear work role was a contributing factor to burnout. Similarly, Miller et al., (2021) uncovered inadequate workplace staffing and high workload was associated with an increased risk of burnout. Interestingly, researchers discovered workers not actively providing patient care reported lower levels of burnout. These findings support the research design of surveying workers actively working in the field to adequately assess work-related burnout. Moreover, these research results support the need for awareness of self-efficacy and workload by buffering burnout among professionals. The prevalence of burnout in child therapists has not been as widely studied, but it seems likely to occur, and to be higher than in

the general public and, due to the high energy output similarly found in the literature (Patel et al., 2019; Miller et al., 2021; Raggio, 2007; Ruiz-Fernandez et al., 2020).

Burnout among Mental Health Clinicians

Burnout impacts individuals' interpersonal relationships, influencing negative concept of self and others. As the foundation of counseling is relational, the phenomenon of burnout is detrimental to mental health clinicians' professional well-being (Aminihajibashi et al., 2022; Maslach & Jackson, 1981). Several researchers have previously investigated burnout among mental health clinicians (Pearlman et al., 1995; Simionato & Simpson, 2018; Stanley et al., 2021; Thompson et al., 2014; Yang & Hayes, 2020). Studies affirm mental health professionals are disproportionately at a higher risk of burnout due to the high emotional intensity required for the profession (Simionato & Simpson, 2018).

In a foundational study on counselor burnout, Pearlman et al., (1995) revealed novice counselors displayed excessive stress levels. These results could signify beginner therapists have less time to develop boundaries to workload or professional self-efficacy to deal with the impact of the emotionally taxing work of therapy as opposed to more experienced therapists. Additionally, novice therapists compared to more experienced therapists, were more likely to experience intrusive rumination of their clients' traumatic imagery and symptoms, thus signifying criteria for burnout (Maslach, 2003).

Several systematic reviews have documented the staggering rates of burnout among helping professions (Simionato & Simpson, 2018; Yang & Hayes, 2020). In two systematic reviews, Simionato and Simpson (2018) and Yang and Hayes (2020) reviewed high burnout rates among counselors in over 40 studies. Findings revealed counselors who have trouble balancing workload and social factors, such as personal beliefs and attitudes, experience burnout. A high

percentage of participants reported both physical and psychological effects from burnout (Simionato & Simpson, 2018; Yang & Hayes, 2020). The strong findings of the systematic reviews revealed the prevalence of negative consequences of burnout among mental health professionals (Simionato & Simpson, 2018; Yang & Hayes, 2020). This makes a case to continue studying burnout in therapists as the data shows it permeates such a large number of therapists.

Literature has also discovered mental health clinicians who experience high stress and poor coping skills may be at greater risk of burnout (Thompson et al., 2014; Stanley et al., 2021). Thompson et al. (2014) uncovered counselors who used coping skills, compassion satisfaction, and held more positive work perceptions reported lower rates of burnout. In addition, authors note maladaptive coping to be a significant predictor of stress and burnout. Similarly, Stanley et al. (2021) found that the effect of stress on burnout was moderated by the resilience and coping scores. More specifically, high personal competence, high standards, and tenacity, buffered workplace burnout (Stanley et al., 2021). In addition, those who reported higher burnout also reported a lower capacity for empathy, thus indicating an impaired ability to perform at their job. These findings show that the ability to cope with stress and negative emotions is key for mental health clinicians to buffer burnout. As several authors have noted burnout can often correlate with ethical violations (Maslach & Jackson, 1981; Paris & Hogue, 2010), it is paramount to continue investigating burnout among clinicians to protect the public from harm.

It can be inferred from the studies cited above that burnout has clinical implications for healthcare workers (Pearlman et al., 1995; Simionato & Simpson, 2018; Stanley et al., 2021; Thompson et al., 2014; Yang & Hayes, 2020). This body of research shows self-efficacy, poor coping strategies, stress, and high workload have a strong connection with burnout. However, the

literature on burnout and its impact on child therapists is sparse and needs further investigation. The limited information highlights the need for further study.

Burnout among Child Therapists

As previously noted, there is limited information on child therapists' experience with burnout. The effect of burnout on child therapists is not only crippling to their wellness (Meany-Walen et al., 2018) but also it could impact their clientele and community (Dynes et al. 2018; Kranz et al., 1998; McLean & Wade, 2003). There is a gap in the literature on child therapists, specifically child therapists, and factors that influence burnout.

Meany-Walen et al., (2018) conducted an exploratory study on child therapists' wellness, beliefs, and practices. In an investigation of 247 child therapists, findings revealed that self-care and boundaries with work demands can protect child therapists from experiencing compassion fatigue (Meany-Walen et al., 2018). The findings discuss child therapists are at a higher risk of compassion fatigue due to the level of attunement and compassion needed to facilitate therapy with children. The authors uncovered the importance of wellness to be a significant buffer to compassion fatigue. Although the authors did not specifically investigate burnout, they noted several similarities between the effects of compassion fatigue and burnout such as emotional exhaustion and high stress (Meany-Walen et al., 2018). Meany-Walen et al. (2018) noted there is limited research to date that investigates child therapists' compassion fatigue or burnout and advocated a need to further study this topic.

Similarly, Kranz et al. (1998) surveyed 81 child therapists to uncover the opinions and concerns of child therapy practice and training. Findings revealed the most enjoyable element about being a child therapist was a successful outcome of therapy. This finding seems to emphasize how important therapeutic success is to child therapists, and poor outcomes could put

child therapists at risk of stress or low personal accomplishment. Item two on the Maslach Burnout Inventory states “In my opinion, I am good at my job” (Maslach & Jackson, 1986). Results indicated there could be a connection between poor outcomes and burnout among child therapists. In addition, the authors found the least enjoyable experience for child therapists was working with parents and poor client-parent relationships. Finally, authors believe that working with parents is an integral part of the child therapy process, and is often overlooked in the child therapy literature, and education as a common issue child therapists face.

In a sample of 116 Australian therapists, McLean and Wade (2003) explored the relationship between vicarious traumatization, therapist beliefs, and burnout. Results uncovered negative perceptions of their occupation served as a significant predictor of burnout and influenced participants’ ability to work effectively with clients. In addition, therapists who work with children experiencing trauma, consistently reported more distress than when compared to therapists working with adults with trauma (McLean & Wade, 2003). These findings support working with children with trauma and negative beliefs about the profession to be a significant predictor of burnout which aligns with the aim of this study to further uncover the experience of child therapists and burnout.

As is apparent from the sparse literature in this section, there is limited knowledge of the impact of burnout on child therapists. Because many of the child clients entering therapy are experiencing trauma, it can be implied that attuned child therapists are at risk of experiencing burnout or compassion fatigue (McLean &Wade, 2003; Meany-Walen et al., 2018). Given the ethical importance of protecting child therapists from burnout, this factor should be researched.

Self-Efficacy

Self- Efficacy among Human Service Professionals

The following section reviews self-efficacy among professionals. Self-efficacy can be understood as one's confidence in the ability to accomplish specific tasks or attain preferred outcomes (Bandura, 1982). Researchers have explored self-efficacy in connection to burnout among human service professionals, namely those who serve children in our communities (Betoret, 2006; Egyed & Short, 2006; Federici & Skaalvik, 2012; Yao et al., 2018). Knowing that self-efficacy is correlated with burnout merits further investigation of self-efficacy in the context of human service burnout. Literature in this area seems to be directed at determining how self-efficacy impacts burnout in human service professionals and, unfortunately, motivates them to leave the profession.

Human service professionals, specifically, those who work with children, may have a higher risk of developing burnout. Egyed and Short (2006) examined teacher characteristics that may lead to burnout, including special education referrals and self-efficacy among 106 elementary school teachers. Burnout and self-efficacy were measured using the Maslach Burnout Inventory (MBI) and the Teacher Efficacy Scale (TES). This study is relevant to the current study as the paper indicates the teachers worked with “children exhibiting behavioral problems in a classroom” similar to those being referred to child therapy. Not surprisingly, results showed significant connections between the MBI, and the TES, suggesting an inverse correlation between burnout and self-efficacy burnout (Egyed & Short, 2006). In other words, teachers who experienced lower self-efficacy were more likely to experience burnout, similar to the hypothesis of the current study.

A similar study examined job-related burnout, stress, self-efficacy, and personality types (Yao et al., 2018). Yao et al. (2018) surveyed 860 nurses in China to better understand how self-

efficacy moderates stress and burnout. Results indicated stress, self-efficacy, and introverted personalities were the top three factors connected to burnout. In addition, self-efficacy moderated burnout in nurses who reported their personality contained extroversion or neuroticism characteristics. Not only does this study serve as an example of self-efficacy predicting and moderating burnout, but these results also indicate that self-efficacy buffers burnout in both introverted and extroverted nurses. Interestingly, both extroversion and introversion personality traits reported burnout. This study suggested that instead of personality traits, the focus may be better placed on self-efficacy, as it was the stronger predictor.

Several authors have explored self-efficacy and burnout among child workers in the education setting (Betoret, 2006; Federici & Skaalvik 2012). Results uncovered, teachers and principals who reported higher self-efficacy, also reported lower burnout rates (Betoret, 2006; Federici & Skaalvik 2012). In addition, (Federici & Skaalvik 2012) discovered high rates of burnout correlated with intention to quit the field among principals. These findings are interesting as principals have different job demands as teachers, however, the results mirror several of the same findings in that population. A common denominator in teacher and principal workloads is parent relationships, working with children, and leadership in a school setting. The findings emphasize the connection between self-efficacy, job satisfaction, burnout, and motivation to quit which urges the audience to increase awareness of how burnout can impact those who serve children in our communities.

In this section, significant correlations between self-efficacy and burnout were discussed, including population (Egyed & Short, 2006), stress (Yao et al., 2018), workload, motivation level, (Betoret, 2006), job satisfaction, and intention to leave the profession (Federici & Skaalvik 2012). Many of the studies discussed explored self-efficacy and burnout among those who work

with children, thus adding relevance to the current study of examining child therapists. The current study hopes to enhance the literature by investigating these constructs within child therapists.

Self- Efficacy among Mental Health Clinicians

Several authors note the connection between self-efficacy and burnout, as low self-efficacy limits one's beliefs about their performance, which can influence the three aspects of burnout: emotional exhaustion, depersonalization, and lowered sense of personal accomplishment (Gam et al., 2016; Indregard et al., 2018; Kagan, 2021; Maslach & Jackson, 1986). Within the context of therapists, self-efficacy is defined as one's views about their abilities to successfully counsel a client (Larson & Daniels, 1998). This section hopes to further examine this construct among mental health clinicians.

As previously stated, emotional exhaustion is a main cornerstone, and typically the first phase of burnout. Indregard et al. (2018) hoped to better understand emotional exhaustion, and its connection to emotional dissonance, self-efficacy, and mental distress among 937 social workers. Interestingly, results uncovered emotional dissonance was significantly associated with emotional exhaustion, mental distress, and use of sick leave. Using a hierarchical regression, authors also discovered those who reported lower self-efficacy reported higher emotional dissonance and higher emotional exhaustion. The hierarchical regression added a unique contribution to the literature as it depicted self-efficacy as the strongest predictor of emotional exhaustion and mental distress. Intuitively, these findings make sense as lower self-efficacy, discord with emotions, and poor decision-making, can have an impact on emotional exhaustion. This study indicates a need for a more complex analysis such as a conditional process analysis, to better uncover the system in which self-efficacy and burnout interact.

In a separate study examining social workers, Kagan (2021) sought to investigate burnout, self-efficacy, length of work experience, and work-related client violence exposure among 573 female social workers. Findings uncovered social workers who were not subjected to client violence reported higher self-efficacy and lower burnout. However, social workers exposed to verbal violence reported higher burnout and lower self-efficacy. These findings are interesting as exposure to client verbal violence was a strong predictor of two central components of the present study. Although the present study is not inspecting client verbal violence, child therapists are often exposed to client violence, stories of trauma, and often supporting children who have been abused, which perhaps infers a related experience.

As the studies above draw a connection between self-efficacy and burnout, authors also wondered if coping strategies may be a significant protective factor against this major phenomenon among mental health clinicians. Gam et al. (2016) sought to answer this question in the investigation of burnout, self-efficacy, and stress-coping strategies among 140 art therapists. Using a multiple regression analysis, researchers discovered all three subfactors of burnout: emotional exhaustion, depersonalization, and lower personal accomplishment, to be negatively correlated with coping strategies in their personal lives. Additionally, authors noted of the study variables, self-efficacy predicted burnout best (Gam et al., 2016). These findings add an understanding to the connection between self-efficacy and burnout, as well as indicate self-efficacy was the strongest predictor of burnout and should continue to be studied.

It can be inferred from the studies cited that having high self-efficacy had clinical implications on buffering burnout. Findings indicate a clear pattern of self-efficacy, emotional dissonance, and exposure to violence and their association with burnout (Indregard et al., 2018; Kagan, 2021; Gam et al. 2016). In addition, some studies revealed low self-efficacy to be the

strongest risk factor for developing symptoms of burnout among mental health clinicians (Gam et al., 2016; Indregard et al., 2018).

Self- Efficacy among Child Therapists

It is no surprise self-efficacy is highly correlated with burnout as several authors have noted the significant correlation between the two constructs (Chwalisz, Altmaier, & Russell, 1992; Friedman & Kass, 2002; Leiter, 1992; Skaalvik & Skaalvik, 2010). However, it is surprising the limited amount of data investigating burnout among child therapists (Bardhoshi, & Um, 2021; Gibson et al., 2009; Gunduz, 2012). Because there is such limited available research on self-efficacy and burnout among child therapists, this paper mainly inspected school counselors who work with children and their experience with these constructs.

