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STRESS, BURNOUT, AND EFFECTIVENESS IN ADDICTIONS COUNSELLORS

BY

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ABSTRACT

This study examines the relationship between levels of stress, burnout, and effectiveness in a sample of addictions counsellors employed by AADAC. Addictions counsellors have been identified as potentially experiencing high levels of stress and burnout (Niehoff, 1984; Weinstein, 1979; White, 1978). A factor that has been theoretically connected to burnout is perceived effectiveness (Carroll & White, 1982; Cherniss, 1980).

A profile of job tasks frequently performed by addictions counsellors was used to design the Counsellor Effectiveness Inventory (CEI) on which participants rated each task according to how frequently they encounter it, how much stress they experience when performing it and how effectively they believe they perform it. The Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981a, 1981b) was used to measure level of burnout. A total of 72 addictions counsellors participated in the study. A Chi^2 analysis demonstrated that this sample was not significantly ($p < .05$) different from the population of AADAC addictions counsellors in terms of gender or work setting.

The sample reported levels of stress ranging from 1.2 to 4.6, $\underline{M}$=2.6 on the five point scale (from 1, no or very little stress, to 5, high level of stress) of the CEI. The levels of stress on all subscales of the CEI were in the low to moderate range. Average levels of burnout reported on the three MBI scales were also in the low to moderate range. There was no significant ($p < .05$) difference between the participants' scores

on the MBI and the averages established by Maslach and Jackson (1981b). Levels of stress on some CEI subscales were significantly and positively correlated with scores on the emotional exhaustion and depersonalization scales suggesting that stress is one of a number of factors influencing level of burnout. Effectiveness was negatively correlated with stress on five subscales and the total scores of the CEI suggesting that higher levels of effectiveness are related to lower levels of stress. Effectiveness was also negatively correlated with scores on the MBI scales which indicates higher levels of effectiveness are related to lower levels of burnout. Due to the moderate correlations of effectiveness with levels of stress and burnout, it appears that effectiveness is only one of a number of factors that enter into the appraisal process theorized to determine levels of stress and burnout. There was no consistent relationship between frequency of performing tasks and level of stress suggesting that simply encountering a demand does not in itself lead to stress. More frequent performance of tasks was found to be related to higher levels of emotional exhaustion and also higher levels of personal accomplishment on the MBI. A transactional model of stress and burnout (Cherniss, 1980), which considers both stress and burnout to be the result of a perceived imbalance between demand and resources, is used to explain these findings.

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DEDICATION

This thesis is dedicated to my children, Ruth and Krista Hansen, who patiently managed while their father was too busy to spend time with them. Through a difficult time they learned and grew from their struggles as I did from mine.

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Chapter One

INTRODUCTION

Burnout and related stress have been identified as problems in a wide variety of occupational groups (Maslach, 1982b; Pines, Aronson, & Kafry, 1980). Their importance as factors in effective delivery of services has grown rapidly since burnout was first described by Freudenberger (1974). Burnout has been identified as a costly problem in terms of lost productivity, medical leaves, accidents, and employee theft (Jones, 1982a; Minnehan & Paine, 1981). It has been described as a disease of interpersonal relationships (Watkins, 1983) and, as such, occupations with a large amount of interpersonal contact seem especially prone to burnout (Maslach, 1982b). The various helping professions epitomize the use of interpersonal relationships as tools of the trade; therefore, members of these professions are considered especially at risk for becoming victims of burnout.

The flurry of literature generated by stress and burnout has become increasingly more sophisticated and models of stress and burnout have become increasingly complex (Shinn, 1982). The field is now at the point where specific populations are being compared in an attempt to determine the rates and dynamics of burnout in different settings. Specific types of stress that appear to contribute to the burnout process and the connection between stress and burnout are also being explored.

One specific population that appears to warrant study is professional addictions counsellors. Addictions counsellors have been identified as being at risk for burnout and high levels of stress due to a number of factors inherent to their occupation. Specifically, addicted clients are considered to be difficult to work with due to resistance to therapy, high rates of relapse, and a high level of emotional intensity (Niehoff, 1984; Valle, 1979; White, 1978). Addictions counsellors may adhere to unrealistic goals for client recovery, such as a complete remission of symptoms and life long sobriety (Weinstein, 1979). In addition, treatment modalities are often complex and effectiveness ambiguous (Niehoff, 1984). All these factors are considered to increase the amount of stress and burnout experienced by workers in the addictions field. Maslach (1982b) and Cherniss (1980) have both described factors such as these as relating to stress and burnout in all human service professions. Unfortunately, although a variety of aspects of addictions counselling have been theoretically linked to burnout, few empirical studies have attempted to examine these issues. Therefore, there remain questions about the extent to which addictions counsellors, described as being at risk for burnout, actually experience stress and burnout, and about what facets of addictions counselling are experienced as stressful.

A specific issue that has been implicated in stress and

burnout is perceived lack of competence or effectiveness. Cherniss (1980) suggested a perceived lack of effectiveness leads to more demands being appraised as having the potential to overwhelm coping resources and therefore leads to more stress. He identified the demand for effectiveness as being one of the most significant demands placed on a helping professional and suggested it could originate from three sources: the helper's own motivations, the client's needs, and from supervisor's expectations. Cherniss and Krantz (1983) described burnout as a crisis of competence in which the worker becomes filled with self-doubt. Maslach (1982b, 1982c) identified a reduced sense of personal accomplishment, similar to a perceived lack of effectiveness, as one of the major symptoms of burnout. Although some authors emphasized the importance of interpersonal competence (Harrison, 1983; Maslach, 1976), the areas in which effectiveness is required may be diverse and numerous. Carroll and White (1982) point out the importance of effectiveness in managing time, handling paper work, and negotiating bureaucratic obstacles as important to reduce stress.

The Problem

Despite the numerous theoretical connections between stress, burnout, and effectiveness, the relationships between these concepts has received little empirical exploration. Hellman, Morrison and Abramowitz (1986) in an exploratory study found that a sample of psychologists described self-

doubt as stressful. However, no study has examined whether more stress is experienced by helping professionals when facing a task in which there is a perceived lack of effectiveness or how these factors relate to burnout. Therefore, there are questions remaining about the relationship between perceived effectiveness, level of stress experienced, and burnout.

The following study is an examination of the degree of stress and burnout experienced by addictions counsellors and of the relationship between perceived effectiveness and the degree of stress and burnout experienced. To examine these issues, addictions counsellors employed by the Alberta Alcohol and Drug Abuse Commission were asked to evaluate their effectiveness in a number of important categories of job tasks and to describe their experienced level of stress and burnout.

The first chapter of this thesis has provided a brief overview of the theoretical support for the study and described the focus of the investigation. The second chapter describes three theories of burnout. It is also a review of relevant literature on: burnout, burnout in counsellors, the relationship between burnout and effectiveness, and the relationship between burnout and stress. It concludes with the questions this study examines. Chapter three describes the methodology of the study including the sample, measures used, and procedure. Chapter four reports the results of the

study and describes analysis of the data. Chapter five is a discussion of the results and their implications for the issues of stress, burnout, and effectiveness in addictions counsellors.

Chapter Two

LITERATURE REVIEW: MODELS OF STRESS AND BURNOUT

As burnout has emerged as a major and legitimate area of concern, numerous theoretical models, definitions, and conceptualizations have been formulated. One of the pervasive problems in research on burnout is the lack of a consistently used and comprehensive theoretical model. As noted by several authorities (Einsiedel & Tully, 1982; Maslach, 1982a; Shinn,1982) this lack of definitional clarity makes comparisons between studies difficult and frustrates attempts to consolidate information from the field of burnout into a comprehensive whole. Maslach (1982a), in a review of commonly used definitions and theories, noted numerous similarities such as: burnout occurs most often at an individual level, it is a negative experience, and it involves changes in internal psychological states such as attitudes and feelings. Further, many described similar symptoms that included: emotional and physical exhaustion, increasingly negative attitudes towards others, and negative views of self and accomplishments. Einsiedel & Tully (1982) suggest the current diverse literature on burnout contains descriptions of such a broad range of symptoms that, in its broadest definition, the concept of burnout has expanded to such an extent that it is almost meaningless.

In order to reduce the confusion created by the variation in theoretical approaches to burnout, three theories will be

reviewed. These theories can then be used as a framework to interpret and evaluate the literature that will be discussed later. The three theories discussed will be those proposed by Maslach (1982b), Cherniss (1980), and Carroll & White (1982).

Maslach's Theory

Maslach (1976, 1982a, 1982b, 1982c) describes burnout as a syndrome developing in response to chronic emotional stress which creates symptoms of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. She differentiated burnout from other similar stress related syndromes by specifying that it arose as a result of prolonged stress arising from interpersonal interactions. She did not clearly define stress or describe how stress occurs in interactions. She suggested that members of helping professions are often exposed to stressful interactions with clients or patients, placing them at high risk to develop this syndrome.

The symptoms related to emotional exhaustion develop as workers begin to feel overwhelmed by the emotional demands placed on them. The feeling of being emotionally overloaded leads to a lack of energy and fatigue. As a result, the workers begin to place distance between themselves and the source of the demand. They begin to detach from their clients by depersonalization. A method of detaching is to become more indifferent to the needs of others, to become more disparaging of clients, and relate to them as problems

to be solved rather than persons. "A virtual hallmark of the burnout syndrome is a shift in the helping professional's perception of recipients from a positive and humanized pole to a negative and dehumanized one." (Maslach, 1982c, p.45). The helper may begin to withdraw physically as well as psychologically by spending less time with clients or relating to them through formalized rules and regulations. Since professional helpers often entered the occupation out of altruistic motives and a need for self-fulfillment (Pines & Maslach, 1978), they are dismayed to find themselves becoming calloused and withdrawing from clients. This failure to live up to self-imposed standards leads to a perception of reduced effectiveness in the helping role and self-condemnation. Added to this may be unrealistic expectations of their ability to help clients which leads to perceived personal inadequacy. Maslach & Jackson (1982) suggest that these factors create something similar to learned helplessness in which perceived failure leads to stress and expectations of further failure.

Maslach (1982b) states that the burnout syndrome is best understood as resulting from situational or environmental causes. She describes four aspects of the typical professional human service relationship that contribute to burnout. First, there is an emphasis on problems the client is experiencing. The helping relationship focuses on the negative, problematic aspects of the client and when the

problem is gone, so is the relationship. Second, there is a lack of appreciation and positive feedback for the helpers. If they successfully help the recipient, then they are simply doing their job. If they make a mistake or do not help, they have failed. Third, the relationship is often highly emotionally charged because the client is in distress and the problems dealt with are often emotionally laden. Added to this are the unpleasant emotions directed at the helper as a result of the client's distress in the form of negative transference reactions. Fourth, the probability of improvement in the client may be small, or improvement may occur in very small steps, leading to frustration in the helper. This frustration can drain energy, lead to blaming the client for lack of progress, or self-recrimination for not being more successful. Other factors in the relationship that can contribute to burnout are: an inability to maintain proper emotional distance from the client, which leads to over involvement; the expectation that the helper will provide a suitable role model at all times, and hence must always appear emotionally balanced; and the possibility that the client and helper may have very different goals for the relationship (Maslach, 1978).

Aside from the relationship with the client, another potent environmental source of stress is the context in which the relationship occurs, the human service organization. A number of organizational variables were found to be related

to increased burnout (Pines & Maslach, 1978) including: client to staff ratios, amount of time spent in direct contact with clients, length of working hours, quality of relationships with other staff, ambiguity of goals or objectives, and lack of input on relevant organizational decisions. Many of these variables have to do with work load, which may become overload. Pines, Aronson, and Kafry (1981) described overload as being both quantitative, such as too many clients, or qualitative, such as clients with problems beyond the expertise of the helper. Both types of overload contribute to burnout. However, neither Maslach nor Pines et al. specified the process by which these factors lead to burnout.

Exacerbating overload may be a lack of support from other staff, including supervisors, because of poor relationships. When depersonalization and feelings of inadequacy begin, the suffering helpers may withdraw not only from clients but also from fellow staff in order to hide perceived failures. Unfortunately, this distances them from an important source of support and may leave them with the impression that they alone suffer from these symptoms. Since the symptoms arise in response to chronic rather than transitory stress and they cannot observe their peers exhibiting similar reactions, there may be no obvious environmental causes apparent to those experiencing burnout. They can find nothing new or unusual in their environment to attribute the changes to and

therefore blame themselves. Maslach (1982b) describes this tendency as the mea culpa reaction.

Characteristics of the helper also contribute to burnout such as: the absence of a support system outside of work, low self-esteem, level of education, need for approval, and difficulty being assertive. Although Maslach (1982b) states that environmental factors are the primary causes of burnout, she acknowledges that the individual's personality can mitigate or amplify environmental sources of burnout. Personal characteristics determine how a helper will handle stressors and therefore also determine how much impact the stressor will have. There are descriptions of demographic and personality variables related to burnout in several places in Maslach's writings (Maslach & Jackson, 1981a; Maslach, 1982b, 1982c; Pines & Maslach, 1978). In particular, she suggests that poor inter-personal skills and related personality factors may contribute to burnout. But, apart from noting the tendency to blame one's self and underestimate the importance of environmental causes, she does not clearly describe how she believes personal and situational factors interact.

To assist in the study of the burnout syndrome, Maslach and Jackson (1981b) developed the Maslach Burnout Inventory (M.B.I.). This is an instrument with 22 self-descriptive statements that are rated on the frequency with which they are experienced. These 22 items measure the three aspects of

burnout; emotional exhaustion, depersonalization, and reduced personal accomplishment. The inventory was checked for reliability and validity (Maslach & Jackson, 1981a) and is the only instrument measuring burnout to be standardized and published.

Overall, Maslach's model does provide a good framework for categorizing and describing symptoms of burnout. By describing the order in which symptoms appear, her theory has contributed to describing the process of burnout. It also attempts to specify the types of stress, chronic stress from inter-personal interactions, that may contribute to or create burnout. However, because she sees stress as a result of sources external to the individual, there is no explanation of how demands in the environment may lead to stress within the individual or of how the experience of stress leads to burnout. Unfortunately, Maslach's model lacks empirical verification of many of its major tenets such as the order of symptom appearance and the unique contribution of interpersonal stress.

The Cherniss Transactional Theory

Cherniss describes burnout as a process of psychologically withdrawing from work in response to stress. He bases his theory of burnout on the transactional model of stress proposed by Lazarus (Coyne & Lazarus, 1980; Lazarus & Launier, 1978).

The transactional model defines stress as the result of environmental demands taxing or exceeding coping resources.

When the individual perceives a demand, two types of appraisal occur, primary and secondary. Primary appraisal involves assessing the impact or significance of the demand. Events may be assessed as irrelevant, benign-positive, or harmful. Only events appraised as harmful have the potential to be stressors. Secondary appraisal involves assessing the resources available to cope with any demand. Coping is an attempt by the individual to manage the demand and takes place via two methods, by actively altering the demanding transaction and by cognitively regulating the associated emotion, which is also called palliation. The emphasis of this model is that any stress is a result of the transaction occurring between the demand and the individual's efforts to cope. Efforts to cope change the demand placed on the individual, which in turn change the efforts to cope. Hence the relationship is transactional rather than interactional. Stress is described as commerce between a system, the person, and its environment. In other words, the system and the environment adapt to each other in a process of reciprocal change.

Whether any stimulus is perceived as irrelevant, harmful, or benign-positive, depends not only on the qualities of the stimulus but also perceptions of ability to handle the demand and perceptions of the consequences of not handling the demand. Therefore the degree of stress is a function of perceived demand exceeding perceived resources and the

perceived severity of the consequences if the demand is not met. An important element is the cognitive interpretation of both the demand and resource, which mediates between the stress and the coping response. By changing the cognitive interpretation of an event, stress may be reduced or eliminated.

The type of coping response chosen is a function of the degree of ambiguity in the situation, the degree of threat perceived, the presence of conflicting choices, and the perceived degree of helplessness or ability to affect the situation. As a result of these factors, coping may be cognitive and/or behavioral in four basic forms: a search for more information, direct action, inhibition of action, and intra-psychic defenses. Situations that are high in ambiguity would call for more information searching. Situations with a high degree of perceived threat would lead to more primitive ways of coping, such as panic and flight. A situation high in conflict or helplessness would inhibit direct action and lead to more palliation. Coyne and Lazarus (1980) emphasize that both threat and coping are results of the person's cognitive appraisal of the situation and coping is usually a complex process involving numerous strategies integrating the four basic forms outlined above.

Cherniss (1980) described burnout as a process with three stages. In the first stage, there is an imbalance in the transaction between the demands and resources of the

individual. The second stage involves a negative emotional response to this imbalance such as anxiety, tension, and fatigue. In the third stage, the helper begins to withdraw from the demands through a process of disengagement. This disengagement includes both behavioural and attitudinal changes such as cynicism, treating clients mechanically, high absenteeism, and anger. It is an attempt to conserve resources by detaching from demands, a coping response. Cherniss (1980) stated "Burnout thus refers to a transactional process, a process consisting of job stress, worker strain, and psychological accommodation." (p. 18). This process is self-reinforcing because detachment leads to more perceived failure and hence more desire to withdraw. Finally, it can lead to learned helplessness where the helper expects failure in every situation and so does not bother to mobilize resources that are available. Cherniss (1980) believed that learned helplessness may be the ultimate source of burnout.

The detachment and withdrawal of burnout represents a dysfunctional palliative type of coping response. This type of response has been linked to higher rates of burnout and shown to be less effective at relieving stress than other ways of coping (Pines, Aronson & Kafry, 1981; Shinn & Morch, 1983). However, palliative responses tend to be used when there is a high level of emotion in the situation and the perception of little chance to effect change through direct

action. Burnout is an attempt to escape psychologically from stress that is appraised as being unresponsive to active problem solving.

