

# DBT Providers' Perceptions of Telehealth and Correlates of Burnout Following COVID-19

Presenters: Amanda Henkel, BA, Chrissna Hem, BS, Hunter Baril, BS

## INTRODUCTION:

- Since the COVID-19 pandemic, there has been a widespread transition to telehealth and increase in levels of clinician burnout (APA, 2022; Kotera et al., 2021).
- This study examined shifts in clinicians' reported perceptions of providing comprehensive DBT via telehealth since the onset of the pandemic.
- We predicted clinicians would report believing that providing DBT services via telehealth is currently more appropriate than they did prior to COVID-19.
- We also expected elevated burnout levels among DBT clinicians, consistent with prior research (Warlick et al., 2020).
- Psychological factors associated with burnout were also explored.

## METHODS:

Survey invitations were posted to national professional listservs/message boards (e.g., DBT-L, ABCT, ADAA) and sent to DBT specialty clinics across the US.

Measures were collected via SurveyMonkey between November 2022 and March 2023 and included:

- Demographic data
- Questions about appropriateness of DBT for high-risk clients/behaviors via telehealth
- Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981)
- Cognitive Emotion Regulation Questionnaire - Short Form (CERQ-SF; Garnefski et al., 2001)
- Acceptance and Action Questionnaire II (AAQ-II; Bond et al., 2010)
- Self-Compassion Scale-Short Form (SCS-SF; Raes et al., 2011)
- Work-Life Climate Scale (WLCS; Schwartz et al., 2019)
- Questions about workplace telepressure (Barber & Santuzzi, 2014)

## RESULTS:

- Clinicians reported currently believing it is more appropriate to provide DBT services via telehealth to clients with suicidal ideation as compared to prior to the pandemic.
- Similar results were found for clinicians' beliefs about providing DBT via telehealth for clients with non-suicidal self-injury and a recent suicide attempt, as well as for conducting skills training group via telehealth.
- Burnout levels in this sample were above published norms for mental health professionals (Maslach et al., 2018) on the MBI-Emotional Exhaustion scale (MBI-EE;  $M = 25.7$ ,  $SD = 11.6$ ).
- Lower self-compassion, lower psychological flexibility, less work-life balance behaviors, and increased telepressure were all related to higher MBI-EE.
- While most maladaptive cognitive emotion regulation (CERQ-SF) strategies were significantly related to MBI-EE, adaptive strategies were not.

## DISCUSSION:

- This study extends research on the impact of the widespread use of telehealth during the COVID-19 pandemic by demonstrating notable shifts in DBT therapists' perceptions of the appropriateness of this form of treatment delivery with high-risk clients and replicates prior findings of higher levels of burnout among DBT clinicians.
- Numerous maladaptive coping strategies were found to be associated with higher levels of burnout in this sample, providing directions for further research on potential interventions for DBT clinicians experiencing high levels of burnout in their clinical work.

## Authors:

Amanda Henkel, BA, Chrissna Hem, BS, Hunter Baril, BS, Jessica A. Harper, PhD, Megan Shope, PhD, Tina Hsu Schweizer, PhD, Ariel Ravid, PhD, Travis L. Osborne, PhD

Are DBT therapists more comfortable providing telehealth services to high-risk clients now than they were prior to COVID-19? YES!

Take a picture to download the full abstract, additional data, and more!



## Participant Characteristics (N = 87)

	n or Mean	% or SD
<b>Age</b>	42.9	10.9
<b>Current Gender</b>		
Female	76	87.4
Male	9	10.3
Use a different term	2	2.3
<b>Current Sexual Identity</b>		
Straight/Heterosexual	64	73.6
Bisexual	8	9.2
Queer	6	6.9
Lesbian	6	6.9
Other	2	2.3
Gay	1	1.1
<b>Race</b>		
White	79	90.8
Multiracial	3	3.4
Black or African American	2	2.3
Asian	1	1.1
Native Hawaiian or Other Pacific Islander	1	1.1
Declined	1	1.1
<b>Ethnicity</b>		
Not Hispanic or Latino	78	89.7
Hispanic or Latino	4	4.7
Declined	5	5.7
<b>Years Licensed</b>	10.8	8.3
<b>Highest Degree Attained</b>		
PhD/PsyD	37	42.5
MA/MS/MSW	50	57.5

Figure 1: Reported Comfort Providing Telehealth Services to High-Risk Clients Pre-COVID-19 and Current.