In an investigation of supervisory support, work demands, burnout, and perceived therapeutic self-efficacy, Gibson et al. (2009) surveyed 81 child therapists working in Applied Behavioral Analysis (ABA) schools. Strong supervisory support decreased overall therapist burnout and increased therapeutic self-efficacy. In addition, supervisory support moderated the stress of workload demands and increased the personal accomplishment aspect of burnout. Therapists who reported high workload demands and low supervisory support showed a decrease in personal accomplishment. We can infer from these findings supervisory support and adequate workload demands play a crucial role in the impacts of therapist self-efficacy and burnout. This adds relevance in including workload as a variable of interest related to burnout in the present study. More studies are warranted to continue the investigation of workload in connection with burnout.

Several authors in the above sections have noted self-efficacy as a predictor of burnout (Gam et al., 2016; Indregard et al., 2018; Kagan, 2021) however Bardhoshi, & Um (2021)

wondered if self-efficacy acts as a mediator of burnout, thus playing a different role in how counselors experience burnout. Bardhoshi, & Um (2021) surveyed 993 school counselors to better understand this relationship. Results indicated counselor self-efficacy mediated job demand burnout. In addition, high workload and perceived organizational support were predictors of school counselor burnout. These findings are consistent with other findings and provide a case for not only the connection between self-efficacy and burnout but also self-efficacy as a mediator between burnout and high workload among school counselors. This section added relevance for the use of self-efficacy in this study as it is a well-established construct connected with burnout in the literature (Bardhoshi, & Um, 2021; Dynes, 2016).

As the studies above draw a connection between self-efficacy and burnout, authors also wondered how self-efficacy, burnout, and workload impact each other, as counselors who work with children experience different job demands than adult counselors (Bardhoshi, & Um, 2021; Gibson et al., 2009). Gunduz, (2012) sought to answer that question in an investigation of burnout, self-efficacy, and workload among 194 school counselors. In sync with previous findings, Gunduz (2012) discovered self-efficacy was a predictor of the depersonalization and personal accomplishment subscales of the Maslach Burnout Inventory. Results also indicated school counselors with a lower workload, strong social support, and positive attitudes towards their profession, report higher self-efficacy beliefs and lower burnout. This study adds to the clear pattern of the connection between burnout, self-efficacy, and workload in counselors.

Recently, there has been an increase in research exploring counselor self-efficacy among therapists (Aminihajibashi et al., 2022; Bardhoshi, & Um, 2021; Gibson et al., 2009; Gunduz, 2012), however, there is limited data on child therapists. This section reiterated the connection between child therapist self-efficacy and burnout (Bardhoshi, & Um, 2021; Gibson et al., 2009;

Gunduz, 2012). All reviewed articles in this section reference self-efficacy as a strong predictor of burnout. Additionally, this section described how self-efficacy plays a crucial role within the child-therapist environmental experience.

Workload

Workload among Human Service Professionals

The following section reviews workload among professionals. Workload can be defined as the physical and mental workload of an occupation, including temporal demands, physical demands, perceived risk, mental demands, performance, and frustration level (Lu et al., 2019). Several authors have noted the strong connection between workload and burnout among human service professionals (Kowalski et al., 2010; Poulsen et al., 2014; Xanthopoulou et al., 2007). This phenomenon is important to review as job burnout impacts a wide array of professionals and is connected with poor boundaries with workload.

Poulsen et al. (2014) explored how demographic and social factors impacted burnout and work engagement among 951 occupational therapists. Authors collected data on work engagement through the number of hours worked per week, full-time or part-time, years worked, and work location. In addition, authors collected data on the detachment or assertiveness of participants' workload. Following this, authors collected data on burnout using the Oldenburg Burnout Inventory and work engagement using the Utrecht Work Engagement Scale. Findings indicated burnout and work engagement to be inversely associated; meaning as burnout increases, work engagement decreases. Higher burnout rates were found among female workers, those with fewer than ten years of work experience, and those who worked over 40 hours per week. Authors noted occupational therapists who felt overworked and experienced more than 40 hours per week reported higher burnout. Other factors related to burnout included the inability to

say ‘no’, feeling excessively overloaded with work, and having limited time for humor. These findings offer insights into the current study for several reasons. One is that it adds insight into the demographics of burnout among human service professionals, in addition, it adds further backing to the theory of increased workload predicting burnout, and lastly it provides insight into protective factors of burnout such as humor.

Similarly, Kowalski et al. (2010) was curious about the connection between workload and burnout and surveyed 175 German human service professionals. Kowalski et al. (2010) hoped to better understand correlations between emotional exhaustion, social capital (factors such as self-efficacy), workload, and decision-making. Researchers used the Maslach Burnout Inventory-General Survey (MBI-GS) to measure emotional exhaustion or “the first phase of burnout” (Kowalski et al., 2010). Using a logistic regression, researchers discovered high workload, male gender, and latitude in decision-making to be significant predictors of emotional exhaustion. These findings are consistent with the trend in the literature of high workload acting as a strong predictor of emotional exhaustion (Phillips, 2020; Xiaoming et al. 2014) as well as yields new findings of male gender and latitude in decision-making acting as predictors (Kowalski et al., 2010). The correlation of decision making and burnout adds interest as previous studies have linked workload to both burnout and self-efficacy. As self-efficacy impacts traits crucial to the counseling occupation such as the ability to cope and make decisions (Larson, & Daniels, 1998), these findings draw a connection to burnout as well as self-efficacy. In addition, as previously discussed, authors have typically discovered females to be at higher risk of burnout (Poulsen et al., 2014; Raggio, 2007) which contradicts the author's findings. More studies are needed to develop a clearer pattern of demographics at risk of burnout.

Contrary to the findings above, Xanthopoulou et al. (2007) surveyed 714 Dutch employees to uncover how self-efficacy, optimism, and work-based self-esteem impacts workload and emotional exhaustion, a component of burnout. Results uncovered that personal resources of self-efficacy, optimism, and work-based self-esteem, did not buffer workload and emotional exhaustion. Instead, these personal resources mediated the relationship between job resources and emotional exhaustion and influenced the workers' perception of job resources. These findings are relevant as they showcase how these personal resources did not offset the impact of emotional exhaustion and workload. However, the findings revealed these factors enhanced positive perception thus perhaps enhancing workers coping mentality around workload and emotional exhaustion.

This section discussed workload in relation to burnout among human service professionals. Interestingly, after accounting for high workload, researchers discovered humor, positive perception, and efficacy in decision-making to buffer burnout (Kowalski et al., 2010; Poulsen et al., 2014; Xanthopoulou et al., 2007). Although this section offered empirical backing, further studies are needed to determine the influence of workload on human service professionals.

Workload among Mental Health Clinicians

The literature has made several connections between workload and burnout among mental health clinicians (Freedman & Tuval Mashiach, 2018; Gómez-García et al., 2021; Johnson et al, 2020; Wallace et al., 2010). Studies have suggested that mental health workers with higher workloads may be more at risk of burnout, especially those who work directly with high-acuity clients or jobs with higher emotional work demands (Ballenger-Browning, 2011; Freedman & Tuval Mashiach, 2018; Gómez-García et al., 2021). Together, these studies support

the need for awareness of high workload and its association with burnout among mental health clinicians.

Freedman and Tuval Mashiach (2018) were curious about the connection between workload and burnout, specifically therapists who support clients with trauma. Authors surveyed 151 Israeli therapists exposed to traumatic events. Authors hoped to uncover if direct or indirect trauma impacted negative outcomes such as burnout or post-traumatic stress (PTSD): or positive outcomes such as a strong alliance. Results indicated indirect exposure to a client's traumatic experiences, or indirect trauma, was correlated with increased workload, increased distress, and emotional exhaustion. The data suggested direct exposure, or therapist's personal experiences, was more associated with therapist PTSD whereas indirect exposure was more associated with burnout. These findings add relevance to the current study as therapists who are working with vulnerable populations such as children are often exposed to traumatic stories such as childhood trauma and abuse (Dynes, 2016). The data suggests indirect exposure to trauma can lead to increased workload and burnout in therapists.

Comparably, Ballenger-Browning (2011) used a multiple regression to investigate if provider demographics, social support, workload factors, and beliefs about psychotherapy predicted burnout among 97 military mental health providers. Researchers found that females, a higher caseload, and working with more patients with personality disorders predicted higher burnout scores. In addition, this study supports the theory of high workload being connected to burnout in mental health providers.

As the studies above draw a connection between workload and burnout, authors also wondered if coping strategies may be a significant protective factor of burnout. In a sample of 232 sexual or substance abuse counselors, Wallace, Lee, and Lee (2010) connected poor coping

strategies, high workload demands, and job stress to burnout. Consistent with findings above by Xanthopoulou et al., (2007) uncovered coping skills and work disengagement mediated personal resources (workload, role conflict, and job ambiguity) and burnout. This data adds interest as it uncovers rather than workload itself, active coping strategies mediated the relationship between workload and burnout. Counselors who were able to disengage and cope had lower burnout rates.

In contrast with the above findings of workload connected to burnout, Johnson et al. (2020) surveyed 298 therapists to better understand the association between the supervisory relationship, workload, and two aspects of burnout, emotional exhaustion, and disengagement. Results indicated a stronger supervisory relationship was connected with lower disengagement, but not lower emotional exhaustion. Additionally, researchers noted workload and regularity of supervision sessions was not linked to either aspect of burnout. These findings contradict previous findings that suggest workload to be associated with dimensions of burnout. Further studies are needed to gather more evidence around the topic of workload and burnout, as studies present conflicting results.

The above authors created a strong backing for the connection between workload and burnout, however, factors influencing the connection remain unclear. Some authors suggested indirect exposure to client trauma influenced workload and burnout (Freedman & Tuval Mashiach, 2018), others argued rather than workload itself, active coping strategies buffered the risks (Wallace et al., 2010), while others suggested the supervisory relationship to be a stronger predictor of buffering burnout (Johnson et al., 2020). In addition, literature in this area seems to be directed at investigating workload through the lens of hours worked, full-time or part-time, years worked (Gómez-García et al., 2021), and job demands (Wallace et al., 2010). The current study differs from the literature as it employs the Physical and Mental Workload scale Lu et al.,

(2019) to measure workload. It is important to continue to explore workload within valid and reliable measures to expand the literature on this topic.

Workload among Child Therapists

Child therapists are in a unique place of influence on the children they serve. If child therapists have unrealistic workload expectations, not only are they putting themselves at risk of burnout (Kim et al., 2018; Mullen et al., 2021), but they are also risking the health of the children they serve. The prevalence and impact of burnout has been well documented among mental health clinicians, however, the occurrence and effect of burnout on child therapists remains unclear (Mullen et al., 2017). Literature on the impact of child therapist burnout is lacking and further investigation is needed.

In the literature, researchers have suggested several factors in which workload impacts burnout, however, Kim et al. (2018) wanted to uncover if workload and use of evidence-based practices (EBPs) was connected to the emotional exhaustion aspect of therapist burnout. The authors mentioned they were motivated to conduct this study due to high child therapist turnover. In a survey of 688 child therapists, results revealed that therapists' high workload and number of delivered EBPs was linked to increased emotional exhaustion. More specifically, therapists with lower workload and higher delivery of EBP's reported lower burnout. Additionally, authors discovered therapists' belief in the success of EBPs and their self-efficacy with providing EBPs was a protective factor against emotional exhaustion. These findings are interesting as it is unclear which phenomenon comes first, therapists who experience burnout are less likely to deliver EBPs, or therapists who deliver fewer EBPs have high burnout. In addition, how does workload interrelate in this system of constructs? The gap in the literature is workload's

connection to burnout in a systemic way. More studies that involve more complex analysis such as a conditional process analysis are needed to delve deeper into the system of these constructs.

Contrary to the findings above, in a nationwide sample of 750 practicing school counselors, Mullen et al., (2017) examined burnout, perceived stress, and job satisfaction among school counselors who work with children. The authors were interested to see if workload was a predictor of perceived stress and burnout, as is consistent with the current literature. However, researchers did not find workload correlated with burnout, perceived stress, or job satisfaction. The authors suggested further analysis is needed to better understand these constructs as their results differed from the trend in the literature. These results offer an unclear pattern of the connection between workload and burnout and urge investigators to continue conducting research to reexamine these factors.

As they suggested, a few years later Mullen et al., (2021) conducted a similar study to re-investigate burnout, job stress, and job satisfaction based on the workload among 327 school counselors. Authors noted job stress and burnout impacted their professional wellbeing which inspired the investigation on burnout. In addition, authors noted they wanted to further analyze and compare their previous findings. Contrary to their previous findings, Mullen et al., (2021) discovered higher workloads to be connected with lower job satisfaction, higher job stress, and burnout. Authors urge leaders in the profession such as principals or hiring managers in mental health to be mindful of the strong connection between high workload and risk of burnout and uphold realistic workload expectations.

The results of the studies seem to indicate that experiencing a high workload had clinical consequences such as burnout, though it is challenging to see a pattern to the impacts. Kim et al. (2018) discovered a link between high workload and emotional exhaustion. However, authors

Mullen et al., (2017, 2021) discovered two contrasting theories. One study resulted in workload as a predictor of burnout (Mullen et al., 2021) and one did not (Mullen et al., 2017). Further investigation is needed to continue insights into these constructs.