One of the most significant demands placed on professional helpers is the demand for competence. This demand comes from external sources, such as administration and clients, and also from internal motivations and values. One of these internal motivations is the need for psychological success, a feeling of competence and accomplishment. This motive is particularly strong in human service professions due to the direct responsibility for others often involved and because the work often has a great deal of personal significance, it is often a calling rather than just a job. Unfortunately, competence is difficult to measure in many professional helping tasks and therefore feedback about performance is often sporadic and mostly negative. In addition, success defined as improvement or change in the client depends not only on the helper but on a number of other factors well beyond the helper's control. This creates considerable difficulty when any attributions about the cause of success or failure are attempted. Was the main cause of success the helper, the client, or some other factor in the client's environment? When the demand for competence is high, but individuals perceive their skill level as being insufficient, the coping strategies characteristic of burnout are often used. It would be

expected that, as skill level increased, perceived helplessness would decrease and more active coping strategies would be used. However, in the absence of clear feedback on performance and apparent methods of improving performance, a state similar to learned helplessness results.

From the transactional perspective, Cherniss views sources of burnout as originating at three levels: societal, organizational and individual (Cherniss 1980). On a societal level, he sees it as a product of a change in cultural values from a moral and ideological philosophy to a philosophy valuing autonomy and rationalism (Cherniss & Krantz, 1983). However, he views the organizational level as having the most impact on burnout and the level at which intervention is easiest. Major sources of excessive demand within organizations are: work overload, role conflict, role ambiguity, lack of stimulation, perceived lack of control over important decisions, and poor relationships with co-workers. All of these factors either increase the demands on the individual or reduce the resources available for coping. Individual characteristics are the intervening variables between environmental demands and coping response. Cherniss (1980) discusses the traits of neurotic anxiety, Type A syndrome, locus of control, flexibility, and introversion as influencing reactions to stress. In addition, previous experience with stress and the presence of support outside of the work environment can mitigate the

effects of stress. When examining the effect of factors outside of the work environment, the key aspect is whether they function as a demand or a resource. Thus, for example, a marital relationship can act as a strong emotional support or as an emotional drain, depending on the quality of the relationship. Various activities can serve as means of gaining a sense of psychological success and personal effectiveness, these resources can then be applied to the work situation.

Overall, Cherniss' (1980) theory takes into account both environmental and intrinsic sources of demand and resources. Stress is viewed as a function of the balance in the transaction between demands and resources. There is the least stress when demands are sufficient to challenge the resources without taxing or exceeding them. If resources greatly exceed demands, the result is stress in the form of boredom. Burnout is a coping response involving disengagement from stress that is perceived as not responding to direct action.

Carroll and White's Ecological Theory

Carroll and White (1982) view burnout as a result of stress occurring in interactions between the person and the environment. They describe it as an ecological dysfunction that reflects problems in all systems of the ecology, beginning with the person and expanding to encompass society and the world as a whole. The stress causing interaction can originate at any or all levels of the ecology.

They developed the following formula for burnout: B.O.=f(I x E), where burnout (B.O.) is a function of inadequate stress management in the individual (I) and a stressful environment(E). They state "The dynamic interaction of personal variables (such as poor health and unresolved emotional conflicts) and environmental variables (such as poor supervision and excessive paperwork), which also includes the influence of other ecosystems (for instance, the family), generates burnout." (Carroll & White, 1982, p.42). The various levels of the ecosystem reciprocally influence each other and stress may arise from within one level or due to interactions between levels, but it affects all levels. They are not specific as to how stress is created or how stress accumulates to yield burnout.

Carroll (1979) divides symptoms of burnout into four classes: physical (exhaustion, headaches, sleeplessness), psychological (depression, hopelessness, self-doubt), social (difficulty relating to clients, social withdrawal), systemic or organizational (decrease in quality of service, distrust and poor communication between departments). Burnout is viewed as a process and therefore the symptoms and degree of severity vary.

The levels of the ecosystem are as follows: the person, the microsystem (the department or office), the mesosystem (the agency or institution), the exosystem (all non-work systems including family, friends, community), the

macrosystem (the culture, nation, and world). As stated before, stress can originate at any level or between levels. Carroll and White (1981) described a number of sources of stress common to all levels. The boundary of a system may be more or less permeable to the influence of other systems and this can create or reduce stress. For instance, the microsystem, or office, may not be clearly separated from the exosystem, the family, with the result that stress from one is transported into the other and creates stress at that level. The goals and tasks of each level may be ambiguous or create overload. For instance, the role of a particular department may not be defined clearly, with the result that it is assigned tasks for which it has no expertise. Governance, how power is used and distributed, is an important factor within and between systems. For instance, decisions which increase work load may be made by a head office that is distant and inflexible. Transactions between and within systems are especially important. As an example, personal relationships between workers may be open and accepting or distrustful and rejecting. Transactions can be appraised on the basis of whether they fulfill or frustrate the needs of each level. Communication is the most important form of transaction. For example, communication may flow in only one direction, from head office down to the department, creating demands but not supplying resources. The obstacles and resources at each level are also critical. For instance,

a national recession may result in a large reduction in funding resources but an increased demand for services.

The most powerful impact on burnout occurs at the level of interaction between the person and the microsystem. Both these levels need to change and adapt to meet each other's needs. Unfortunately, a number of conflicts can arise. There may be a mismatch between characteristics of the person and the role they must fulfill in terms of personal characteristics or skill level. The role itself may produce demands that are conflicting, excessive or ambiguous. Conflicts of an interpersonal nature appear to be especially stressful (Carroll, 1979). This means occupations involving emotional interactions with people may be prone to burnout. Factors prominent at the most basic level, the person, account for difficulties in coping with interpersonal stresses. Characteristics such as low self-esteem, limited personal insight and an inordinate need for approval are examples of factors contributing to stress.

Carroll and White (1982) criticise other theorists for paying too much attention to either personal or environmental causes of burnout and not enough attention to the way they interact. They suggest that any intervention or assessment must be ecological in nature, that is, it must take into account all levels of the ecosystem and their effect on each other. The theory they propose takes a broader perspective of the problem of burnout and as such adds to the two

theories discussed previously.

Burnout and Stress

An assumption that is consistent across all models and studies of burnout is the idea that burnout is preceded by a degree of stress. This assumption is considerably obscured by the tendency to use the terms stress and burnout as if they were interchangeable. Macneil (1982) suggests that burnout can be regarded as a specific manifestation of occupational stress and that a great deal of burnout research is simply an unwitting replication of findings on occupational stress. He makes the point that it would be most expedient for more research to focus on defining areas of overlap in order to prevent needless redundancy. Paine (1982) suggests that, at the current stage of development in burnout research, it is effective to act as if there are significant differences between burnout and syndromes with similar symptomatology. He identifies the broad range of symptoms that have been used to define burnout, many which resemble symptoms of depressive disorders.

Maslach (1982b) describes burnout as resulting from stress arising out of inter-personal interactions. The symptoms of emotional exhaustion are caused by an erosion of the individual's resources which leads to an attempt to conserve resources by detaching through depersonalization. Cherniss (1980) describes a very similar process of stress leading to psychological disengagement from demands. Both

describe the causal stress as being chronic and Cherniss specifies that it is perceived as not manageable through direct, problem focussed, coping strategies. In order to clarify the relationship of stress and burnout, a review of pertinent research in the areas of coping, chronic stress and the stress of therapeutic relationships would be helpful.

Farber and Heifitz (1981) identified three major factors in aspects of the therapeutic role that were identified as stressful by 60 therapists. The factors were: personal (physical and emotional) depletion, stresses of the therapeutic relationship including professional doubt, and working conditions. Client behaviors identified as stressful were distributed in two factors, symptoms of psycho-pathology and resistance. The results on stressful client behaviours were replicated in another study by Farber (1983a).

In a replication and extension of these findings, Hellman, Morrison, and Abramowitz (1986) examined stress in 227 clinical psychologists. They reported that stresses in the therapeutic relationship were: self-doubt, personal depletion, over involvement, maintaining the relationship, and time pressure from scheduling problems. Stresses originating from clients were: resistance, expressions of negative emotion, psycho-pathology, suicidal threats, and passive-aggressive behaviour. Deutsch (1984) in a similar study found suicidal clients, inability to help depressed clients, expressions of anger from clients, and lack of

progress in therapy were identified as stressful. This study also examined irrational beliefs related to stress that were held by therapists. Beliefs that led to a demand for superior performance were found to be moderately correlated with levels of stress. Farber (1983b) noted the high rate of suicide in psychiatrists and suggested that the interpersonal stresses of the role accounted for this. These studies provide support for the idea of the role of therapist as stressful because of the interpersonal demands inherent in therapy. Many of the factors identified as stressors are similar to those described in burnout studies.

In a study of 188 substance abuse and mental health workers, Justice, Gold and Klien (1981) examined the relationship between burnout and stressful life events outside of work. They found that life events which required social adjustment quickened the process of burnout. However, studies examining chronic stress have consistently found daily hassles and chronic stress to be better predictors of mood than negative life events or acute, transitory stress. Billings and Moos (1984) found chronic strain to be a better predictor of severity of dysfunction in depressed adults than acute stress. Eckenrode (1984) found that daily hassles were better predictors of mood than either chronic stress or negative life events. In this study, daily hassles were defined as discrete but recurring minor stressors encountered daily and chronic stress was defined as continuous, more

significant stressors such as poverty, environmental noise, and so forth.

Depue and Monroe (1986) in a review of chronic stress literature, suggested that the weight of empirical findings shows daily hassles are better predictors of mood and dysfunction than acute stressors. They also suggested that a significant minority (up to 25%) of most sample populations are chronically distressed. That is, they are chronically vulnerable to even moderate levels of stress due to poor coping abilities. In fact, their coping efforts may cause or exacerbate stress rather than relieve it by creating more daily hassles and chronic stressors. Therefore, the high level of dysfunction in this group appears in conjunction with a high self-perceived level of stress but both are caused by chronic vulnerability. The presence of this group in a sample can artificially inflate correlations between levels of stress and symptoms of dysfunction or between levels of stress and frequency of daily hassles.

The idea of a chronically disordered group has interesting implications for studies on burnout. It implies that people who exhibit the coping style of detachment found in burnout may routinely react to most stress with a similar response. In this case, burnout is due to factors inherent to the individual rather than to chronic stress. However, the studies cited support the contention that daily or chronic stressors can significantly impact mood, as suggested

by literature discussing burnout.

Folkman and Lazarus (1980) defined coping as an effort to manage stress. They described coping as either emotion focussed or problem focussed and noted that strategies typically included aspects from both types. Shinn and Morch (1983) examined the impact of coping at the individual, group, and agency level in a human service setting. They found that emotion focussed strategies originating at any level did not reduce strain, but that problem focussed efforts from the agency and group level reduced symptoms of alienation and increased job satisfaction.

Folkman (1984) reviewed research on coping and noted that emotion focussed strategies were used more frequently in situations where there was the perception of little potential for control and situations perceived as threatening. Emotion focussed strategies also tended to be related to poorer coping success. She stated that perceptions of degree of control and coping efforts interact with each other so that emotion focussed strategies are used when problem focussed strategies are perceived as ineffective due to lack of control. Billings and Moos (1984) noted that strategies emphasizing emotional discharge were associated with higher levels of emotional disturbance. They suggested that either emotional disturbance leads to more use of emotional discharge or that emotion focussed strategies are ineffective and hence lead to more disturbance.

In a study examining the relationship between type of coping response, level of anxiety, and perceived degree of control Torestad and Magnusson (1985) studied three types of coping: constructive, passive, and escape. They found that constructive strategies were used more often when perceived degree of control was increased. In high anxiety conditions, constructive forms of coping were used less and escape used more frequently. Female subjects experienced less anxiety when using passive coping strategies in six of seven situations while males experienced less anxiety when using constructive coping strategies.

Overall, the studies reviewed suggest that coping strategies are selected depending on perceived threat and perceived degree of control. Problem focussed strategies seem to be associated with better outcome, higher levels of perceived control and lower levels of threat. This supports suggestions from burnout literature that the detachment of burnout is used when a high level of threat is perceived along with a low level of control.

Integration of Models and Definition of Terms

The three theoretical models reviewed previously can be integrated to form a fairly comprehensive model of the burnout syndrome in which Cherniss provides a description of the process, Carroll and White deal with the sources or precipitating causes and Maslach describes the symptoms. In this integrated model, burnout is considered to result from

chronic stress that is perceived as not responding to direct, active coping strategies. The three stages that Cherniss (1980) delineates provide a workable description of the process of burnout. The first stage is the imbalance between perceived demands and resources causing stress. The second stage is a reaction to this imbalance including fatigue, tension, anxiety, and exhaustion. The third stage consists of psychological detachment from demands by becoming calloused, cynical, and mechanical in interactions with clients. Cherniss also describes how stress results from a perceived imbalance between resources and demands in the work place and how burnout may be used as a coping strategy in situations low in perceived control. Therefore, the source of stress or burnout is not in the environment or in the individual, but in the transaction between environmental demands and the individual's coping responses.

Using this model, burnout is always preceded by stress and the negative reaction to stress. However, other coping responses to the stress could be chosen which would not include the palliative strategies of burnout. The choice of coping strategies would be made on the basis of the appraised potential for altering the stress through direct, active strategies. This means that, if individuals perceive that the stress causing imbalance can be affected by another strategy within their capabilities, burnout may not occur. Therefore, stress, even chronic stress, would not necessarily

lead to a burnout response.

The ecological theory of Carroll and White (1982) provides an inclusive description of the various sources of demand that may impact on an individual worker. The most potent source of demand is the microsystem, the immediate work environment. The microsystem may be transmitting a demand that originated within a larger system, such as the national economy, but which the worker experiences at the level of the work place. Again, stress arises as a result of the interaction of demands and resources within and between the various systems.

Maslach (1982b) provides a categorization of the symptoms of burnout in terms of emotional exhaustion, depersonalization and reduced personal accomplishment. Her theory thoroughly describes the interpersonal demands that are present in the helping professions and the stresses that may arise within a human service setting. Maslach and Jackson (1981b) contribute a method of measuring the extent to which the symptoms of burnout are present.

The integrated model describes burnout as a process of exhaustion and detachment in response to stress which exhibits symptoms of emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. The stress is created by an imbalance between demands and coping resources arising at any level, but primarily at the level of a person's interactions with job demands. The stress is

perceived as chronic and unaffected by direct attempts at coping with the demand, leaving psychological detachment as a viable strategy.

Other important terms used in this study are defined as follows. A demand is defined as a perceived requirement for some form of response in order to avoid harm or loss. The requirement may originate externally, from a client or supervisor, or internally from personal values and motivations. A resource is the means by which coping responses can be facilitated. Resources may be external, such as finances or social support, or internal, such as skill and confidence. Coping is an attempt to meet demands using resources perceived as available and strategies perceived as appropriate. The coping response used depends on the appraisal of the demand and current resources. A coping response may include a variety of strategies used concurrently. Stress is the result of an appraisal that available resources are inadequate to meet current demands and that harm or loss will result if demands are not met. Stress manifests itself physiologically through symptoms such as increased blood pressure and muscular tension, emotionally through feelings such as anxiety or irritation, and cognitively through worry or difficulty concentrating. Effectivness is defined as the ability to interact with the environment so that demands are handled successfully with the lowest possible level of stress.

Research On Burnout

In spite of the abundance of theoretical literature, there has been relatively little systematic research in the area of burnout. This section is a review of the relevant research that has been done, including the most prominent studies.

Maslach has been involved in a number of research efforts in the area of burnout (Maslach, 1976; 1982b; 1982c; Maslach & Jackson, 1981a; 1981b; Pines & Maslach, 1978). She summarized the findings of her studies (Maslach, 1982b) as follows. Males and females experience burnout in a very similar way except, males tend to experience more depersonalization and females experience slightly more emotional exhaustion. It is possible that this difference is caused by a tendency to choose different types of occupations. Culturally, Asian Americans experience slightly more burnout than white Americans and both groups experience more than black Americans. Again, this difference could be caused by differing job settings. Burnout tends to be higher for younger workers, although this could be attributed to less experience handling stress or having lower level jobs that require more client contact. Single people and people without children experience more burnout. This suggests that relationships and emotional support outside of work are factors in reducing burnout. The level of education achieved appears to be a significant factor, although it interacts

with age, job type, and personality. In general, more education seems to be associated with more burnout. Personality factors such as: high need for approval, affection, achievement, and control as well as low self-esteem and limited self-awareness seem to increase the risk of burnout. In a study of medical personnel, Maslach and Jackson (1982) found that nurses tended to experience more emotional exhaustion and feel less personal accomplishment while doctors tended to experience more emotional exhaustion and depersonalization. They were unable to determine if the difference was due to occupation or sex.

Pines and Maslach (1978) in a study of 200 professional helpers from various occupations found they used the following to cope with burnout: intellectualizing emotional events, withdrawing from clients, detached concern, clear boundaries between work and home, and reliance on other staff. The organizational qualities that correlated with burnout were: a low staff-to-client ratio, poor relationships with co-workers, frequent staff meetings, long work hours, amount of work time spent with clients, and the unavailability of breaks. Personal variables correlated with burnout were: more education, higher position, more years of experience, and little perception of success with or impact on clients.

In another summary of research findings, Pines, Aronson,

and Kafry (1981) report on 30 samples totaling over 4000 people from various occupations. Using a 21 item measurement of tedium and burnout, they found that satisfaction with life, work, and self were related to lower amounts of burnout. As well, physical health was related to less burnout while sleep problems, conflicts between work and the rest of life, and a desire to change jobs were positively correlated with burnout. They noted some differences between the sexes in variables related to burnout and coping strategies. The remainder of their findings are too lengthy and complex to report here.

Studies examining the relationship between burnout and interpersonal support have consistently found the presence of support to be associated with lower levels of burnout. Pines (1983) in a study of the effects of social support on burnout used three samples of helping professionals and found that the availability of personal relationships, appreciation and emotional reciprocity were all related to lower degrees of burnout. In a sample of 80 people from a wide variety of occupations and two ethnic groups (American and Israeli), she found that as burnout grew more intense, social support was felt to be more important but less social support was related to more burnout. Americans listed some functions as more important than did the Israelis, however, there seemed to be more support available for the Israelis. This suggests that the dynamics of burnout may vary across cultures. Men were

found to value social support more as they became burnt-out while women valued it highly at all times.