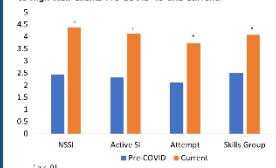


Table 1: Association Between Burnout, Self-Compassion, Psychological Flexibility, Telepressure, and Work Life Balance

	MBI-Emotional Exhaustion
Self-Compassion Scale-SF	-.41*
Acceptance and Action Questionnaire-II	.49*
Telepressure	.29*
Work Life Climate Total Score	-.34*

Table 2: Association Between Burnout and Cognitive Emotion Regulation Strategies

	MBI-Emotional Exhaustion
<b>Cognitive Emotion Regulation Questionnaire-Adaptive</b>	
Acceptance	.03
Positive Refocusing	-.09
Relax on Planning	-.10
Positive Reappraisal	-.16
Putting into Perspective	-.21
<b>Cognitive Emotion Regulation Questionnaire-Maladaptive</b>	
Self-Blame	.31*
Rumination	.42*
Catastrophizing	.29*
Other: Blame	.11

\* $p < .01$

**Title:** DBT Providers' Perceptions of Telehealth and Correlates of Burnout Following COVID-19

**Authors:** Amanda Henkel, BA, Chrissna Hem, BS, Hunter Baril, BS, Jessica A. Harper, PhD, Tina Hsu Schweizer, PhD, Megan Shope, PhD, Ariel Ravid, PhD, & Travis L. Osborne, PhD

**Affiliation:** Evidence Based Treatment Centers of Seattle (EBTCS) [www.ebtseattle.com](http://www.ebtseattle.com)

Since the COVID-19 pandemic, there has been a widespread transition to telehealth and increases in levels of clinician burnout (APA, 2022; Kotera et al., 2021). However, little work has examined DBT providers' perceptions of telehealth (Landes et al., 2022; Zalewski et al., 2021) and experiences of burnout during this period. This study examined shifts in clinicians' reported perceptions of providing comprehensive DBT via telehealth since the onset of the pandemic. We predicted that clinicians would report believing that providing DBT services via telehealth is currently more appropriate than they did prior to COVID-19. We also expected elevated burnout levels among DBT clinicians, consistent with prior research (Warlick et al., 2020). Psychological factors associated with burnout were also explored.

Survey invitations were posted to national professional listservs/message boards (e.g., DBT-L, ABCT, ADAA) and sent to DBT specialty clinics across the US. Measures were collected between November 2022 and May 2023 and included: demographics, questions about appropriateness of DBT for high-risk

clients/behavior via telehealth, Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), Cognitive Emotion Regulation Questionnaire - Short Form (CERQ-SF; Garnefski et al., 2001), Acceptance and Action Questionnaire II (AAQ-II; Bond et al., 2010), Self-Compassion Scale-Short Form (SCS-SF; Raes et al., 2011), Work-Life Climate Scale (WLCS; Schwartz et al., 2019), and questions about workplace telepressure (Barber & Santuzzi, 2015).

All participants ( $N = 87$ ; doctoral level  $n = 37$ ; master's level  $n = 50$ ) reported providing comprehensive DBT. Participants identified mostly as female ( $n = 76$ ; 87.4%) and White ( $n = 79$ ; 90.8%). Average age was 42.9 years ( $SD = 10.9$  years) with an average of 10.8 years ( $SD = 8.34$ ) of post-licensure experience.