Parent Engagement

Parent Engagement among Human Service Professionals

The following section reviews parent engagement among professionals. Parental engagement can be defined as attendance in treatment, participation in treatment, and a union with their child's healthcare provider (Gopalan et al., 2010; Ingoldsby, 2010). Literature on parent engagement in human service professionals seems to be directed at determining how parental engagement affects workers' ability to manage their professional well-being, including risk of burnout and high workload (Pedditzi et al., 2021; Sideridis & Alghamdi, 2023; Skaalvik & Skaalvik, 2009). The distinctive experience of human service professionals who work with children is pressure to cultivate a relationship with their client and client's parents. This phenomenon can increase workload or burnout, and in some cases double the requirements of the human service worker.

Several authors have explored parent engagement and burnout among child workers in the education setting (Pedditzi et al., 2021; Skaalvik & Skaalvik, 2009). Researchers predominately assessed the connection between parent engagement, job demands, and burnout. Skaalvik and Skaalvik (2009) discovered emotional exhaustion as the strongest connection in pressure to fulfill workload, while depersonalization and lower personal accomplishment are strongly associated with poor teacher-parent engagement. Pedditzi et al., (2021) discovered similar findings, however also uncovered teachers who work with children aged 11-13 showed the highest burnout rates on all burnout subscales (high emotional exhaustion, high

depersonalization, and low personal accomplishment) (Maslach & Jackson, 1981). As the student's age impacted burnout rates, this information was taken into consideration in the inferential and descriptive analysis within the present study. Furthermore, researchers uncovered a significant connection between negative parent relations and teacher burnout. The implications of this study encourage human service providers to have awareness of the impact of parent engagement. There is a need to continue the investigation of the connection between parental engagement and burnout among professionals who work with children.

Similarly, in a robust sample of 2000 teachers in Saudi Arabia, authors Sideridis and Alghamdi, (2023) collected data on teacher burnout, efficacy beliefs, student achievement, workload, and parental engagement. Findings indicated positive parental engagement and efficacy beliefs provided essential support for teachers, lowering burnout rates and workload. These findings directly relate to the theory this paper postulates about the interrelationships of parental engagement, workload, efficacy, and burnout. Although this paper focused on the population of teachers, authors noted all measurement paths to be significant (ranging from 0.344 to 0.787), thus adding support for the use of this model with a similar population of child therapists.

The literature depicts a trend of parent disengagement connected with lowered personal accomplishment in human service professionals (Pedditzi et al., 2021; Skaalvik & Skaalvik, 2009). This pattern further supports the theory of parent engagement's association with burnout. In addition, the literature demonstrates a backing for the interrelationships of parental engagement, workload, efficacy, and burnout (Sideridis & Alghamdi, 2023). However, research in this area is sparse which supports a need to fill the gap in the literature surrounding these constructs.

Parent Engagement among Mental Health Clinicians

There is minimal literature on parent engagement among mental health clinicians. Most of the literature in this area appears directed towards surveying teachers or parents' perspective of parent engagement (Pedditzi et al., 2021; Sideridis & Alghamdi, 2023; Skaalvik & Skaalvik, 2009). The following articles showcase the sparse literature depicting parental engagement in a mental health setting.

Gómez-García et al. (2021) explored the prevalence of burnout among 947 Spanish social workers to uncover how socio-demographic variables influenced burnout and the applicability of the Maslach Burnout Inventory Human Services Survey (MBI-HSS). In terms of parental or family engagement, 346 participants, or one-third of those who worked with families and children reported rates of burnout. These findings correlate with the current study's hypothesis supporting the connection between parental engagement and burnout. In addition, these findings validate the use of the MBI-HSS as a valid and reliable way to measure burnout in mental health workers.

From the perceptive of the parents in the worker-parent relationship, Gladstone et al., (2014) hoped to better understand worker-parent engagement in a survey of 131 child caseworker–parent dyads in Ontario, Canada. Parents reported their frustrations with child welfare workers consisted of their caseworker ignoring parental problems or not spending enough time on their case. These findings add a new perspective to the conversation as it is possible parent disengagement could be related to the above factors. Many of the complaints parents listed are indicative of burnout or the high workload of their caseworker. Several items on the MBI-HSS indicate workers who experience higher burnout often demonstrate low empathy or depersonalization, therefore it can be inferred that burnout may be a contributing

factor in parent disengagement. In the inverse, parents indicated higher engagement with caseworkers increased parental trust in the relationship. This study offered a new perspective on the experience of worker-parent engagement. Results begin to uncover factors that cause disengagement in worker-parent relationships, however further studies are needed to continue the conversation.

In a more recent study, Maor and Hemi (2021) investigated predictors of burnout among 205 Israeli school counselors. The investigation utilized the counselor burnout inventory (CBI), professional identity scale (PIS), and school counselors' stress scale (SCSS). More specifically, the SCSS captured information regarding parental cooperation in the counselor-student relationship through the sample items “Parents' lack involvement in dealing with problems involving their children” and “Parents ignoring problems regarding the student” (Maor & Hemi, 2021). In addition, the SCSS captured aspects of school counselor’s workload with the sample item “Expectancy of availability off work hours for urgent matters” (Maor & Hemi, 2021). Results revealed that school counselors reported non-counseling role stressors (parent involvement, workload conflict, teaching conflict) indicated higher stress and burnout than counseling role stressors (student conflict resolution, lack of gratitude for the counselor's role and dealing with violence). Although this study did not use a scale to directly survey parent involvement, it included several items within its survey and revealed non-counseling stressors such as parent involvement and workload to be significant predictors of burnout. These findings add importance to the current study as it posits a similar hypothesis of parent involvement and workload predicting burnout within a similar population.

The research on parent engagement and burnout has been sparsely studied but is needed, as child therapists with parent disengagement are at risk of higher stress and higher work

demands (Gómez-García., 2021; Gladstone et al., 2014; Maor and Hemi, 2021). This construct must be explored as a contributing factor to the burnout of child therapists. This study attempts to explore that gap in the literature.

Parent Engagement among Child Therapists

Few researchers have explored parent engagement in connection to burnout among child therapists (Dynes, 2016; Kazdin et al. 2006; Phillips & Landreth, 1998). Therapists who work with children are often tasked with also cultivating a close working relationship with the child's parents. In fact, several authors have noted it is considered a "best practice" to work closely with the child's parents (Dynes 2016; Phillips & Landreth,1998). Literature in this area seems to be directed at determining how the therapist parent alliance directly impacts outcomes of treatment of the child and therapist burnout (Dynes, 2016; Phillips & Landreth,1998; Kazdin et al., 2006).

In a robust sample of 1,166 play therapists, Phillips and Landreth (1998) inspected worker-parent practices and perceptions of play therapy when working with children. The study noted the average age of the child being seen for therapy was 3-11, and uncovered the following criteria in which most children enter therapy: abuse (physical and sexual), withdrawal, impulse control, depression, adjustment to school, and academic struggles. Results revealed two factors that continuously contributed to successful therapy with children. Findings uncovered that 88% of the therapeutic success rates are shown through the relationship between children and therapist and 78% of therapeutic success accounts for parent involvement in treatment (Phillips & Landreth, 1998). As this study sampled a large population and uncovered almost 80% of the success of treatment hinges on parent involvement, this variable should be especially considered when conducting data on child therapists. Additionally, as positive client engagement is a protective factor in burnout (Farber, 1990), it can be inferred that positive parent engagement

may also buffer burnout among child therapists. Because limited data is backing these assertions, more studies are needed to create a stronger pattern among these constructs.

To further this point, Dynes (2016) revealed parent disengagement to be linked with burnout and low self-efficacy among 148 child and family therapists. Dynes (2016) uncovered therapists with high efficacy engaging with parents, mediated parent disengagement, and the personal accomplishment subscale of burnout. The author furthered by adding strong parent engagement has "broader work-related outcomes for therapists, such as their perceived level of efficacy for engaging parents or symptoms of burnout." (Dynes, 2016 p.5). Child therapists are in a unique position as clinicians, as they are not only supporting their clients, but often they are also supporting their clients' parents. This unique experience can double a therapist's workload which can cause stress, however, if therapists have a negative reaction to the client's parents, this can amplify the stress and lead to burnout (Dynes, 2016).

It is clear, there is a necessity for additional research in the area of parent engagement and burnout. The limited presented findings indicate a clear pattern of strong therapist parent engagement being linked to more positive therapeutic outcomes for children (Dynes, 2016; Kazdin et al. 2006; Phillips & Landreth, 1998). In addition, therapists with high self-efficacy and positive parent engagement experienced lower rates of burnout. Studies are needed to continue the conversation on the impact of parent engagement and burnout of therapists charged with caring for children.

Summary

Research surrounding the effects of burnout on helping professionals has been reviewed. Studies indicate those in the helping professions have a higher occurrence of burnout than the general public (Pearlman et al., 1995; Simionato & Simpson, 2018; Stanley et al., 2021;

Thompson et al., 2014; Yang & Hayes, 2020). Having a lower self-efficacy, high workload, and poor parent engagement may affect rates of burnout. It can be gathered from the studies cited above that burnout can have clinical repercussions (Patel et al., 2019; Miller et al., 2021; Raggio, 2007; Ruiz-Fernandez et al., 2020).

Having low self-efficacy may have other behavioral implications which may be extended to burnout (Gam et al., 2016; Indregard et al., 2018; Kagan, 2021). Working long hours and high workloads may also impact the risk of experiencing symptoms of burnout or emotional exhaustion (Freedman & Tuval Mashiach, 2018; Gómez-García et al., 2021; Wallace et al., 2010). Parent disengagement may add additional stress and emotional exhaustion thus leading to burnout (Gómez-García et al., 2021; Dynes, 2016; Maor & Hemi, 2021). More studies are needed to understand the system impacting burnout on those charged with counseling children.

While the studies above noted the high incidence of burnout in the helping field (Aminihajibashi et al. 2022; Dynes, 2016, Gibson et al., 2009; Patel et al., 2019; Miller et al., 2021; Raggio, 2007; Ruiz-Fernandez et al., 2020; Simionato & Simpson, 2018), none investigated burnout interrelated with self-efficacy, workload, and parent engagement among child therapists. There is a gap in the literature exploring factors that may impact burnout in child therapists. This study seeks to explore how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists.

CHAPTER III: METHODOLOGY

The purpose of this study was to investigate the direct, indirect, and conditional relationships among self-efficacy, workload, and parent engagement with burnout among child therapists. The methodology is defined in this chapter and explained within six sections. Section one will present the anticipated participants and setting. Section two will describe procedures for data collection. Section three will discuss instrumentation. Section four will provide the design and the research questions. Section five will discuss data analysis procedures, and the final section will provide a summary of the chapter.

Participants

Participants in this study were child therapists with a master's degree or higher in counseling, with a full or provisional license, who have practiced therapy in the last year with the majority of their clients under the age of 13 in the United States. Participants were recruited by contacting the Association for Child and Adolescent Counseling listserv, the American Mental Health Counselor Association Specialist in Child and Adolescent Counseling listserv, child therapy social media groups, and the Association for Play Therapy, which contains a listserv of child therapists across the United States. In this study, inclusion criteria was participants who are (a) child therapists with a master's degree or higher in counseling (b) practiced therapy in the last year in the United States with predominantly children under the age of 13, and (c) provisionally or fully licensed in counseling (clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage, couple, and family).

Procedures

Before commencing data collection, the researcher obtained approval from the Institutional Review Board (IRB) at the University of North Carolina at Charlotte to conduct research involving human subjects. Participants were then sent a recruitment email stating the inclusion criteria which permitted participants to confirm eligibility to partake in the study. The researcher recruited participants online through the Association for Child and Adolescent Counseling listserv, the American Mental Health Counselor Association Specialist in Child and Adolescent Counseling listserv, child therapy social media groups, and the Association for Play Therapy listserv. Criteria for participation was self-identified child therapists with a master's degree in counseling (clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage couple and family) or higher, with a full or provisional license,

who have practiced therapy in the last year in the United States, with majority of their clients under the age of 13. Eligible child therapists who received this survey invitation and decided to participate clicked on a link to the Qualtrics website. As part of my pre-pilot test, it took five child therapists 10-16 minutes to complete the Qualtrics survey.

All invited participants received a preliminary informed consent letter describing the purpose of the study and inviting their participation. Those who participated read an informed consent that described the purpose of the study, the benefits, risks, and that participation is entirely confidential, voluntary, and anonymous. The informed consent stated participants may stop at any time. If participants decided to take the survey, they agreed that they had both read and understood the informed consent. The last question in the survey contained a separate Google form where participants could enter a raffle drawing. In this raffle drawing, five participants were randomly selected to win a $100 Amazon gift card funded by the Multicultural Play Therapy Center. If participants chose to enter, they filled out the last question on the survey containing separate a link to the Google form collecting their email address. The two data collection forms were separate. Participants who chose not to submit their email address were not entered into the raffle drawing.

In accordance with the Dillman Tailored survey design method, the researcher compiled all questionnaires into one document and critical information was collected at the beginning of the survey (Dillman, 1978). Participants completed the survey in the following order: Demographics Questionnaire, Burnout Inventory, Self-Efficacy Inventory, Physician Mental Workload Scale, And Barriers to Engaging with Client Parents Scale. To comply with the Dillman Tailored survey design, the outcome variable of burnout was collected first, before other variables (Dillman, 1978). As self-efficacy is used as a moderator and workload is used as a

mediator in the model, the assessments measuring those variables were collected after collecting information on burnout. Lastly, the researcher collected information on parent engagement.