Leiter and Meechan (1986) found that emotional exhaustion and depersonalization increased when informal social contacts among staff were concentrated in a defined work area. Feelings of personal accomplishment were related to the discrepancy between the perception of using others for emotional support and the frequency with which others were accessed. When staff perceived themselves as accessing others, but did not, they tended to have a greater sense of personal accomplishment. Although the authors interpreted this discrepancy as role ambiguity, it is more accurately described as a distortion of the perceived use of support. The results highlight the importance of the individuals perceptions of the accessibility of resources as well as the actual use of resources. Davis-Sacks, Jayartne, and Chess (1985) studied the influence of social support on burnout in 62 child care workers. They found that high levels of support were associated with lower levels of burnout and that support from spouses and supervisors was more important than support from co-workers. Stout (1984) found that 78 mental health workers reported less stress when supervisors were rated highly on their use of structure and their consideration for worker well being. Shinn and Morch (1983) sampled group therapists and child care workers. They found that individual coping strategies were less effective than

organizational and group strategies. They also found that coping in the form of venting emotions and developing outside interests was insufficient in coping with burnout (defined by job satisfaction, physical symptoms and alienation from co-workers).

In a study of 553 social workers, Jayaratne and Chess (1983) found that predictors of job satisfaction, such as challenge and promotional opportunities, were not the same as factors creating stress, such as workload and role ambiguity. Further, factors in job satisfaction proved to be better predictors of burnout than factors in job stress. The authors concluded that job satisfaction, stress, and burnout were overlapping but not equivalent. Job satisfaction and burnout appear to interact and satisfaction may reduce the effects of stress.

Jones (1982a) in a review of the impact of burnout on employee productivity, reports that burnout has been correlated with employee theft, violence, and the use of alcohol on the job. Employees experiencing burnout are also less loyal and more critical of their employers, which may be expressed in reduced productivity. In these studies, Jones used a self-report measure he developed independently (Jones, 1982b).

Using structured interviews, Farber and Heifitz (1982) asked a variety of therapists to identify stressors that contributed to burnout. The following factors were

identified by a majority of the therapists as causal of burnout: unreciprocated attentiveness in the therapeutic relationship, excessive work demands, difficult clients, discouragement about lack of progress in therapy, coping with personal issues raised by client's concerns, and isolation from other therapists.

Summary of Research on Burnout

Research on burnout is still in its formative stages and, although many interesting findings have been reported, more replication and systematic exploration of the implications of results are needed. Hopefully, as more research emerges, a more cogent model of burnout can be constructed upon which to plan further research efforts. The current research does indicate that burnout exists and has an important impact on many professionals. Burnout appears to significantly reduce the quality of service delivered as staff begin withdrawing from their clients and become less committed to their work. It is not certain how it interacts with variables such as age, sex, education, or culture. The symptoms experienced seem to vary somewhat between the sexes and across different occupations, though exactly how or why is not clear. Resources available at work and outside of work to seem to reduce the effects of burnout, but the relationship is not known in precise terms. Overall, the number of factors that have been related to burnout support a complex model of the phenomenon, one which takes into account the impact of all

the person's resources on their experience of stress. The picture of burnout provided by research results is somewhat confused by the use of varying definitions and methods of measurement. More information on the relationship of burnout to other similar syndromes, such as depression, would assist considerably in defining more precisely the limits of the term.

Burnout and Addictions Counsellors

The following section is a review of literature addressing addictions counsellors and related occupations. To date relatively little attention has been given to this professional group, although it appears to be particularly at risk for burnout and to have specialized needs, as is discussed below.

Cherniss (1980) and Maslach (1978) both refer to the type of client as a factor contributing to burnout. Clients that are resistant, less likely to improve, and require intense emotional interaction are draining to work with and hasten the burnout process. Maslach (1982b), Cherniss (1980), and Carroll and White (1982) all discuss ambiguity in the helper role and difficulty assessing the impact of the helping relationship as causing stress and burnout. In the addictions field, all these factors as well as others such as high case loads, bureaucratic interference, and conflicts with co-workers, are all present to an alarming degree. White (1978) and Niehoff (1984) both state that work with alcoholic clients is stressful due to the complexity of

treatment modalities, the ambiguity of roles, severity of problems and the uncertainty of what method of treatment is effective. Valle (1979) states that burnout in this field is almost inevitable due to the emotionally intense work and lack of established support systems. In a study of the staff at a detoxification centre, Rubington (1984) noted that burnout appeared to increase with more frequent client contact. He noted that the typical addiction problem is chronic and often unresponsive to treatment. He called for more research in the areas of: types of staff to client relationships, organizational factors, and the use of recovered addicts as staff.

Attitudes towards clients' potential for recovery can impact burnout. Weinstein (1979) suggests that burnout occurs more quickly in addictions counsellors due to the unrealistic goal of complete relief of symptoms which many adhere to. Even though counsellors are aware that relapse rates are high, many of them view relapse as a failure on the part of themselves and the client. Burnout in the addictions field is exacerbated by the society's moralistic perception of addictions, which adds to the helpers struggle to view clients positively. In a theoretical exploration of burnout in halfway houses for alcoholics, Rubington (1985) noted the tendency for staff to have very high expectations of client recovery and to invest emotionally in the recovery process. Combined with these factors were high and very evident

relapse rates which, added together, put the staff at high risk for burnout. Savicki and Cooley (1982) address the profession of counselling in general and discuss the emotional cost of resistant clients and emotionally loaded issues. They also discuss the simplistic notion of change some counsellors use that leads them to expect rapid improvement in every client. A simple model of change can lead the counsellor to take too much responsibility for lack of progress or, conversely, to believe they can have no impact on a client which creates frustration. Watkins (1983) suggested that an almost inevitable consequence of these problems is a breakdown in interpersonal relationships both related to and outside of work. He describes emotional distancing as the occupational disease of helpers.

Valle (1979) introduces a problem unique to the addictions field, the tendency to use recovered alcoholics as counsellors. Goddard and Plies (1979) and Rubington (1984, 1985) also point out the ramifications of this. The recovered addict as a counsellor finds it easy to become over-involved with clients, losing objectivity and paying a heavy emotional price if a client relapses. It becomes difficult to establish boundaries between work and personal life, therefore the helper remains in the role of counsellor almost continuously. This is particularly true if the counsellor is a member of Alcoholics Anonymous or other self-help organizations. The job is no longer just a job, it

is a calling and may be viewed as a part of the counsellor's personal recovery. In general, counsellors who are recovered addicts are able to empathize easily with their clients, but this enhances the emotional impact of the relationship and can encourage burnout.

In summary, addictions counselling has been described as being especially prone to burnout because of: difficult and resistant clients, unrealistically high goals coupled with high rates of relapse, emotional intensity in the counselling process, ambiguity surrounding effective treatment, and the use of recovered addicts as staff.

Burnout And Effectiveness

A factor often discussed as a contributor to burnout is skill deficit or lack of effectiveness. It is directly implicated in stress and coping in all three of the theories reviewed above.

In the theory proposed by Cherniss (1980), effectiveness can be considered as a number of resources which the person uses to cope with the demands of the environment. He discusses the demand for competence or effectiveness as one of the most pressing sources of stress. The demand for effectiveness originates from three sources: internally, from the worker; from the client; and from supervisors. Effectiveness is essential for what Cherniss (1982) describes as psychological success, a feeling of mastery and ability. If success is not achieved, workers begin to perceive themselves as incapable of meeting this particular type of

demand. Learned helplessness can result if perceived failure occurs repeatedly and is followed by the withdrawal and detachment of burnout. Cherniss and Krantz (1983) discuss the crisis of competence that often results when burnout begins where helpers are filled with self-doubt and perceive themselves as unable to change the situation. This rules out coping by direct action and leaves only palliation. More situations are appraised as threats since resources are inadequate to meet the demands. Lazarus (1966) indicated that lack of knowledge increases the probability of demands being appraised as threats. Contributing to the perceptions of lack of effectivness is the ambiguity inherent in professional helping, making success difficult, if not impossible, to assess. By developing effectiveness through training, workers perceive an increase in their ability to handle demands and thereby experience reduced stress.

Maslach (1982b, 1982c) refers to a perception of reduced personal accomplishment as one of the major symptoms of burnout. She does not discuss whether effectiveness decreases, individuals stop using skills they have, or there is merely a feeling of reduced effectiveness with no actual reduction in accomplishment. An insufficient level of competence in one or more areas would lead to worker overload. Pines et al (1981) described overload as quantitative, having too much to do, and qualitative, having work that exceeds ability. A skill deficit would be expected

to lead quickly to both types of overload and to stress. Maslach (1982b) emphasized burnout as resulting from the stress of emotional interactions, so she suggests that interpersonal skills are most important for reducing burnout. Specifically, she suggests the following skills are important: starting and terminating sessions, coping with resistant or aggressive clients, persuasion, detachment, and confrontation.

Carroll and White (1982) consider competence and effectiveness to be major factors in the transactions between the person and the various levels of the ecosystem, but in particular, in transactions involving the microsystem. If workers continually confront challenges they cannot meet, the experience of failure results which leads directly to burnout. It is a case of role-person mismatch, the skill level of the individual does not meet the requirements of the role. MacNeil (1982) describes this as person-environment fit. If the two components do not fit together well, stress results. Carroll and White (1982) point out that interpersonal skills are not sufficient since a helper may be able to deal with clients effectively, but not the requisite paper work. They suggest an in depth assessment of role requirements and skill level, with special attention to communication skills, committee work skills, and effective distancing from clients.

The importance of effectiveness in reducing burnout has

been discussed by other authors as well. Folkman and Lazarus (1980) and Pines and Kafry (1982) suggest that direct action is the most effective coping strategy for reducing stress, but it requires skills in order to make the action effective. Shinn and Morch (1983) report that some helpers do effectively use training programmes to enhance effectiveness in order to reduce burnout. Kamis (1982) states that skills such as problem solving, stress management, and the ability to set realistic goals, are intervening variables between environmental demand and stress.

Some have called for more emphasis on training to reduce burnout (Freudenberger, 1982). Valle (1979) suggests that in addiction counsellors, simply recovering themselves does not give them sufficient skill to help others: more training is needed. Tubesing and Tubesing (1982) and Wilder and Plutchik (1982) call for more training to raise skill levels in stress management, interpersonal skills, goal setting, surviving in bureaucracies, time management, and personal maintenance.

In one of the few empirical studies to report on the connection between effectiveness and burnout, Heibert and Basserman (1986) examined the relationship between levels of stress and perceived effectiveness in school principals. They noted that higher levels of effectiveness were associated with lower levels of stress. Sarason, Johnson, Berberich, and Siegel (1979) used 18 police officer trainees. They trained the subjects in stress management and rehearsed

skills for specific stress causing scenarios with them. All subjects given the training experienced less stress and performed better in mock situations. The authors suggested that skill training should be concrete and specific.

In an article specifically relating burnout to effectiveness, Harrison (1983) described effectiveness in interpersonal interaction as social competence. He suggested that success in a helping relationship depends on the client, resources in the environment, and the social competence of the helper. He described people as having a drive to achieve mastery and competence. When the helper values effectiveness and values their job, but is not successful at it, burnout results. Skills, therefore, are crucial to success and the perception of mastery. Theoretical knowledge is not sufficient, practical training in how to apply theory is required.

Conclusions And Research Questions

The purpose of this chapter was to outline theories of burnout, relate them to a special population, addictions counsellors, and to a particular factor, effectiveness. It appears that, although addictions counsellors have been identified as being at high risk for burnout, very little empirical exploration of burnout in this group has taken place. An increased risk for burnout in this group could arise from the type of client dealt with, the ambiguity of treatment modalities, the high relapse rate, and the emotionally intense quality of the counselling involved.

Further studies could seek to examine if there is more burnout, or if burnout happens faster, in this occupational group, and if the factors mentioned above contribute significantly.

A lack of effectiveness, or a competence level which is inadequate to meet environmental demands, appears to be an important factor in burnout. However, there is only very limited empirical support for this contention. Studies on this issue could examine the degree to which perceived effectiveness is related to the level of burnout and what types of skills seem most important to reduce burnout. Another question is whether there is a real skill deficit or if the helpers simply do not use their abilities due to learned helplessness. Although Maslach (1982b) has identified reduced personal accomplishment as one of the main symptoms of burnout, it is not clear whether there is a lack of effectiveness involved or simply a negative self-image that causes frequent self-criticism.

The questions of the dynamics of burnout in special populations, like addictions counsellors, and the relationship between effectiveness and burnout are important. The answers to these questions would provide useful knowledge for the entire field of occupational stress and burnout.

In an effort to provide some information useful in addressing these issues, this study investigates the following questions:

1. What level of stress exists in addictions counsellors?
2. What level of burnout exists in addictions counsellors?
3. What is the relationship between perceived effectiveness and levels of stress?
4. What is the relationship between perceived effectiveness and levels of burnout?
5. What is the relationship between burnout and levels of stress?
6. What is the relationship between frequency of demand and levels of stress?
7. What is the relationship between frequency of demand and levels of burnout?
8. What is the relationship between frequency of demand and perceived effectiveness?

Chapter Three

METHOD

In order to gather data for use in examining the questions described in chapter two, addictions counsellors employed by AADAC were surveyed. Two instruments were used to gather information, the Maslach Burnout Inventory (MBI) and the Counsellor Effectiveness Inventory (CEI). Each of the participants in the study received both instruments. A description of these instruments, the method used to collect information, and characteristics of the sample is included in this chapter.

The CEI and the MBI were mailed together in November, 1988 to each AADAC counsellor in Alberta with a covering letter explaining the purpose of the study (see Appendix A). The study was described as examining work related attitudes, levels of stress, and perceived effectiveness. The word burnout was not mentioned in any of the materials participants received in order to avoid sensitizing them to the issue and biasing their responses. It was explicitly stated that participation in the study was voluntary and those not wishing to participate could simply return the questionnaires without completing them. Those willing to participate were requested to complete the questionnaires within one week and use the return envelope provided to mail them to the researcher. One week after the questionnaires were mailed, a reminding letter was sent to all counsellors

requesting that they return the questionnaires if they had not already done so. Two weeks after this letter was sent out, another complete packet containing the cover letter and questionnaires was sent to counsellors who had not yet returned the questionnaires.

An identifying number was used in place of a participant's name on the questionnaires to ensure that responses would be kept confidential. A mailing list matching the identifying number to participant names was used for the purpose of completing the follow up contacts. This list was destroyed prior to coding the data for analysis to maintain strict confidentiality.

Sample

A total of 118 eligible addictions counsellors were sent the packet containing the questionnaires. Of those receiving questionnaires, 72 (61%) participated in the study by providing at least some of the information requested. A breakdown of this group according to level of education tabulated by gender, marital status, and work setting is reported in Table 1. Using the list of counsellors compiled for this study, it was found that 47% of all those contacted were female, 52% were male, 67% worked in outpatient settings, 27% worked in inpatient settings and 6% worked in detoxification facilities. A Chi-squared test was performed (Glass & Hopkins, 1984) which indicated there was no significant difference between those responding and those

contacted in terms of gender $Chi^2(1, n = 70) = 0.405$, $p > .05$ or work setting $Chi^2(2, n = 70) = 0.909$, $p > .05$. This suggests that the sample is representative of the larger population of AADAC counsellors in terms of gender and work setting.

Table 1

Crosstabulation of Education by Gender, Marital Status, and Worksetting

	College Diploma	Bachelor's Degree	Post-graduate Study	Total
Gender				
Male	5 7%	23 33%	11 16%	39 56%
Female	7 10%	19 27%	5 7%	31 44%
Work Setting				
Outpatient	8 11%	25 36%	11 16%	44 63%
Inpatient and Detoxification	4 6%	17 24%	5 7%	26 37%
Marital Status				
Single	0 0%	12 17%	1 1%	13 18%
Married or Common-law	8 11%	28 40%	13 19%	49 70%
Divorced or Separated	4 6%	2 3%	2 3%	8 12%
Total	12 17%	42 60%	16 23%	70 100%

The age of those responding ranged from 23 to 64 years, $M = 36.4$, $SD = 7.8$. On average, they spent 17.1 hours per

week in direct contact with clients with a minimum of 4, a maximum of 36 SD = 8.4 hours. The length of time participants had been employed in their present position ranged from 1 to 35 years, M = 5.1, SD = 5.3, and in the same general type of work ranging from 1 to 35 years, M = 8.7, SD = 5.4.

The Maslach Burnout Inventory

Description

The Maslach Burnout Inventory (MBI), also called the Human Services Survey, was designed by Maslach and Jackson (1981a, 1981b) to be a standardized measure of symptoms of burnout. It was developed from a list of 47 items describing symptoms of burnout that were rated according to the intensity and frequency of their occurrence. This preliminary form was administered to a sample of 605 people. Using this sample, a factor analysis was performed which produced the three scales of emotional exhaustion, depersonalization, and personal accomplishment. The number of items was reduced to 25 based on item factor loading. The results of the first factor analysis were replicated in a second study using 25 items and a sample of 420. As a result, the three scales were retained. Since this initial form was developed, the three factor structure has been replicated using samples of teachers, school psychologists, legal aid employees, and therapists.

Initial studies found non-significant or low

correlations between the frequency and intensity ratings. However, later studies found higher correlations between the two ratings that suggested using both was redundant. As a result, the intensity rating was discarded and the frequency rating retained. In addition, the number of items was also reduced to 22 from 25. The resulting instrument is the form used in this study.

As described above, the MBI has three scales considered to be descriptive of various symptoms of burnout. Higher scores on the emotional exhaustion and depersonalization scales indicate higher levels of burnout while higher scores on the personal accomplishment scale indicate lower levels of burnout. The 22 items are distributed among the scales as follows.

Emotional Exhaustion:

I feel emotionally drained from my work.

I feel used up at the end of the workday.

