PERCEIVED PERSONAL, FAMILY, AND PROFESSIONAL RESOURCES AS

PREDICTORS OF BURNOUT AND SECONDARY TRAUMATIC STRESS AMONG

FORENSIC INTERVIEWERS

THESIS

Presented to the Graduate Council of
Texas State University-San Marcos
in Partial Fulfillment
of the Requirements

for the Degree

Master of SCIENCE

by

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San Marcos, Texas
December 2010

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to thank my husband, Nathan, who I love very much, and who has been so understanding, loving, encouraging, helpful, and supportive throughout the past several years while achieving this goal.

Lastly, I want to extend my gratitude to my committee members, Dr. Sally Hill Jones and Dr. Karen Knox, who took the time to review my work, challenge my thoughts during my defense, and encourage me to add to the scope of my research. This thesis would absolutely not have been possible though without the support, guidance, encouragement, and helpfulness of my thesis advisor, Dr. Michelle Toews. Not only has Dr. Toews helped me improve my writing and research skills throughout this process, but her love of research had a contagion effect on me during the pursuit of my undergraduate degrees. Dr. Toews encouraged and fostered this love of research for me.

To all of these wonderful people, I am deeply indebted. But I cannot end this list without thanking my Lord, Jesus Christ, who is my strength.

This manuscript was submitted on November 11, 2010.

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CHAPTER I

INTRODUCTION

In the first six months of 2009, 129,548 children were served at one of the more than 700 member children's advocacy centers of the National Children's Alliance (NCA, 2009). Children's advocacy centers (CACs) are typically independent, child-friendly, non-profit agencies where children suspected of being victims or witnesses of abuse or neglect can go, along with their non-offending caregivers, to receive services such as forensic interviews, counseling, and other advocacy (CACTX, 2008). CACs are a relatively new movement across the United States in the last 25 years and were developed in order to provide a more child-friendly approach to the justice system process (National Children's Advocacy Center [NCAC], n.d.). Each was designed to serve the specific needs of a specific community, which means there are not two centers exactly alike across the entire nation (NCAC, n.d.).

The common goal of CACs is to encourage and facilitate the joint investigation, prosecution, and promotion of safety of children in each specific community (NCAC, n.d.). It is believed a more thorough understanding of the cases can only be attained through a combined effort of agencies (NCAC, n.d.). CACs also hope families and children, who must navigate through the system, will have a less traumatic experience when they are presented with the CAC and multi-disciplinary team approach a CAC affords a community (CACTX, 2008).

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In order to accomplish this goal, CACs work with local law enforcement agencies, child protective services, prosecutors, and medical and mental health providers using a multi-disciplinary team (MDT) approach to the investigation of suspected child abuse (CACTX, 2008). The MDT members utilize forensic interviews as a source of information collection for the purpose of investigation and future prosecution, as well as ensure the safety of the child or children who are at risk (CACTX, 2008). These forensic interviews are conducted by hundreds of trained forensic interviewers across the nation.

Forensic interviewers are specially trained professionals who conduct recorded interviews of potential child victims, witnesses of crime, or children at risk of abuse or neglect. These professionals must be knowledgeable about child development in order to ask the child developmentally appropriate questions during the forensic interview. They must also have sufficient knowledge about the criminal justice system in order to elicit information from the child regarding all elements of a crime or incidence. Additionally, they must be competent regarding the civil child protection system in order to provide opportunities for information about the child's overall safety to be discussed in an appropriate manner. This is an enormous amount of information to keep track of in addition to the information the children are providing. For these reasons, these individuals play a very important role in the investigation and prosecution of child abuse and neglect across our nation.

Due to the intense nature of the job, forensic interviewers often experience a great deal of stress and strain. Research has shown strain in the workplace can result in burnout (Maslach & Leiter, 2008). Burnout has a negative impact on an individual's mental health and can manifest itself in varying ways, including being quick to anger or

frustration, crying easily, risk-taking, substance abuse, stubbornness, being unreasonable, cynicism towards the job, depression, alienation, and taking more energy to accomplish less (Azar, 2000). Therefore, research examining the extent of burnout and what predicts burnout for forensic interviewers is necessary in order to prolong the forensic interviewers' employment, to promote strong mental health, and to encourage and maintain effectiveness.

In addition to burnout, helping professionals are also at risk for experiencing secondary traumatic stress, which is "when one is exposed to extreme events directly experienced by another" (Gentry, Baranowsky, & Dunning, 2002, p. 124). There are three main differences between secondary traumatic stress and burnout: first, is an element of fear, second, is a gradual onset versus a more immediate onset, and third is the nature of the work (Stamm, 2002, 2009). With secondary traumatic stress, a helping professional may actually develop fear that the trauma experienced by their client will be something they may also face, while burnout is more related to feelings of helplessness and role frustration (Stamm, 2009). With regard to onset, burnout tends to develop at a much slower pace than secondary traumatic stress (Stamm, 2009). Burnout is related to feelings of powerlessness and frustration, which may take time to develop, while secondary traumatic stress can take place during or after the in-depth involvement with someone who had experienced trauma (Valent, 2002). Also, unlike burnout, which can be experienced by any working professional, secondary traumatic stress is related only to those professionals or family members working directly with trauma victims and their families (Valent, 2002).

There are many different terms used by researchers for this type of indirect traumatization, these include: secondary traumatic stress, compassion fatigue, and vicarious traumatization, which have been used interchangeably in the literature (Stamm, 2009). All of these terms were introduced into the literature in 1995, and much research has been conducted since then to determine some consistency or differentiation among these terms (Stamm, 2009). The initial contributors of these terms have reached consensus that the term compassion fatigue be used to describe the combination of burnout and secondary traumatic stress among helping professionals; however, the terms are still used interchangeably by most (Stamm, 2009). With all of these negative ways a helping professional can be affected, research examining the extent of secondary traumatic stress and what predicts secondary traumatic stress for forensic interviewers is also necessary in order to prolong the forensic interviewers' employment, to promote strong mental health, and to encourage and maintain effectiveness.

Theoretical Framework

Leiter (1990) defines burnout as an organizational stress which presents itself as a depletion of one's resources and results in exhaustion, fatigue, anxiety, and has an effect on job turnover, performance, and attendance. As a result, Leiter developed a model explaining the relationship between resources and burnout. Specifically, Leiter's (1990) model suggests personal, family, and professional resources may simultaneously prevent or lessen the effects of burnout. According to Leiter (1990), personal resources are important for individuals to have the motivation and desire to continue even when the work becomes difficult. If personal resources are depleted, burnout may result. Leiter (1990) also suggested families can be a great source of support for individuals when they

are not contributing to the exhaustion felt when experiencing burnout, and when they bring resources to the aid of the individual. Leiter (1990) also argued that "family resources complement professionally-based resources to alleviate burnout or prevent its development" (p. 1079-1080). In other words, just as family members provide support, which can help alleviate the feelings of burnout experienced by a professional, so can coworkers. As a result, professionals who feel supported in the workplace and are satisfied with opportunities at their workplace are less likely to experience burnout (Leiter, 1990). Leiter (1990) also argued that each set of resources is independent of the other, but they all contribute positively to the diminishment of burnout.

For the purposes of this study, Leiter's (1990) model will be expanded to examine how personal, family, and professional resources relate to secondary traumatic stress as well, even though secondary traumatic stress was not conceptualized at the time of Leiter's work. It is assumed that because of the similar nature of this concept, secondary traumatic stress will be related to the same independent variables as burnout. In addition, secondary traumatic stress will be examined as a possible mediator of burnout within this same model. As a possible mediator, secondary traumatic stress would also help explain what predicts burnout among forensic interviewers.

Problem Statement

Forensic interviewers are front-line professionals who are charged with the responsibility of obtaining a child's statement for the purposes of investigation and safety of the child. These professionals face a considerable amount of pressure both internally and externally to perform to certain standards. The forensic interview often determines the direction of the rest of the criminal investigation and whether or not child protection

workers have enough information to determine if action needs to be taken in order to ensure the child's safety. As a result, these individuals, like many other human service providers, are at risk of developing burnout and secondary traumatic stress.

There is currently only one study to date which examined burnout and secondary traumatic stress among forensic interviewers. Therefore, the potential benefit of this study is to provide insight to children's advocacy centers and forensic interviewers nationally regarding how resources predict burnout and secondary traumatic stress. This knowledge is necessary in order to encourage longevity for these highly trained and specialized professionals in the field of child welfare. Thus, the purpose of this study is to examine personal, family, and professional resources as predictors of burnout and secondary traumatic stress among forensic interviewers. Personal resources include self-efficacy (Bandura, 1994) and a person's feelings of accomplishment at work or compassion satisfaction (Stamm, 2002), family resources include family coping (Leiter, 1990) and family support (Rupert, Stevanovic, & Hunley, 2009), and professional resources include support felt at work from coworkers (Reid et al., 1999) and supervisors (Chung, Corbett, & Cumella, 1995), and the length of time an individual has served in his/her current position (Leiter, 1990).

Research Hypotheses

Research Hypothesis One: It is hypothesized that self-efficacy will be negatively related to burnout.

Research Hypothesis Two: It is hypothesized that compassion satisfaction will be negatively related to burnout.

Research Hypothesis Three: It is hypothesized that family coping will be negatively related to burnout.

Research Hypothesis Four: It is hypothesized that family support will be negatively related to burnout.

Research Hypothesis Five: It is hypothesized that coworker support will be negatively related to burnout.

Research Hypothesis Six: It is hypothesized that supervisor support will be negatively related to burnout.

Research Hypothesis Seven: It is hypothesized that tenure will be positively related to burnout.

Research Hypothesis Eight: It is hypothesized that the abovementioned personal, family, and professional resources will predict burnout.

Research Hypothesis Nine: It is hypothesized that the abovementioned personal, family, and professional resources will also be related to and predict secondary traumatic stress.

Research Hypothesis Ten: It is hypothesized that secondary traumatic stress will mediate the relationship between personal, family, and professional resources and burnout.