Each assessment was compiled into one survey on several pages using Qualtrics. The researcher transferred the survey from Qualtrics on a password-protected computer and then uploaded the survey to the Statistical Package for Social Sciences (SPSS) for data analysis. The estimated time to finish the survey was 10-16 minutes. Considering the ratio of estimated parameters to observations, a minimum of 200 participants was required to have suitable power and adequate statistical precision (Kline, 2016).

Instrumentation

Demographic Questionnaire

The demographic questionnaire consisted of a self-report measure inquiring about participants' age, gender, race, region, years of practice, age of clients on their caseload, years practiced, work setting, type of child therapy training, and their educational credentials or background. In addition, participants needed to verify they have conducted therapy predominantly with children under the age of 13 within the last year in the United States.

Burnout

The Maslach Burnout Inventory- Human Services Survey (MBI-HSS) (Maslach & Jackson, 1986) is a self-report inventory and was used to measure burnout, consisting of 22 items with three subscales. Researchers describe the MBI-HSS as the most common and longstanding instrument used to measure human service workers' burnout (Walkey et al. 1992; Hwang et al. 2003; Wheeler et al., 2011; Soares et al. 2022). The survey was normalized on 127 public school teachers in Illinois. Each item has a 7-point response scale ranging from 0, *never experienced*

such a feeling to 6, *experienced such feelings every day* indicating the level of burnout experienced (Maslach & Jackson, 1986).

The MBI-HSS consists of three subscales. The first subscale, emotional exhaustion (EE), is measured by nine items, and an example of this is "I feel emotionally drained from my work." The second subscale, depersonalization (DP), is measured by five items and an example of this is "I've become more callous towards other people since I took this job." The final subscale, personal accomplishment (PA) is measured by eight items, and an example of this is "I have accomplished many worthwhile things in this job" (Maslach & Jackson, 1986).

Higher scores on questions within the EE and DP subscales denote higher levels of burnout. In contrast, lower scores on the PA subscale denote higher levels of burnout. Scores are calculated by totaling the EE and DP scales and reverse scoring the PA scale. Total scores from the EE, DP, and PA subscales were used in this study. The MBI-HSS yields a Cronbach alpha rating of 0.90 for emotional exhaustion, 0.76 for depersonalization, and 0.76 for personal accomplishment (Iwanicki & Schwab, 1981). Permission was granted from the creator of the scale for its use in the study.

Self-Efficacy

The Counseling Self-Estimate Inventory (COSE) is a self-report inventory and was used to measure self-efficacy in alignment with Bandura's self-efficacy theory (Larson & Daniels, 1998). The COSE was established to measure self-efficacy in helping skills, counseling processes, and challenging counseling situations. The COSE consists of 37 items rated on a 6-point Likert-type scale, spanning from 1, *strongly disagree* to 6, *strongly agree*, assessing the level of confidence in performing counseling-related tasks (Larson & Daniels, 1998). The COSE was normalized on a total of 213 mental health professionals (Larson et al., 1992). The following

items are reverse scored: 2, 6, 7, 9, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 31, 33, 35, 36, & 37.

There are five subscales in this inventory. The first subscale, micro skills, is comprised of 12 items. An example of an item in this subscale is “I am confident that I was able to conceptualize my client's problems.” An example of the counseling process subscale, which is comprised of 10 items, is “I am uncertain as to whether I was able to appropriately confront and challenge my client in therapy.” The difficult client behaviors subscale is comprised of 7 items. An example item is “I am uncomfortable about dealing with clients who appear unmotivated to work toward mutually determined goals.” The fourth subscale, cultural competence, is comprised of 4 items, and an example is “I was an effective counselor with clients of a different social class.” Lastly, the values subscale has 4 items, an example is “I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities” (Larson et al., 1992). Total scores are calculated by summing the responses for each item. The total score of this scale was used in the study. Lower scores indicate lower self-efficacy. The COSE yields a Cronbach alpha level of .93 (Larson & Daniels, 1998). Permission was granted from the creator of the scale for its use in the present study.

Workload

The Physician Mental Workload Scale (PMWS) is a self-report inventory created by Lu et al., (2019) and was established to assess medical professionals’ workload. The PMWS was used to assess the child therapist's workload. The instrument was normalized on 396 physicians from different tiers of wide-ranging public hospitals in China. The instrument is comprised of 12 items and uses an 11-response option prescale ranging from 0 *No workload* to 100 *Heaviest workloads.* The PMWS includes six workload-related dimensions (mental, physical, and temporal demands; perceived risk, frustration level, and performance). The first dimension is

mental demands. An example of an item from this section is “How hard do you have to work to overcome difficulties in accomplishing your medical work?” The second dimension is physical demands. An example of an item from this section is “How intensive is the physical activity during your medical work? (Is the work restful or laborious?)” The third dimension is temporal demands. An example of an item from this section is “How frequently do you have to complete multiple tasks at the same time (work overlap) in your medical work?” The fourth dimension is perceived occupational risk. An example of an item from this section is “How risky do you perceive (e.g., medical disputes) your medical work to be?” The fifth dimension is occupational frustration level. An example of an item from this section is “How depressed or frustrated do you feel in your medical work?” The last dimension is work performance. An example of an item from this section is “How satisfied are you with the outcomes of your medical work?” Lu et al., (2019).

For the purpose of this study the term “medical” was replaced with the term “client” to better assess the target population. Permission was granted from the authors of the scale to replace wordage and to use it in this study. Items in the survey measure the frequency with which participants experience their current occupational workload. Items are scored as follows: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90 and 100. The average scores of all items for a related dimension was multiplied by the weight for each dimension to calculate each dimension’s score, and then, all dimension scores are added together to create a total score (Lu et al., 2019). Higher scores indicate heavier levels of workload. The scale yields a Cronbach alpha level of 0.81 (Lu et al., 2019). Due to a data collection error when collecting data for the workload variable, the weights in the scale were not collected. The researcher used a modified version of the Physician Mental Workload Scale (Lu et al., 2019) without weighting the scores. Due to this, the total scores were

used in the study rather than the weighted scores. This data collection error is noted as a limitation of the study. Permission was granted from the creator of the scale for its use in the present study.

Parent Engagement

The Therapists Barriers to Engaging with Client Parents scale (TBEP) (Dynes, 2016; Dynes et al., 2018) was used to measure therapist and client-parent engagement through a 13-item adapted version of the "Therapist Level of Engagement" measure (Orrell-Valente et al., 1999). The Therapist Level of Engagement scale was modified to measure therapists' beliefs, perceptions, and interactions with parents' behaviors to create the TBEP in a self-report inventory (Dynes, 2016; Dynes et al., 2018). It is important to note, in this study parent engagement describes a lack of parent engagement; therefore, the term parent engagement refers to negative parent engagement or parent disengagement.

The TBEP was normalized on 148 child and family therapists across the United States. The TBEP consists of 16 items and is scored on a 5-point Likert scale ranging from 1 *Never* to 5 *Almost Always*. An example of an item in this scale is "When I'm frustrated with a parent, it is difficult for me to keep working with them" (Dynes, 2016; Dynes et al., 2018). Items 1,2,3,7, 8, and 9 are original items from Orell-Valente et al., (1999). Item nine is reverse scored. Total scores are calculated by summing the responses for each item. Higher scores indicate higher barriers for therapists engaging with client parents or parent disengagement. The total score of this scale was used in the study. Dynes et al. (2018) validated the TBEP and determined strong internal reliability (Cronbach $\alpha = .86$). When assessing convergent validity, Dynes et al. (2018) noted the TBEP negatively correlates with overall therapist professional self-efficacy and the

personal accomplishment subscale of Maslach's Burnout Inventory Human Services Survey (MBI-HSS). Permission was granted from the creator of the scale for its use in the present study.

Research Design

The study used a cross-sectional observation design to explore how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists. A multiple regression model was used to answer the initial research question: (1) how do self-efficacy, workload, and parent engagement predict burnout among child therapists in the United States? The researcher employed Hayes's (2012; 2016) conditional process Model 4 to answer the second research question, (2) does workload mediate the relationship between therapist parent engagement and burnout? The researcher employed Hayes's (2018) conditional process Model 59 to answer subsequent research questions (3) does self-efficacy moderate the relationship between workload and burnout? (4) does self-efficacy moderate the relationship between therapist parent engagement and burnout?

Because literature has predominantly used a multiple regression model to analyze relationships among the variables of interest, the true complexity of these relationships is not detailed. This study used a simple mediation model and conditional process model (Hayes 2016; 2018) which employed multiple statistical models that support mediation, moderation, and conditional process analyses. First, Model 4 (Hayes, 2012; 2016) was used in this study to better reflect the theoretical framework among burnout, workload, and parent engagement. Model 4 is a simple mediation model with an outcome variable (burnout), a continuous predictor variable (parent engagement), and a continuous mediator variable (workload). This analysis measures workload as a mediator between therapist parent engagement and burnout. (see figure 3.1)

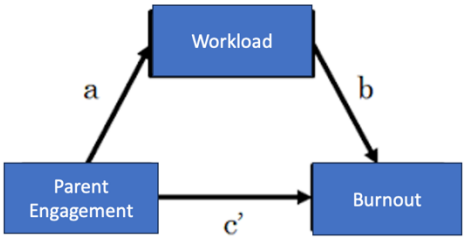

Figure 3.1 Process Model 4 examining workload as a mediator between parent engagement and burnout among child therapists.

In addition, Hayes (2018) included Model 59 in his PROCESS macro for SPSS, which is utilized for the moderation analyses and conditional process analysis used in this study. Model 59 is a moderated mediation model with possible moderation in the a path, b path and c path. This study uses Model 59 to investigate the conditional effects of X (parent engagement) on Y (burnout) through M (workload) fluctuating at different levels of the moderator variable (self-efficacy). In this model (see Figure 3.2 below) the moderator (i.e., self-efficacy) may influence each path of the mediation model. To ease interpretation, possible conditional relationships are presented at high self-efficacy levels (one standard deviation above the mean), average self-efficacy levels (mean), and low self-efficacy levels (one standard deviation below the mean). These results show the relationships between (a) parent engagement and workload, (b) workload and burnout, and (c) parent engagement and burnout for child therapists with different levels of self-efficacy. The direct and indirect relationships in the conditional process analysis are hypothesized based on the literature. The literature often uses other terms (buffer, protective factor) which is referring to a moderated or conditional effect.

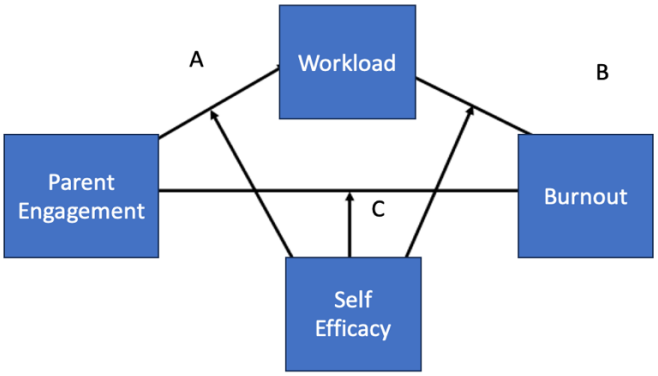

Figure 3.2 Conditional process Model 59 examining self-efficacy, workload, and parent engagement interrelated with burnout among child therapists.

Data Analysis

Descriptive Statistics

The researcher utilized descriptive statistics to depict the participants in the study. Descriptors include participants' age, gender, race, region, degree, age of clients on caseload, credentials, training, years worked, and work setting. Criteria for participation is a self-identified child therapist who has a master's or higher in counseling, with a full or provisional license, and has predominantly conducted therapy with children under the age of 13 in the United States in the last year. Descriptive analysis of variables was discussed.

Standard Multiple Regression

To answer the first research question, a multiple regression model was used to investigate the multiple predictor variables and a single outcome variable. The regression analysis determined the variance in burnout accounted for by the predictor variables: (a) self-efficacy, (b) workload, and (c) parent engagement. The data was entered into the statistical software SPSS and analyzed to determine the relationship between self-efficacy, workload, parent engagement, and burnout among child therapists.

PROCESS Models

To answer the subsequent research questions, two PROCESS models were used to investigate how self-efficacy, workload, and parent engagement interrelations with burnout among child therapists. Model 4 tested workload as a possible mediator for the parent engagement-burnout relationship Hayes (2012; 2016). Model 59 tested self-efficacy as a possible moderator for all the relationships included in Model 4 (Hayes, 2018). Conditional process analyses considered indirect and conditional relationships among the variables. Model 59 will check for self-efficacy as a moderator of every path (a, b, and c) and the indirect or mediated effect. The data were entered into the statistical software SPSS and analyzed to determine interrelationships between self-efficacy, workload, parent engagement, and burnout among child therapists.

Research Questions

1. How do self-efficacy, workload, and parent engagement predict burnout among child therapists in the United States?
2. Does workload mediate the relationship between therapist parent engagement and burnout?
3. Does self-efficacy moderate the relationship between workload and burnout?
4. Does self-efficacy moderate the relationship between therapist parent engagement and burnout?

Research Hypotheses

- Self-efficacy is related to burnout
- Parent engagement is related to burnout
- Workload is related to burnout
- The relationship between parent engagement and burnout is mediated by workload

- Self-efficacy will moderate the influence of workload on burnout.
- Self-efficacy will moderate the influence of parent engagement on burnout.

Summary

In summary, the chapter has provided an overview of the methodology, discussing participants, procedures, and instrumentation. In addition, the chapter outlined the design, research question, and data analysis. Lastly, chapter three included a description of the intended data analysis procedures used to test the hypotheses.