I feel fatigued when I get up in the morning and have to face another day on the job.

Working with people all day is really a strain for me.

I feel burned out from my work.

I feel frustrated by my job.

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

Working with people directly puts too much stress on me.

I feel I'm at the end of my rope.

Depersonalization:

I feel I treat some recipients as if they were impersonal objects.

I've become more callous toward people since I took this job.

I worry that this job is hardening me emotionally.

I don't really care what happens to some recipients.

I feel recipients blame me for some of their problems.

Personal Accomplishment:

I can easily understand how my recipients feel about things.

I deal very effectively with the problems of my recipients.

I feel I'm positively influencing other people's lives though my work.

I feel very energetic.

I can easily create a relaxed atmosphere with my recipients.

I feel exhilarated after working closely with my recipients.

I have accomplished many worthwhile things in this job.

In my work, I deal with emotional problems very calmly.

Maslach and Jackson (1981b) reported correlations between the scales indicate that emotional exhaustion and depersonalization are moderately correlated with some items that load on both scales. Therefore, they suggested these scales measure separate but related aspects of burnout. The

personal accomplishment scale was reported to show low negative correlations with the other two scales and had no items with common loadings. They concluded that personal accomplishment was independent from the other two scales rather than opposite to them.

Norms for the MBI were established using a sample of over 11,000 subjects from medical, educational, and mental health occupations (Maslach & Jackson, 1981b) . Low, middle, and high score ranges are reported for each of these occupational groups. In addition, the scores for the entire sample are broken down by demographic variables of age, race, marital status, gender, and education.

When administering the MBI, care must be taken to avoid sensitizing individuals to the issue of burnout and therefore biasing responses. For this reason, the MBI form is titled the Human Services Survey and can be introduced as a survey of job related attitudes. In addition, subjects' confidentiality should be assured to minimize the influence of social desirability in responses.

Reliability

The MBI has been examined for both internal consistency and test-retest reliability. Internal consistency was estimated using Chronbach's alpha with a sample of 1316 subjects. The resulting correlation coefficients were: r = .90 for emotional exhaustion, r = .79 for depersonalization, and r = .71 for personal accomplishment. This sample was

also used to estimate standard error of the scales. The results were: SE = 3.80 for emotional exhaustion, SE = 3.16 for depersonalization, and SE = 3.73 for personal accomplishment. Based on this sample, the MBI scales appear to have acceptable internal consistency although replication and verification of these results is definitely desirable.

Test-retest reliability was examined over a 2 to 4 week interval using a sample of 53. The correlation coefficients obtained were: r = .82 for emotional exhaustion, r = .60 for depersonalization, and r = .80 for personal accomplishment. Maslach and Jackson (1981b) note that, although in the low to moderate range, all these coefficients were significant beyond the .001 level. Using a sample of 248 subjects over a one year interval, the following results were obtained: r = .60 for emotional exhaustion, r = .54 for depersonalization, and r = .57 for personal accomplishment. Considering that burnout is theorized to be either a result of interactions between the person and demands in the environment or a result of situational stress, it is possible that the symptoms of burnout may be transient to a degree rather than stable. Therefore the extent to which symptoms could be expected to be present in the similar magnitudes at both test and retest is open for speculation.

Validity

Validity of the MBI was demonstrated through correlations with theoretically related criteria (Maslach &

Jackson, 1981b). Specifically, MBI scores were found to be significantly correlated with number of clients in case loads, proportion of work hours spent in direct client contact, and independent ratings of symptoms by co-workers or spouses. The emotional exhaustion and personal accomplishment scales were found to be related to the use of alcohol or tranquilizers to control stress. MBI scores were also significantly correlated in the expected direction with various scales of the Job Diagnostic Survey (JDS) (Hackman & Oldham, 1975). Notable were the low correlations with general job satisfaction scale of the JDS (-.23 for emotional exhaustion, -.22 for depersonalization, and .17 for personal accomplishment) suggesting that the MBI was not simply a measure of job satisfaction. No significant correlations were found between the MBI and the Social Desirability Scale (Crowne & Marlowe, 1964) suggesting that the MBI is not unduly influenced by a social desirability response set.

In summary, the MBI was validated and tested for reliability on populations similar to the sample used for this study. Norms have been established for a variety of populations including helping professionals similar to addictions counsellors. Therefore the MBI is an appropriate instrument to use for the study of burnout in the sample used for this study.

The Counsellor Effectiveness Inventory

Description

The Counsellor Effectiveness Inventory (CEI) (see Appendix A) was developed from the Competency Analysis Profiles for AADAC Addictions Counsellors (AADAC, 1988) and modeled after an inventory used by Hiebert and Basserman (1986) to assess levels of stress in school principals. The Competency Analysis Profile contains a list of counselling tasks and areas of knowledge specifically tailored to addictions counselling. It was designed by AADAC to be a comprehensive outline of the areas of competency required to be an effective counsellor in the areas of treatment and prevention. As such, it provided an excellent foundation upon which to develop an instrument for counsellors to assess their own effectiveness in each of the tasks described.

The profile listed a total of 167 areas of knowledge and skills for use in the treatment of addicted clients and families. Since this study is specifically examining counsellor's perceptions of their competency in performing counselling tasks, no items describing areas of knowledge were used. A number of the tasks were combined or eliminated on the basis of redundancy leaving a total of 80 items in the CEI. The 80 items were grouped into categories used in the Competency Profile as follows: Counselling Affected Persons, eight items; Interviewing and Assessment, seven items; Working Within the Therapeutic Process, ten items; Group Counselling, 12 items; Crisis Intervention, six items; Family and Couple Counselling, seven items; Teaching, nine items;

Personal and Professional Development, ten items; Participating in Meetings, five items; and Communicating in Writing, six items.

Items from each of these categories were randomly distributed throughout the inventory to reduce the effect of response bias on any one category. The CEI requests that participants rate themselves on each of the tasks according to how frequently they perform it, how much stress they experience when performing it, and how effectively they perform it. Frequency of encountering the task was rated on a six point scale as follows: 0- do not encounter the task, 1- eleven times per year or less, 2- monthly, 3- weekly, 4- daily, 5- several times per day or more. Stress was rated on a five point scale with 1 corresponding to no or very little stress and 5 corresponding to a high level of stress. Effectiveness was also rated on a five point scale with 1 corresponding to minimally effective and 5 corresponding to very effective. Participants were instructed to leave the stress and effectiveness columns blank if they did not encounter a task.

In addition to the items described above, questions were included which requested a rating of the participant's overall levels of stress experienced and perceived overall effectiveness performing counselling tasks along with the effectiveness of support systems in helping to perform tasks and cope with stress. Demographic information was also

gathered, consisting of: gender, age, level of education, number of years as an addiction counsellor, number of years in the same general type of work as addictions counselling, hours per week spent in direct contact with clients, and type of work setting.

Reliability

The internal consistency reliability of the CEI was estimated using Chronbach's alpha (Glass & Hopkins, 1984). The results of this procedure are described in Table 2. The sample sizes used to determine the internal consistency reliability shown in Table 2 varies between scales. Any participant who had missing data on any of the items making up the subscale was not included in the analysis for that subscale. The CEI subscales and total scores showed adequate reliability with the exception of the frequency subscales for the Self Development, Communicating in Writing, and Participating in Meetings categories.

Validity

The CEI was developed based on a comprehensive profile of the skills required to be an addiction counsellor with AADAC and items were selected from each of the relevant categories of skills. As a result, it can be expected to have adequate content and construct validity. In order to assess the face validity of the CEI, a pilot test was conducted wherein 13 addictions counsellors were asked to comment on the

Table 2
Reliability of CEI Subscales and Totals

Subscale	frequency	stress	effect-iveness
Interviewing and Assessment	α = .87 n = 70	α = .85 n = 65	α = .72 n = 65
Counselling Affected Persons	α = .84 n = 70	α = .91 n = 69	α = .83 n = 69
Working Within the Therapeutic Process	α = .77 n = 68	α = .89 n = 50	α = .81 n = 50
Group Counselling	α = .97 n = 66	α = .91 n = 42	α = .85 n = 41
Crisis Intervention	α = .86 n = 69	α = .86 n = 61	α = .82 n = 61
Teaching	α = .79 n = 68	α = .86 n = 34	α = .84 n = 34
Counselling Families	α = .89 n = 69	α = .90 n = 49	α = .86 n = 49
Self Development	α = .49 n = 67	α = .82 n = 49	α = .79 n = 49
Communicating in Writing	α = .59 n = 68	α = .91 n = 55	α = .85 n = 55
Participating in Meetings	α = .59 n = 67	α = .77 n = 54	α = .72 n = 54
Total	α = .93 n = 45	α = .95 n = 45	α = .92 n = 45

appropriateness and representativeness of items on the instrument. A second source of validation was comments solicited from supervisors and AADAC managers regarding the appropriateness of the items. The consensus was that the instrument was representative and appropriate although some editorial suggestions were made and incorporated into the

final form of the CEI. Validation using an external criterion would have been useful but, unfortunately, using a behavioral or third party rating as a means of validation presented too many procedural obstacles. The inclusion of a self-report measure of stress or effectiveness was considered, but no established measure, which supported the transactional model and would be appropriate for addictions counsellors, could be found. The adaptation of an established measure to the transactional model and the population of addiction counsellors would simply have created another instrument of unknown validity. The MBI cannot be used to validate the stress subscale of the CEI because it measures only burnout which is conceptually related, but by no means equivalent, to stress. Therefore, the criterion related validity of the CEI has yet to be determined.

Chapter Four

RESULTS

This chapter will report the data collected and the statistical methods used to answer the research questions posed at the end of Chapter two. The results and analysis will be reported according to how they address each individual research question. After each question is addressed, differences among demographic subgroups and other analysis of interest will be discussed.

Question One

What level of stress exists in addictions counsellors?

The mean level of stress, averaged across each item and each participant, ranged from 1.2 to 4.6, $\underline{M}$ = 2.6, $\underline{SD}$ = 0.7. on a scale ranging from 1 (no or very little stress) to 5 (high level of stress). A total of 27% of the participants averaged 3 or higher on their reports of level of stress across all items. This group can be considered to experience moderate to high levels of stress. Of this group, only 3% averaged four or higher, which can be considered a high level of stress. A total of 73% of the participants averaged a level of 3 or lower and this group can be considered to experience low to moderate levels of stress. Of this group, 23% averaged 2 or lower, which can be considered to be a low level of stress.

Participants were also asked to rate their general level of job related stress and reported an average of 2.96, $\underline{SD}$ =

0.9, a slightly higher level than the average of responses to all the items. A t-test (Glass & Hopkins, 1984) was used to examine the difference between the general level of stress and the level of stress averaged from all items. The difference was found to be significant $t(69) = 4.11$, $p < .01$. Therefore, the participants rated their general level of stress to be higher than the average of their estimates of the stress created by each individual task. This difference could be a result of added sources of stress that were not referred to in the individual items but were incorporated when participants rated their general level of stress.

The level of stress in the CEI subscales is reported in Table 3. An analysis of variance (Glass & Hopkins, 1984) was used to check for differences on levels of stress between the subscales. The result was $F(9, 696) = 7.87$, $p < .01$. A Tukey multiple comparison procedure (Glass & Hopkins, 1984) was used to examine specific differences between the subscales. This test was chosen because it is less rigorous, decreasing the chance of a type II error, which was considered to be desirable due to the exploratory nature of the study. The crisis intervention subscale was different from all other scales at the $p < .05$ level but there were no other significant differences. This suggests that the participants perceived significantly higher levels of stress to be associated with performing the tasks related to crisis intervention.

Table 3
Average Ratings of Stress for CEI Subscales

Subscale	average level of stress
Interviewing and Assessment	2.48
Counselling Affected Persons	2.47
Working Within the Therapeutic Process	2.39
Group Counselling	2.65
Crisis Intervention	3.35
Teaching	2.53
Counselling Families	2.65
Self Development	2.63
Communicating in Writing	2.56
Participating in Meetings	2.50

n = 71

Question Two

What level of burnout exists in addictions counsellors?

Participants' scores on the MBI scales were: emotional exhaustion ranging from 2 to 53, M = 19.3, SD = 10.5; depersonalization ranging from 0 to 21, M = 5.3, SD = 4.2; personal accomplishment ranging from 23 to 48, M = 40.3, SD = 4.7. Maslach and Jackson (1981b) present means and high, medium, and low ranges for scores on the MBI scales. Using a t-test (Glass & Hopkins, 1984), it was determined that there

was no significant difference between mean scale scores of the participants and the means presented by Maslach and Jackson (emotional exhaustion $t(69) = 0.442$, $p > .05$; depersonalization $t(69) = 1.072$, $p > .05$; personal accomplishment $t(69) = 1.525$, $p > .05$). The proportion of the sample in each of the high, medium, and low ranges defined by Maslach and Jackson is shown in Table 4.

Table 4
Scores on Scales of the MBI

Scale	Level of burnout		
	High	Medium	Low
Emotional Exhaustion	14% n = 10	49% n = 34	37% n = 26
Depersonalization	6% n = 4	27% n = 18	67% n = 48
Personal Accomplishment	3% n = 2	28% n = 20	69% n = 50

(n = 70)

The ranges for the MBI were derived by simply dividing the samples on which the norms were based into upper, middle, and lower thirds. Therefore, it was possible to use a Chi^2 test (Glass & Hopkins, 1984) to determine if the proportions of participants in the high, medium, and low ranges were significantly different then the one third expected. For the emotional exhaustion scale the obtained Chi^2 $(2, n = 70) = 13.43$, $p < .01$; for the depersonalization scale Chi^2 $(2, n = 70) = 47.62$, $p < .01$; and for the personal accomplishment scale Chi^2 $(2, n = 70) = 29.93$, $p < .01$. These results

indicate that, although there is no difference between the mean of the study sample and the sample used to normalize the MBI, there is a significant difference in the proportions in each of the ranges. Specifically, there are fewer scores in the high range but more in the medium range of the emotional exhaustion scale, and fewer scores in the high range but more in the low range of the other two scales. This suggests that more participants in the study had lower scores on the MBI than expected based on the norms, suggesting a lower level of burnout.

Question Three

What is the relationship between perceived effectiveness and level of stress?

The Pearson product moment correlations (Glass & Hopkins, 1984) between perceived effectiveness and level of stress for the CEI subscales is shown in Table 5. Five of the ten subscales and the average on all items show significant negative correlations between stress and effectiveness. In addition, all the non-significant correlations are also negative.

A Spearman's rho correlation coefficient (Glass & Hopkins, 1984) was calculated to examine the relationship between participants' ratings of their general level of stress and the average level of effectiveness across all items. The result was a significant negative correlation $\underline{rho}(69) = -0.24$, $p < .05$. Spearman's rho procedures used

to examine the relationship of general level of stress and the average level of stress from all items with general level of effectiveness did not yield significant results.

Table 5
Correlations for the CEI Subscales

Subscale	stress with effectiveness	stress with frequency	frequency with effectiveness
Interviewing and Assessment	-0.15 p = .1	0.19 p = .06	0.21 p = .04
Counselling Affected Persons	-0.16 p = .09	0.15 p = .11	0.33 p < .01
Working Within the Therapeutic Process	-0.23 p = .03	0.22 p = .03	0.25 p = .02
Group Counselling	-0.02 p = .44	0.11 p = .19	0.37 p < .01
Crisis Intervention	-0.35 p < .01	0.15 p = .12	0.02 p = .45
Teaching	-0.15 p = .11	0.24 p = .02	-0.13 p = .15
Counselling Families	-0.16 p = .09	0.08 p = .26	0.29 p < .01
Self Development	-0.47 p < .01	0.16 p = .09	0.2 p = .05
Communicating in Writing	-0.52 p < .01	0.02 p = .43	0.18 p = .07
Participating in Meetings	-0.39 p < .01	0.26 p = .02	0.23 p = .03
Average on All Items	-0.26 p = .02	0.38 p < .01	0.14 p = .13

(n = 71)

A Spearman's rho was also used to explore the relationship between ratings of the effectiveness of support

systems in facilitating completion of job tasks and level of stress. The result was a significant correlation rho (70) = -0.25, $p < .02$ between support for completing job tasks and the average level of stress across all items and a correlation approaching significance rho(69) = -0.17, $p = .08$ between support for completing job tasks and general level of stress.

These results support the existence of an inverse relationship between perceived effectiveness in performing job tasks and level of stress. This contention received further support from exploration of the relationship between mean levels of stress and effectiveness on each item. Using Spearman's rho, a total of 50 out of the 80 items showed significant correlations between stress and effectiveness (see Appendix B). Of these 50, 48 (96%) showed significant negative correlations while only 2 (4%) showed significant positive correlations. This indicates that, if there is a relationship between stress and effectiveness for any counselling task, higher levels of effectiveness are most commonly associated with lower levels of stress.

Question 4

What is the relationship between perceived effectiveness and levels of burnout?

The Pearson product moment correlations coefficients for the average effectiveness ratings on the CEI subscales with the MBI scale scores are shown in Table 6. For the emotional

exhaustion and depersonalization scales, the significant ($p \leq .05$) correlations are consistently negative.

Table 6
Correlations of MBI Scales With Average Effectiveness

Average Effectiveness	Emotional Exhaustion	Deperson-alization	*Personal Accomplishment
Interviewing and Assessment	-0.34 p < .01	-0.2 p = .05	0.33 p < .01
Counselling Affected Persons	-0.23 p = .03	-0.21 p = .04	0.43 p < .01
Working Within the Therapeutic Process	-0.23 p = .03	-0.21 p = .04	0.52 p < .01
Group Counselling	-0.1 p = .22	-0.16 p = .09	0.45 p < .01
Crisis Intervention	-0.17 p = .08	-0.21 p = .04	0.39 p < .01
Teaching	-0.09 p = .22	0.01 p = .49	0.31 p < .01
Counselling Families	-0.21 p = .04	-0.26 p = .02	0.48 p < .01
Self Development	-0.30 p < .01	-0.14 p = .12	0.43 p < .01
Communicating in Writing	-0.22 p = .04	-0.14 p = .1	0.33 p < .01
Participating in Meetings	-0.22 p = .04	0.02 p = .44	0.14 p = .12
Average on All Items	-0.28 p = .01	-0.19 p = .06	0.51 p < .01

(n = 69)
*(NOTE: higher scores on the personal accomplishment scale reflect less burnout)

Higher scores on the personal accomplishment scale mean more of a sense of accomplishment and therefore less burnout. The personal accomplishment scale shows significant positive

correlations as a result of the inverse nature of its' score. The emotional exhaustion scale shows significant negative correlations with effectiveness on seven of the ten CEI subscales and with the average effectiveness on all items. The depersonalization scale has significant negative correlations with four of the CEI subscales and the correlation with the average effectiveness on all items approaches significance. The personal accomplishment scale shows significant positive correlations with nine CEI subscales and the average on all items.