Figure 1. Model of the proposed relationship between personal, family, and professional resources, secondary trauma, and burnout.
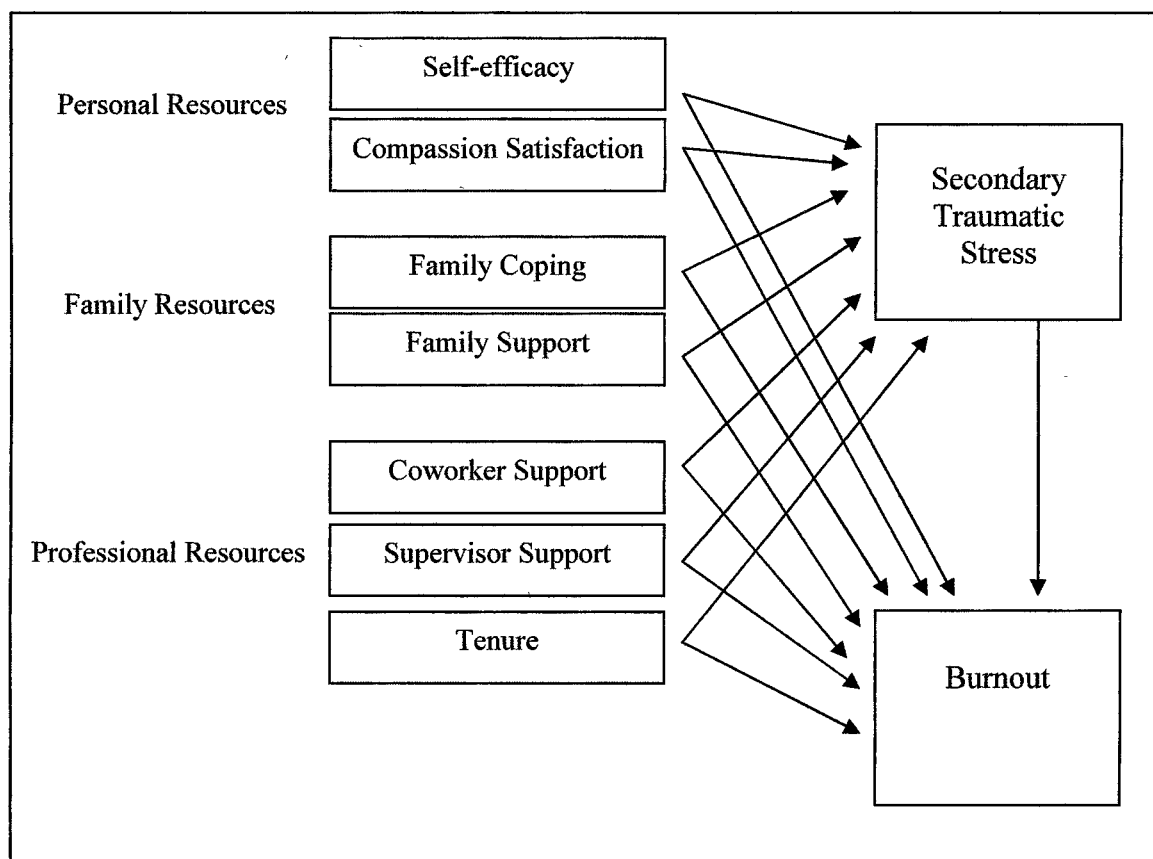
CHAPTER II

REVIEW OF LITERATURE

Due to the use of children's advocacy centers and forensic interviewers by law enforcement, child protective services, prosecutors, and mental and medical health providers, it is essential to examine personal, family, and professional resources as predictors of burnout and secondary traumatic stress for these individuals. However, it is first necessary to examine the role of forensic interviewers and the literature on burnout and secondary traumatic stress in general. Therefore, this chapter will provide information about forensic interviewers, an overview of the literature on burnout and secondary traumatic stress, and an examination of previous research on personal, family, and professional resources as predictors of burnout and secondary traumatic stress.

Role of Forensic Interviewers

Forensic interviewers are specially trained professionals who conduct recorded interviews of children for the purpose of the investigation of child abuse, neglect, other crimes, and child safety concerns (CACTX, 2008). Forensic interviews are conducted in a child-friendly, non-leading, non-interrogative manner and are recorded by specially trained forensic interviewers (CACTX, 2008). These professionals conduct semi-structured interviews in order to gather information for criminal and civil investigations for law enforcement and child protection agencies (CACTX, 2008). These interviews may be used later in court for the prosecution of crimes against children and for civil case

cases where the child's safety is a concern (CACTX, 2008).

Forensic interviewers must be careful not to ask leading questions, to be fact-gatherers, to be neutral and unbiased without looking for a specific response from the child, to be thorough, and to keep the best interests of the child in mind throughout the entire process (CACTX, 2008). One way to elicit this type of information is through open-ended prompts where the child is encouraged to provide a free recall response accessing information from his/her memory without any assistance regarding what answer to give from the interviewer (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). Often the forensic interview is the only opportunity to ask children in a child-friendly, unbiased, and non-leading way about information that could lead to their safety or to the safety of others. Due to this, forensic interviewers have a stressful role to play in the investigation and prosecution of crimes against children and in the protection of children.

Forensic interviewers must collect a great deal of important information from each child in a small amount of time. The length of time a forensic interviewer has with children is based on what would be appropriate for their specific age and developmental level and a "realistic awareness of their capacities and tendencies" (Lamb et al., 2007, p. 1203). For this reason, it is important for forensic interviewers to have knowledge of child development, developmental delays, and mental illnesses. Due to the important role these professionals play in the investigation of abuse and neglect and the training involved to become successful and competent, it is necessary to look at possible ways to prevent burnout and secondary traumatic stress and thus prolong employment and effectiveness as a forensic interviewer.

Burnout

Human service providers commonly suffer from a condition of job stress, a phenomenon called burnout (Maslach & Leiter, 2008). The term burnout was coined by Freudenberger in 1974 (as cited in Perron & Hiltz, 2006). Burnout is defined as "a condition that emerges through chronic interpersonal stressors in the workplace, manifesting in feelings of exhaustion, cynicism and detachment from the job, and ineffectiveness" (Perron & Hiltz, 2006, p. 217). It may also manifest itself as "feelings of emotional exhaustion (energy depletion or the draining of emotional resources), depersonalization (negative, cynical attitudes towards the recipients of one's services or care), and reduced personal accomplishment (the tendency to evaluate one's own work with recipients as insufficient)" (Demerouti, Bakker, Nachreiner, & Ebbinghaus, 2002, p. 424).

Unlike short-term effects of strain and stress, such as mental fatigue, monotony, satiation, and stress sensations, burnout is a long-term, ongoing response to work that cannot be reversed by simply changing the task being completed, taking a break, or going home for the day (Demerouti et al., 2002). Moreover, long-term effects of burnout include the deterioration of one's physical and or mental health, just as would be expected from long-term exposure to a high-stress situation (Corrigan, Holmes, & Luchins, 1995; Demerouti et al., 2002; Maslach & Leiter, 2008; NRCIM, 2000; Soares, Grossi, & Sundin, 2007). In addition to these health responses, burnout tends to be displayed in negative responses to the job such as absenteeism, turnover, low job satisfaction, the intention to leave the job, depression, low commitment to the organization, and possibly impaired performance of their job (Maslach & Leiter, 2008).

In the past, researchers have examined burnout among police officers, soldiers, teachers, nurses, counseling professionals, and social workers (e.g., Chung et al., 1995; Corrigan et al., 1995; Ducharme, Knudsen, & Roman, 2008; Friedman, 2003; Mitchell & Hastings, 2001). In general, these researchers have found that burnout is predicted by an individual's level of satisfaction with his/her workload (Raquepaw & Miller, 1989), whether he or she is affected by the work personally (Lewandowski, 2003), whether he or she lacks feelings of worth or competence (Kalimo, Pahkin, Mutanen, & Toppinen-Tanner, 2003), and whether he or she feels the demands of work are high but the support at work is low (Soares et al., 2007). Moreover, it has been found that when burnout does occur, individuals tend to feel a sense of failure at work (Friedman, 2003). As a result, their likelihood of turnover increases (Kim & Stoner, 2008).

Though burnout among helping professionals has long been researched, only one study to date has examined burnout among forensic interviewers (Perron & Hiltz, 2006). Specifically, in their study, Perron and Hiltz (2006) examined interviewer tenure, the number of forensic interviews conducted, self-efficacy, and organizational satisfaction. They found forensic interviewers employed for more than two years had higher levels of burnout than those employed less than two years. In addition, the researchers found some evidence that higher self-efficacy was related to lower burnout. Overall, the strongest relationship Perron and Hiltz (2006) found was the forensic interviewers who had higher organizational satisfaction had lower burnout. In other words, interviewers who were satisfied with their work environment experienced less burnout.

Human service providers who hold realistic expectations of the job and the impact they will be able to reasonably contribute also experience less burnout (Azar, 2000).

Many individuals go into the service professions with a deep desire to help and make a difference in the lives of others. What these individuals often do not realize is the people they want to help may refuse their help altogether, either passively or aggressively. When this happens, the well-intentioned workers may believe they are incompetent or otherwise unable to complete the tasks they were assigned. As a result, new workers in the field tend to take the reactions of the clients as a personal attack, as an indicator of their inadequacy, and suffer from feelings of isolation (Friedman, 2000). These feelings of isolation over time may manifest themselves as burnout. What these professionals do not realize is this type of reaction is normal (Azar, 2000). When professionals gain this knowledge, both the awareness of feelings of inadequacy and realistic expectations of the job experience can lower the probability of suffering from burnout over time (Friedman, 2000).

Although Maslach and Leiter (2008) found burnout to be a non-normative response to one's job in the workplace, it is prevalent enough to cause concern. Of particular concern are the harmful effects to the professional, such as exhaustion, fatigue, anxiety, substance abuse, depression, alienation, and a decline in job performance and attendance (Azar, 2000; Leiter, 1990). Due to the deleterious effects of burnout, it is important to examine how different resources may prevent burnout for forensic interviewers.

Personal Resources and Burnout

Previous research suggests that personal resources may predict burnout for human service providers (Chau-wai Yan & So-kum Tang, 2003; DePanfilis, 2006; Friedman, 2003; Leiter, 1990; Raquepaw & Miller, 1989). Specifically, research has found personal

resources may help prevent burnout and encourage professionals to remain in their chosen profession (DePanfilis, 2006). For the purpose of this study, self-efficacy and compassion satisfaction will be examined as two personal resources that may predict burnout for forensic interviewers over time (DePanfilis, 2006).

Self-efficacy. Self-efficacy is defined by Albert Bandura (1994) as individuals' "beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" (p. 71). Self-efficacy is demonstrated through motivation, feelings of personal accomplishment, dedication to challenging goals, and commitment to follow through on activities or tasks (Bandura, 1994). Self-efficacy can be seen when a professional values his/her own level of competency in a particular job, which in turn provides a sense of accomplishment of goals, and also diminishes burnout (Chau-wai Yan, & So-kum Tang, 2003; Friedman, 2003).

Supporting this notion, Friedman (2003) found higher levels of self-efficacy were related to lower levels of perceived burnout among teachers. One possible explanation for this finding is that self-efficacy helps prevent burnout by allowing for the acknowledgement and acceptance of personal contributions (Chau-wai Yan & So-kum Tang, 2003). Similarly, self-efficacy is determined in part by the tasks to be completed, a self-assessment of capabilities with regard to the tasks to be completed, and the performance of those tasks (Friedman, 2003). With regard to tasks, Raquepaw and Miller (1989) found satisfaction with one's workload or tasks to predict burnout for a professional. They argued that the way a professional thinks about his/her work affects the way he/she feels about his/her work, and feelings of dissatisfaction can lead to burnout.

Professionals may also increase their perceived self-efficacy from support of coworkers and supervisors (Gibson, Grey, & Hastings, 2009), having realistic and achievable goals, receiving on-going training specific to necessary resources and tools for the job (Friedman, 2000), having clearly stated roles and expectations, and receiving cues and performance based rewards in the workplace (Cordes & Dougherty, 1993). In contrast, self-efficacy will likely be decreased when expectations are not met and feelings of inadequacy with regard to achievement are felt (Cordes & Dougherty, 1993). In fact, it is difficult to find research in which self-efficacy is not linked to other resources, such as support. As a result, Friedman (2000) suggested that self-efficacy is a key factor to consider when examining burnout among human service professionals, but that self-efficacy and burnout may be more cyclical rather than linear in nature. In other words, it is not clear whether self-efficacy prevents burnout or whether feelings associated with burnout prohibit feelings of self-efficacy.

However, when Lee and Ashforth (1996) examined the results of 61 different studies of burnout, they found positive self-efficacy outcomes were related to higher personal accomplishment, unlike the diminishment of personal accomplishment seen with burnout. In addition, professionals who had access to resources had higher self-efficacy. Similarly, Emery and colleagues (2009) found less personal resources and lower self-efficacy were related to higher levels of burnout among 190 Australian clinical psychologists. Like self-efficacy, compassion satisfaction is another personal resource highly motivated by feelings and internal motivation.