Consistent with our hypotheses, clinicians reported currently believing it is more appropriate to provide DBT services via telehealth to clients with suicidal ideation ( $M = 4.1$ ,  $SD = 1.2$ ) as compared to beliefs prior to the pandemic ( $M = 2.3$ ,  $SD = 1.1$ ) ( $t(83) = 12.3$ ,  $p < .001$ , *Cohen's d* = 1.3). Similar results were found for clinicians' beliefs about providing DBT via telehealth for clients with non-suicidal self-injury and a recent suicide attempt, as well as for conducting skills training group via telehealth (all  $p$ 's < .002).

Burnout levels in this sample were above published norms for mental health professionals (Maslach et al., 2018) on the MBI-Emotional Exhaustion scale (MBI-EE;  $M = 25.7$ ;  $SD = 11.6$ ). Lower self-compassion (SCS-SF;  $r = -.41$ ,  $p < .001$ ), lower psychological flexibility (AAQ-2;  $r = .49$ ,  $p < .001$ ), less work-life balance behaviors (WLCS;  $r = -.54$ ,  $p < .001$ ), and increased telepressure ( $r = .29$ ,  $p = .007$ ) were all related to higher MBI-EE. Additionally, while most maladaptive cognitive emotion regulation (CERQ-SF) strategies were significantly related to MBI-EE, (Self-Blame  $r = .31$ ,  $p = .004$ ; Rumination  $r = .42$ ,  $p < .001$ ; Catastrophizing  $r = .29$ ,  $p = .007$ ), adaptive strategies were not (all  $r$ 's  $\leq -.21$ , all  $p$ 's  $\geq .05$ ).

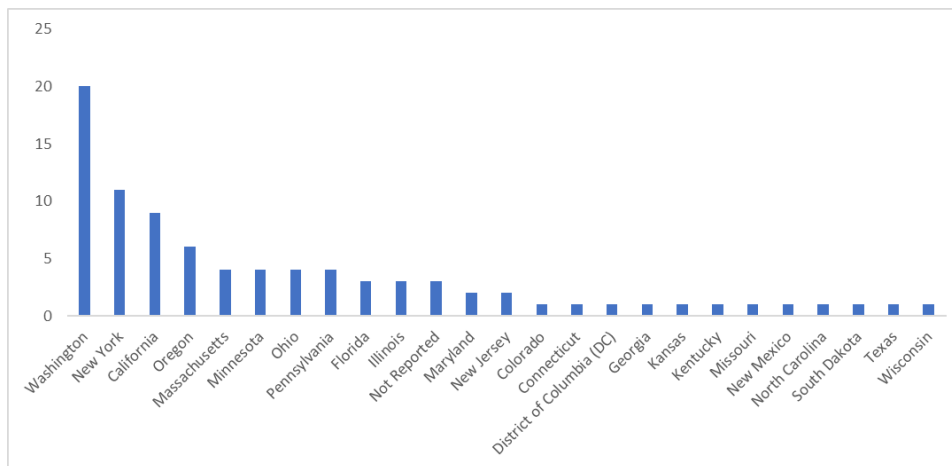
This study extends research on the impact of the widespread use of telehealth during the COVID-19 pandemic by demonstrating notable shifts in DBT therapist's perceptions of the appropriateness of this form of treatment delivery with high-risk clients and replicates prior findings of higher levels of burnout among DBT clinicians. Numerous maladaptive coping strategies were found to be associated with higher levels of burnout in this sample, providing directions for further research on potential interventions for DBT clinicians experiencing high levels of burnout in their clinical work.