CHAPTER IV: RESULTS

The overall purpose of the study was to examine how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists. In pursuit of this purpose, the researcher investigated four research questions: (1) How do self-efficacy, workload, and parent engagement predict burnout among child therapists in the United States? A multiple regression model was utilized to address this question. The second research question addresses a possible mediational relationship among the variables. Specifically, (2) does workload mediate the relationship between therapist parent engagement and burnout? A system of regression equations was utilized to address this question. Finally, literature has consistently found the relationships in the mediation model to be conditional on self-efficacy. Therefore, a moderated-mediation model is likely the best reflection of the relationships among the variables considered. Specifically, the researcher used a conditional process model to investigate (3) Does self-efficacy moderate the relationship between workload and burnout? (4) Does self-efficacy moderate the relationship between therapist parent engagement and burnout?

In addition to my research questions, Model 59 investigated if self-efficacy moderates the relationship between parent-engagement and workload; and parent-engagement, workload, and burnout. This chapter describes study participants, data screening, and an initial correlation analysis used to establish basic relationships among the variables necessary for subsequent regression-based approaches. Results by research question and analytic approach are noted followed by a summary to conclude the chapter. Section one describes the participants in the study. Section two describes data screening and assumption checks. Section three presents the

results from a multiple regression model, PROCESS Model 4, and PROCESS Model 59 which were used to assess the research questions. Section four ends with a summary of the results.

Description of Participants

In this study, the population surveyed was child therapists who hold at least a master's degree in counseling with a full or provisional license and have predominantly conducted therapy with clients under the age of 13 in the United States within the last year. Participants were recruited through outreach to various listservs across the United States: The Association for Child and Adolescent Counseling listserv, the American Mental Health Counselor Association Specialist in Child and Adolescent Counseling listserv, child therapy social media groups, and the Association for Play Therapy. Six hundred and ten participants took the survey however only 537 counselors met the eligibility criteria of predominately working with children under the age of 13. Participants who met inclusion criteria were (a) child therapists with a master's or higher in counseling (b) practiced therapy in the last year in the United States with predominantly clients under the age of 13 and (c) provisionally or fully licensed in counseling (clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage, couple, and family). Due to forced response entry, there were no instances of missing data, and a total of 537 participants were included in the study. Twenty-three individuals began the study and did not complete it. The researcher was unable to calculate a response rate due to not knowing how many members make up the listservs and social media groups.

Demographic data was gathered to give a rich description of the sample population (see Table 4.1 below). Of the 537 participants, 305 (56.9%) were female, 213 (39.7%) were male, 10 (1.9%) were non-binary and eight (1.5%) preferred not to answer. To provide inclusivity,

participants were able to identify as multiple races in the demographic questionnaire. Because participants were able to select more than one race and ethnicity, the sum of the numbers below will be higher than the total number of total participants. The majority of the participants self-identified their race as White 422 (78.5%), sixty-seven (12.5%) participants self-identified as Black or African American, thirty-four (6.3%) participants self-identified as Asian, twenty-four (4.5%) self-identified as Native Hawaiian or Pacific Islander and ten (1.9%) participants self-identified as other. Of the participants, nineteen selected multiple races to identify.

With regard to age range: twenty-six (4.9%) identified as 18-24, 220 (41%) identified as 25-34, 216 (40.3%) identified as 35-44, 48 (9%) identified as 45-54, nineteen (3.5%) identified as 55-64, and seven (1.3%) identified as 65 or older. When inspecting work setting, 210 (39.2%) participants worked in private practice, 151 (28.2%) worked in a hospital, 111 (20.7%) worked in an agency, sixty-one (11.4%) worked in a school, and three (0.6%) indicated other. In terms of years worked in the field, thirty-nine (7.3%) indicated 0-2 years, 264 (49.3%) indicated 3-5 years, 120 (22.4%) indicated 6-8 years, fifty-two (9.7%) indicated 9-11 years, and sixty-one (11.4%) indicated 12 or more years worked in the field.

All 537 participants indicated they have received one or more types of child therapy training including: supervision, continuing education, certification or registration in play therapy, or higher education courses in child counseling. When asked what region of the United States participants practice therapy: sixty-four (11.9%) indicated New England, sixty-eight (12.7%) indicated East North Central, seventy-one (13.2%) indicated mid-Atlantic, forty-seven (8.8%) indicated west north central, ninety-six (17.9%) indicated south Atlantic, forty-one (7.6%) indicated east south central, sixty-one (11.4%) indicated west south central, thirty-eight (7.1%) indicated mountain, and fifty (9.3%) indicated pacific.

Table 4.1 *Sociodemographic Characteristics of Participants*

Variable	*N*	%
Gender		
Female	305	56.90
Male	213	39.74
Non-Binary	10	1.87
Prefer not to answer	8	1.49
Race		
White	422	75.76
Black or African American	67	12.03
Asian	34	6.10
Native Hawaiian or Pacific Islander	24	4.31
Other	10	1.80
Age		
18-24	26	4.85
25-34	220	41.04
35-44	216	40.30
45-54	48	8.96
55-64	19	3.54
65 or Older	7	1.31
Work Setting		
Private Practice	210	39.18
Hospital	151	28.17
Agency	111	20.71
School	61	11.38
Other	3	0.56
Years in Field		
0-2 Years	39	7.28
3-5 Years	264	49.25
6-8 Years	120	22.39
9-11 Years	52	9.70
12 or More Years	61	11.38
Region		
New England	64	11.94

East North Central	68	12.69
Mid-Atlantic	71	13.25
West North Central,	47	8.77
South Atlantic	96	17.91
East South Central	41	7.65
West South Central	61	11.38
Mountain	38	7.09
Pacific	50	9.33

Note: More than one race was selected by some participants

Descriptive statistics for the independent and dependent variables in the study, specifically burnout, self-efficacy, workload, and parent engagement are shown in Table 4.2. Total scores were used to measure each variable. It is important to note parent engagement describes a lack of parent engagement; therefore, the term parent engagement refers to negative parent engagement or parent disengagement. In addition, due to data collection error involving the workload variable, the weights in the scale were not collected. The researcher used a modified version of the Physician Mental Workload Scale (Lu et al., 2019) without weighting the scores. Due to this, the total scores were used in the study rather than the weighted scores. This data collection error is noted as a limitation to the study. It is important to note the minimum scores for burnout and parent engagement were a zero. These scores are still appropriate responses as zero is in the range for low burnout and low parent disengagement according to authors' scoring manual.

Table 4.2 *Descriptive statistics of predictor and outcome variables*

Variables	*N*	Minimum	Maximum	Mean	Std.Deviation
Burnout	537	0	95	55.30	21.41
Self-Efficacy	537	38	144	83.35	18.14
Workload	537	2	105	58.84	17.90
Parent Engagement	537	0	52	23.81	8.24

Screening Data

The researcher inspected possible outliers, checked for missing values, and examined variable distributions before beginning analyses in SPSS. Due to a forced response entry, there was no instances of missing data. Outliers were assessed and considered to be satisfactory as there were no extreme outliers in the sample as data points appeared roughly within the interquartile range. Using a histogram visual in SPSS, frequency distributions were approximately normal for the independent variable (i.e., self-efficacy, workload, and parent engagement). Kurtosis and skewness values indicated no significant deviations from normality. However, visual inspection showed burnout as having a bi-modal distribution. Several authors in the literature have noticed a common bi-modal trend when inspecting distributions of burnout scores and uncovered several theories for this phenomenon (Golembiewski, 1999; Marchand et al., 2018; Tavella et al. 2023). One such theory suggests burnout often exists on a dichotomous spectrum, signifying burnout is experienced in extremes of either high burnout rates or low burnout rates with little median. Tavella et al. (2023) suggests burnout often creates depression symptomatology among participants, thus creating clearer parameters for one to either experience burnout or not experience it. Therefore, no other measures were taken to adjust distribution.

Bivariate Correlation

Pearson's bivariate correlation coefficients are reported to indicate the strength of connections between the variables (see Table 4.3 below). The correlation between burnout and self-efficacy indicated a negative correlation of -0.754. The correlation between burnout and workload indicated a positive correlation of 0.235. The correlation between burnout and Parent

engagement indicates a positive correlation of 0.655. In summary, the data includes sufficient relationships to justify the subsequent regression-based analyses.

Table 4.3 *Burnout, Self-Efficacy, Parent Engagement, and Workload Relationships*

Measure	Burnout	Self-Efficacy	Parent-Engagement	Workload
Burnout	1.000	-0.754	0.655	0.235
Self-Efficacy	-0.754	1.000	-0.655	-0.084
Parent-Engagement	0.655	-0.655	1.000	0.271
Workload	0.235	-0.084	0.271	1.000
N	537	537	537	537

Multiple Regression Analysis

An initial standard multiple regression analysis investigated the relationship between self-efficacy, workload, and parent engagement with burnout among child therapists. This analysis answers the research question: how do, self-efficacy, workload, and parent engagement relate to burnout? Prior to conducting this multiple regression analysis, the normality, linearity, and homoscedasticity assumptions were checked and deemed appropriate through a scatterplot visual. When examining residual verses predicted values no homoscedasticity was indicated. Based on ANOVA output table the value of linearity was <0.05 for each relationship. Therefore, it can be concluded there is a linear relationship between the dependent and independent variables. A scatter plot illustrates the relationship between standardized residuals and predicted values checked and deemed appropriate through a scatterplot visual below as error of the residual is constant (see figure 4.1). The y-axis indicates error and the y-axis indicates the predicted mean value for each observation. Points are scattered evenly above and below line with few extraneous outliers meeting the assumption. The presence of multicollinearity was determined by

assessing both the variable tolerance and Variance Inflation Factors (VIF), all of which were under 2. Therefore, no variables inflated the variance of the analysis.

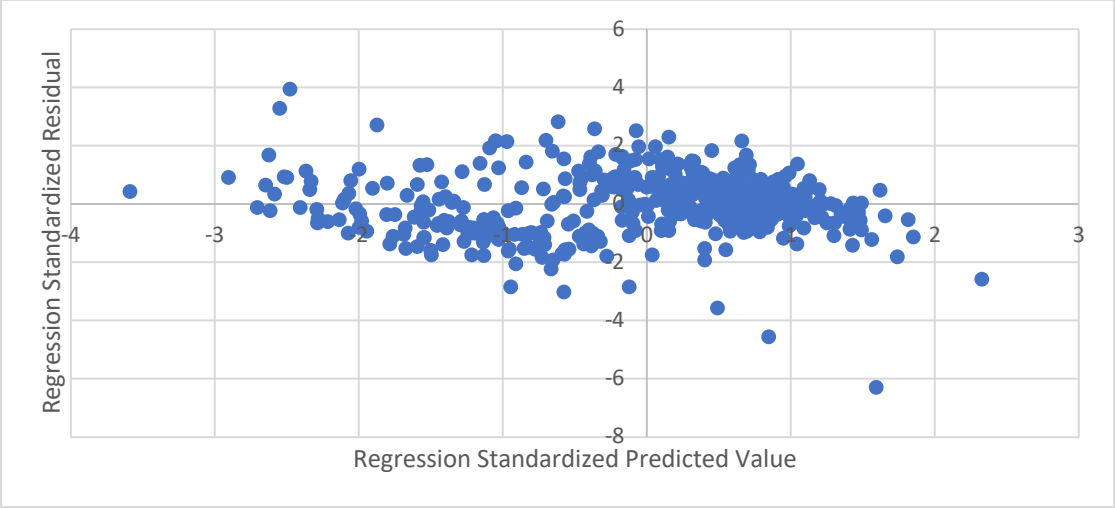

Figure 4.1 Figure showing Burnout on Y-axis, Predicted mean value for each observation on X-axis.

The predictors in the model accounted for an adjusted R^2 value of 0.625 indicated that 62.5% of variability in child therapists' burnout is predicted by the independent variables, self-efficacy, workload, and parent engagement (see Table 4.4 below). Standardized coefficients allow for the comparison of relationships between the outcome and predictors. Self-efficacy had the strongest relationship to burnout, and workload the least. Self-efficacy had a negative unstandardized coefficient of -0.695. The unstandardized coefficient designates for every 1 unit of increase in self-efficacy, there is a -0.695 decrease in burnout. Parent engagement had an unstandardized coefficient of 0.616. The unstandardized coefficient indicates for every 1 unit of increase in parent engagement, there is a 0.616. increase in burnout. Workload had an unstandardized coefficient of 0.145 indicating for every 1 unit of increase in workload there will

be a 0.145 increase in burnout. Based on these results all three variables are significantly related to burnout. Specifically, as self-efficacy increases, burnout is likely to decrease. In addition, as workload and parent engagement increases, burnout increases. As a note, the term parent engagement refers to parent disengagement due to the reverse scoring of the scale.

Table 4.4 *Coefficients of predictor and outcome variables*

	Unstandardized Coefficients		Standardized Coefficients		
Variables	B	Std. Error	β	t	p
(Constant)	89.966	5.229		17.207	<.001
Self-Efficacy	-0.695	0.042	-0.588	-16.686	<.001
Parent-Engagement	0.616	0.095	0.237	6.493	<.001
Workload	0.145	0.033	0.121	4.388	<.001

Note: Dependent Variable is Burnout

Mediation Analysis

While a multiple regression model can consider the relationship between the predictors and outcome, literature and theory point to a more complex relationship. Specifically, parent engagement may be related to burnout through its relationship to workload. Model 4 was used to test the mediational relationship among the variables burnout, workload, and parent engagement (Figure 4.1; Hayes, 2012). This analysis answers the research question: does workload serve as a mediator between therapist parent engagement and burnout? This simple mediation model examines the effect of parent engagement on burnout both directly and indirectly through workload. Using Model 4 (Hayes, 2012), it was determined parent engagement is related to

workload (B_a = 0.588; LLCI =0.410, ULCI = 0.766; p<0.001), however, the results did not find a significant relationship between workload and burnout (B_b = 0.075; LLCI =-0.005, ULCI =0.145; p=0.065). Parent engagement was directly related to burnout after controlling for workload (B_c = 1.659; LLCI =1.486, ULCI =1.831; p<0.001). Because the confidence interval does not include zero, it can be inferred the effect is significant. The mediation effect was calculated by multiplying B_a = 0.588 and B_b = 0.075 which is 0.044. To this end, for every 0.044 change in burnout there is a one unit change in parent engagement that is mediated by workload. As a significance check, confidence interval bootstrapping also indicated a significant mediation effect (BootLLCI =-0.000, BootULCI =0.090).