Compassion Satisfaction. In their examination of child protection caseworkers and supervisors, Conrad and Kellar-Guenther (2006) found one way to diminish burnout

was through the development of compassion satisfaction. Compassion satisfaction has been defined as having satisfaction with one's ability to provide care to others, the pleasure one gains from helping, having positive feelings about colleagues and a good feeling resulting from the ability to help and make a contribution (Stamm, 2002). Compassion satisfaction also includes feeling supported by colleagues and feeling the job and individual are a good fit for each other (Conrad & Kellar-Guenther, 2006). High quality interactions with others, support from coworkers, confidence in one's ability, and job satisfaction were all found to be contributors to increased compassion satisfaction among child protection caseworkers and supervisors (Conrad & Kellar-Guenther, 2006).

In support of this notion, Dane and Chachkes (2001) examined social workers in a hospital environment and found it was important for many professionals to feel they were helpful and made a difference, which in turn lessened the effects of burnout. Conrad and Kellar-Guenther (2006) also found that when child protection caseworkers and supervisors had high levels of compassion satisfaction, they tended to have low levels of burnout. In addition, compassion satisfaction typically is a result of positive client outcomes, a positive outlook on one's job and life in general, and a healthy balance of work and family (Alkema, Linton, & Davies, 2008).

Family Resources and Burnout

In order for professionals to prevent feelings of isolation and increased burnout during times of stress in the workplace, families must be supportive and interested in work issues (Dane & Chachkes, 2001). For the purpose of this study, family coping and support will be examined as family resources. Family support is an integral element in preventing the development of burnout (Kasl & Wells, 1985). In addition, a family's

ability to cope with stress provides a platform for the professional to continue his/her work day-in and day-out and to lower the professional's level of anxiety and eventual burnout (Kasl & Wells, 1985).

Family Coping. Family coping resources broaden an individual's ability to cope with stress in the workplace (Leiter, 1990). Families with an abundance of resources at their disposal are more likely to be a source of support for individuals when they experience stress and strain (Leiter, 1990). In other words, when resources are not available, families may be able to provide those resources when they are most needed (Leiter, 1990).

Previous research has found that a family's ability to cope also encouraged an individual to use effective coping strategies on his/her own (Kasl & Wells, 1985). On the other hand, when family coping was low, ineffective coping mechanisms, such as avoidance and acceptance of the situation, were used (Kasl & Wells, 1985). Professionals will likely benefit when families handle situations i healthy ways. However, family coping is not the only way families may be able to prevent burnout for professionals; a family's ability to provide support may also be important.

Family Support. In support of this idea, Rupert and colleagues (2009) found family support lessened the likelihood of burnout among psychologists. Specifically, they defined family support as having someone to talk to after stressful events at work, having someone who can help at home when the demands of work increase, and having someone to lean on when the demands at work diminish personal resources (Rupert et al., 2009). They also stated the family was an important source of support, but could also be a contributor to burnout when work and family were in conflict. Similarly, Leiter (1990)

found that family support lessened the effects of burnout when the family did not cause further exhaustion and provided resources to combat any fatigue.

Previous researchers have found that married professionals tend to experience less burnout than unmarried professionals (Cordes & Dougherty, 1993; Vredenburgh, Carlozzi, & Stein, 1999). In other words, spouses are a potential source of support and provide an environment away from work to which professionals can devote their attention (Cordes & Dougherty, 1993). Along the same lines, professionals with children reported lower levels of burnout as well because they provided a balanced perspective, emotional support, and comfort (Cordes & Dougherty, 1993). One possible alternative explanation may be that professionals who are married and have children tend to be older and thus more stable than their unmarried, childfree counterparts (Cordes & Dougherty, 1993).

Although researchers have found family support to be a factor for preventing burnout and encouraging job satisfaction (Cordes & Dougherty, 1993; Kasl & Wells, 1985), additional research is needed in order to examine the effects of family support on forensic interviewers. Further research will provide insight into factors influencing forensic interviewers' burnout and may prolong their employment with increased job satisfaction. There seem to be many benefits to family support and coping in the research with regard to the prevention of burnout among human service providers. However, Dane and colleague (2001) found family support may not be enough on its own for social workers in the hospital setting, due to the fact that families do not fully understand what the professional is experiencing as much as those who are going through the same experiences. This might be true for forensic interviewers as well. Similarly, Brown and

colleagues (2003) suggested perceived family support was not a significant contribution to the prevention of burnout; instead, they found significant contributions came from support in the workplace (Brown, Prashantham, & Abbott, 2003).

Professional Resources and Burnout

Professional resources such as support of coworkers, support of supervisors, and the length of time a forensic interviewer has been conducting forensic interviews may all be related to burnout. In support of this assumption, Reid and colleagues (1999) found that talking to colleagues was the most commonly mentioned source of support for coping with the demands of work, when they examined mental health staff. In fact, when they examined different types of support in the workplace, they found coworkers to be the most important source of support ahead of friends/family/partner as well as supervisors. However, they also found that supervision was viewed as most helpful when the supervisor was supportive of the employee. Corrigan and colleagues (1995) also found burnout was decreased for nursing and clinical staff members when colleagues were friendly and supportive. Though these relationships appear to be important, it may take time to develop supportive relationships with colleagues. Therefore, professionals who have been in the field longer may have developed strong relationships with their peers over time, thus enabling them to have someone to turn to in times of high stress on the job.

Coworker Support. Previous research has found that support from one's colleagues decreases burnout (Corrigan et al., 1995; Ducharme et al., 2008; Perron & Hiltz, 2006). To illustrate, in their study of substance abuse treatment providers, Ducharme and colleagues (2008) found that support of coworkers lowered the levels of

burnout experienced. This was measured by professionals' lowered desire or intent to leave their job and also a lower level of reported exhaustion (Ducharme et al., 2008). Similarly, they found higher levels of well-being and retention and lower levels of e otional exhaustion among professionals who felt they were supported by coworkers. In addition, Ducharme and colleagues (2008) found coworker support reduced substance abuse treatment counselors' intention to quit as a result of decreased levels of burnout.

Coworker support may be incredibly valuable in a high-stress working environment, such as forensic interviewing, due to the depletion of resources experienced when resources are constantly in demand (Leiter, 1990). In support of this assumption, Perron and Hiltz (2006) found organizational factors, such as administration and supervision of forensic interviewers, were good indicators of whether these front line professionals developed feelings associated with burnout and secondary traumatic stress.

Corrigan and colleagues (1995) took this one step further in their research and examined the level of satisfaction with support from colleagues of line-level nurses and clinical staff members in a psychiatric hospital setting. They found staff members who felt their peers were supportive experienced lower levels of burnout, regardless of the number of peers who were supportive (Corrigan et al., 1995). However, it was not determined in this study whether the level of the person supporting these professionals (line-level as compared to administrative/supervisory) bore any weight on burnout for these individuals (Corrigan et al., 1995).

Similarly, Reid and colleagues (1999) suggested that coworker support in informal contexts was the most valued source of support when looking at mental health staff. In support of this notion, Ducharme and colleagues (2008) found "counselors

working in settings in which the established pattern of interaction provides a sense of

autonomy, fairness, and interpersonal support [were] less likely to express symptoms of

emotional exhaustion, and [were] less likely to desire to quit their jobs" (p. 99). Based on

these findings, it seems that "burnout can be decreased by facilitating satisfactory

relationships among peers" (Corrigan et al., 1995, p. 709).

On the contrary, social interactions with co-workers may be detrimental to one's

mental health if interactions with co-workers primarily focus on the stressful elements of

the workplace (Beehr, Bowling, & Bennett, 2010). In other words, the focus on stress

can increase the strain felt by the individual instead of helping to alleviate it (Beehr et al.,

2010). Also, Beehr and colleagues (2010) argued that when co-workers offered to help

an individual who was feeling strained and may be on the path to burnout, the help may

be more of a strain instead. They argued this may be due to feelings of inadequacy in

their competency to complete their assigned tasks, thus decreasing their sense of self-

efficacy and increasing their likelihood of burnout.

Along the same lines, Leiter (1991) suggested this about collegiality: "conflict

among colleagues contributes directly to emotional exhaustion, as does excessive, tedious

work" and "the positive contribution of collegial relationships with coworkers and

supervisors lessens the impact of experienced exhaustion of depersonalization and

personal accomplishment," two of the dimensions of burnout (p. 553). In addition,

Halbesleben and Buckley (2006) found burnout among colleagues may increase the

likelihood that an individual will burnout. They suggested that burnout among

colleagues was a contagion process, whereby exposure to colleagues who were

experiencing burnout increased the likelihood of burnout. Seltzer and Numerof (1988)

also stated people in similar groups have similar levels of burnout. This, along with the previous research on support and burnout, suggested the type of support in the workplace was important for the prevention and diminishment of burnout for a professional and may be incredibly valuable for forensic interviewers.

Supervisor Support. Research has indicated that direct service child welfare workers and supervisors report relying heavily on social support from supervisors to deal with the stress and strain of the job (Anderson, 2000). As a result, it is important for supervisors to recognize stress and strain in their workers and to provide opportunities to deal with those stressful situations and emotions (Anderson, 2000). Supervisors have the ability to create an environment where team-building, safety, and mental health of their workers is promoted (Anderson, 2000). Staff will recognize when they are supported, and staff with better support networks will be able to better manage the stress of the job (Corrigan et al., 1995).

Similarly, Chung and colleagues (1995) found that motivation can be improved with more staff support for direct care staff. However, they also argued that burnout was due to the lack of support from supervisors. Specifically, organizational and personal supports such as "good communication, adequate staff numbers, involvement in decisions about clients, and feedback and regular visits from managers" were all found to be important contributing factors in discouraging burnout for these direct care professionals (Chung et al., 1995, p. 164).

Finally, it is important for professionals to have someone who understands the emotions and frustrations they are feeling as they work with a victim of a traumatic event (Sexton, 1999). It is important that professionals have someone they can talk to about the

trauma-related work they do and also be supported and encouraged to share those emotions with others (Sexton, 1999). It is important for supervisors to provide an environment where feedback and communication are open, concerns can be voiced, and supervisors promote and demonstrate accountability, and are able to motivate workers to complete necessary tasks (Myers & Wee, 2002). In support of this notion, they recommended that supervisor support not only be present, but that it needs to be a positive relationship between the professional and their supervisor. However, professionals cannot do this alone; a concerted effort from supervisors can change the work environment and positively impact the professionals' mental health (Nelson-Gardell & Harris, 2003).

Tenure. Similar to the previously mentioned resources, the length of time a professional remains in his or her position may also prevent or lessen the likelihood of eventual burnout (Corrigan et al., 1995). In other words, professionals who are able to stay in the field for many years may be less likely to be affected by burnout. In support of this assumption, Corrigan and colleagues (1995) found indicators of experience, such as age and tenure, were negatively related to burnout for nursing and clinical staff members. Specifically, the longer a person had been in the profession, the less likely he/she was to experience burnout. Similarly, Soares and colleagues (2007) found that younger female professionals tended to experience higher levels of burnout than older female individuals; however, they did not examine male professionals. There may be several possible explanations for this result, including those who experienced high levels of burnout may have already left the job (i.e. turnover), the individuals still serving in this capacity have more resources in order to cope with the stress and strain of the job, and

older professionals are likely to have less naïve expectations regarding their work (Friedman, 2000).