Using a Spearman's rho correlation coefficient to examine the relationship between the MBI scales and the 80 items it was found that: all significant correlations with the emotional exhaustion scale, 26 in total, were negative; significant correlations with the depersonalization scale, 11 in total, were also negative; and 64 items were significantly positively correlated with the personal accomplishment scale. All the significant correlations in Table 6 and with the individual items, consistently indicate that higher levels of effectiveness are associated with lower levels of burnout. The strongest correlations are between the personal accomplishment scale and effectiveness, as would be expected. The inverse relationship is supported by Spearman's rho coefficients of correlations between participants' ratings of their general effectiveness and MBI scales. These correlations were as follows: with emotional exhaustion

rho(68) = -0.23, $p < .05$), with depersonalization rho(68) = -0.12, $p > .05$, and with personal accomplishment rho(68) = 0.33, $p < .01$).

Question 5

What is the relationship between levels of stress and burnout?

The Pearson product moment correlation coefficients for the average levels of stress on the CEI and the MBI scale scores are shown in Table 7. All the CEI subscales and the average on all items were positively correlated with the emotional exhaustion scale. Only one CEI subscale, group counselling had a significant correlation with the depersonalization scale. Seven of the CEI subscales showed significant negative, due to its' inverse scoring, correlations with the personal accomplishment scale.

The correlations of the average stress scores on the CEI with the MBI scales indicate that higher levels of stress are associated with higher levels of emotional exhaustion and lower levels of personal accomplishment. Similar results were obtained using a Spearman's rho correlation coefficient to examine the relationship between the MBI scales and ratings of stress on individual items. All 59 items correlating significantly with the emotional exhaustion scale were positively correlated as were all 17 items significantly correlated with the depersonalization scale. All 32 items significantly correlated with the personal accomplishment

scale were negatively correlated.

Table 7
Correlations of MBI Scales With Average Level of Stress

Average Stress	Emotional Exhaustion	Deperson-alization	*Personal Accomplishment
Interviewing and Assessment	0.4 $p < .01$	0.06 $p = .32$	-0.07 $p = .27$
Counselling Affected Persons	0.39 $p < .01$	0.12 $p = .16$	-0.31 $p < .01$
Working Within the Therapeutic Process	0.44 $p < .01$	0.14 $p = .13$	-0.23 $p = .03$
Group Counselling	0.5 $p < .01$	0.21 $p = .04$	-0.25 $p = .02$
Crisis Intervention	0.22 $p = .03$	0.14 $p = .13$	-0.33 $p < .01$
Teaching	0.21 $p = .04$	0.01 $p = .48$	-0.2 $p = .05$
Counselling Families	0.43 $p < .01$	0.19 $p = .07$	-0.22 $p = .04$
Self Development	0.3 $p < .01$	0.11 $p = .18$	-0.13 $p = .15$
Communicating in Writing	0.3 $p < .01$	0.1 $p = .21$	-0.18 $p = .07$
Participating in Meetings	0.35 $p < .01$	0.02 $p = .44$	0.11 $p = .19$
Average on All Items	0.41 $p < .01$	0.13 $p = .15$	-0.22 $p = .03$

($n = 69$)
*(NOTE: higher scores on the personal accomplishment scale reflect less burnout)

These results were supported by Spearman's rho correlations between ratings of general levels of stress and MBI scale of emotional exhaustion $rho(67) = 0.45$, $p < .01$.

Correlations with the other MBI scales were not significant (depersonalization rho(67) = -0.05, $p > .05$; personal accomplishment rho(67) = -0.13, $p > .05$,). The lack of a consistent relationship between levels of stress and depersonalization suggests that, in this sample, stress may not be associated with higher levels of this dimension of burnout.

Question 6

What is the relationship between task frequency and levels of stress?

The Pearson product moment correlations for frequency with level of stress are shown in Table 5. Only three of the 10 subscales and the average across all items show significant correlations using these two variables. Of the 80 items, only 11 show significant positive correlations between frequency and stress and one shows a significant negative correlation (see Appendix B). If encountering a demand was the sole determinant of stress, a strong and consistent correlation would be expected between task frequency and level of stress. However, these results indicate that many tasks show no significant relationship between frequency of encountering the task and level of stress. This illustrates the difficulty with predicting level of stress in any situation based only on perceived level of demand and supports the contention that a number of factors are weighed in determining level of stress.

Question 7

What is the relationship between task frequency and levels of burnout?

The Pearson product moment correlations between average task frequency on the CEI subscales and MBI scales are reported in Table 8. Two subscales show positive correlations with the emotional exhaustion scale that are significant at the $p < .05$ level. These correlations suggest that increased task frequency is related to higher levels of emotional exhaustion. Four subscales and the total average showed positive correlations with the personal accomplishment scale significant at the $p < .05$ level. This suggests that performing some tasks more frequently is related to an increased sense of personal accomplishment. Therefore, task frequency is related to higher levels of burnout in terms of emotional exhaustion and, on different subscales, lower levels of burnout in terms of personal accomplishment.

These results were supported by Spearman's rho correlations between individual items and the MBI scales. A total of 32 of the 80 items had significant ($p < .05$) positive correlations with the personal accomplishment scale. Only one item showed a significant negative correlation with personal accomplishment. Eighteen items had significant positive correlations with the emotional exhaustion scale. Two items had positive correlations with both emotional exhaustion and personal accomplishment. The higher levels of

personal accomplishment may result from the sense of achievement that follows the performance of some tasks. This would mean that, at least when not creating overload, more frequent performance of a task would result in increased feelings of personal accomplishment.

Table 8
Correlations of MBI Scales With Average Task Frequency

Subscale	Emotional Exhaustion	Deperson-alization	*Personal Accomplishment
Interviewing and Assessment	0.19 $p = .06$	-0.01 $p = .49$	0.16 $p = .09$
Counselling Affected Persons	0.22 $p = .03$	0.13 $p = .15$	0.19 $p = .06$
Working Within the Therapeutic Process	0.19 $p = .06$	0.13 $p = .14$	0.17 $p = .09$
Group Counselling	0.12 $p = .16$	-0.04 $p = .37$	0.17 $p = .09$
Crisis Intervention	0.31 $p < .01$	0.15 $p = .11$	0.13 $p = .15$
Teaching	-0.13 $p = .14$	0.02 $p = .44$	-0.04 $p = .35$
Counselling Families	0.08 $p = .25$	0.01 $p = .47$	0.25 $p = .02$
Self Development	-0.02 $p = .42$	-0.01 $p = .21$	0.22 $p = .03$
Communicating in Writing	-0.12 $p = .16$	-0.14 $p = .12$	0.4 $p < .01$
Participating in Meetings	0.03 $p = .4$	0.11 $p = .18$	0.23 $p = .03$
Average on All Items	0.15 $p = .11$	0.03 $p = .41$	0.3 $p < .01$

($n = 69$)
*(NOTE: higher scores on the personal accomplishment scale reflect less burnout)

Question 8

What is the relationship between task frequency and perceived effectiveness?

The correlations between the average frequency and average effectiveness for the CEI subscales is shown in Table 5. Eight of the CEI subscales showed significant positive ($p < .05$) correlations between these two variables. In addition, 46 of the 80 items also showed significant positive correlations using the Spearman's rho correlation coefficient (see Appendix B). These results indicate that more frequent performance of the tasks was associated with increased perceived effectiveness.

Differences Among Demographic Groups

An analysis of variance (Glass & Hopkins, 1984) was used to test for differences in demographic subgroups on both the average of stress across all items and the rating of general stress. No differences significant at the $p < .05$ level were found between any subgroups according to gender, marital status, work setting, or level of education. A Pearson correlation coefficient (Glass & Hopkins, 1984) was calculated to look for relationships between level of stress and: hours spent in contact with clients, age, effectiveness of support systems in coping with stress, number of years as a counsellor, and number of years in related fields of work. No correlations significant at the $p < .05$ level were found. Using an analysis of variance, a difference was found among

subgroups defined by level of education on the average effectiveness across all items ($F(2,67) = 6.7$, $p < .01$). A Tukey (Glass & Hopkins, 1984) multiple comparison procedure was used to determine which groups differed significantly from each other. This procedure was selected because it is less stringent (makes fewer type II errors) than other methods, which was considered useful due to the exploratory nature of the study. The results of the Tukey multiple comparison ($p < .05$) showed that participants with some graduate school training or a graduate degree rated themselves as more effective (average of 3.97 out of 5) than participants with a university undergraduate degree (average of 3.58). No other significant results on ratings of effectiveness variables were found using correlation and analysis of variance procedures.

An analysis of variance (Glass & Hopkins,1984) was used to explore for differences among demographic subgroups on the MBI scales. No differences significant at the $p < .05$ level or lower were discovered in subgroups determined by marital status, work setting, or level of education. The depersonalization scale was modestly correlated with age $r(68) = -.18$, $p = .07$ and length of time employed in the helping professions $r(68) = -.23$, $p = .03$ using the Pearson product moment correlation coefficient (Glass & Hopkins, 1984). A t-test (Glass & Hopkins, 1984) was used to examine differences between male and female participants' scores on

the MBI scales. On the depersonalization scale, males scored slightly higher (M = 6.2) than females (M = 4.4) resulting in a difference that approached significance ($t(67) = 1.95$, p = .07) but no other differences were significant.

Additional Results

Effectiveness

The average effectiveness for the CEI subscales are reported in Table 9. The reported level of effectiveness averaged over all items ranged from 2.91 to 4.8, M = 3.71, SD = 0.414 on a Likert scale ranging from minimally (1) to very (5) effective. An analysis of variance procedure revealed that there were significant differences between average level of effectiveness on the subscales ($F(9, 696) = 5.8$, $p < .01$). A Tukey multiple comparison procedure (Glass & Hopkins, 1984) was again selected due to its less rigorous nature to determine which subscales were significantly ($p < .05$) different.

The subscale with the lowest level of effectiveness, Participating in Meetings, had a significantly lower average than the six subscales with the highest averages, as illustrated on the right side of Table 9. The Self Development and Counselling Families subscales were both significantly lower than the Counselling Affected Persons and Teaching subscales, as shown on the left side of Table 9. These results indicate that participants do perceive themselves as less effective in responding to some types of

tasks.

Table 9
Average Ratings of Effectiveness for CEI Subscales

Subscale	average level of effectiveness
Counselling Affected Persons	3.94
Teaching	3.84
Working Within the Therapeutic Process	3.81
Communicating in Writing	3.75
Interviewing and Assessment	3.75
Crisis Intervention	3.72
Group Counselling	3.71
Counselling Families	3.55
Self Development	3.53
Participating in Meetings	3.42

(N = 71)

differ from

differ from

Additional Correlations

In order to examine relationships between the CEI subscales in terms of ratings of stress and effectiveness, a Pearson product moment correlation procedure was used. The average stress ratings on the CEI subscales were all significantly ($p < .01$) correlated with stress ratings on all other subscales. The average effectiveness ratings for all subscales were significantly ($p < .05$) correlated with average effectiveness ratings on other subscales with the

only exception being Participating in Meetings was not significantly related to Counselling Affected Persons. These results suggest that both stress and effectiveness may generalize from one specific task or group of tasks to others.

Correlations of stress with effectiveness across all subscales showed more variable results. A total of 29 average effectiveness ratings were significantly ($p < .05$) negatively correlated with average stress ratings on other subscales. Two subscales, Self Development and Communicating in Writing, had average ratings of effectiveness that correlated with average stress ratings on six or more other subscales. The correlations for these two subscales are reported in Table 10.

The correlations between the effectiveness and stress averages on CEI subscales suggest that greater effectiveness is associated with lower levels of stress. The relationship between the effectiveness ratings of the Self Development and Communicating in Writing subscales and the stress ratings on other subscales may indicate that effectiveness on tasks associated with these subscales is related to the level of stress experienced on a number of other subscales. Therefore, increasing effectiveness on tasks associated with these two subscales may result in reduction of stress related to a variety of other subscales.

Table 10
Correlations of Stress and Effectiveness On CEI Subscales

Level of Stress on Subscale	Level of Effectiveness	
	Self Development	Communicating in Writing
Interviewing and Assessment	-0.28 p = .01	-0.17 p = .08
Counselling Affected Persons	-0.33 p < .01	-0.28 p < .01
Working Within the Therapeutic process	-0.3 p < .01	-0.26 p = .02
Group Counselling	-0.28 p = .01	-0.25 p = .02
Crisis Intervention	-0.27 p = .01	-0.12 p = .17
Teaching	-0.2 p = .05	-0.2 p = .05
Counselling Families	-0.27 p = .01	-0.148 p = .13
Self Development	-0.47 p < .01	-0.25 p = .02
Communicating in Writing	-0.35 p < .01	-0.52 p < .01
Participating in Meetings	-0.39 p < .01	-0.29 p = .06

(n = 71)

Summary

The data collected to address the questions posed in chapter two have been reported in this chapter. The levels of stress and burnout reported by the participants were in the low to moderate range. Levels of stress were found to be

positively correlated with levels of burnout. Higher levels of effectiveness on some CEI subscales were found to be associated with lower levels of stress and burnout. No clear relationship between task frequency and levels of stress was found, but more frequent performance of some tasks was found to be related to higher levels of personal accomplishment on the MBI and higher levels of effectiveness on the CEI. Few differences and relationships among demographic subgroups were discovered.

Chapter Five

DISCUSSION

Chapter five is a discussion of the results reported in Chapter four. The low to moderate levels of stress and burnout reported in Chapter four are each discussed in separate sections. The relationship between stress and burnout is discussed in the section on burnout. The relationship of effectiveness with stress and burnout is discussed in a separate section. Finally, the limitations of this study and suggestions for further research are discussed.

Level of Stress

A number of authors (Niehoff, 1984; Valle, 1979; Weinstein, 1979; White, 1978) made predictions of high levels of stress and burnout in addictions counsellors. These predictions were based on assumptions that certain client characteristics and job tasks inherent to the addictions field were innately stressful. This reflects what has been called a situational or environmental conceptualization of stress which considers only the situations in which stress occurrs, rather than examining the interplay between the environment and the individual (Lazarus & Launier, 1978). The average levels of stress and burnout reported by participants in this study (see Table 3) were much lower than would have been predicted based on these assumptions. In fact, only 3% of the sample reported a high average level of

stress and 73% reported a low to moderate average level of stress.

Using a transactional framework of stress to examine these findings presents a number of plausible explanations. First of all, individual job tasks may be appraised as holding little potential for harm if they are not completed. That is, in terms of primary appraisal (Lazarus & Launier, 1978), some job tasks may be appraised as benign-positive or as having only a very limited degree of threat. Therefore, encountering these job tasks as a demand would be expected to result in very little stress, regardless of the balance between the demand and resources. In addition, secondary appraisal (Lazarus & Launier, 1978) may suggest that there are sufficient resources to be utilized in coping with the demand. One resource that was indicated to be a significant factor in this study was personal effectiveness. The presence of sufficient resources to meet the demand alters the appraisal from threat to challenge. Again, this would have the effect of reducing the level of stress experienced.

The positive relationship between the frequency that a task is encountered and the perceived level of effectiveness (see table 5) would suggest that, when demands are encountered fairly often, resources are located that will permit the counsellor to deal with them effectively. Therefore, it is possible that most counselling tasks are perceived as challenges since past experience has confirmed

that resources are available to effectively counter the demand. The transactional perspective of stress argues that efforts to cope and demands reciprocally influence each other (Folkman & Lazarus, 1980; Lazarus & Launier, 1978). Based on this, learning and adaptation that lead to reduced levels of stress would be expected to occur and may have occurred in the participants of this study. It may be expected that, due to this adaptation, more experience as an addictions worker would be related to lower levels of stress. In this study there was no significant relationship between level of experience and level of stress. However, it is likely that job duties and responsibilities change as experience is gained so more demand is placed on experienced workers. This would again shift the balance of resources and demands and could account for the lack of a significant relationship between experience and stress.

Another explanation for the low level of stress in this sample is that the level of stress was systematically under-reported. This could be due to what Coyne and Lazarus (1980) described as defensive reappraisal, where demand is under-estimated or resources are over estimated unrealistically to reduce feelings associated with stress. Alternatively, counsellors who were experiencing higher levels of stress may have under estimated their stress in response to a social desirability factor or may have not participated in the study. An attempt was made to reduce the influence of

social desirability by maintaining anonymity. In addition, the sample appeared to be representative of the population of AADAC counsellors in terms of gender and work setting. Therefore, it is unlikely that defensive misappraisal or social desirability factors played a major role in the reports of low levels of stress.

The Relationship Between Task Frequency and Stress

In this study, the lack of a consistent relationship between task frequency and level of stress (see table 5) suggests that assessing only level of demand, as done in the situational model, is inadequate. The process of adaptation in the transactional model would mean it is inadvisable to predict a high level of stress in any given occupation or situation simply by looking at apparent level of demand. Correlations between task frequency and level of effectiveness (see table 5) indicate that tasks that are performed more frequently are associated with greater effectiveness. This supports the contention of a process of adaptation taking place and may explain the absence of a relationship between task frequency and stress. Specifically, more skill is developed in dealing with more frequent tasks which mitigates levels of stress.