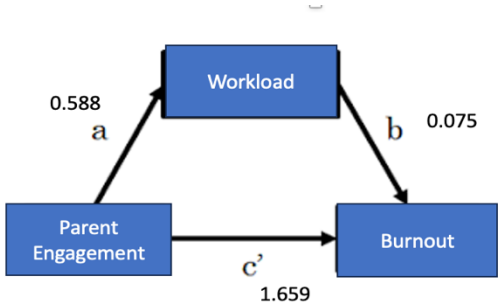

Figure 4.2 Conditional process Model 4 examining workload as a mediator between parent engagement and burnout among child therapists.

Moderated Mediation Analysis

In addition to the analysis utilizing Model 4, Model 59 was employed in this dissertation as the literature suggests that the relationships considered in the mediation model (PROCESS Model 4) are conditional on self-efficacy. (Bardhoshi, & Um, 2021; Gam et al., 2016; Gibson et al., 2009; Gunduz, 2012; Indregard et al., 2018; Kagan, 2021). To analyze self-efficacy and its role moderating the workload-burnout relationship, a conditional process analysis was utilized through SPSS (Hayes, 2012; 2018). In addition to the research questions, self-efficacy was

examined as a possible moderator for the parent engagement-burnout relationship (Hayes, 2016; 2018). Model 59 (see figure 4.3 below) was used in these analyses (Hayes, 2016; 2018). The moderation effect is analyzed using an interaction term which indicates changes between two factors depending on a third factor. If the interaction term is significant, there is a significant moderation effect. The conditional effects, results of self-efficacy by itself as a moderator, are presented using high, average, and low values of the moderator. Results were interpreted by inspecting high self-efficacy levels (one standard deviation above the mean, 18.136), average self-efficacy levels (mean, 0), and low self-efficacy levels (one standard deviation below the mean, -18.136).

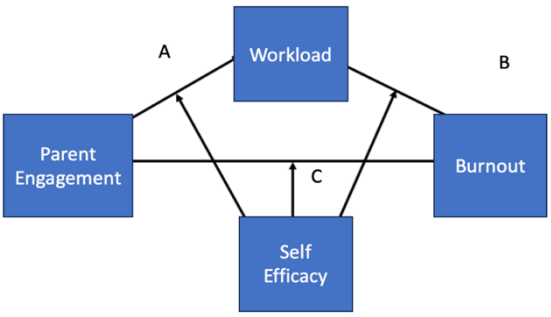

Figure 4.3 Conditional process Model 59 examining self-efficacy, workload, and parent engagement interrelated with burnout among child therapists.

Self-efficacy moderating workload and burnout. To answer my research question: does self-efficacy moderate the relationship between therapist workload and burnout, I utilized Model 59 in SPSS to investigate the moderating effect of self-efficacy. Self-efficacy did moderate workload and burnout with an interaction effect of 0.005 p=0.004. Conditional effect findings showed for those with low self-efficacy, perceived workload was not related to burnout. However, average or high self-efficacy buffered the impact of workload on the effects of burnout. Results determined when therapists have low self-efficacy (B=0.064, LLCI = -0.023,

ULCI = 0.152; p=0.149), there is not a significant relationship between workload and burnout. However, across average (B=0.156, LLCI = 0.092, ULCI = 0.221; p<0.001) and high levels of self-efficacy (B=0.248, LLCI =0.157, ULCI = 0.339; p<0.001) there was a significant relationship.

Self-efficacy moderating parent-engagement and burnout. Model 59 was also used to determine if self-efficacy moderated the relationship between parent engagement and burnout. Because confidence intervals do not fall below zero, results indicated self-efficacy moderated parent-engagement and burnout with an interaction effect of 0.009 p=0.057 (LLCI=.000,ULCI= .018). In terms of conditional effects, finding revealed all three levels of self-efficacy (low, average, and high) moderate parent engagement and burnout as all confidence intervals were positive. I utilized PROCESS Model 59 in SPSS to analyze the moderating effect.

Table 4.5 *Focal Predictions on Moderator Variables*

Self-Efficacy Moderator Levels	Effect	Std. Error	t	p	Confidence Interval
Workload- Burnout					
Low (SE= -18.136)	0.064	0.045	1.445	0.149	(-0.023, 0.152)
Average (SE=0.000)	0.156	0.033	4.757	<.001	(0.092, 0.221)
High (SE=18.136)	0.248	0.046	5.376	<.001	(0.157, 0.339)
Parent Engagement-Burnout					
Low (SE= -18.136)	0.521	0.119	4.363	<.001	(0.286, 0.775)
Average (SE=0.000)	0.678	0.095	7.138	<.001	(0.492, 0.865)
High (SE=18.136)	0.836	0.132	6.311	<.001	(0.576, 1.096)

In addition to my research questions, Model 59 inspects if self-efficacy moderates parent-engagement and workload, and self-efficacy, parent-engagement, workload, and burnout. The following sections discuss the results of these relationships.

Self-efficacy moderating parent-engagement and workload. Results from Model 59 suggest

that self-efficacy moderates the relationship between parent-engagement and workload of child therapists with an interaction effect of -0.012 p=0.040. The negative interaction effect suggests decreasing self-efficacy would weaken the relationship. When reviewing conditional effects, similar to results above, all three levels of self-efficacy moderate parent engagement and workload as all confidence intervals were positive. Interpretations include when therapists have low self-efficacy (B=0.561, LLCI =0.709, ULCI = 1.284, p<0.001), average (B=0.779, LLCI =0.543, ULCI = 1.014, p<0.001) and high levels of self-efficacy (B=0.996, LLCI =0.222 , ULCI =0.900; p=0.001) there was a significant relationship. As self-efficacy increases, the moderating effect becomes stronger. In other words when therapists have average or high self-efficacy the impact of adverse parent relationships is not as strenuous on their workload. However, among those with low self-efficacy, the stress of parent engagement negatively impacts their workload.

Self-efficacy moderating parent-engagement, workload, and burnout. Lastly, Model 59 (see figure 4.2 below) investigated if self-efficacy as a moderator of the indirect effect of parent engagement on burnout through workload. Findings of conditional effects indicated self-efficacy moderates the parent engagement-workload-burnout indirect effect at average and high levels. Thus, indicating the magnitude of the indirect effect increases as self-efficacy increases. Because the confidence interval is below zero with low self-efficacy, the indirect effect is not conditional (B=0.064, LLCI = -0.026, ULCI = 0.150). However, the indirect effect is conditional on self-efficacy across average (B=0.122, LLCI =0.064, ULCI = 0.189) and high levels (B=0.139, LLCI =0.035, ULCI = 0.250.

Summary

The purpose of this study was to assess the relationship between self-efficacy, workload, and parent engagement interrelated with burnout among child therapists. This chapter described

the results of the study. First, the descriptive statistics and bivariate correlations were explained. Next, the results from the multiple regression and conditional process analyses were reviewed. Results indicated that self-efficacy, workload, and parent engagement serve as strong predictors of burnout among child therapists. The simple mediation analysis revealed workload showed to have an indirect effect on parent engagement and burnout. Similarly self-efficacy serves as a significant moderator between therapist parent engagement and burnout. Additional analyses revealed self-efficacy moderated two relationships: the workload and burnout relationship; and the parent-engagement, workload, and burnout relationship at average or high levels, however it did not moderate the relationships at low self-efficacy levels.

CHAPTER V: DISCUSSION

The purpose of the study was to investigate how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists. The researcher investigated four research questions: (1) How do self-efficacy, workload, and parent engagement predict burnout among child therapists in the United States? (2) Does workload mediate the relationship between therapist parent engagement and burnout? (3) Does self-efficacy moderate the relationship between workload and burnout? (4) Does self-efficacy moderate the relationship between therapist parent engagement and burnout? In addition to the research questions, Model 59 investigated if self-efficacy moderates the relationship between parent-engagement, and workload; and parent-engagement, workload, and burnout. This chapter details the results of this study and discusses implications. In addition, this chapter contains a discussion of the results, contributions and limitations of this research study. Lastly, future research recommendations and concluding remarks are noted.

Conclusions and Discussions

Demographic Data. All participants had at least a master's degree in counseling and worked predominantly with children under the age of 13 in the United States. In addition, all participants identified as having some form of training with counseling children. A review of the demographic data showed limited diversity in the child therapists who responded to the survey, however revealed an adequate amount of gender diversity. The majority of the participants self-identified their race as white (75.8%), followed by Black or African American (12%), then Asian (6.1%), then Native Hawaiian or Pacific Islander (4.3%), then other (1.8%). This study allowed participants to select more than one race to create more inclusivity in participants racial identity. The sample is reflective of the population of child therapists as shown in the 2023 United States labor force statistics survey that indicated 74.6% of mental health counselors were women and 75.9% were white or Caucasian.

The gender distribution within this study showed a relatively even representation compared to the usual demographic makeup of child therapists. Females comprised a slight majority at 56.9%, followed by males at 39.7%, with non-binary and other categories accounting for 3.5%, and 1.49% preferring not to disclose their gender. As discussed above, the typical demographic represented in mental health professionals is female, therefore this study uniquely adds new perspective into experiences of other genders. The literature often denotes female workers as having higher burnout rates (Ballenger-Browning, 2011; Poulsen et al., 2014; Raggio, 2007), however this could be related to sampling. Perhaps because females are more often represented as mental health professionals, more reporting is done with them. Wider gender samples are needed to uncover hidden stories of all genders and their experiences with burnout.

As this study sampled hundreds of child therapists across the United States, there was a wide sampling variety in terms of region. The range appeared more balanced across regions with the largest being south-Atlantic (17.9%) and the smallest being east-south central (7.1%). In terms of setting, the majority of the therapists who responded to the survey worked in private practice (39.2%) the second most was in a hospital (28.2%), then agency, then school. As a large body of research focuses its efforts of the burnout rates of school counselors (Bardhoshi, & Um, 2021; Gunduz, 2012; Maor & Hemi, 2021; Mullen et al., 2017; Mullen et al., 2021), this study expands the literature by including a variety of settings, shedding light on burnout across different work environments.

Lastly when inspecting years worked in the field, the majority of the participants listed 3-5 years (49.3%) and 6-8 years (22.4%). Several authors (Poulsen et al., 2014; Gómez-García et al., 2021) suggested years worked in the field to be a significant predictor of burnout, however contrary to these findings, the current study did not find those same results. One possible explanation could be therapists who experience high burnout leave the field, and as this study solely sampled active workers, they were not included in the sample.

This study adds value to the literature with its rich and unique sampling. Specifically, this study collected data from therapists nationwide and gathered more balanced gender data collection compared to previous studies that focus on child therapists. This information enhances the literature by uncovering a larger demographic of those experiencing burnout.

Discussion of Multiple Regression Analysis. A multiple regression investigated the relationship between self- efficacy, workload, and parent-engagement as predictors on burnout of child therapists. Considering the increase of burnout amongst child therapists (Dynes et al. 2018; Kranz et al., 1998; McLean & Wade, 2003), further understanding on this topic is essential. This

study revealed overall, 63% of the variance was significantly accounted for by the predictor variables. The findings suggest that all three predictor variables, self-efficacy, appropriate workload, and positive parent engagement significantly predict child therapist burnout.

Although ample literature validates the connection between burnout and self-efficacy, these findings expand the literature by also including workload and parent-engagement. All three predictor variables appeared statistically significant. These results are interesting as they both support past conclusions and add to the body of literature.

Self-Efficacy. Results indicated self-efficacy to be inversely related to burnout, in line with previous literature (Betoret, 2006; Egyed & Short, 2006; Federici & Skaalvik, 2012; Yao et al., 2018). Self-efficacy accounted for a negative unstandardized coefficient of -0.695. This finding suggests as self-efficacy increases, child therapist's level of burnout decreases. This assertion supports previous research suggesting high self-efficacy allows child therapists to better cope with burnout (Leiter, 1992; Stalker & Harvey, 2002; Yao et al., 2018). In addition, the results align with Bandura's Social Cognitive Theory (Bandura, 1997) that submits high self-efficacy supports recovery from occupational stress, whereas low self-efficacy entails low accomplishment and poor professional development (Luszczynska et al., 2005). These results offer ways to better understand and safeguard professionals from burnout. For example, increased awareness of high workloads and monitoring the status of ones self-efficacy.