In support of this assumption, Perron and Hiltz (2006) found years of employment as a forensic interviewer was correlated with the depersonalization subscale of the burnout measure, but not with the exhaustion subscale. In other words, the longer a forensic interviewer was employed, the more he/she felt negative, cynical attitudes towards his/her clients, but there was no relationship with the length of employment and feelings of energy depletion or drained emotional resources. Similarly, Ducharme and colleagues (2008) found older counselors had lower levels of emotional exhaustion and lower levels of turnover intention, which were associated with decreased levels of burnout.

Despite the stressful nature of social work, specifically child welfare direct service workers, there are professionals "who are able to manage the stress well enough to continue that work for years" (Anderson, 2000). It is likely that as people age and gain more personal and professional experience, they develop many different attitudes and behaviors through their experience buffering them from the deleterious effects of burnout (Vredenburgh et al., 1999).

Secondary Traumatic Stress

Although burnout tends to develop over time as a professional begins to feel frustrated, powerless, and unable to achieve his or her goals at work, secondary traumatic stress is a phenomenon that tends to develop more rapidly and occurs when a helping professional interacts with someone who has been through a traumatic event (Sexton, 1999; Valent, 2002). Similar to burnout, secondary traumatic stress may also lead

helping professionals to leave their jobs, but, for secondary traumatic stress, professionals tend to leave because they too, like their clients, become traumatized indirectly by the experiences the clients have shared (Alkema et al., 2008; Bride, 2007; Gentry et al., 2002; Nelson-Gardell & Harris, 2003). Even though the trauma is not experienced directly, the symptoms experienced by the professional are nearly identical to those experienced by individuals suffering from posttraumatic stress disorder (PTSD; Valent, 2002). These symptoms include, but are not limited to, "intrusive thoughts of particular client stories, avoidance of related stimuli (e.g., avoiding films or television programs that portray sexual violence), or hypervigilance (e.g., constantly checking to ensure that doors are locked)" (Sommer, 2008, p. 62).

Although the research on secondary traumatic stress is still relatively new, research has been conducted on therapists and clinicians (Sommer, 2008; VanDeusen & Way, 2006; Way, VanDeusen, Martin, Applegate, & Jandle, 2004), residential treatment childcare workers (Eastwood & Ecklund, 2008), hospice workers (Alkema et al., 2008), social workers (Bride, 2007; Nelson-Gardell & Harris, 2003), and even forensic interviewers (Perron & Hiltz, 2006). Most consistent in the research is the notion that all helping professionals working with populations who have experienced trauma are susceptible to secondary traumatic stress (Bride, 2007; Conrad & Kellar-Guenther, 2006; Dunkley & Whelan, 2006a; Valent, 2002), and that it is an inevitable and normal response to working with victims of trauma (Sexton, 1999).

In addition, another predictor of secondary traumatic stress included having great empathy for clients, which, for the client, translated to authenticity and positive regard (Conrad & Kellar-Guenther, 2006). Unfortunately, this leaves empathetic professionals

more vulnerable as they try to assist their clients by putting themselves in their clients' shoes; however, when professionals experience secondary traumatic stress, they cannot maintain that empathy and tend to have "episodes of sadness and depression, sleeplessness, and general anxiety" (Conrad & Kellar-Guenther, 2006, p. 1072). Therefore, secondary traumatic stress may negatively impact professionals' work product, interactions with clients, interactions with their own families, and their own physical and mental health (Conrad & Kellar-Guenther, 2006).

Finally, secondary traumatic stress has been found to be an acute response to a traumatic situation (Perron & Hiltz, 2006), but may also be a result of showing compassion over a long period of time (Alkema et al., 2008). Many professionals are encouraged to practice self-care strategies to prevent the deleterious effects related to the helping profession; however, Alkema and colleagues (2008) found that hospice workers who reported higher levels of secondary traumatic stress also reported a decrease in the number of self-care activities in which they were engaged. Although self-care strategies may help professionals combat the effects of secondary traumatic stress, it may also be that when they experience secondary traumatic stress they no longer have the energy, desire, or willingness to engage in those activities. However, with recognition and treatment, secondary traumatic stress can be treated successfully (Sexton, 1999; Valent, 2002).

Personal Resources and Secondary Traumatic Stress

Previous research suggests that personal resources may predict secondary traumatic stress for human service providers (Alkema et al., 2008; Conrad & Kellar-Guenther, 2006; Eastwood & Ecklund, 2008; Etherington, 2009; Gentry et al., 2002;

Stamm, 2002). Specifically, research has found personal resources may help prevent secondary traumatic stress and encourage professionals to prolong their employment in the helping profession (Stamm, 2002). For the purpose of this study, self-efficacy and compassion satisfaction will be examined as two personal resources that may predict secondary traumatic stress for forensic interviewers (Stamm, 2002).

Self-efficacy. As previously defined by Bandura (1994), self-efficacy relates to an individual's feelings regarding their capability to produce an intended result. Secondary traumatic stress is of concern for professionals working with individuals who have experienced trauma when the professional's feelings of competency are at risk (Stamm, 2002). When efficacy is weakened, professionals are more susceptible to the damaging effects of secondary traumatic stress, and thus may lose the ability to function appropriately in their role (Gentry et al., 2002). When self-efficacy is low, challenges in the workplace can become overwhelming for the helping professional (Tehrani, 2007). Therefore, training is important to increase professionals' self-efficacy by providing them with the confidence in their competence necessary to continue in their work (Sprang, Clark & Whitt-Woosley, 2007).

Compassion Satisfaction. Stamm (2002) argued that it is nearly impossible to fully determine the negative effects of caring without examining the positive effects experienced by helping professionals as they work with individuals who have experienced trauma. Moreover, it is possible for professionals to feel they are experiencing secondary traumatic stress but still be able to complete their work because of the positive rewards they experience as a result of helping others (Stamm, 2002). Similarly, Etherington (2009) stated that it is of the utmost importance that professionals

find meaning in their work. However, finding meaning in one's work is not enough to sustain him/her, instead a professional needs to regularly remind him/herself why he/she has chosen to do this work (Etherington, 2009).

Research regarding the relationship between compassion satisfaction and secondary traumatic stress has produced mixed results. Conrad and Kellar-Guenther (2006) found child protection case workers and supervisors with high compassion satisfaction had lower compassion fatigue. Similarly, Alkema and colleagues (2008) found a similar result for hospice care workers. In contrast, Eastwood and Ecklund (2008) found no significant correlation between compassion satisfaction and secondary traumatic stress when they examined residential childcare treatment workers. What remains clear is that compassion satisfaction relates to the positive aspects of caring for and helping others (Stamm, 2002).

Family Resources and Secondary Traumatic Stress

The impact of family coping and family support on secondary traumatic stress has been documented in the literature (Dane & Chachkes, 2001; Eastwood & Ecklund, 2008; Etherington, 2009; Figley, 2002; Meyers & Cornille, 2002; Stamm, 2002). Family coping can have a huge impact on the helping professional both positively and negatively (Figley, 2002). In addition, the feeling of being supported outside of work has been found to protect residential childcare workers from experiencing secondary traumatic stress (Eastwood & Ecklund, 2008).

Family Coping. When families use healthy coping mechanisms, the effect on the helping professional will likely also be positive (Figley, 2002). In contrast, however, when families use unhealthy or ineffective coping mechanisms, helping professionals

will likely have a negative outcome (Figley, 2002). Figley (2002) suggested that poor coping in a family tends to spread like a virus through the family. In support of this notion, research conducted by Meyers and Cornille (2002) found differences in the secondary traumatic stress experienced by professionals who came from different family backgrounds. Specifically, they compared families who were enmeshed to families who were disengaged in their interactions. Professionals who came from families where interactions were enmeshed tended to be more at risk for secondary traumatic stress and tended to become intrusively involved in other people's lives. In contrast, professionals who came from disengaged families tended to have more general mental health symptoms (including, but not limited to, secondary traumatic stress) and tended to have trouble communicating and helping others when they were in need. From this, it is clear that family coping impacts professionals' responses to stress; however, family coping is not the only way family interactions may influence secondary traumatic stress for professionals; family support may also influence helping professionals.

Family Support. Family support is an integral element in preventing the development of secondary traumatic stress (Stamm, 2002). In support of this idea, Stamm (2002) found professionals who took more time out of their lives to sustain and strengthen their personal relationships were at a decreased risk of developing secondary traumatic stress. Similarly, Etherington (2009) found that professionals who had a strong personal life outside of work were better able to maintain their feelings of creativity and joy, and to continue to enjoy life, something that is incredibly difficult to manage once under the effect of secondary traumatic stress. In addition, support outside of the workplace has been found to predict lower levels of secondary traumatic stress for

residential childcare workers (Eastwood & Ecklund, 2008). Though family support was reported to be more informal than that of the support found within the workplace, Tehrani (2007) also stated the family was an important source of support for professionals working with individuals who have experienced trauma.

Professional Resources and Secondary Traumatic Stress

Professional resources, such as support of coworkers, support of supervisors, and the length of time a forensic interviewer has been conducting forensic interviews, may all be related to secondary traumatic stress (Alkema et al., 2008; Dunkley & Whelan, 2006a, 2006b; Eastwood & Ecklund, 2008; Etherington, 2009; Meldrum, King, & Spooner, 2002; Meyers & Cornille, 2002; Nelson-Gardell & Harris, 2003; Sexton, 1999; Stamm, 2002; VanDeusen & Way, 2006; Way et al., 2004). In support of this assumption, Dunkley and Whelan (2006a) found that sharing experiences with colleagues was helpful for coping with the demands of work. In addition, Meyers and Cornille (2002) found supervisors could minimize the adverse effects of working with victims of child abuse and neglect by encouraging a supportive and safe environment for employees to release emotions. Though it may take time to develop supportive relationships with colleagues, supervisors can promote an environment where professionals are supported from day one. Although the research seems clear with regard to coworker and supervisor support and secondary traumatic stress, there is much disagreement in the research regarding secondary traumatic stress and tenure.

Coworker Support. Previous research has found that support from one's colleagues decreases the risk of secondary traumatic stress for helping professionals (Dunkley & Whelan, 2006a; Etherington, 2009; Meyers & Cornille, 2002; Myers & Wee,

2002; Sexton, 1999; Stamm, 2002). To illustrate, in their study of CPS professionals, Meyers and Cornille (2002) found that having coworker support groups provided an environment for helping professionals to engage in discussion, exchange information, and provide each other with necessary support in order to lessen the negative effects of secondary traumatic stress. Similarly, Stamm (2002) found positive collegial support reduced the likelihood that helping professionals suffered from the severe effects of secondary traumatic stress. In addition, Stamm (2002) suggested a team approach in the workplace provided a framework for social support to lessen the negative effects of the job. Furthermore, it was suggested that a buddy system in the workplace provided a way for professionals to engage in a practice of checks and balances otherwise not available to them (Myers & Wee, 2002). This system suggested that professionals benefited from someone else helping them monitor their level of stress while on the job. This goes along with the notion that coworkers may notice differences in behavior or attitude of another when the stress level is high that the individual may not attend to without it being brought to his/her attention. Additionally, coworkers have the ability to encourage each other, use humor to reduce stress, debrief with one another, and complete case reviews and critiques in order to process the information received on the job. In other words, sharing experiences with coworkers can be incredibly helpful for professionals (Dunkley & Whelan, 2006a). It is additionally important to avoid isolation to prevent the effects of secondary traumatic stress which can be accomplished with strong relationships on the job.