The individual's appraisal of both demand and resources are critical to the experience of stress and therefore must both be taken into account. If level of demand were the only factor in the experience of stress, a strong and consistent

relationship between frequency of demand and level of stress would be expected. Therefore, it appears a transactional model presents a more extensive explanation of the findings of this study.

Differences Between Average and General Levels of Stress

The average level of stress on all items was significantly lower than the ratings of general, or overall, level of stress. This may indicate that other sources of demand not included in the items were incorporated when rating the general level of stress. Further, stress experienced when performing discrete job tasks may tend to accumulate as a result of a general reduction in the fund of coping resources available. The pressure of sequential performance of numerous tasks could result in quantitative overload which would raise the level of stress beyond what would be expected as a result of performing any single task repetitively. This contention is supported by studies that have compared the effects of acute stressors, chronic stressors, and daily hassles (Depue & Monroe, 1986). These studies consistently found that daily hassles were better predictors of mood and disturbance than acute or chronic stressors. In these studies daily hassles were defined as minor, discrete, problems in everyday living that recur infrequently on an individual basis. The process of adaptation described above would not take place as readily with daily hassles because of their sporadic occurrence.

Levels of Stress Among CEI Subscales

Only one subscale, Crisis Intervention, showed a level of stress higher than any other scale (see Table 3). It would be expected that level of demand would be much higher in crisis situations than in other, more typical, situations. Situations that are encountered regularly, which would permit adaptation of resources, would not be defined as crises. The lack of variation in levels of stress between other subscales suggests that a variety of demands, not just demands involving direct interaction with clients, may be related to stress. Some authors (Maslach, 1982b; Watkins, 1983) indicated that demands arising from interpersonal contact with clients would be most stressful, which is not supported by these results. Other authors (Carroll & White, 1980; Wilder & Plutchik, 1982) have acknowledged that many other types of demands, including interfacing with various levels of a bureaucracy and time management, may also create stress if resources sufficient to meet them do not exist.

Summary of Discussion of Levels of Stress

The findings of this study on level of stress in addictions counsellors indicate a low to moderate level of stress exists in the sample. These findings are best explained by a model in which stress is created when an individual's appraisal suggests that resources are exceeded by demands. Since the individual's appraisal of the balance between demand and resources is so critical to this process,

it would appear to be confusing and erroneous to attempt to predict stress based on situational demands alone.

Level of Burnout

The results of this study indicate that the addictions counsellors who participated experience a low to average level of burnout (see Table 4). As with stress, this level of burnout is lower than would be predicted based on assumptions about the level of stress experienced by addictions counsellors (Valle, 1979; Weinstein, 1979). Due to the low level of stress reported by this sample, it would be surprising if a high level of burnout were detected and the low level of burnout can be attributed to the same factors that created the low level of stress. Specifically, addictions counsellors may perceive resources as adequate to meet demands, therefore have less emotional exhaustion and do not resort to the detachment of burnout. Cherniss (1980) described burnout as an attempt to escape from demands that were perceived as not responding to direct-active coping strategies. If resources are adequate, most demands could be addressed by using direct-active methods of coping and there would be less tendency to use the palliative disengagement of burnout.

A variety of coping modalities, such as those described by Lazarus and Launier (1978), could be used to cope with demands and reduce stress. These included taking direct action, searching for information, inhibiting action and

using intrapsychic methods. By utilizing these methods of coping and accessing the resources available to them, the participants in this study may have prevented burnout from reaching problematic levels. The results of this study highlight the difficulty of predicting levels of burnout by examining only apparent demand without taking into account resources and workers' perceptions of the balance between these two factors.

The Relationship Between Stress and Burnout

The correlations between average levels of stress on the CEI subscales and levels of burnout reported on the MBI scales (see table 7) indicate that higher levels of stress are associated with more emotional exhaustion and less personal accomplishment. This supports the theoretical connections between stress and burnout suggested by Maslach (1982b), Cherniss (1980), and Carroll and White (1981). All subscales of the CEI were significantly correlated with levels of emotional exhaustion, suggesting that it is not only interpersonal stress that can be related to burnout as was theorized by Maslach (1978, 1982c). Rather, it appears that stress connected to any type of demand may be related to burnout. Cherniss (1980) suggested that emotional exhaustion was part of the second stage of burnout, when stress had reduced coping resources and negative reactions to the stress emerge. The connection between stress and burnout is one of the central tenets of the conceptualization of burnout yet

there have been very few, if any, studies confirming this connection. Therefore, although the correlations described here may seem mundane, they represent important confirmation of the relationship between stress and burnout.

It is generally assumed that stress is a precursor to burnout but, as Depue and Monroe (1986) noted, dysfunctional coping responses may create or enhance stress. If an individual regularly responded to stress by detachment, more constructive responses may be precluded, leading to a gradual accumulation of unsatisfied demands and an atrophy of constructive coping skills. In this sense, efforts of detachment may create or exacerbate stress rather than stress leading to detachment. Since causality cannot be inferred from the correlational results reported in this study, care must be taken avoid assuming that levels of stress found created the levels of burnout. If such a direct causal connection were correct, higher levels of correlation might be expected. It is plausible that: stress leads to burnout; or, the palliative strategies of burnout create or exacerbate stress; or, burnout and stress reciprocally interact with each other.

The more moderate levels of correlation between stress and burnout found in this study are better explained by a model that considers burnout to be a coping response that becomes dominant in certain types of situations. As Cherniss (1980, 1982) proposes, a complex appraisal process may take

place in which disengagement is chosen as the dominant method of coping only if stress is perceived as unremitting and other coping responses are perceived as ineffective. Folkman and Lazarus (1980) stated that coping tended to be a complex process involving multiple strategies that could be adapted to match specific situations. Folkman (1984) suggested that factors such as perceived level of threat and perceived degree of control had influence in determining coping strategies. This information supports the contention that a palliative strategy, such as depersonalization, would be used only in certain specific circumstances. Kamis (1982) suggested a framework of precipitating, predisposing and perpetuating factors which can interact to increase or decrease the possibility of burnout. In addition, as Carroll and White (1982) point out, resources and demands can emerge from a number of levels in the ecosystem and have a varying effect depending on whether they are more proximal or distal. These theories all indicate that stress can be a necessary but not singularly sufficient cause of burnout, the moderate correlations between stress and burnout found in this study support this contention. Jayartne and Chess (1983) reported similar results when they reported that job satisfaction indicators were better predictors of burnout then job stress indicators. A limitation of the results of this study is that the average levels of stress reported were fairly low. It is possible that the relationship between stress and

burnout may change, perhaps becoming stronger, as stress increases.

It is notable that there was only one significant correlation between levels of stress and the depersonalization scale. Depersonalization can be viewed as a specific way of coping, detachment, with a specific source of demand, relationships with clients. As such, it may occur only when relationships with clients are perceived as being associated with a large portion of the stress experienced and when detachment is perceived as a feasible response. If other sources of demand, such as communicating in writing, were perceived as creating a large portion of stress, detachment from clients would not serve to reduce level of demand significantly which may reduce the probability that depersonalization will develop. In addition, contact with clients may be a major source of job satisfaction and feelings of personal accomplishment, thereby operating as a resource as well as a demand. This would also reduce the usefulness of depersonalization as a response to stress and would therefore reduce the probability of it developing. Due to the lack of a consistent relationship between stress and depersonalization in this study, it is possible that depersonalization may be a response that occurs only in fairly specific conditions of stress.

The Relationship Between Task Frequency and Burnout

The positive correlations between the frequency that

counselling tasks are performed and the MBI scale of personal accomplishment suggest that performing some tasks may enhance feelings of accomplishment. Two CEI subscales showed significant correlations between task frequency and level of emotional exhaustion. In conjunction with the lack of a consistent relationship between task frequency and level of stress described previously, these results support the use of a transactional model of stress and burnout and suggest that increased frequency of demand does not necessarily lead to higher levels of burnout. As with stress, if the primary factor in determining burnout was frequency of demand, a strong negative correlation between frequency of demand and level of personal accomplishment would be expected. The results of the current study support a model in which demand may or may not be stressful, depending on the appraisal of resources by the individual. If the individual perceives an adequate level of resource to cope with the demands encountered, little or no stress and burnout would be expected to occur. A factor that may also be relevant is the process of adaptation that takes place when a demand is encountered regularly. This adaptation reduces the level of stress experienced and therefore reduces burnout.

The relationship between task frequency and personal accomplishment may be different if higher levels of stress existed. If tasks were associated with higher levels of stress, it seems unlikely that increased personal

accomplishment would be associated with more frequent demand. The CEI subscale with the highest level of stress, Crisis Intervention, showed positive correlations between task frequency and emotional exhaustion, but no significant correlation with personal accomplishment. This again points to the importance of the balance between demand and resource in determining levels of stress and burnout.

Maslach (1976, 1982a, 1982b, 1982c) postulated that stress must be chronic in order to create burnout. She suggested that chronic stress gradually eroded coping abilities until emotional exhaustion was created and feelings of personal accomplishment were reduced. The worker attempted to detach from sources of stress by depersonalizing recipients of services. The chronicity of stressors is central to Maslach's conceptualization of the burnout syndrome. She suggested that, because the stressors were chronic to the point of being experienced daily, workers were unable to determine any unusual event that may be the cause of burnout symptoms. As a result, they find fault with themselves in what Maslach (1982b) termed the mea culpa reaction.

The results of the present study suggest that, at least when levels of stress are low, frequency of stress is not consistently related to higher levels of burnout. This does not support the importance of chronicity as a factor in developing burnout. The more uniform relationships of

effectiveness and level of stress with the emotional exhaustion and personal accomplishment suggest that these two factors may be more significant determinants of burnout. As with other relationships described in the results, the relationship between task frequency and indicators of burnout might be different if levels of stress were higher.

Summary of Discussion of Levels of Burnout

In summary, a low to moderate average level of burnout was reported by the participants of this study. Correlations of the MBI scales with the stress and frequency averages on the CEI subscales appears to support a transactional model of the burnout syndrome. Correlations between the stress averages and MBI scales suggests that stress may be one of a number of precipitating and perpetuating factors leading to burnout.

Effectiveness in Relation to Stress and Burnout

Ratings of perceived effectiveness were negatively correlated with levels of stress on some CEI subscales (see table 5) and with burnout (see table 6). This indicates that perceived effectiveness is a factor in the appraisal process that determines levels of stress and burnout. Conceptually, effectiveness would enter into secondary appraisal, as described by Lazarus and Launier (1978), in which resources are appraised in comparison to demands. Personal effectiveness in relation to the specific demand would be an

important resource in this process. If effectiveness were perceived as adequate to meet demands, it would act to mitigate levels of stress. Higher levels of effectiveness may also encourage the use of direct-active coping strategies which are associated with lower levels of burnout (Cherniss, 1980; Shinn & Morch, 1983).

Effectiveness and Stress

Correlations between perceived effectiveness and levels of stress were not high enough to indicate that effectiveness would be the only, or the major, factor examined in the appraisal process. It is notable that not all the CEI subscales showed significant correlations between stress and effectiveness. Therefore, it would appear that, although perceived effectiveness can be a factor in appraisal of stress, the influence it exerts may vary depending on the demand encountered. This is consistent with explorations of coping (Folkman, 1984; Torestad & Magnusson, 1985) that have found perceived level of control and level of threat were factors influencing choice of coping strategies. Folkman suggested that levels of stress and perceived control interacted with each other in the process of determining coping methods. Assuming an equally complex appraisal process is involved in determining levels of stress, it appears that factors such as effectiveness and control may each be examined during the appraisal which would determine level of stress and coping strategy.

Effectiveness may have more or less influence depending on the other factors in the appraisal process. For instance, if individuals perceive that they have very little control over the level or frequency of demand, then the perceived ability to effectively meet the demand may become more central in determining level of stress. In addition, personal effectiveness would be only one of a number of resources that may be utilized to meet a demand. If a demand is perceived as not responding to direct-active strategies, then personal effectiveness would be a less significant resource. This may be why effectiveness was not significantly correlated with stress on some CEI subscales.

Effectiveness on two subscales, Self Development and Communicating in Writing, correlated with levels of stress on other subscales. This suggests that effectiveness in these two areas may impact level of stress in a number of other areas. Both Self Development and Communicating in Writing involve skills that could be relevant to a number of types of tasks, so increased effectiveness in either of them would be result in resources for a variety of demands.

Effectiveness and Burnout

As with stress, the correlations between effectiveness and burnout, as indicated by the MBI scales, were not high enough to imply that effectiveness is the primary factor in determining burnout. However, the relationship between effectiveness and burnout may change if higher levels of

burnout existed. The negative relationship between levels of effectiveness and emotional exhaustion could result from effectiveness decreasing levels of stress, which would decrease emotional exhaustion. It could also result from effectiveness leading to the utilization of more direct-active, and therefore more effective, coping strategies. When demands were appraised, perceptions of greater effectiveness would increase the perceived amount of resources available to use in direct-active coping efforts. If increased personal accomplishment tends to reduce emotional exhaustion, the higher levels of personal accomplishment associated with effectiveness would attenuate emotional exhaustion. The positive correlations between personal accomplishment and effectiveness may partially result from the conceptual similarity of these two factors. However, it does indicate that counsellors who perceive themselves as effective tend to have more of a sense of accomplishment and, therefore, a lower level of burnout. Higher levels of effectiveness are associated with lower levels depersonalization.

Perceived personal effectiveness would one of a number of factors in the appraisal of coping strategies (Coyne & Lazarus, 1980). The impact it had would depend on how relevant it was to the current situation. The coping strategy of burnout is more likely to occur when direct-active coping strategies are appraised as ineffective. Such

an appraisal could occur if workers believed they had no control over the level of stress, in which case personal effectiveness is irrelevant, or if they believed they did not have sufficient skill to cope with the demand, even though it may be manageable if sufficient skill were present. In this second case, effectiveness would be far more relevant and would therefore play a larger role in the choice of coping strategies. This may be why some CEI subscales show significant correlations with the MBI depersonalization scale and others do not. The low level of these correlations indicates that other factors, perhaps perceived control and degree of ambiguity in the situation, also play important roles in the appraisal process.

Task Frequency and Effectiveness

The correlations between task frequency and effectiveness (see table 5) indicate that greater frequency is associated with higher levels of effectiveness. It would be expected that workers would become more effective at tasks that they perform more frequently due to a process of adaptation. This process would include increasing skill levels through learning associated with practice and a tendency to gather more resources for allocation to tasks that are encountered frequently.

Summary of Discussion of Effectiveness

Increased effectiveness is associated with reduced levels of stress and burnout. Effectiveness may be a

significant factor in the appraisal of demands and resources that determines level of stress and selection of coping strategies. The moderate relationship of effectiveness with stress and burnout suggest it is only one of a number of factors that are weighed in the appraisal process. More frequent performance of a task is associated with increased effectiveness.

Strengths and Limitations of the Research

This study was an exploratory investigation of a little studied population examining theoretically related variables. In order to accomplish this a wide variety of job tasks were examined. This allowed for the comparison of stress, effectiveness, and burnout in relation to a number of relevant job categories; rather than focussing only on tasks involving contact with clients. Job tasks that were included were selected from a descriptive profile of work duties for addictions counsellors ensuring the tasks examined were relevant.

Addictions counsellors working in inpatient, outpatient, and detoxification work settings were all examined. This permitted investigation for differences according to work setting. Demographic variables were also examined including: gender, age, marital status, level of experience, level of education, and number of hours per week spent in contact with clients. This permitted the examination of differences and relationships according to demographic subgroups. The sample

that chose to participate in the study proved to be representative of the population of AADAC addictions counsellors in terms of gender and work setting.

The variables of stress, effectiveness, and burnout were compared to determine correlations among them. These variables had been theoretically connected prior to this study but there had been limited, if any, investigation of the relationship between them. This structure permitted effectiveness to be investigated in relation to both stress and burnout and for the connection between stress and burnout to be verified.

The use of the MBI provided a valid and reliable measure that allowed addictions counsellors to be compared to other occupational groups in terms of three dimensions of burnout. The MBI also permitted the relationship between various categories of job duties to be investigated in terms of their relationship to the three MBI scales.

A major limitation of this study, which restricts the degree to which theoretically useful conclusions about stress and burnout can be derived, is the low levels of stress and burnout that were discovered. It cannot be assumed that the relationships discovered would remain unchanged if higher levels of stress or burnout existed. Unfortunately, the number of individuals in the sample who did indicate high levels of stress or burnout was too small to permit statistical comparisons. This limits the degree to which the

results can be generalized.

The number of counsellors that provided information for this study was sufficient to permit statistical analysis, however, 39% of the eligible participants did not respond. It is possible that higher or lower levels of stress and burnout existed in this portion of the population, leading to an inaccurate estimate in the results reported. In addition, it is possible that stress and burnout were systematically under-reported as a result of the effects of social desirability or other influences.

The CEI was developed for this study and was not tested for validity on any of its subscales. As a result, the degree to which it is a valid instrument is unknown. In addition, having participants rate themselves according to individual job tasks is obviously only one way of measuring stress and effectiveness. It does not take into account the influence of feedback from clients, supervisors and other sources. For example, the degree to which a basic counselling task, such as doing assessment in an interview, is stressful will depend partially on the responses of the client. Expressions of aggression and discussion of suicide have both been identified as stressful for therapists (Farber, 1983a; 1983b) and would influence the degree of stress, and perhaps perceived effectiveness, in an interview. These factors were not assessed in this study. Since there were no normative data for the CEI, there was no comparison

group for the sample in this study. Therefore, it is not known what level of stress addictions counsellors might experience in comparison with other groups.