Parent-engagement. Because child therapists are required to work closely with their client's parents, this relationship can have a notable impact on their well-being (Gómez-García et al., 2021; Gladstone et al., 2014; Maor and Hemi, 2021). Little is known on this topic, as only a handful of studies have examined the outcome of parent-engagement on therapist burnout. However, the literature existing on this topic has indicated a connection between parent-

disengagement and burnout (Dynes, 2016; Sideridis and Alghamdi, 2023). Parent-engagement was a strong predictor of child therapist burnout (B=0.616). Because in this study, the scale measuring parent engagement describes a lack of parent engagement, the term parent-engagement can be understood as adverse or poor parent engagement. Results indicate as stressful parent engagement increases, burnout increases. Attending to the therapist parent relationship improves therapist risk of burnout and in extension, may improve therapeutic outcomes. Additionally, these findings align with Social Cognitive Theory (Bandura, 1997) that claims one's internal system is influenced by systemic and environmental factors. Thus, external factors such as parent-engagement, impact internal factors such as burnout.

Workload. Workload was also a significant predictor variable (B=0.145). It is important to note total scores were used rather than including the weighted values, which could have impacted the results of this study. Despite this, the significant results align with the literature connecting high levels of workload with high levels of burnout (Bardhoshi, & Um, 2021; Gibson et al., 2009). A unique job demand of child therapists is also maintaining support and contact with the child's parents, family, teachers etc. thus increasing the workload.

Discussion of Meditation Analysis. The mediation analysis indicated workload partially mediates the relationship between parent engagement and burnout among child therapists. In other words, some of the impact of parent engagement on burnout is transmitted through its effect on workload. However, workload is not significantly related to burnout after controlling for parental engagement. Findings of the mediation analysis showed some of the relationship between parent-engagement and burnout can be attributed to changes in workload. Maintaining manageable workloads is paramount when having difficult parent interactions as it could significantly affect therapist burnout, which may harm their clients and the profession (Pedditzi

et al., 2021; Maor and Hemi, 2021). Parent engagement is a unique issue to child therapists and so child therapists may face a unique challenge with burnout. For example, even if a child therapist takes steps to manage workload it may increase due to parent engagement. Clear boundaries with work and parent engagement may serve as an effective coping strategy (Kazdin et al. 2006). Also, parent disengagement aggravates workload and has an impact on burnout. Previous literature connected parent-engagement with burnout (Dynes, 2016; Sideridis and Alghamdi, 2023) however this study extends the literature by also investigating workload as a mediating factor. These findings are intuitive because even if child therapists experience high parent disengagement, if they have a lowered workload, the parent disengagement is likely more manageable and not as likely to induce burnout. Because parent involvement in treatment significantly accounts for therapeutic success (Phillips & Landreth, 1998), the results are promising as it gives child therapists insight into strategies to directly reduce burnout. Results from this study can encourage child therapists to advocate for appropriate workload levels and be motivated to set boundaries with strenuous parent relationships. Moreover, this research contributes to the existing literature by examining factors that impact burnout among child therapists.

Discussion of Moderation Analyses. The moderation analyses indicate several interesting patterns among the variables of interest. This study revealed self-efficacy moderates the relationship between parent engagement and workload, and the relationship between parent engagement and burnout. Additionally conditional effects indicate average or high self-efficacy moderates the relationship between workload and burnout; and parent-engagement, workload, and burnout. Therefore, the effect on burnout may be stronger or weaker depending on individuals' levels of self-efficacy.

Strong self-efficacy promotes more occupational involvement (Gunduz, 2012) producing a buffering role between a stressful parent interaction with emotional exhaustion, personal accomplishment, or depersonalization, or in other words, burnout (Maslach & Jackson, 1981; 1993). Scholars have previously supported the relationship between self-efficacy and burnout (Leiter, 1992; Stalker & Harvey, 2002; Yao et al., 2018) however, aside from the present study, there is limited research on how parent engagement, and workload impacts burnout. The sparse literature has connected parent disengagement with an increase in therapist depersonalization and emotional exhaustion (Lindsey et al., 2014). Because parents act as an authority figure in children's lives, having an adverse interaction with an authority figure at one's occupation, could provoke burnout (Eames et al., 2010; Koerting et al., 2013). With those who have low self-efficacy, even therapists who encounter predominately positive parent engagement may perceive those interactions as stressful and emotionally exhausting due to minimal belief in their capacity to counsel. Therefore, the moderating effect among self-efficacy with workload and parent engagement is important to consider.

Across average and high self-efficacy, results indicated a moderating effect between the workload-burnout and parent engagement-workload- burnout relationships. Previous research notes after accounting for high workload, researchers discovered efficacy in decision making to buffer burnout (Kowalski et al., 2010; Xanthopoulou et al., 2007) which align with the current study's findings. This study adds to the literature by also accounting for parent engagement as a contributing factor. When self-efficacy is high or average, parent disengagement and workload is not as harmful to the therapist's level of burnout as self-efficacy acts as a buffer. Interestingly, low self-efficacy did not have an indirect effect in these relationships. One plausible explanation is as therapists develop a higher self-efficacy, they feel more confident setting boundaries with

workload and stressful client-parent relationships which is in line with the literature (Patel et al., 2019; Phillips & Landreth, 1998; Miller et al., 2021). In addition, even if therapists experience high workloads and stressful parent interactions, with average or high self -efficacy they are able to cope, make decisions and feel more confident in their work, thus less likely to burnout. It is possible there is a certain threshold of self-efficacy needed in order to see an effect.

These results align with social cognitive theory suggesting high self-efficacy buffers burnout (Luszczynska et al., 2005). Bandura (1986) noted changes in cognitive processes impact changes in behavior. This sentiment is reflected in the results as average or high self-efficacy can have the power to buffer the impact of a high workload and parent disengagement on burnout, however low self-efficacy does not show an effect. Other authors (Kowalski et al., 2010; Poulsen et al., 2014) have also discovered how self-efficacy buffers burnout, however, this study adds to the literature as it goes deeper into differing levels of its effect. Literature has previously suggested novice counselors to be at higher risk of burnout, (Poulsen et al., 2014; Gómez-García et al., 2021), however as fewer years worked is often tied to low self-efficacy, perhaps the connection is actually between low self-efficacy and burnout, rather than years worked and burnout. These findings offer more nuanced view of these relationships and greatly contribute to new ways in which we understand burnout.

Contributions of the Study

While research has investigated factors related to therapist burnout (Acker, 2010; (Aminihajibashi et al., 2022; Dynes, 2016, Gibson et al., 2009; Simionato & Simpson, 2018) no studies have focused on how self-efficacy, workload, and parent engagement interrelate with burnout among child therapists. The current study expands the body of literature on child therapists and adds to the limited literature exploring parent engagement which is a unique

experience of child therapists. Second, this was the first study to empirically examine these variables using a conditional process analysis.

Moreover, this study stands out as one of the few to examine the varying levels of self-efficacy among child therapists—ranging from high to low—and to explore how these different levels moderate the experience of burnout. The majority of the research to date focuses on analyzing self-efficacy and burnout through composite scores, missing crucial relationships. This study revealed self-efficacy moderates parent engagement and workload, and parent engagement and burnout. Furthermore, average or high self-efficacy moderates the relationship between workload and burnout; and parent-engagement, workload, and burnout. Therefore, the strength of the effect on burnout may change depending on individuals' levels of self-efficacy.

Lastly, a strong contribution of this study was the national sample of child therapists. By sampling an assorted collection of therapists from differing regions, it is more likely results are more generalizable nationwide. The sample also included a range of counselors with varied mental health counseling degrees including clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage couple and family. Moreover, the findings provide a backdrop into the unique challenges child therapists face, as well as provide ways in which child therapists can advocate for appropriate workloads and boundaries with parent engagement to educate themselves on burnout.

Limitations of the Study

There are several limitations in this study including the data collection, social desirability, and generalizability. The results of this study cannot be generalized to all child therapist providers. Within this study, participants were actively practicing in the United States with majority of their clients under the age of 13. Therefore, the results cannot be extrapolated to all

child therapists such as those not currently practicing, or those who work outside of the United States.

Secondly, the data collection was purposefully selected by contacting specific listservs that contain contacts of child therapists, therefore the sample was not completely random. Participants with specific characteristics such as individuals with higher levels of burnout may have been more likely to take the survey than those not particularly impacted by burnout due to their interest in the topic. In addition, the bulk of the participants (78.5%), indicated their race as White, therefore limiting the cultural diversity of the sample.

Next, social desirability can be a limitation as the data was collected through self-report measures. Participants could have answered the survey in a way that was more socially desirable. To protect from social desirability, participants' answers were kept anonymous and confidential, and separate from the form collecting email information to enter the raffle for the Amazon gift card.

Lastly, due to a data collection error, the researcher used a modified version of the Physician Mental Workload Scale (Lu et al., 2019) without weighting the scores. When collecting data for the workload variable, the weights in the scale were not collected. Due to this, the total scores were used in the study rather than the weighted scores.

Implications of the Findings

This study provides richness to the literature by adding an empirical study on factors affecting child therapist burnout. The researcher explored three predictor variables that included self-efficacy, workload, and parent engagement. It was hypothesized that these variables were related to burnout.

Child therapist practitioners. The regression analysis revealed self-efficacy, workload, and parent engagement to be strong predictors of child therapist burnout. In addition, the mediating and moderating conditional process analyses suggested closer attention needs to be paid to ways in which child therapists manage their workloads and parent relationships, as well as highlighting the importance of self-efficacy. Furthermore, the findings suggest child therapists need to intentionally pursue education and training on ways to incorporate self-efficacy which in turn encourages appropriate workloads, and effective parent relationships to buffer burnout. In addition, the underrepresentation of minorities in the field of counseling is unsettling and there is a clear need for increased representation. Furthermore, the lack of representation of minorities in the counseling profession is concerning, emphasizing the urgent necessity for enhanced inclusivity and diversity.

Child therapist supervisors. These results give child therapist supervisors clearer direction on ways to better serve their supervisees. Supervisors need to prepare supervisees for the danger of burnout and help them learn effective methods to prevent it. Ways they can support their supervisees is to teach them ways to manage their workload and learn strategies to create positive parent engagement. In addition, when supervisees process stressful workloads, and parent relationships in supervision, supervisors should also inquire about self-efficacy levels. If supervisees can view their experiences positively, and increase their self-efficacy, difficult workloads and parent relationships are less likely to induce burnout.

Counselor educators. The results can encourage counselor educators to purposefully design programs that incorporate awareness of contextual factors such as workload, parent relationships, and self-efficacy in class discussions and activities. Counselor educators may also want to focus on assignments that employ role-play activities for counselor trainees to practice and better

understand these factors. Additionally, counselor education programs could encourage students to attend professional workshops or conferences to create a deeper awareness of ways to incorporate these skills. Given the importance of how child therapists are at risk of burnout, counselor education programs could incorporate screenings for students. By encouraging students to take a burnout inventory during practicum and internship, it not only assesses their level of burnout, but the items on the inventory can showcase differing ways burnout can show up in their lives. After taking the burnout inventory, students could create burnout prevention plans based on their results. Lastly, this study imparts noteworthy implications for the Council for Accreditation of Counseling and Related Educational Programs (CACREP) policies. CACREP guidelines call professionals to "Understand the role of counselors and counselor educators advocating on behalf of the profession and professional identity" (CACREP VI.B.5.i). Given the increasing risk of burnout, therapists need to advocate for their own mental health.

Parent-Engagement. When therapists experience high self-efficacy, they can model healthy engagement and in turn, parents will learn ways to replicate prosocial behavior and healthy communication. However, as seen in the results, when therapists experience feelings of inadequacy or low self-efficacy in themselves and their ability to perform, disengagement with parents can impact therapist perceived workload. However, if therapists work to maintain adequate levels of self-efficacy, they are better protected from feeling overwhelmed with their workload, even with adverse parent interactions.

Providing child therapists with research that shows the connection of high workload, strenuous parent relationships, and low self-efficacy on burnout, can be a strong encourager to advocate for their needs and set limits within their roles. This is crucial not only to the counseling profession but to society at large as counselors serve members of the community.

Overall, this research has important implications for child therapists, therapists, counselor education programs, and counseling organizations.

Recommendations for Future Research

This was the first study to examine the interrelations of self-efficacy, workload, and parent engagement, as factors impacting burnout of child therapists. Continued research is important to broaden the understanding of how these factors contribute to child therapist burnout. Future research is recommended to further explore these factors across a wider range of races and genders to create more inclusive and generalizable results. By sampling a larger population and including a larger number of child therapists in the sample, promotes increased generalizability of the results.

In addition, future researchers could amend the data collection error by collecting the weights in the Physician Mental Workload Scale (Lu et al., 2019) to better understand how this variable interacts with burnout. Due to a data collection error, total scores were used to analyze the Physician Mental Workload Scale, however, it is recommended that future studies collect the weights of six dimensions of the scale.

In the future, researchers may develop a scale to assess parent engagement with therapists, taking into consideration different parenting styles. This study utilized the Therapist Barriers to Engaging Parents (TBEP) Scale (Dynes, 2016; Dynes et al., 2018) to gauge parent engagement. However, it is suggested that future investigations incorporate parenting styles as a factor when evaluating this aspect.

Lastly, future researchers could employ a qualitative or mixed methods design to capture the nuanced details of the child therapist's experience with burnout. This design could expand on the details captured on how burnout interrelate with self-efficacy, workload, and parent

engagement. Although this study took a valiant step towards better understanding child therapist burnout, there is still a need for continued research in this area. Furthermore, these results could lead researchers to further examine additional variables that predict burnout.

Concluding Remarks

In summary, capable child therapists are needed to respond to the astounding mental health needs of children, however, when over half of psychotherapists are reporting burnout (Acker, 2010; Simionato & Simpson, 2018) it is crucial to inspect the phenomenon of child therapist burnout. While research has investigated the association of burnout among helping professionals, there is no other research to date on the interrelations of parent engagement, self-efficacy, and workload, as factors impacting burnout of child therapists. The current study attempted to support this need.