Supervisor Support. The effects of supervisor support have been well researched with regard to secondary traumatic stress (Beehr et al., 2010; Dunkley &

Whelan, 2006a, 2006b; Meldrum et al., 2002; Meyers & Cornille, 2002; Sexton, 1999; Stamm, 2002; VanDeusen & Way, 2006; Way et al., 2004). Research has suggested that supervisor support is more important and more effective in predicting and preventing secondary traumatic stress than coworker support (Beehr et al., 2010). Unfortunately, the research also suggested that many helping professionals did not actually receive the supervisor support they truly needed. In support of this notion, Meldrum and colleagues (2002) found only 22% of mental health workers in Australia reported they rarely or never received both sufficient and regular supervision while on the job, while 18% reported they only sometimes received this type of support. Dunkley and Whelan (2006a) also reported that supervisor support, though important, is rarely received by professionals. Meldrum and colleagues (2002) suggested that one of the problems with supervisor support may be that supervisors do not receive specific training regarding effective support or recognition of the signs or symptoms displayed by professionals who are suffering from stress in the workplace. It was also suggested that supervisors require a specialized training in order to respond appropriately to professionals who are experiencing secondary traumatic stress (Meldrum et al., 2002). Supervisors have the ability, when appropriately trained, to minimize the effects on workers who work with people who have experienced trauma (Meyers & Cornille, 2002). A few ways in which this can be accomplished is through providing a supportive environment, by debriefing workers after experiencing the traumatic experiences themselves or of a client, and allowing workers to release their emotions, including regrets and fears, in an environment where the worker is supported. Clear, open lines of communication between worker and supervisor, as well as accountability in the workplace, are essential in minimizing the

effects of secondary traumatic stress for a professional who works with people who have experienced trauma (Meldrum et al., 2002). Though it is believed that supervisor support is important, Dunkley and Whelan (2006b) found supervisor support was not related to secondary traumatic stress for counselors. Similarly, Sexton (1999) found that receiving supervision alone was not sufficient. Instead, workers must also feel they have a positive relationship with their supervisor.

Tenure. As previously mentioned, the research is unclear regarding the relationship between tenure and secondary traumatic stress (Alkema et al., 2008; Dunkley & Whelan, 2006b; Eastwood & Ecklund, 2008; Meyers & Cornille, 2002; Nelson-Gardell & Harris, 2003; VanDeusen & Way, 2006; Way et al., 2004). Meyers and Cornille (2002) found longer tenure increased the likelihood of secondary traumatic stress for helping professionals, suggesting that the professionals are confronted with more traumatic material over longer periods of time. On the other hand, others have suggested that professionals who have less tenure are more likely to experience secondary traumatic stress because they have not had the time to adjust their schemas towards these types of scenarios (Dunkley & Whelan, 2006a; VanDeusen & Way, 2006). In contrast to both of these conclusions, Nelson-Gardell and Harris (2003) found that tenure was not significantly correlated to secondary traumatic stress, which may be due to the fact that secondary traumatic stress tends to be a more acute response to a particular traumatic event rather than the accumulation of information over time. Thus, secondary traumatic stress may be unrelated to when it occurs in a professionals' career, but instead how the professional reacts when these stimuli occur. Perhaps secondary traumatic stress could be better explained as spikes that can only be captured with longitudinal research rather

than a snap shot at one point in time because it may not be a chronic response but instead may be more transient in nature (Dunkley & Whelan, 2006b).

Secondary Traumatic Stress and Burnout

Secondary traumatic stress and burnout tend to overlap in their symptoms but are uniquely different in the onset of these negative effects of job stress (Stamm, 2002). Alkema and colleagues (2008) reported that secondary traumatic stress and burnout are strongly positively correlated for hospice workers. Similarly, Eastwood and Ecklund (2008) reported that burnout risk is highly correlated with secondary traumatic stress risk for residential treatment center childcare workers. Secondary traumatic stress, combined with burnout, is reported to be compassion fatigue (Stamm, 2002). The combination of these two deleterious effects of the job may be the best indicator of why professionals may leave their roles (Stamm, 2002). When these two constructs are combined, professionals may find they have no energy to continue with their work, to see the world in a positive light, or may have difficulty finding satisfaction with their roles as forensic interviewers.

CHAPTER III

METHOD

The purpose of this study was to examine personal, family, and professional resources as predictors of burnout and secondary traumatic stress among forensic interviewers. Specifically, personal resources such as self-efficacy and compassion satisfaction, family resources such as family coping and family support, and professional resources such as coworker support from CAC staff and other forensic interviewers, coworker support for MDT members, supervisor support, and tenure were examined. Quantitative data gathered were examined based on Leiter's (1990) model explaining the relationship between resources and burnout. The concept of secondary traumatic stress was also added to Leiter's (1990) model as a possible mediator of burnout.

Participants

Data were collected via an online survey from forensic interviewers in the United States who had an affiliation with one or both of the following membership organizations: the National Children's Alliance (NCA) or the Children's Advocacy Centers of Texas, Inc. (CACTX). An email was distributed through CACTX to 123 forensic interviewers in Texas; the same email was distributed to 914 NCA members, not all of whom were forensic interviewers (Appendix A). A total of 197 individuals responded to the online survey. However, 40 individuals were deleted because they indicated that forensic interviewing comprised less than 25% of their job responsibilities.

An additional five individuals were deleted because they did not indicate what percentage of their time was devoted to forensic interviewing. This resulted in a final sample of 152 forensic interviewers who, at the time of this study, served as forensic interviewers for children's advocacy centers in the United States for more than 25% of their job responsibility (19.7% for 25-49%, 24.3% for 50-74%, and 55.9% for 75-100%).

The sample included forensic interviewers whose tenure ranged from two months to 24 years, with a mean tenure of 5.28 years. The interviewers were from 33 different states; however, responses from Texas were overrepresented (40%). The state yielding the next highest number of participants was Pennsylvania, with eight participants (5%). The sample consisted of predominantly White (79.6%), college educated (96%) females (93.4%), between the ages of 22 and 60 (mean = 37.6). Of the participants, 93 (61.2%) were married, and 106 (69.7%) reported living with a spouse or partner. With regard to parental status, 93 (61.2%) reported being a parent. The number of children ranged from one to seven, with a mean of 2.11.

Procedures

Data were collected from these interviewers through an online survey. The data were coded in a manner that would not allow anyone to identify the forensic interviewers (participants) or the center where they were employed. Informational data were password protected and were only accessible to the researcher. Due to the anonymous nature of this study, an exemption from the Texas State University – San Marcos Institutional Review Board was received.

Forensic interviewers were recruited via an email describing the intent of the research project, explaining their role, asking for their participation, and providing a link

to the SurveyMonkey website where they could complete the online survey. The email was distributed by the National Children's Alliance (NCA) and the Children's Advocacy Centers of Texas, Inc. (CACTX) to their respective distribution lists (see Appendix A). Following the dissemination of the email, a second email was sent with a survey close date as a reminder to anyone who wished to complete the survey (see Appendix B). The first screen of the online survey served as the informed consent for the participants. In order to proceed to the survey, participants had to provide their consent by clicking on the button that indicated "I accept." It was not possible to complete the survey without clicking on the "I accept" button (see Appendix C).

Instruments

In order to measure the relationships between personal, family, and professional resources, secondary trauma, and burnout, several standardized measures were utilized. In addition, the following demographic information was collected: age, gender, race, relationship status, whether or not the forensic interviewer had children, state in which they were employed, member of any professional societies or organizations (i.e. APSAC, PSFI, NCA, etc.), highest level of education, field of study, percentage of job associated with forensic interviewing, number of forensic interviews completed per month, tenure as a forensic interviewer, and whether or not their supervisor had conducted forensic interviews.

Personal Resources.

Self-efficacy. Participants' responses to the General Self-Efficacy Scale (GSE) were used to measure self-efficacy (Schwarzer & Jerusalem, 1995). The instrument, containing ten items, measured perceived self-efficacy in a general sense, and predicted

coping and adaptation after experiencing stress (Jerusalem & Schwarzer, n.d.).

Responses to the GSE were measured on a 4-point Likert-type scale (1 = *not at all true*

and 4 = *exactly true*; Jerusalem & Schwarzer, n.d.). The scores were summed with

higher scores indicative of greater perceived self-efficacy. Jerusalem and Schwarzer

(1995) reported criterion-related validity had been documented in correlational studies.

Both positive and negative coefficients were found, with positive coefficients including

positive emotions and job satisfaction, while negative coefficients included burnout.

Jerusalem and Schwarzer (1995) also reported that the GSE has been administered in 23

nations. Of those, the majority of the Cronbach's alpha scores were in the high .80s, and

the range of scores was from .76 to .90. Cronbach's coefficient alpha was .86 for this

sample, denoting a high degree of consistency.

Compassion Satisfaction. Participants' responses to the ten-item compassion

satisfaction subscale from the Professional Quality of Life Scale (PROQOL) were used in

order to measure participants' level of compassion satisfaction (Stamm, 2009). This

subscale utilized a 5-point Likert-type scale (1 = *never* and 5 = *very often*). A sum of the

items was used in the analysis (Stamm, 2009). The researcher reported an alpha

reliability for the compassion satisfaction subscale of .88 (Stamm, 2009). Cronbach's

coefficient alpha for this sample was .81.

Family Resources.

Family Coping. The Family Crisis Oriented Personal Evaluation Scales (F-

COPES) were used to determine coping by examining the problem-solving of families

during stressful situations (McCubbin, Olson, & Larsen, 1987). This instrument

examined both internal and external family coping patterns using 30 items, and responses

were documented using a 5-point Likert-type scale (1 = *strongly disagree* and 5 =

strongly agree). Scores were reversed for items 12, 17, 26, and 28. The total scores were

found by summing the participants' scores for each of the items. McCubbin and

colleagues (1987) reported a reliability value of .71, a test-retest reliability of .81, and a

Cronbach's alpha of .86 for the entire scale. The Cronbach's coefficient alpha for this

sample was .83 for the entire scale.

Family Support. The four item family support subscale from the

Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure

family support (Zimet, 1998). According to Zimet (1998), the total score for the subscale

is found by adding the responses and dividing by four in order to obtain a mean score.

The researcher reported a test-retest reliability value of .85 for the scale. According to

Zimet (1998), Cronbach's alphas reported by other researchers ranged from .77 to .92 for

the overall scale. The Cronbach's coefficient alpha was .95 for this sample, denoting a

high degree of consistency.

Professional Resources.

Coworker Support. Coworker support was measured using a six-item scale

developed by House (1981; as cited by Iverson, Olekalns, & Erwin, 1998). The scale

contained two subscales with three items each. The first subscale examined support from

"people in different occupations or professions" (Iverson et al. 1998, p. 18), for these

professionals this included the members of their multi-disciplinary teams not employed

by the CAC. The second subscale examined support from "people in the same

occupation or profession" (p. 19); this included other forensic interviewers or other CAC

staff members. Responses were measured on a 5-point Likert-type scale (1 = *strongly*

agree and 5 = *strongly disagree*). A mean of the responses was used to determine the

perceived coworker support for each of the subscales. A test-retest reliability of .82 was

reported by Wright and Staw (1994; as cited by Iverson et al., 1998). The Cronbach's

coefficient alpha was .84 overall for this sample, .87 for the first subscale, and .93 for the

second subscale.