Directions for Further Research

Models of stress and burnout have become increasingly complex as more and more relevant factors are identified. The way in which these factors interact in the appraisal process remains unclear. Further research could attempt to identify the impact each factor may have on the level of stress and the other factors in the appraisal process. Many of the core concepts remain poorly defined. Further refinement of the concept of effectiveness would be useful in order to determine the extent to which it might generalize from one task to another and to differentiate it from other related concepts such as perception of control. More specification of the term stress would also be useful in order to assure that all subjects in self report research are using the same definition and the definition expected by the researcher. Similarly, burnout remains an ambiguous term. It is unclear to what extent the various symptoms need to be present in order for the burnout syndrome to be diagnosed. For instance, is it sufficient if an individual demonstrates emotional exhaustion but no sign of detachment? Burnout must also be differentiated from other stress related disorders and depression to permit effective investigation.

Further investigation of the relationships between

stress, effectiveness and burnout identified in this study are needed to determine how these relationships change when the level of any factor is varied. For instance, investigation of the role played by effectiveness in populations experiencing high levels of stress and burnout would be helpful. The development of a validated instrument with normative data for measuring stress would be useful in this research. In particular, an instrument that examined stress from the transactional perspective of the balance between demand and resource is needed to begin determining how these two factors are weighed in the process of appraisal. Experimental research in which each factor is varied systematically, and perhaps using objective physiological indicators of stress, would be an important source of information.

In general, the field of stress and burnout is undergoing rapid change as a result of the new, more comprehensive models being used. Research can be expected to contribute to the gradual refinement of these models. Any further investigation of the various factors in different situations and populations would add to current knowledge.

Summary and Conclusions

The average levels of stress found in the participants of this study were low to moderate. This is lower than would be predicted based on estimates of the level of demand involved in addictions counselling. The low level of stress

can be explained by a process of adaptation that leads to the allocation of more resources to sources of greater demand and the development of greater skill in handling these demands. It would seem difficult to predict levels of stress by using only apparent level of demand. The results on level of stress are best explained by using a transactional model.

The average levels of burnout found in this study were also lower than predicted. This could partially be due to the low levels of stress that were found. In addition to the low level of stress, additional methods of coping may be utilized that preclude the dominance of the palliative strategies common to burnout. Stress was positively correlated with emotional exhaustion and negatively correlated with personal accomplishment, but the relationships were not strong enough to indicate that stress would be the primary or only contributor to burnout.

Effectiveness was negatively correlated with stress and emotional exhaustion and positively correlated with personal accomplishment. This suggests that effectiveness may mitigate levels of stress and burnout by increasing levels of resources available. The correlations were moderate indicating that effectiveness was one of a number of factors that had influence in the appraisal process which determines level of stress and burnout.

A transactional model was used to explain the findings of this study. The data were best explained by a model that

allowed for a number of situational and personal factors to have significant influence in levels of stress and burnout. Perceived effectiveness appears to be one factor that has significant influence in the appraisal process.

Perhaps the most valuable contribution of this study is the support the results provide for the use of a more comprehensive model of stress and burnout. The evidence that task frequency and perceived effectiveness are factors related to stress, and that these factors and level of stress are all elements related to burnout suggests that the use of a simple or mechanistic model of human stress response is insufficient. Stress and burnout must be regarded as the response of complex organisms attempting to cope in a complex world.

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APPENDICES

Appendix A

You are probably wondering what this is about, well...

My name is Peter Hansen. I have worked with AADAC as an addictions counsellor at the Lander Treatment Centre for about six years. During that time I have become increasingly interested in how individual counsellors view the job tasks they perform and the work related stress counsellors sometimes experience. Currently, I am preparing to write a thesis on these topics that will permit me to finish a master's degree in educational psychology.

As part of my thesis I am requesting information from all addictions counsellors who work for AADAC. Specifically, I am interested in how much stress, if any, counsellors experience when they perform various tasks, how effectively they believe they do each task and how they feel about their work. I recognize and appreciate the value of your time. You can help me a great deal by using about 20 minutes of your time to complete each of the attached questionnaires.

Participation in this study is voluntary, but the information you can provide would be invaluable to me in my study of this area. The information that you provide will be reported only in the form of group statistics, no individual results will be reported. You will note that your name does not appear anywhere on the material enclosed to ensure your responses are kept confidential. The mailing list which has your name and corresponding identifying number is confidential to myself and will be destroyed before the data is computer coded. This means that, before any analysis begins, the information will be totally anonymous.

If you are willing to help me by participating in this study, please complete the questionnaires, place them in the stamped, addressed envelope provided and drop them in the mail. If you do not wish to participate, simply place the blank questionnaires in the envelope provided and mail them. Please take these steps within the next week. Completing and returning the questionnaires will be taken as consent to use the information you provided in analysis. If you have any questions or concerns pertaining to this study please contact myself, Peter Hansen, at the Lander Treatment Centre (625-3311, rite 168-1395). My university faculty adviser, Dr. Bryan Hiebert of the University of Calgary (220-7770) is also available to address concerns about this study.

Your participation in this study would be greatly appreciated. If you would like a copy of the report written on this data, please contact me in about three months time. I look forward to receiving your help.

Peter Hansen, Addictions Counsellor

Hello again,

About one week ago, you should have received a package that contained a letter and two questionnaires. The package outlined my request for your voluntary assistance in providing data that I could use to complete a master's thesis. The information that you can provide would be of invaluable help to me. I specifically requested that you complete and return the two attached questionnaires.

If you have already returned those questionnaires to me, please disregard this letter. If you have not yet returned them, please do so as soon as possible. Again, if you have any questions or concerns pertaining to this study please contact myself, Peter Hansen, at the Lander Treatment Centre (625-3311, rite 168-1395) or my university faculty adviser, Dr. Bryan Hiebert at the University of Calgary (220-7770). Thank you again for your consideration of this matter and your invaluable help.

Peter Hansen, Addictions Counsellor

Counsellor Effectiveness Inventory

The following pages contain a list of tasks encountered when working as a counsellor. Please read each task description carefully and then use the columns provided to rate it according to: how frequently you encounter that task, how much stress you experience while performing the task and how effectively you believe you perform the task.

To make your choice, circle the number corresponding to the answer most appropriate to you. Please remove this cover sheet and use it as a guide while completing the inventory.

FREQUENCY is rated on a six point scale as follows:

0 - Do not encounter the task

1 - Eleven times per year or less

2 - monthly

3 - weekly

4 - daily

5 - several times per day or more

IF YOU HAVE NOT ENCOUNTERED A TASK, CIRCLE 0 IN THE FREQUENCY COLUMN AND LEAVE THE STRESS AND EFFECTIVENESS COLUMNS BLANK.

STRESS experienced when performing the task is rated on a scale as follows:

1 - no or very little stress

5 - high level of stress

This is a rating of your average or typical level of stress.

EFFECTIVENESS in performing the task is rated on a scale as follows:

1 - minimally effective

5 - very effective

This is a rating of your average or typical degree of effectiveness.

After completing this section of the inventory, please complete the following sections relating to descriptive information and your feelings about your job.

Page 2 ID# _____

Counselling Tasks	frequency	level of stress	effect-iveness
1. Be perceptive of each individual in a group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2. Document progress towards individual clients' treatment goals	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3. Prepare a family for referral or closure	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4. Do follow-up on clients	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5. Time treatment strategies appropriately	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6. Access appropriate self-care and support networks to maintain your personal health	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
7. Use supportive confrontation	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
8. Effectively summarize and synthesize relevant information in written form	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
9. Determine when and how to effectively conclude a group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
10. Determine an appropriate level of intervention to use with a family	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
11. Manage time effectively	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
12. Set an atmosphere conducive to treatment	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
13. Relate and communicate effectively within the AADAC organization	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
14. Deal with a client's resistance	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
15. Be sensitive to the emerging needs of learners in a skill training group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
16. Make effective presentations	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
17. Use a variety of strategies to update professional knowledge	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
18. Give and receive evaluative feedback with co-workers	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
19. Recognize how your personal experiences and feelings affect the counselling process	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
20. Mediate a crisis situation	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

20 sp

Page 3 ID# _____

Counselling Tasks	frequency	level of stress	effect-iveness	
21. Ask effective questions	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	30 sp
22. Operate audio and video equipment	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
23. Employ relapse prevention strategies	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
24. Implement an evaluation of a training session	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
25. Maintain continuity when leading a group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
26. Accept responsibility for facilitating a group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
27. Maintain a positive attitude towards the client's potential for recovery	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
28. Identify family symptom function, family structure and family cycles	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
29. Lead discussion and skill training groups	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
30. Understand and utilize group dynamics	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	40 sp
31. Be knowledgeable about information to be presented	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
32. Use self-disclosure appropriately	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
33. Write summative reports and evaluations	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
34. Initiate change in family systems through work with individuals	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
35. Identify patterns of interaction in a family	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
36. Prepare a client for referral and closure	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
37. Periodically summarize and clarify the process in a group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
38. Focus attention on identified issues	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
39. Develop teaching goals, objectives and strategies for skill training groups	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	50 sp
40. Complete written communication within timelines	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
41. Establish goals and guidelines for a group session	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
42. Help maintain morale at or through staff meetings	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
43. Work with supervision	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Page 4 ID# _____

Counselling Tasks	frequency	level of stress	effect-iveness	
44. Recognize your professional limitations and strengths	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	56
45. Engage a family in the change process as appropriate	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
46. Model appropriate behaviour in the therapeutic setting	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
47. Listen actively	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
48. Use time effectively during assessment	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	60
49. Use a variety of instructional techniques in skill training groups (eg. role play)	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	sp
50. Select and facilitate a group process appropriate to the clients' needs	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
51. Use and interpret body language	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
52. Set short and long term treatment goals	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
53. Obtain a commitment or decision from a client	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
54. Write using effective mechanics of the English language (grammar, punctuation, etc.)	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
55. Evaluate group process and outcome	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
56. Encourage client participation in a group	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
57. Maintain control of yourself in a crisis situation	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	70
58. Provide relevant information in therapy sessions	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	sp
59. Use problem solving techniques in staff meetings	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
60. Adapt writing style and format to a task or audience	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
61. Empathize with the client	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
62. Assess potential suicide risk	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
63. Summarize feelings and content in interviews	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
64. Obtain information through the use of approved assessment procedures	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

Page 5 ID# _____ Counselling Tasks	frequency	level of stress	effect-iveness	
65. De-fuse an intense emotional situation in a crisis	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
66. Clarify expectations and roles of counsellor and client	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	80 sp
67. Use the skills and resources of other members of a team	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	8 f2 s4
68. Prepare for staff meetings	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	e6
69. Write legibly	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	10 sp
70. Set your own personal, career and occupational goals and determine action plans	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
71. Assess appropriate resources for assistance during a crisis	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
72. Encourage a client toward positive change	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
73. Contribute constructively to staff meetings	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
74. Facilitate a group effectively with a co-therapist	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
75. Use a crisis to initiate change in clients	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
76. Select appropriate instructional media and materials for information sessions	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
77. Recognize when to use directive or non-directive approaches in groups	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
78. Represent AADAC in a professional manner	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	20 sp
79. Understand the inter-relationship between family systems, dependency and drug use patterns	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
80. Develop professional competence through clinical supervision	0 1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	23

Page 6

Please complete the following questions by circling the appropriate answer or filling in the requested information.

card 7
Column

Your sex: 1. male 2. female | | 8

Your age: (_____) years | | | 9-10

Marital status:
1. single 2. married/common-law
3. divorced/separated 4. widowed/widower | | 11

What was the highest level you completed in school?

1. some college 2. college diploma
3. some university 4. university bachelors degree
4. some post-graduate university
5. graduate degree | | 12

How long have you been employed in your present position?

(_____) years | | | 13-14

How long have you been employed in this general type of work?

(_____) years | | | 15-16

How many hours per week do you spend in direct contact with your clients?

(_____) hours | | | 17-18

What work setting are you employed in?

1.outpatient 2.inpatient 3.detoxification | | 19

Page 7

Column

Generally speaking, how much stress do you experience as a result of your job?

1 2 3 4 5 card 7

very little stress — very much stress

20

Generally speaking, how effective are you at performing your job?

1 2 3 4 5

minimally effective — very effective

21

Generally speaking, how effective is the support you get from co-workers, supervisors, clerical staff, etcetera in helping you perform your job duties?

1 2 3 4 5

minimally effective — very effective

22

Generally speaking, how effective is the support you get from co-workers, supervisors, friends, etcetera in helping you cope with work related stress?

1 2 3 4 5

minimally effective — very effective

23

Thank you for providing this information. Please complete the attached copy of the Human Services Survey and then place all the completed material into the envelope provided, seal it, and place it in the mail. Thanks again.

Appendix B

Individual Item Correlations

Interviewing and Assessment	Stress with Effect.	Frequency with Stress	Frequency with Effect.
64. Obtain information through the use of approved assessment procedures	-.16 p = .09	.03 p = .40	.22 p = .04
66. Clarify expectations and roles of counsellor and client	-.27 p = .01	.09 p = .24	.17 p = .07
52. Set short and long term treatment goals	.1 p = .21	.23 p = .03	.42 p < .01
53. Obtain a commitment or decision from a client	-.21 p = .04	.16 p = .1	.18 p = .07
48. Use time effectively during assessment	-.24 p = .02	-.04 p =.39	.21 p = .04
2. Document progress towards individual clients' treatment goals	-.29 p < .01	.03 p = .40	-.02p = .43
12. Set an atmosphere conducive to treatment	-.23 p < .01	.12 p = .15	.38 p < .01
Counselling Affected Persons			
7. Use supportive confrontation	-.15 p = .11	-.07p = .07	.16 p = .09
14. Deal with a client's resistance	-.13 p = .14	.29 p = .01	.18 p = .07
21. Ask effective questions	-.33 p < .01	-.09p = .22	.22 p = .03
32. Use self-disclosure appropriately	-.21 p = .03	.24 p = .02	.31 p < .01
47. Listen actively	-.25 p = .02	-.09 p =.23	.15 p = .11
51. Use and interpret body language	-.21 p = .04	.09 p = .23	.23 p = .03
61. Empathize with the client	-.31 p < .01	.06 p = .31	.35 p < .01
63. Summarize feelings and content in interviews	-.14 p = .13	.02 p = .43	.40 p < .01
Working Within the Therapeutic Process			
23. Employ relapse prevention strategies	-.27 p = .02	.03 p = .4	.3 p < .01
19. Recognize how your personal experiences and feelings affect the counselling process	-.29 p < .01	.14 p = .12	.38 p < .01
5. Time treatment strategies appropriately	.03 p = .41	.2 p = .05	.24 p = .02

Working Within the Therapeutic Process	Stress with Effect.	Frequency with Stress	Frequency with Effect.
27. Maintain a positive attitude towards the client's potential for recovery	-.31 $p < .01$	.08 $p = .27$	.1 $p = .20$
36. Prepare a client for referral and closure	-.01 $p = .47$	.27 $p = .01$	.16 $p = .1$
38. Focus attention on identified issues	-.08 $p = .27$	.06 $p = .33$	.31 $p < .01$
46. Model appropriate behaviour in the therapeutic setting	-.23 $p = .03$	-.1 $p = .2$	.24 $p = .02$
4. Do follow-up on clients	-.22 $p = .04$	.38 $p < .01$	.04 $p = .39$
58. Provide relevant information in therapy sessions	-.22 $p = .04$	-.11 $p = .17$	.31 $p < .01$
72. Encourage a client toward positive change	-.44 $p < .01$	-.08 $p = .27$	.42 $p < .01$

Group Counselling

1. Be perceptive of each individual in a group	-.01 $p = .49$	.02 $p = .44$	.1 $p = .22$
9. Determine when and how to effectively conclude a group	-.35 $p < .01$	.05 $p = .35$	.06 $p = .33$
25. Maintain continuity when leading a group	-.18 $p = .07$	-.04 $p = .38$	.22 $p = .04$
26. Accept responsibility for facilitating a group	-.14 $p = .13$	.08 $p = .27$	.35 $p < .01$
30. Understand and utilize group dynamics	-.09 $p = .25$	.06 $p = .32$	.3 $p < .01$
37. Periodically summarize and clarify the process in a group	-.21 $p = .05$	.03 $p = .42$	.45 $p < .01$
50. Select and facilitate a group process appropriate to the clients' needs	-.21 $p = .06$	.1 $p = .24$	.46 $p < .01$
55. Evaluate group process and outcome	-.45 $p = .37$	-.18 $p = .08$	.29 $p = .01$
56. Encourage client participation in a group	-.05 $p = .35$	.07 $p = .28$	.24 $p = .03$
41. Establish goals and guidelines for a group session	-.02 $p = .44$	.01 $p = .46$	.17 $p = .1$
74. Facilitate a group effectively with a co-therapist	-.3 $p = .01$	.13 $p = .18$	.28 $p = .02$
77. Recognize when to use directive or non-directive approaches in groups	-.21 $p = .05$	.08 $p = .26$	.28 $p = .01$

Crisis Intervention	Stress with Effect.	Frequency with Stress	Frequency with Effect.
20. Mediate a crisis situation	-.26 p = .02	.24 p = .03	-.08 p =.26
57. Maintain control of yourself in a crisis situation	-.21 p = .04	-.13 p =.15	.03 p = .42
62. Assess potential suicide risk	-.25 p = .02	-.15 p =.11	.28 p = .01
65. De-fuse an intense emotional situation in a crisis	-.18 p = .08	-.08 p =.26	.19 p = .06
71. Assess appropriate resources for assistance during a crisis	-.18 p = .07	-.18 p =.44	.09 p = .24
75. Use a crisis to initiate change in clients	-.21 p = .18	-.12 p =.18	.09 p = .23
Teaching			
16. Make effective presentations	-.17 p = .08	-.22 p =.05	-.03 p = .4
15. Be sensitive to the emerging needs of learners in a skill training group	-.27 p = .03	.17 p = .12	.2 p = .08
22. Operate audio and video equipment	-.43 p < .01	-.08 p =.25	.3 p < .01
24. Implement an evaluation of a training session	.06 p = .36	.25 p = .06	.33 p=.018
31. Be knowledgeable about information to be presented	-.28 p = .01	-.11 p =.19	.16 p = .1
29. Lead discussion and skill training groups	-.15 p = .14	.1 p = .24	.08 p = .29
39. Develop teaching goals, objectives and strategies for skill training groups	-.09 p = .28	.05 p = .37	-.01 p =.49
49. Use a variety of instructional techniques in skill training groups (eg. role play)	-.18 p = .1	-.09 p =.26	.41 p < .01
76. Select appropriate instructional media and materials for information sessions	-.12 p = .19	.14 p = .13	.16 p = .1
Counselling Families			
3. Prepare a family for referral or closure	.06 p = .32	-.07 p =.31	.16 p = .12
10. Determine an appropriate level of intervention to use with a family	.23 p = .04	.33 p < .01	.46 p < .01
28. Identify family symptom function, family structure and family cycles	-.32 p = .01	-.16 p =.11	.2 p = .06