The findings from this study are valuable in informing therapists on ways to understand and combat burnout, as well as inform counseling programs to educate, train, and prepare counseling students who work with children. Despite the significant additions of this research study, the research on child therapist burnout is still limited. There is a continued need for quantitative and qualitative investigations on this topic. To this end, the current study took a strong step in better understanding and supporting child therapists and the people they serve from burnout and its harmful consequences.

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APPENDIX I: DEMOGRAPHIC QUESTIONAIRE

1. Do you hold a master's degree in counseling (Ex: clinical mental health, school, career, addiction, rehabilitation, community, college, gerontological, marriage couple and family) and have you conducted therapy with a child aged 13 and under within the last year?

- Yes
- No

2. Choose one or more races that you consider yourself to be
    - White or Caucasian
    - Black or African American
    - American Indian/Native American or Alaska Native
    - Asian
    - Native Hawaiian or Other Pacific Islander
    - Other
    - Prefer not to say

3. How do you describe yourself?
    - Male
    - Female
    - Non-binary/third gender
    - Prefer not to say

4. How old are you?
    - Under 18
    - 18-24
    - 25-34
    - 45-54
    - 55-64
    - 65+

5. Which region of the United States do you practice therapy?
    - New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)
    - East north central (Illinois, Indiana, Michigan, Ohio, and Wisconsin)
    - Mid-Atlantic (New Jersey, New York, and Pennsylvania)
    - West north central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota)
    - South Atlantic (Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina Virginia, Washington, D.C., and West Virginia)
    - East South Central (Alabama, Kentucky, Mississippi, and Tennessee)
    - West South Central (Arkansas, Louisiana, Oklahoma, and Texas)
    - Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming)
    - Pacific (Alaska, California, Hawaii, Oregon, and Washington)

6. What is the majority age range of the child you counsel?
    - 0-4
    - 5-9

- 10-13
- 14-18
- 19+

7. How many years have you been working in the field?
    - 3-5
    - 6-8
    - 9-11
    - 12+

8. Select all the apply: What type of child therapy training have you taken?
    - Obtained a certificate/registration in play therapy
    - Taken a Masters or Doctoral course in child counseling
    - Completed a workshop, continuing education, or conference in child therapy
    - Supervision by a supervisor trained in child therapy
    - None of the above

9. What type of setting do you work in?
    - Private practice
    - Hospital
    - Agency
    - School
    - Other

APPENDIX II: COUNSELING SELF-ESTIMATE INVENTORY

Developed by: Larson, et al., (1992)

Directions: For questions 1-37, please rate your level of agreement with the following statements: Please circle the responses that best represent your opinions.

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

2. I am likely to impose my values on the client during the interview.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

3. When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g.., my questions will be meaningful and not concerned with trivia and minutia).

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

5. I am certain that my interpretation and confrontation responses will be concise and to the point.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

6. I am worried that the wording of my responses lack reflection of feeling, clarification, and probing, and may be confusing and hard to understand.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs ect.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

9. I am worried that the type of response I use at a particular time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

10. I am sure the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

11. I feel confident that I will appear competent and earn the respect of my client.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

12. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

14. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

15. I feel that I have enough fundamental knowledge to do effective counseling.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

16. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

17. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

18. I am sure that in a counseling relationship I will express myself in a way that is natural, without deliberating over every response or action.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

19. I am afraid that I may not understand and properly determine probable meanings of the client's nonverbal behaviors.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

20. I am confident that I will know when to use open or closed-ended probes and that these probes will reflect the concerns of the client and be trivial.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

21. My assessment of client problems may not be as accurate as I would like them to be.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

22. I am uncertain as to whether I will be able to appropriately confront and challenge my client in therapy.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

23. When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I am afraid that they may not be effective in that they won't be validated by the client's immediate response.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

24. I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

25. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions – e.g., suicide, alcoholism, abuse,etc.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

26. I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

27. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling sessions.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

28. I am unsure as to how to deal with clients who appear noncommittal and indecisive.
Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

29. When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counseling process.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

30. I will be an effective counselor with clients of a different social class.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

31. I am worried that my interpretation and confrontation responses may not, over time, assist the client to be more specific in defining and clarifying their problem.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

32. I am confident that I will be able to conceptualize my client's problems.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

34. I am confident that I can assess my client's readiness and commitment to change.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

35. I feel I may give advice.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

36. In working with culturally different clients, I may have a difficult time viewing situations from their perspective.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.

Strongly Disagree Strongly Agree
1 2 3 4 5 6

APPENDIX III: THE THERAPIST BARRIERS TO ENGAGING CLIENT PARENTS MEASURE

Developed by: Dynes, Tompsett, and Domoff, (2018).

Directions: Please rate *how often* you experience the following feelings or circumstances when working with the parents of your youth clients. When we say "parents," please think about the guardian or parent bringing your client in for treatment.

	Never	Rarely	Sometimes	Often	Almost Always
1. I feel the parents I work with do not respect what I have to offer.	1	2	3	4	5
2. Most parents I work with are unmotivated.	1	2	3	4	5
3. I see most of the guardians I work with as a barrier to their child's success.	1	2	3	4	5
4. I take it personally when a parent is not making an effort in therapy.	1	2	3	4	5
5. I find it difficult to maintain a friendly and open attitude towards some parents.	1	2	3	4	5
6. It is difficult for me to feel caring and interest for some parents I work with.	1	2	3	4	5
7. It is difficult for me to give some parents the respect I would like to.	1	2	3	4	5
8. I find it difficult to understand the feelings and experiences of some parents.	1	2	3	4	5
9. I feel the parents I work with trust me and are honest with me.	1	2	3	4	5

10. When I'm frustrated with a parent, it's difficult for me to keep working with them.	1	2	3	4	5
11. I have honestly not felt like trying anymore with some guardians, that it was hopeless.	1	2	3	4	5
12. It's hard for me to continue trying to involve a parent if it seems like they don't want services.	1	2	3	4	5
13. I am hesitant to continue involving a parent if they become defensive or angry with me.	1	2	3	4	5

APPENDIX IV: PHYSICIAN MENTAL WORKLOAD SCALE

Developed by: Lu et al., (2019)

Directions: Please rate level of workload you experience at your occupation from 0 no workload to 100 heaviest workload.

Dimensions and item	Endpoints (0–100)
A: mental demands	
A1 How demanding are the cognitive activities (eg, sensation, perception, remembering, thinking, calculating and attention) required during your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
A2 How demanding are emotion and feeling (eg, empathy, sympathy, enthusiasm and negative emotion restraining) during your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
A3 How hard do you have to work to overcome difficulties in accomplishing your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
B: physical demands	
B1 How demanding are the physical activities required (eg, standing, stationary, controlling and repetitive action) in your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
B2 How intensive is the physical activity during your medical work? (Is the work restful or laborious?)	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
C: temporal demands	
C1 How much pressure do you feel related to work time in your medical work? (Daily medical work required time is more/less than available time.)	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
C2 How frequently do you have to complete multiple tasks at the same time (work overlap) in your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
D: perceived risk	
D1 How risky do you perceive (eg, medical disputes) your medical work to be?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
E: frustration level	
E1 How depressed or frustrated do you feel in your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
E2 How anxious or irritated do you feel in your medical work?	no workload ... heaviest workload 0 10 20 30 40 50 60 70 80 90 100
F: performance	
F1 How successful do you think you are in accomplishing the goals in your medical work?	heaviest workload ... no workload 0 10 20 30 40 50 60 70 80 90 100
F2 How satisfied are you with the outcomes of your medical work?	heaviest workload ... no workload 0 10 20 30 40 50 60 70 80 90 100

APPENDIX V. BURNOUT MBI: HUMAN SERVICES SURVEY

Developed by: Maslach and Jackson, (1986)

Directions: Here are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have Never had this feeling, choose "0, Never." If you have had one of the feelings, choose how often you feel that way from one of the 1-6 answer choices. 1- Never, 2-Few times a year or less, 3- once a month or less, 4 few times a month, 5-once a week, 6- few times a week, 7-everyday

1) I feel emotionally drained from my work.
   1 2 3 4 5 6 7

2) I feel used up at the end of a workday.
   1 2 3 4 5 6 7

3) I feel fatigued when I get up in the morning and have to face another day on the job.
   1 2 3 4 5 6 7

4) I can easily understand how my clients feel about things.
   1 2 3 4 5 6 7

5) I feel I treat some clients as if they were impersonal objects.
   1 2 3 4 5 6 7

6) Working with people all day is really a strain for me.
   1 2 3 4 5 6 7

7) I deal very effectively with my clients' problems.
   1 2 3 4 5 6 7

8) I feel burned out from my work.
   1 2 3 4 5 6 7

9) I feel I'm positively influencing other people's lives through my work.
   1 2 3 4 5 6 7

10) I've become more callous towards other people since I took this job.
    1 2 3 4 5 6 7

11) I worry that this job is hardening me emotionally.
    1 2 3 4 5 6 7

12) I feel very energetic.
    1 2 3 4 5 6 7

13) I feel frustrated by my job.
    1 2 3 4 5 6 7

14) I feel I'm working too hard on my job.

1 2 3 4 5 6 7

15) I don't really care about what happens to some clients.
1 2 3 4 5 6 7

16) Working with people directly puts too much stress on me.
1 2 3 4 5 6 7

17) I can easily create a relaxed atmosphere with my clients.
1 2 3 4 5 6 7

18) I feel exhilarated after working closely with my clients.
1 2 3 4 5 6 7

19) I have accomplished many worthwhile things in this job.
1 2 3 4 5 6 7

20) I feel like I'm at the end of my rope.
1 2 3 4 5 6 7

21) In my work, I deal with emotional problems very calmly.
1 2 3 4 5 6 7

22) I feel clients blame me for some of their problems.
1 2 3 4 5 6 7

APPENDIX VI: INFORMED CONSENT

Consent to Participate in a Research Study

This form is an informed consent to Participate in a Research Study
Title of the Project: Exploring how Self-Efficacy, Workload, And Parent Engagement Interrelate with Burnout Among Child Therapists
Principal Investigator: Olivia Tusa Fichtner
Faculty Advisor: Dr. Sejal Foxx

Hi therapists! You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to give you key information to help you decide whether or not to participate. We are interested in understanding factors that impact burnout among child therapists. You will be presented with information relevant to burnout and asked to answer some questions about it. Please be assured that your responses will be kept completely confidential. The study should take you around 10-16 minutes to complete. Your participation in this study is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any prejudice. Benefits to society will include increased knowledge and awareness of burnout among child therapists. Upon completion there will be a drawing where five participants will be randomly selected to win a $100 amazon gift card. If you would like to enter, please fill out the last question containing link to the google form to collect your email address. There forms are separate and never linked. Payments to subjects are considered taxable income. Therefore, we are required to give the University's Financial Services division a log with the names of all individuals who received a gift card. This log is for tax purposes only and will be kept separate from study data. If you do not wish to enter your email address, you will not be included in the drawing. You may print a copy of this form if you would like a copy. By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason. Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device. Your privacy will be protected, and confidentiality will be maintained to the greatest extent possible. The data we share will NOT include information that could identify you. Participation is voluntary. You may choose not to take part in the study. You may start participating and change your mind and stop participation at any time. If you have further questions or concerns about your rights as a participant in this study, contact the Office of Research Protections and Integrity at (704) 687-1871 or uncc-irb@uncc.edu, the IRB study number is IRB-24-0058. You may print a copy of this form. If you are 18 years of age or older and hold a master's degree in counseling with a full or provisional license and conduct therapy in the United States in the last year. In addition, you have read and understand the information provided and freely consent to participate in the study, you may proceed to the survey. After this study is complete the data could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Thank you,
Olivia Tusa Fichtner LCMHC, NCC
Counselor Education and Supervision
University of North Carolina at Charlotte

APPENDIX VII: RECRUITMENT FLYER

Hello therapists!

My name is Olivia Tusa Fichtner. I am a doctoral student at University of North Carolina Charlotte's Counselor Education and Supervision (CES) doctoral program. **I am looking to engage Child therapists who live in the United States and have counseled in the last year in my study.** I am hopeful that you may be able to pass on my dissertation research to child therapists, and any potential individuals who seem to be a good fit. I am conducting this research to complete my degree. The title of my dissertation is "*Exploring Self-Efficacy, Workload, And Parent Engagement Interrelated with Burnout Among Child Therapists."* My research will be overseen by my faculty mentor, Dr. Sejal Foxx. I would like to conduct my research recruitment via your association's listserv. IRB study number: IRB-24-0058. The purpose of this study is to answer the research question: How does self-efficacy, workload, and barriers to engaging with client parents predict burn out among child therapists in the United States? This study is only for those who meet the following criteria: (a) have completed a master's or higher in counseling program with a full or provisional license, (b) practicing in the field of counseling within the last year, (c) do not know the researcher personally, (g) and who live and practice in the United States. Upon completion there will be a drawing where five participants will be randomly selected to win a $100 amazon gift card funded by the Multicultural Play Therapy Center. If you would like to enter, please fill out the last question on this survey containing a link to the google form to collect your email address. The two data collection forms are separate and never linked. If you do not wish to enter your email address, you will not be included in the drawing. Participants have the right to withdraw their participation at any point during the study for any reason. Your participation is completely voluntary. No personally identifiable information will be associated with your responses. It should take between 10- 16 minutes to complete the entire survey. There are no direct benefits to the individual participant. After this study is complete the data could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Thank you in advance for your help and support,

Olivia Tusa Fichtner LCMHC, NCC, RPT