Supervisor Support. Supervisor support was measured using a six-item

supervisor subscale from the Multi-Dimensional Support Scale (MDSS; Winefield,

Winefield, & Tiggemann, 1992). The subscale was divided into two parts. The first part

examined the frequency with which supervisors provided support, with responses ranging

on a 4-point Likert-type scale (1 = *never* and 4 = *usually/always*). A sum of the

responses was used in the analysis, with higher scores indicative of the behaviors

occurring more frequently. The second part examined the forensic interviewers'

satisfaction with the frequency of the support they received from their supervisors (1 =

would have liked more, 2 = *would have liked less*, 3 = *just right*). For the purposes of this

study, if participants chose a 1 or 2, their response was recoded as a 0; a 3 was recoded as

a 1. The scores were then summed for all six of the responses, and a higher score

indicated greater satisfaction with the amount of support they received from their

supervisor. Cronbach's alphas reported by the researchers were .90 for the first part and

.87 for the second part (Winefield et al., 1992). The Cronbach's coefficient alphas for

this sample were .87 and .89 respectively.

Dependent Variables.

Secondary Traumatic Stress. Participants' responses to the ten-item secondary

traumatic stress subscale from the Professional Quality of Life Scale (PROQOL) were

used in order to measure participants' level of secondary traumatic stress (Stamm, 2009).

This subscale utilized a 5-point Likert-type scale (1 = *never* and 5 =*very often)*. A sum of

the items was used in the analysis (Stamm, 2009). The researcher reported an alpha

reliability for the secondary traumatic stress subscale of .81 (Stamm, 2009). Cronbach's

coefficient alpha was .73 for this sample.

Burnout. Though much of the research on burnout has utilized the Maslach

Burnout Inventory (MBI), the MBI cannot be reproduced over the internet and can only

be used by individuals who are considered to be qualified professionals, who must be

accepted by Consulting Psychologists Press, Inc. Therefore, burnout was measured using

the Oldenburg Burnout Inventory (OLBI; Demerouti, Bakker, Vardakou, & Kantas,

2003). The OLBI was also used in the research by Perron and Hiltz (2006), who also

examined burnout of forensic interviewers. The OLBI contained two dimensions of

burnout, exhaustion and disengagement. The OLBI contained 16 items and was scored

on a 4-point Likert-type scale (1 = *strongly agree* and 4 = *strongly disagree)*. A mean

score of the responses was used, with higher values indicative of higher levels of burnout.

The Cronbach's alpha for the exhaustion subscale was reported to be .73, and the

disengagement subscale was reported to be .83 (Demerouti et al., 2003). The Cronbach's

coefficient alpha was .87 overall for this sample, denoting a high degree of consistency.

Data Analysis

Data were exported from the online survey and analyzed using SPSS 17.0.

Descriptive statistics were run in order to examine the demographics of the participants in

this study. Pearson product-moment correlation coefficients were then run in order to

examine the relationship between each of the resources and burnout. Next, regression

analyses were run, as outlined by Barron and Kenny (1986), in order to determine if secondary traumatic stress mediated the relationship between personal, family, and professional resources and burnout for forensic interviewers. Lastly, a hierarchical regression was conducted in order to determine which variables predicted burnout.

CHAPTER IV

RESULTS

This purpose of this study was to examine personal, family, and professional resources as predictors of burnout and secondary traumatic stress among forensic interviewers. With regard to forensic interviewers' perceived personal resources, the following hypotheses were tested: (1) that self-efficacy would be negatively related to burnout, and (2) that compassion satisfaction would be negatively related to burnout. In order to examine forensic interviewers' perceived family resources, the following hypotheses were tested: (3) that family coping would be negatively related to burnout, and (4) that family support would be negatively related to burnout. Similarly, with regard to forensic interviewers' perceived professional resources, the following hypotheses were tested in this study: (5) that coworker support would be negatively related to burnout, (6) that supervisor support would be negatively related to burnout, and (7) that the forensic interviewer's tenure would be positively related to burnout. Lastly the following hypotheses were tested: (8) that the abovementioned personal, family, and professional resources would predict burnout, (9) that the abovementioned personal, family, and professional resources would also be related to and predict secondary traumatic stress, and (10) that secondary traumatic stress would mediate the relationship between personal, family, and professional resources and burnout.

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Descriptive data were examined first to determine the demographics of the sample. Pearson product-moment correlation coefficients were then run in order to examine the relationship between the study variables. Correlational analyses revealed that self-efficacy, compassion satisfaction, family coping, family support, coworker support (from multi-disciplinary team members), supervisor support, and tenure were negatively related to burnout. Specifically, self-efficacy ($r = -.21, p < .05$), compassion satisfaction ($r = .-49, p < .001$), family coping ($r = .-28, p < .01$), family support ($r = .-22, p < .05$), coworker support from multi-disciplinary team members ($r = .-23, p < .01$), satisfaction with supervisor support ($r = .-40, p < .001$), and tenure ($r = -.20, p < .05$) were all negatively related to burnout. The correlation between coworker support from children's advocacy center staff and other forensic interviewers and burnout was not statistically significant for this sample. Correlational analyses also revealed that self-efficacy ($r = -.20, p < .05$) and satisfaction with supervisor support ($r = -.18, p < .05$) were both negatively related, and burnout ($r = .37, p < .001$) was positively related to secondary traumatic stress. Correlations for all study variables are presented in Table 1.

In order to determine if secondary traumatic stress mediated the relationship between personal, family, and professional resources and burnout for forensic interviewers, the four steps outlined by Barron and Kenny (1986) were utilized. Specifically, a regression analysis was conducted to determine if personal, family, and professional resources predicted burnout for the forensic interviewers. As demonstrated in Table 2, personal, family, and professional resources were significantly related to burnout for the forensic interviewers ($F = 7.39, p < .001$, adjusted $R^2 = .31$). Next, a regression analysis was conducted to determine if personal, family, and professional

resources predicted secondary traumatic stress for the forensic interviewers. It was found that these resources were not significantly related to secondary traumatic stress for the forensic interviewers (see Table 2). Therefore, because the second condition was not met, the process of testing the mediation model was stopped at step two.

After determining that secondary traumatic stress did not mediate the relationship between personal, family, and professional resources and burnout, a hierarchical regression model was used to determine the extent to which these three clusters of variables were predictive of burnout among forensic interviewers. As demonstrated in Table 3, the first cluster, personal resources, contributed to a significant amount of the variance in predicting burnout among forensic interviewers ($F = 19.13, p < .001$, adjusted $R^2 = .25$). However, of the two variables, self-efficacy and compassion satisfaction, only compassion satisfaction contributed to a significant portion of the variance ($\beta = -.49, p < .001$).

The second cluster, family resources, was also independently related to burnout ($F = 10.30, p < .001$, adjusted $R^2 = .25$), but it did not lead to a significant increase in variance explained. Moreover, neither family coping nor family support contributed to a significant portion of the variance. The final cluster, professional resources, was independently related to overall burnout, and contributed to a significant amount of the variance in predicting burnout among forensic interviewers ($F = 7.39, p < .001$, adjusted $R^2 = .31$). Of the four variables, coworker support from multi-disciplinary team members, coworker support from children's advocacy center staff and other forensic interviewers, supervisor support, and tenure, only supervisor support contributed to a significant portion of the variance ($\beta = -.29, p < .01$). In conclusion, compassion

satisfaction and supervisor support were the only factors that contributed significantly to

the variance in burnout.

Table 1

Correlations for All Study Variables

Variables	1	2	3	4	5	6	7	8	9	10
1. Self-efficacy	1.00									
2. Compassion Satisfaction	.42***	1.00								
3. Family Coping	.39***	.37***	1.00							
4. Family Support	.16	.18*	.48***	1.00						
5. Coworker Support (MDT)	.15	.23**	.24**	.27**	1.00					
6. Coworker Support (CAC)	.13	.18*	.16	.17	.37***	1.00				
7. Supervisor Support	.12	.15	.30***	.21*	.23**	.19*	1.00			
8. Tenure (in months)	.08	.24**	.07	-.07	.06	-.01	.10	1.00		
9. Secondary Traumatic Stress	-.20*	.06	-.13	-.13	-.08	-.11	-.18*	-.10	1.00	
10. Burnout	-.21*	-.49***	-.28**	-.22*	-.23**	-.10	-.40***	-.20*	.37***	1.00
Mean	34.30	39.41	102.60	5.97	11.98	12.99	3.91	63.36	23.85	2.25
SD	3.49	4.74	13.03	1.14	2.72	2.45	2.27	56.21	4.44	.42

$*p < .05$, $**p < .01$, $***p < .001$

Table 2

Regression Analysis Explaining Secondary Traumatic Stress as a Mediator for Burnout

	B	SE B	B
Testing Step 1			
Outcome: Burnout			
Independent Variables: Self-Efficacy	-.00	.01	-.04
Compassion Satisfaction	-.04	.01	-.43***
Family Coping	.00	.00	.07
Family Support	-.04	.04	-.10
Coworker Support (MDT)	-.01	.01	-.07
Coworker Support (CAC)	.01	.02	.06
Supervisor Support	-.05	.02	-.29**
Tenure	.00	.00	-.05
R^2		.36	
F		7.39***	
Testing Step 2			
Outcome: Secondary Traumatic Stress			
Independent Variables: Self-Efficacy	-.22	.14	-.17
Compassion Satisfaction	.23	.10	.25
Family Coping	-.01	.04	-.03*
Family Support	-.78	.43	-.20
Coworker Support (MDT)	.08	.18	.05
Coworker Support (CAC)	-.18	.20	-.09
Supervisor Support	-.22	.20	-.11
Tenure	-.01	.01	-.11
R^2		.12	
F		1.74	

*p<.05, **p<.01, ***p<.001

Table 3

Hierarchical Regression Analysis Predicting Burnout

Variable	Model 1			Model 2			Model 3		
	B	*SE B*	*B*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Self-efficacy	-.01	.01	-.05	-.01	.01	-.04	-.00	.01	-.04
Compassion Satisfaction	-.04	.01	-.49***	-.04	.01	-.46***	-.04	.01	-.43***
Family Coping				.00	.00	.01	.00	.00	.07
Family Support				-.05	.04	-.14	-.04	.04	-.10
Coworker Support (MDT)							-.01	.01	-.07
Coworker Support (CAC)							.01	.02	.06
Supervisor Support							-.05	.02	-.29**
Tenure							.00	.00	-.05
R^2		.25			.25			.31	
F		19.13***			1.35			3.52**	

*$p < .05$, **$p < .01$, ***$p < .001$

CHAPTER V

DISCUSSION

The goal of this study was to examine the role of perceived personal, family, and professional resources on the burnout and secondary traumatic stress experienced by forensic interviewers in the United States. The results of this study are consistent with previous research on burnout and secondary traumatic stress for helping professionals. Of the resources examined, the strongest predictors of burnout among forensic interviewers identified in this study were between compassion satisfaction and burnout, while the relationship between supervisor support and burnout was also statistically significant in this sample.

Personal Resources

Data from this sample suggest that when self-efficacy was high, compassion satisfaction was also high. This result was consistent with the research by Lee and Ashforth (1996) who found higher self-efficacy was related to higher personal accomplishment, a facet of compassion satisfaction. The results of this study also indicate that when forensic interviewers reported higher self-efficacy, they tended to report lower levels of burnout. These results are consistent with the research of Perron and Hiltz (2006) who found that self-efficacy was negatively related to the depersonalization subscale of burnout, but not to the exhaustion subscale for forensic

interviewers. This result is also consistent with Friedman (2003) who stated that self-efficacy is a key factor in determining burnout for teachers. In addition, the significant negative relationship between self-efficacy and secondary traumatic stress, indicated that when self-efficacy is high, secondary traumatic stress tends to be low.