Counselling Families	Stress with Effect.	Frequency with Stress	Frequency with Effect.
34. Initiate change in family systems through work with individuals	-.21 p = .05	.05 p = .34	.41 p < .01
35. Identify patterns of interaction in a family	-.04 p = .39	-.02 p =.43	.1 p = .22
45. Engage a family in the change process as appropriate	-.05 p = .37	-.06 p =.33	.27 p = .02
79. Understand the inter-relationship between family systems, dependency and drug use patterns	-.43 p < .01	-.01 p =.47	.3 p = .01

Self Development

6. Access appropriate self-care and support networks to maintain your personal health	-.43 p < .01	.07 p = .27	.32 p < .01
11. Manage time effectively	-.26 p = .02	.36 p < .01	.28 p = .04
13. Relate and communicate effectively within the AADAC organization	-.33 p < .01	-.07 p =.29	.34 p < .01
17. Use a variety of strategies to update professional knowledge	-.15 p = .12	.1 p = .21	.4 p < .01
18. Give and receive evaluative feedback with co-workers	-.44 p < .01	-.11 p =.18	.38 p < .01
43. Work with supervision	-.36 p < .01	-.03 p =.4	.27 p = .01
44. Recognize your professional limitations and strengths	-.49 p < .01	.15 p = .11	-.14 p= .12
67. Use the skills and resources of other members of a team	-.35 p < .01	-.09 p =.23	.28 p = .01
70. Set your own personal, career and occupational goals and determine action plans	-.48 p < .01	-.12 p =.16	.11 p = .19
80. Develop professional competence through clinical supervision	-.09 p = .26	.19 p = .07	.01 p = .47

Communicating in Writing	Stress with Effect.	Frequency with Stress	Frequency with Effect.
8. Effectively summarize and synthesize relevant information in written form	-.36 $p < .01$	.03 $p = .42$	.11 $p = .19$
33. Write summative reports and evaluations	-.38 $p < .01$	-.08 $p = .25$	.13 $p = .15$
40. Complete written communication within timelines	-.42 $p < .01$	-.07 $p = .3$	.05 $p = .36$
54. Write using effective mechanics of the English language (grammar, punctuation, etc.)	-.51 $p < .01$	-.09 $p = .24$	.09 $p = .24$
60. Adapt writing style and format to a task or audience	-.28 $p = .01$	.04 $p = .38$	.27 $p = .02$
69. Write legibly	-.6 $p < .01$	-.15 $p = .11$	.03 $p = .39$

Participating in Meetings			
73. Contribute constructively to staff meetings	-.34 $p = .01$	.03 $p = .4$	.35 $p < .01$
78. Represent AADAC in a professional manner	-.39 $p < .01$	.03 $p = .4$	.31 $p < .01$
42. Help maintain morale at or through staff meetings	-.57 $p < .01$	.03 $p = .4$	.16 $p = .1$
59. Use problem solving techniques in staff meetings	-.23 $p = .03$	.32 $p < .01$	.31 $p < .01$
68. Prepare for staff meetings	-.18 $p = .08$	.15 $p = .12$	.38 $p = .01$

Item Frequency of Response and Averages

Appendix C Counselling Tasks	frequency 0 1 2 3 4 5	stress 1 2 3 4 5	effectiveness 1 2 3 4 5
1. Be perceptive of each individual in a group	5 7 8 23 10 18 M = 3.13	8 20 27 8 2 M = 2.65	0 1 15 44 6 M = 3.83
2. Document progress towards individual clients' treatment goals	1 1 3 18 22 1 M = 3.93	12 26 14 11 7 M = 2.64	2 6 26 32 4 M = 3.43
3. Prepare a family for referral or closure	12 17 23 18 1 0 M = 1.7	5 29 14 11 0 M =2.53	0 4 29 24 2 M = 3.41
4. Do follow-up on clients	12 25 18 11 4 1 M = 1.62	21 19 16 2 3 M = 2.13	9 9 21 17 5 M = 3.0
5. Time treatment strategies appropriately	1 4 5 16 24 21 M = 3.7	3 26 20 15 5 M = 2.9	0 1 30 32 6 M = 3.62
6. Access appropriate self-care and support networks to maintain your personal health	5 13 4 20 18 10 M = 2.9	20 24 13 7 3 M = 2.24	2 5 16 24 20 M = 3.82
7. Use supportive confrontation	0 2 4 23 27 15 M = 3.69	5 17 22 24 3 M = 3.04	0 1 16 43 11 M = 3.9
8. Effectively summarize and synthesize relevant information in written form	0 0 5 23 21 22 M = 3.85	9 23 17 16 6 M = 2.82	3 3 25 28 12 M = 3.61
9. Determine when and how to effectively conclude a group	12 13 14 14 11 7 M = 2.82	13 26 20 7 3 M = 2.51	1 3 16 26 12 M = 3.78
10. Determine an appropriate level of intervention to use with a family	16 21 14 17 3 0 M = 1.58	4 15 16 17 4 M = 3.04	2 4 21 24 4 M = 3.44
11. Manage time effectively	0 1 1 2 23 44 M = 4.52	7 17 18 22 6 M = 3.04	2 7 25 25 12 M = 3.54
12. Set an atmosphere conducive to treatment	0 0 0 6 21 44 M = 4.54	16 23 20 10 2 M = 2.42	0 1 10 35 25 M = 4.18
13. Relate and communicate effectively within the AADAC organization	1 11 12 8 18 21 M = 3.32	11 27 21 5 6 M = 2.53	4 12 20 24 9 M = 3.32
14. Deal with a client's resistance	1 0 6 19 25 20 M = 3.79	1 19 16 28 6 M = 3.23	0 4 23 38 5 M = 3.63
15. Be sensitive to the emerging needs of learners in a skill training group	23 8 13 17 4 6 M = 1.85	3 16 20 10 1 M = 2.8	1 2 20 24 3 M = 3.52
16. Make effective presentations	3 2 13 40 9 4 M = 2.87	2 14 24 21 7 M = 3.25	0 0 14 42 12 M = 2.97

Counselling Tasks	frequency 0 1 2 3 4 5	stress 1 2 3 4 5	effectiveness 1 2 3 4 5
17. Use a variety of strategies to update professional knowledge	2 14 16 24 11 4 M = 2.56	20 26 15 7 1 M = 2.17	2 8 33 19 7 M = 3.3
18. Give and receive evaluative feedback with co-workers	2 11 7 24 19 7 M = 2.97	8 18 21 17 4 M = 2.87	2 7 21 31 7 M = 3.5
19. Recognize how your personal experiences and feelings affect the counselling process	0 0 5 7 32 27 M = 4.14	10 29 18 21 4 M = 2.56	0 2 18 36 15 M = 3.9
20. Mediate a crisis situation	2 15 23 21 9 1 M = 2.32	1 6 18 29 15 M = 3.74	1 26 37 5 2 M = 3.67
21. Ask effective questions	0 1 0 4 18 48 M = 4.58	14 24 27 6 0 M = 2.35	0 1 18 35 17 M = 3.96
22. Operate audio and video equipment	0 8 10 37 12 4 M = 2.92	40 12 11 6 2 M = 1.85	0 1 15 19 36 M = 4.23
23. Employ relapse prevention strategies	3 1 8 26 21 12 M = 3.67	16 30 16 4 1 M = 2.16	0 2 17 37 11 M = 3.85
24. Implement an evaluation of a training session	30 16 19 3 2 0 M = 1.1	7 16 13 3 2 M = 2.44	3 3 16 15 4 M = 3.34
25. Maintain continuity when leading a group	5 8 11 20 13 14 M = 2.97	8 13 28 15 2 M = 2.85	0 1 21 37 7 M = 3.76
26. Accept responsibility for facilitating a group	5 9 12 13 20 12 M = 2.89	5 19 23 17 2 M = 2.88	0 0 17 37 12 M = 3.92
27. Maintain a positive attitude towards the client's potential for recovery	0 0 1 3 27 40 M = 4.49	19 24 18 5 4 M = 2.3	0 3 12 33 22 M = 4.06
28. Identify family symptom function, family strucrure and family cycles	7 8 11 24 11 10 M = 2.76	11 21 15 15 2 M = 2.63	0 2 26 29 7 M = 3.64
29. Lead discussion and skill training groups	18 12 15 14 8 4 M = 1.92	5 17 21 9 2 M = 2.74	2 0 14 31 7 M = 3.76
30. Understand and utilize group dynamics	5 8 9 19 12 18 M = 3.11	6 22 19 14 5 M = 2.85	0 4 20 34 8 M = 3.7
31. Be knowledgeable about information to be presented	2 0 1 24 20 24 M = 3.86	10 24 22 11 2 M = 2.58	0 1 15 33 20 M = 4.04
32. Use self-disclosure appropriately	0 1 10 20 22 18 M = 3.65	19 24 22 4 2 M = 2.24	0 2 18 34 17 M = 3.93
33. Write summative reports and evaluations	1 4 14 21 15 16 M = 3.31	8 26 10 15 9 M = 2.87	1 4 26 28 9 M = 3.56

Counselling Tasks	frequency 0 1 2 3 4 5	stress 1 2 3 4 5	effectiveness 1 2 3 4 5
34. Initiate change in family systems through work with individuals	5 7 10 20 17 12 M = 3.03	6 30 17 9 4 M = 2.62	1 5 31 24 5 M = 3.41
35. Identify patterns of interaction in a family	6 18 10 20 18 10 M = 2.93	7 26 17 12 2 M = 2.63	0 3 28 28 5 M = 3.55
36. Prepare a client for referral and closure	1 2 21 28 13 6 M = 2.96	12 32 17 7 2 M = 2.36	0 2 27 33 8 M = 3.67
37. Periodically summarize and clarify the process in a group	8 10 13 25 9 5 M = 2.55	10 21 19 9 2 M = 2.54	1 2 22 26 10 M =3.69
38. Focus attention on identified issues	1 0 3 21 33 4 M = 4.19	14 20 22 9 2 M = 2.48	0 2 16 33 16 M = 2.94
39. Develop teaching goals, objectives and strategies for skill training groups	24 19 17 5 4 0 M = 1.22	4 14 19 6 3 M = 2.78	1 3 19 19 4 M = 3.48
40. Complete written communication within timelines	0 7 9 26 21 6 M = 3.145	8 21 14 17 8 M = 2.94	3 3 16 29 17 M = 3.79
41. Establish goals and guidelines for a group session	8 10 17 17 12 5 M = 2.44	11 21 19 8 2 M = 2.49	2 1 21 31 6 M = 3.62
42. Help maintain morale at or through staff meetings	3 10 20 27 6 3 M = 2.46	13 18 13 11 11 M = 2.83	8 5 27 14 12 M = 3.26
43. Work with supervision	5 15 14 17 13 5 M = 2.48	14 14 23 9 4 M = 2.61	0 5 20 32 7 M = 3.64
44. Recognize your professional limitations and strengths	0 2 5 11 33 19 M = 3.89	5 25 16 18 6 M = 2.93	0 5 25 35 5 M = 3.57
45. Engage a family in the change process as appropriate	11 15 19 8 5 1 M = 1.91	4 18 19 15 3 M = 2.92	0 3 26 28 2 M = 3.49
46. Model appropriate behaviour in the therapeutic setting	0 2 0 6 25 37 M = 4.36	16 24 18 7 4 M = 2.41	0 1 11 37 21 M = 4.11
47. Listen actively	0 0 0 0 19 51 M = 4.73	21 19 17 11 2 M = 2.34	1 1 7 34 26 M = 4.2
48. Use time effectively during assessment	0 0 5 23 27 15 M = 3.74	14 19 22 11 3 M = 2.57	1 6 18 32 12 M = 3.7
49. Use a variety of instructional techniques in skill training groups (eg. role play)	15 10 17 18 7 3 M = 2.01	7 21 16 7 3 M = 2.59	1 2 17 28 6 M = 3.67
50. Select and facilitate a group process appropriate to the clients' needs	10 8 11 11 19 11 M = 2.77	10 13 23 10 3 M = 2.71	1 3 17 30 8 M = 3.7

Counselling Tasks	frequency 0 1 2 3 4 5	stress 1 2 3 4 5	effectiveness 1 2 3 4 5
51. Use and interpret body language	0 2 0 6 25 37 M = 4.36	20 21 16 4 3 M = 2.19	0 4 21 31 14 M = 3.79
52. Set short and long term treatment goals	0 0 6 19 21 24 M = 3.9	10 25 23 10 2 M = 2.56	0 2 28 35 5 M = 3.61
53. Obtain a commitment or decision from a client	0 0 3 22 23 22 M = 3.91	12 27 17 10 3 M = 2.49	0 3 17 41 8 M = 3.78
54. Write using effective mechanics of language (grammar, punctuation, etc.)	0 0 3 12 24 31 M = 4.19	23 22 14 7 4 M = 2.24	1 4 11 34 20 M = 3.97
55. Evaluate group process and outcome	9 9 16 16 12 8 M = 2.53	9 23 17 9 3 M = 2.57	1 2 25 24 9 M = 3.62
56. Encourage client participation in a group	4 8 8 20 15 15 M = 3.13	14 22 23 5 2 M = 2.38	2 1 21 33 9 M = 3.70
57. Maintain control of yourself in a crisis situation	4 18 21 18 6 3 M = 2.19	4 8 18 20 17 M = 3.57	0 1 17 38 11 M = 3.88
58. Provide relevant information in therapy sessions	0 1 2 12 29 26 M = 4.1	18 22 18 10 2 M = 2.37	0 1 18 38 13 M = 3.9
59. Use problem solving techniques in staff meetings	4 15 24 21 4 1 M = 2.13	8 18 17 17 5 M = 2.89	2 15 29 18 1 M = 3.02
60. Adapt writing style and format to a task or audience	10 10 16 19 10 5 M = 2.34	9 19 20 9 3 M = 2.63	1 2 19 33 5 M = 3.65
61. Empathize with the client	0 0 1 9 19 41 M = 4.43	29 16 17 5 3 M = 2.1	0 1 14 31 24 M = 4.11
62. Assess potential suicide risk	1 6 14 23 17 9 M = 3.09	6 15 24 17 7 M = 3.06	1 2 19 35 12 M = 3.8
63. Summarize feelings and content in interview	0 0 0 13 27 30 M = 4.24	17 27 19 5 2 M = 2.26	0 0 18 37 15 M = 3.96
64. Obtain information through the use of approved assessment procedures	1 4 7 17 21 20 M = 3.61	16 24 22 6 1 M = 2.3	2 3 18 35 11 M = 3.73
65. De-fuse an intense emotional situation in a crisis	3 24 20 16 8 0 M = 2.03	2 5 16 28 17 M = 3.78	3 24 34 7 3 M = 3.66
66. Clarify expectations and roles of counsellor and client	0 0 5 28 27 11 M = 3.62	15 28 21 3 3 M = 2.3	0 2 21 38 9 M = 3.77
67. Use the skills and resources of other members of a team	1 4 11 23 25 7 M = 3.24	20 28 17 3 2 M = 2.13	0 4 18 36 12 M = 3.8

Counselling Tasks	frequency 0 1 2 3 4 5	stress 1 2 3 4 5	effectiveness 1 2 3 4 5
68. Prepare for staff meetings	9 14 17 26 4 1 M = 2.07	22 19 13 8 1 M = 2.16	7 11 24 15 6 M = 3.03
69. Write legibly	0 2 0 6 24 38 M = 4.371	36 14 10 6 4 M = 1.97	3 8 10 22 27 M = 3.89
70. Set your own personal and career goals and determine action plans	2 33 24 4 5 3 M = 1.803	14 16 17 14 7 M = 2.76	1 12 27 19 9 M = 3.34
71. Assess appropriate resources for assistance during a crisis	2 20 23 17 6 2 M = 2.16	5 13 24 19 7 M = 3.15	0 5 22 32 9 M = 3.66
72. Encourage a client toward positive change	0 0 0 5 31 35 M = 4.42	17 29 18 5 2 M = 2.24	1 1 13 39 17 M = 3.99
73. Contribute constructively to staff meetings	2 11 17 32 7 2 M = 2.521	14 22 20 11 2 M = 2.49	5 6 20 29 9 M = 3.45
74. Facilitate a group effectively with a co-therapist	17 16 8 8 8 14 M = 2.23	7 20 14 10 3 M = 2.67	2 1 15 30 6 M = 3.69
75. Use a crisis to initiate change in clients	3 17 13 23 13 2 M = 2.51	2 20 26 15 4 M = 2.99	3 24 37 3 3 M = 3.96
76. Select appropriate instructional media and materials for information sessions	9 9 17 27 7 2 M = 2.28	10 34 15 3 1 M = 2.22	3 12 37 10 8 M = 3.82
77. Recognize when to use directive or non-directive approaches in groups	6 6 15 17 11 13 M = 2.88	6 17 24 9 5 M = 2.84	1 3 21 30 6 M = 3.61
78. Represent AADAC in a professional manner	4 10 5 4 25 21 M = 3.55	22 16 20 7 1 M = 2.23	0 1 8 35 22 M = 4.18
79. Understand the inter-relationship between family systems and drug use patterns	1 2 2 12 29 25 M = 3.99	15 29 15 8 3 M = 2.36	0 2 18 33 1 M = 3.91
80. Develop professional competence through clinical supervision	10 23 18 15 4 1 M = 1.76	7 12 18 21 4 M = 3.05	2 7 24 19 10 M = 3.45