**Supplemental Tables and Figures:**

Table S.1 Additional Characteristics of the Sample

	n or Mean	% or SD
<b>Work Setting</b>		
Private Practice/Group Practice	59	67.8
Hospital	14	16.1
Community Mental Health Setting	6	6.9
University Academic Department	3	3.4
Other	5	5.7
<b>Average Number of Clinical Hours Per Week</b>		
Prior to COVID-19	21.2	9.8
Current	21.1	7.1
<b>Average Number of Telehealth Hours Per Week</b>		
Prior to COVID-19	1.6	5.5
Current	13.5	8.7

Figure S.1 U.S. State Where a Majority of Clinical Work Was Conducted



*Note:* Data represent the number of clinicians providing clinical work in each state

Table S.2 Association Between MBI and Self-Compassion, Psychological Flexibility, Telepressure, and Work Life Balance

	MBI-Emotional Exhaustion	MBI-Depersonalization	MBI Personal Accomplishment
Self-Compassion Scale-SF	-.41*	-.45*	-.41*
Acceptance and Action Questionnaire-II	.49*	.45*	-.39*
Telepressure	.29*	.22	-.23
Work Life Climate Total Score	.54*	.40*	-.36*

\*  $p < .01$

Table S.3 Association Between MBI and Cognitive Emotion Regulation Strategies

	MBI-Emotional Exhaustion	MBI-Depersonalization	MBI-Personal Accomplishment
<b>Cognitive Emotion Regulation Questionnaire-Adaptive</b>			
Acceptance	-.03	-.15	.25
Positive Refocusing	-.09	-.07	-.01
Refocus on Planning	-.10	-.13	.29*
Positive Reappraisal	-.16	-.22	.26*
Putting into Perspective	-.21	-.03	.07
<b>Cognitive Emotion Regulation Questionnaire-Maladaptive</b>			
Self-Blame	.31*	.35*	-.16
Rumination	.42*	.24	-.09
Catastrophizing	.29*	.34*	-.24
Other Blame	.11	.11	.08

\*  $p \leq .01$

## References:

- American Psychological Association (2022, November). 2022 COVID-19 Practitioner Impact Survey. <https://www.apa.org/pubs/reports/practitioner/2022-covid-psychologist-workload>
- Barber, L. K., & Santuzzi, A. M. (2015). Please respond ASAP: workplace telepressure and employee recovery. *Journal of Occupational Health Psychology, 20*(2), 172.
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... & Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior therapy, 42*(4), 676-688.
- Garnefski, N., Kraaij, V., & Spinhoven, P. (2001). Negative life events, cognitive emotion regulation and emotional problems. *Personality and Individual differences, 30*(8), 1311-1327
- Kotera, Y., Maxwell-Jones, R., Edwards, A. M., & Knutton, N. (2021). Burnout in professional psychotherapists: Relationships with self-compassion, work–life balance, and telepressure. *International Journal of Environmental Research and Public Health, 18*(10), 5308.
- Landes, S. J. et al. (2022). Provider perspectives on delivering dialectical behavior therapy via telehealth during COVID-19 in the Department of Veterans Affairs. *Psychological Services, 19*(3), 562–572.
- Maslach, C., & Jackson, S. E. (1981). MBI: Maslach burnout inventory. Palo Alto, CA, 1(2), 49-78.
- Maslach, C., Jackson, S. E., Leiter, M. P. (2018). Maslach Burnout Inventory Manual- 4th Edition. Mind Garden.
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical psychology & psychotherapy, 18*(3), 250-255.
- Schwartz, S. P., Adair, K. C., Bae, J., Rehder, K. J., Shanafelt, T. D., Profit, J., & Sexton, J. B. (2019). Work - life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-sectional survey analysis. *BMJ Quality & Safety, 28*(2), 142-150.
- Warlick, C. A., Farmer, N. M., Frey, B. B., Vigil, K., Armstrong, A., Krieshok, T. S., & Nelson, J. (2021). Cost borne by the counselor: Comparing burnout between dialectical behavior therapy (DBT) counselors and non-DBT counselors. *Journal of Counseling & Development, 99*(3), 302-314.
- Zalewski, M., et al. (2021). Lessons learned conducting dialectical behavior therapy via telehealth in the age of COVID-19. *Cognitive and Behavioral Practice (28)*, 573-587