As hypothesized, compassion satisfaction was negatively related to burnout. In fact, compassion satisfaction was the most predictive personal resource of burnout in this sample for forensic interviewers. Specifically, when forensic interviewers reported higher compassion satisfaction, they reported lower burnout. These findings are consistent with the research by Conrad and Kellar-Guenther (2006) who found one way to diminish burnout for child protection caseworkers and supervisors was through the development of compassion satisfaction, and that when these professionals had higher levels of compassion satisfaction, they experienced lower levels of burnout. These results are also consistent with the research of Dane and Chachkes (2001) who found compassion satisfaction is important for professionals to feel helpful, which in turn lessened the effects of burnout.

Compassion satisfaction was not significantly related to secondary traumatic stress; however, there was a positive non-significant relationship between the two variables. A possible explanation is that compassion satisfaction may not be enough to combat the fear associated with secondary traumatic stress. In other words, because compassion satisfaction is associated with empathy for clients, and secondary traumatic stress is associated with fear of the client's situation becoming their own, it may be that the empathy of compassion satisfaction causes, to some extent, a higher level of fear. This relationship was not significant; however, more research is needed to determine why

these variables were not significantly correlated, especially because Stamm (2009) argued that compassion satisfaction was the positive response and secondary traumatic stress and burnout were the negative responses to a professional's quality of life.

Finally, the personal resources of self-efficacy and compassion satisfaction combined represented the largest amount of variance in burnout for forensic interviewers. In other words, when both self-efficacy and compassion satisfaction are high, burnout tends to be low for the forensic interviewers in this sample. Based on these results, it could be argued that personal resources are the most important and most impactful resources for forensic interviewers in their quest to continue their role and mitigate the deleterious effects of burnout.

Family Resources

The family resources examined in this study, family coping and family support, were positively correlated with each other. In other words, when perceived family coping was high so was perceived family support. In addition, the third hypothesis was also supported; family coping was significantly negatively related to burnout. This finding was consistent with the research by Kasl and Wells (1985) who found that a family's ability to cope with stress lowered the professional's level of anxiety and eventual burnout.

In addition, the hypothesis regarding family support was also supported; family support was significantly negatively related to burnout for forensic interviewers. This finding was also consistent with research by Kasl and Wells (1985) who found that family support is essential in preventing the development of burnout (Kasl & Wells,

1985). This was also consistent with research by Rupert and colleagues (2009) who found family support lessened the likelihood of burnout among psychologists.

Neither family coping nor family support were significantly correlated with secondary traumatic stress. Although, there was a negative relationship between these variables and secondary traumatic stress, the relationship was not significant. A possible explanation for this could be that families can help a professional deal with stress and strain over time, but they may not be able to assist with acute trauma experienced during secondary traumatic stress. The lack of findings could also be explained by the low to average levels of secondary traumatic stress reported by this sample.

When the family resources were combined in the hierarchical regression model, family resources contributed to a small increase in the variance of burnout added to personal resources; however, this contribution was not statistically significant. Perhaps if personal resources were not being examined in this model, family resources may have contributed more significantly to the variance in burnout among forensic interviewers. In addition, it is possible that other family resources are better predictors of burnout (e.g., number of contributors to the family income, family members' perception of the professionals work, etc.).

Professional Resources

The professional resources examined in this study, coworker support by MDT members, coworker support by CAC staff or other forensic interviewers, and supervisor support, were positively correlated with each other. This would suggest that when forensic interviewers felt supported by a supervisor, they tended to feel more supported by coworkers too. This again reaffirms the importance of supervisory support for

forensic interviewers. Interestingly, however, tenure was not significantly correlated with any of the other professional resources, suggesting that the amount of time a forensic interviewer is in their position is not strongly tied to the support felt by others in the workplace.

As hypothesized, coworker support was negatively related to burnout, but only when those coworkers were MDT members. Interestingly, coworker support from other CAC staff and forensic interviewers was the only professional resource not significantly related to burnout. This result may be due to many interviewers being the only interviewer in their CAC, and interviewers may feel that the only people who understand their role are the MDT members who they are serving by conducting these forensic interviews. Because CACs usually have limited staff wearing multiple hats for the organization and high case loads, forensic interviewers may not have the support they feel they need within their own organization. They may actually interact more with MDT members than with their own CAC staff members due to the nature of their role at the CAC. As a result, these forensic interviewers may perceive the MDT members more as colleagues than their CAC counterparts, who may be the executive director, administrative staff, therapeutic staff, or other support staff. Perhaps this is indicative of the conflict in the research on coworker support. Specifically, some research has found coworker support to lessen the effects of burnout (Corrigan et al., 1995; Ducharme et al., 2008; Leiter, 1991; Perron & Hiltz, 2006; Reid et al., 1999), while other researchers have argued that coworker support may be detrimental to the mental health of others in the workplace (Beehr et al., 2010; Halbesleben & Buckley, 2006; Leiter, 1991). Beehr and colleagues (2010) suggested that if coworkers are experiencing a high degree of stress

and they are either verbally or non-verbally sharing that strain with others, that stress may be shared by coworkers. In support of this suggestion, Halbesleben and Buckley (2006) found burnout among colleagues increases the likelihood that an individual will experience burnout, as burnout may be a contagion process among coworkers. This may also explain the inconsistent findings between the two types of coworker support. Forensic interviewers can relate directly to each case with the MDT members who are working that particular case. Although forensic interviewers may be able to relate to their MDT members, neither coworker support from MDT nor coworker support from other CAC staff were significantly correlated with secondary traumatic stress.

Supervisor support was, as hypothesized, negatively related to burnout. For this sample, when supervisor support was considered to be highly adequate, forensic interviewers experienced lower levels of burnout. Supervisor support was also negatively related to secondary traumatic stress. Supervisor support and self-efficacy were the only variables significantly related to both secondary traumatic stress and burnout. This finding supports previous research that self-efficacy can be promoted by supervisor support (Chung et al., 1995; Gibson et al., 2009). This also supports the work of Anderson (2000), when she suggested that direct service child welfare workers rely on social support from supervisors to deal with the stress and strain of the job. This finding emphasizes the importance of supervisor support, awareness of the strain with which their workers are dealing, and the wherewithal to handle this situation in an appropriate manner. Again, it seems this study supports the notion that supervisors have the ability to create an environment where team-building, safety, and mental health of workers is promoted, lines of communication are open, and there is accountability and motivation

(Anderson 2000; Myers & Wee, 2002). This study also supports Dunkley and Whelan's (2006a) recommendations that supervisor support not only be present, but seen as a positive relationship between the supervisor and supervisee.

Finally, tenure was negatively related to burnout, which discounted the original hypothesis of this study that the relationship would be positive. However, this finding supports previous research which suggested that the length of time a professional remains in his or her position lessens the likelihood of eventual burnout (Anderson, 2000; Corrigan et al., 1995; Ducharme et al., 2008; Friedman, 2000; Perron & Hiltz, 2006). In other words, forensic interviewers who are able to remain in their role for many years may be less likely to be affected by burnout. As stated earlier, there may be several possible explanations for this result, including those who experienced high levels of burnout may have already left the job (i.e. turnover), the individuals still serving in this capacity have more resources in order to cope with the stress and strain of the job, and older professionals are likely to have less naïve expectations regarding their work (Friedman, 2000). As suggested by Anderson (2000), there may be professionals who learn early on how to manage their stress and are therefore able to continue in the field for many years.

Secondary Traumatic Stress and Burnout

First, it is important to note that the sample of forensic interviewers examined reported only low to average secondary traumatic stress, with a score within the average range of secondary traumatic stress for the sample overall. Furthermore, there was a statistically significant negative relationship between self-efficacy and secondary traumatic stress. In other words, consistent with the research conducted by Perron and

Hiltz (2006), when self-efficacy was high, secondary traumatic stress was low. However, there was no relationship between secondary traumatic stress and compassion satisfaction. Additionally, secondary traumatic stress was not significantly related to either of the family resources, family coping or family support. Lastly, secondary traumatic stress was significantly related to only supervisor support among the professional resources, which is also consistent with the findings of Perron and Hiltz (2006) who found secondary traumatic stress to be negatively related to organizational satisfaction, which included support from supervisors. Specifically, when supervisor support was high, secondary traumatic stress was low.

Even though secondary traumatic stress did not mediate the relationship between personal, family, and professional resources and burnout, it did have a strong positive relationship with burnout. This supports the notion that these are similar constructs, in that they are negative effects of one's job, but the reason for experiencing these constructs are different. It also supports Stamm's (2009) comments regarding the combination of these two constructs resulting in compassion fatigue. Perhaps future research could explore whether or not compassion fatigue could better explain why forensic interviewers feel they must leave their position. Although secondary traumatic stress may not have mediated the relationship between these resources and burnout, the participants in this study reported only low to average levels of secondary traumatic stress. Again, this was likely due to the differences in the two constructs, with secondary traumatic stress being a more acute response to the trauma of another and burnout being frustrated with a lack of control on the job. It is possible that the secondary traumatic stress scores are higher when there is a particular case weighing heavily on a forensic

interviewer's mind. It is not clear from this study which variables predict secondary traumatic stress among forensic interviewers. Of the eight variables examined in this study, only self-efficacy and supervisor support were significantly correlated with secondary traumatic stress. On the contrary, burnout was statistically significantly related to all but one of the resources examined, which provided a much clearer explanation of what predicts burnout among forensic interviewers.

Summary of Findings

In sum, the results of this research suggest forensic interviewers who report having high self-efficacy, high compassion satisfaction, high family coping, who feel supported by family, coworkers, and supervisors, and who have remained in their job for longer periods of time tend to experience less burnout. Interestingly, forensic interviewers' own personal compassion satisfaction allows them to remain in their position, still conducting forensic interviews because they want to make a positive difference in the lives of others. These interviewers likely feel confident in their roles and are highly satisfied with their jobs (Conrad & Kellar-Guenther, 2006).

Additionally, it is important to note that supervisors and administrators are the vehicles of change and the creators of the professional work environment for the employees. The information gathered in this study regarding the importance of supervisory support should empower supervisors to take their contributions of support very seriously and should cause them to do whatever it takes to promote environments where forensic interviewers feel supported, but also where they feel they are able to make a difference in the lives of others. Encouraging the compassion satisfaction of forensic interviewers may be one of the best ways to make the forensic interviewer feel supported.

Finally, the information gathered in this study provides some insight into what predicts burnout for forensic interviewers. Consequently, when burnout remains low for forensic interviewers, they are better able to manage the stress and strain placed on them by the nature of the role. Thus, by keeping burnout at a minimum, forensic interviewers will be able to remain in their role, to function at their best, and to help children and families navigate through the justice system with ease for many years to come.

Methodological Limitations

It is important to note that these results should be interpreted with caution do to the methodological limitations of this study. First, the results of this research may not be generalizable to other human social service providers. Though forensic interviewers have many similarities with other human social service providers, there are also some very distinct differences as well. For instance, many forensic interviewers will meet a client only one time, and therefore may not develop a strong relationship with any of their clients. Also, forensic interviewers must remain neutral and unbiased throughout the duration of the forensic interview process, including testifying in court regarding the interview, which differs from other professionals who work with a similar population (e.g., child protection workers, court appointed special advocates, etc.).

Similarly, this study examined a very homogeneous sample, and though it may be representative of the population of forensic interviewers in the United States, the information gathered is not generalizable to male forensic interviewers, or those who are from a different ethnic background than those represented in this sample. Though there is no data currently available to describe the population of forensic interviewers nationally, the sample was consistent with the sample obtained by Perron and Hiltz

(2006) with regard to education, gender, ethnicity, and age. It is also important to note that the findings revealed only low to average levels of secondary traumatic stress and burnout for this sample. In addition, the sample and results were limited to those who were able to take the time to voluntarily complete the survey either on the job or in their personal time. Those who were able to complete the survey may have been influenced by the email notification, informed consent, and title of the survey, which may have made the participants consciously aware of their feelings of burnout and secondary traumatic stress while completing the survey. Perhaps these professionals may also have answered the survey on a day when they were more or less conscious of their feelings of burnout than on other days, regardless of whether or not they became aware of the intent of the survey. Moreover, any potential participants who were feeling an incredible amount of stress and strain, who may have scored higher on the burnout scale, may not have had an interest, and therefore did not take the time or the energy to complete the survey.

With further regard to the sample, the responses received may have represented a low response rate from professionals in the field. Though there was a 49% response rate from the population of interviewers who received the email in Texas, it is unclear how many of the recipients of the email from NCA were in fact forensic interviewers; therefore, it is impossible to know the response rate from the forensic interviewers nationally. Additionally, the response rate in Texas was likely higher than the national response rate due to the researcher's position as a forensic interviewer in the state of Texas and the potential for these interviewers to be familiar with the researcher.

With regard to the sample in this study, an additional limitation was the researcher's inability to include forensic interviewers who recently left their position and

who no longer served in that capacity. Perhaps these past forensic interviewers would provide insight into the levels of burnout experienced by professionals who have felt it necessary to vacate their position. Though it was impossible to determine from this study, the participants of this study may have lower levels of burnout than someone who had just left that position based on the fact that they were still functioning in their current position. On the other hand, it may also be said that the individuals who are still functioning in their position are there and functioning in their position with a high level of burnout. Conversely, the interviewers who have left their position may have left instead for a completely different reason (e.g., job-person incongruence, salary, benefits, relocation, retirement, etc.). An additional limitation with regard to the sample included not accounting for any previous childhood trauma experienced by the participants or previous history of child abuse in a participant's family.

When examining further limitations, there were many limitations with regard to the survey itself. For instance, the implementation of the survey occurred over the internet. Without having the face-to-face contact with the participants, it is impossible to know whether or not they found any of the questions or instructions confusing while completing the survey. Additionally, the quantitative nature of this survey did not allow for elaboration on any of the responses to the questions. In other words, even though the participants responded to the questionnaire, it is still unknown why they answered the way they did.

In addition, the responses gathered were solely from participant's self-report, which may have led to a self-report bias. Professionals may not be consciously aware of their stress or how burnout may be affecting them, although their coworkers or their

families may have noticed a change in their behavior and demeanor. Further information could have been gathered by family members and professionals with whom these interviewers collaborate.

Also, these instruments have not been used in conjunction with each other in previous research, and the questions asked in the first instruments may have had an effect on the questions in the later portion of the survey. For example, at the beginning of the survey, participants were asked about their own problem solving abilities and their basic beliefs about their abilities. If these responses provoked feelings of inadequacy, the later responses to their compassion satisfaction, secondary traumatic stress, burnout, or others may have been impacted by the feelings of inadequacy. Similarly, questions regarding family support, coworker, or supervisor support may have provoked feelings of frustration that would not have been consciously present otherwise when the interviewer was asked questions regarding his/her feelings of burnout. Finally, though it is probably less likely, the initial questions may have also skewed forensic interviewers' responses in the opposite direction.

Methodological Strengths

Despite these limitations, this study had several strengths. First, the researcher is a forensic interviewer and therefore has a strong understanding of the dynamics of forensic interviewing. This was an asset to this particular study because, unlike teaching or nursing, forensic interviewing is a field that is not widely known about in the general public.

An additional strength of this study was that there were many different variables examined. The variables that could impact and predict burnout for forensic interviewers

are numerous, and this study examined many of these variables. This study was also able to build on the only other research found on burnout among forensic interviewers (Perron & Hiltz, 2006), thereby contributing to the understanding of what predicts burnout among forensic interviewers.

Lastly, the ability to include responses from forensic interviewers on a national scale was a strength of this study. This allowed for more generalizability nationally versus generalizability on a smaller, regional scale. Though forensic interviewers nationally attend different trainings, they are all essentially performing the same role in the investigation of cases involving children and each provides a voice to a child each and every time they step foot into a forensic interview room.

Implications

Children's advocacy centers have a vested interest in preventing burnout of their specially trained forensic interviewers. Awareness of what predicts burnout is of utmost importance for the future of the profession of forensic interviewing and for those who supervise forensic interviewers across the nation. This research can be utilized by forensic interviewers as they navigate through the process of becoming forensic interviewers and also in prolonging their employment. In addition, administrators in children's advocacy centers who supervise and hire forensic interviewers can utilize this information in their quest to hire forensic interviewers, who have a high level of compassion satisfaction, and also to prevent burnout in order to promote longevity of forensic interviewers.

Children's advocacy centers and national and state training programs could provide incoming and tenured forensic interviewers with the information learned through

this study. It may provide them with the information necessary to continue to promote their own self-efficacy and their compassion satisfaction. These are only two of many personal resources that could help predict or even prevent burnout for forensic interviewers.

Information could also be provided to forensic interviewers regarding their family support and family coping. It may be beneficial for forensic interviewers to share the information regarding the correlation between high family coping, family support, and the decreased rate of burnout among forensic interviewers. Family members who have this knowledge may have a more conscious understanding of how their actions, reactions, comments, and understanding may impact and prolong the tenure of the forensic interviewer.

In addition, all individuals who are charged with supervision and hiring of forensic interviewers should have the knowledge gained through this study. Forensic interviewers who report having support from their team and from their supervisors also report lower levels of burnout than forensic interviewers who do not feel supported. These administrators should strive to create an environment where forensic interviewers and those who supervise forensic interviewers are supported. In return, the forensic interviewers may be more likely to prolong their employment with the agency as a result of the support they receive.

Similarly, it would be beneficial to share the results of this study with the multi-disciplinary teams who work with forensic interviewers. Creating an environment on a team where forensic interviewers are supported can lead to better outcomes for the entire team. This support will likely impact the quality of the forensic interviews and thus the

quality of child abuse investigations as a whole. If the forensic interviewer is feeling supported and experiencing a lower level of burnout, then investigations will begin with a solid start through the gathering of information from the child by the forensic interviewer.

Furthermore, the field of forensic interviewing is still relatively new, and thus gaining further knowledge regarding burnout among forensic interviewers is necessary. This topic has been under studied in research thus far, and researchers should continue to investigate all factors that might predict burnout among forensic interviewers. A movement towards obtaining information about what will prevent burnout is also necessary. These findings support the notion that perceived resources can predict burnout among forensic interviewers and can be used as a valuable tool to promote retention among current and future forensic interviewers. Though this study has contributed to the understanding of what resources predict burnout for forensic interviewers, additional research is needed to gain a more comprehensive understanding of what forensic interviewers may be able to do in order to predict and hopefully prevent burnout in the future.

Finally, burnout is not the only deleterious effect experienced by forensic interviewers, and future research should also examine what predicts secondary traumatic stress for forensic interviewers. Perhaps, more importantly, researchers should examine the effects of the combination of high secondary traumatic stress and burnout on the prolonged employment of a forensic interviewer. Additional research is also needed to examine the effects on a child and on a forensic interviewer when the forensic interview is conducted by an interviewer who is experiencing secondary traumatic stress or burnout on the job. Furthermore, it may be important to examine the number of forensic

interviews being conducted in one day, and whether that has an effect on subsequent interviews that day and the burnout of that interviewer should the pattern continue. Perhaps it may also be beneficial to examine whether or not specialized training for forensic interviewers can predict, and hopefully prevent, both secondary traumatic stress and burnout for forensic interviewers. If that is the case, trainings could be implemented in order to prevent future trauma for forensic interviewers.

In closing, the results regarding burnout were consistent with Leiter's (1990) model used as a theoretical framework for this study. In addition, this information is important for forensic interviewers and their supervisors nationwide. This study provides support for the notion that compassion satisfaction needs to be developed, fostered, and maintained by and for forensic interviewers in order to prolong their tenure as forensic interviewers, as well as to safeguard their mental health and physical well-being. Additionally, this study supports the notion that supervisors must be vigilant about the quality of their supervision and support of the forensic interviewers on their staff. Creating an environment where forensic interviewers feel supported, feel they are being heard, and feel they are making a positive difference in the lives of others, should not lie solely on the shoulders of forensic interviewers. However, this environment instead should be driven by the supervisors who are charged with supervision and support of these highly and specially trained professionals. Forensic interviewers have a very important role to play in the safety and well-being of the children whom they interview, so it is essential to gather further knowledge in order to promote the strong mental health, longevity, and compassion satisfaction for the job for these helping professionals.

Appendix A

INVITATION EMAIL

Dear Forensic Interviewer,

My name is Christy Williams and I am the assistant director and primary forensic interviewer at the Guadalupe County Children's Advocacy Center in Seguin, Texas. I am currently working on my thesis for a degree in Masters in Family and Child Studies. I would like to invite you to participate in a research study about forensic interviewers' perceived resources and how that perception affects burnout. I am conducting this study for my thesis under the supervision of thesis advisor Dr. Michelle Toews, from the Family and Consumer Sciences Department at Texas State University-San Marcos.

You were selected as a possible participant in this study because you are currently serving as a forensic interviewer and are employed by a children's advocacy center. If you choose to participate, information will be gathered from you in the form of an online survey. The survey will take approximately thirty minutes to one hour to complete.

All participants are eligible to enter a drawing for a $100 TARGET gift card.

Please follow this link in order to participate in this survey:
http://www.surveymonkey.com/s/DRCVNCP

If you have any questions about the study, please contact Christy Williams at ca1001@txstate.edu or Dr. Michelle Toews at mtoews@txstate.edu.

Thank you for your time!
Christy Williams

Appendix B

SURVEY REMINDER AND CLOSE DATE EMAIL

CALLING ALL **FORENSIC INTERVIEWERS,**

You should have received an email two weeks ago regarding a survey I am conducting for my master's level thesis. I wanted to let you know that time is running out to participate in the online forensic interviewer survey. **The survey will close at MIDNIGHT on WEDNESDAY, 8/4/10!!**

Don't forget, all participants are eligible to enter a drawing for a $100 TARGET gift card.

Please follow this link in order to participate in this survey:
http://www.surveymonkey.com/s/DRCVNCP

If you have any questions about the study, please contact Christy Williams at ca1001@txstate.edu or Dr. Michelle Toews at mtoews@txstate.edu.

Thank you for your time!

Christy Williams

Appendix C

CONSENT FORM

Impact of Perceived Personal Resources, Family Resources, and Professional Resources on Burnout for Forensic Interviewers

You are being invited to participate in a research study about forensic interviewers' perceived resources and how that perception affects burnout. This study is being conducted by Christy Williams (ca1001@txstate.edu) under the supervision of thesis advisor Dr. Michelle Toews, from the Family and Consumer Sciences Department at Texas State University-San Marcos. This research is being conducted as a part of a master's level student thesis.

You were selected as a possible participant in this study because you are currently serving as a forensic interviewer and are employed by a children's advocacy center. There are no known risks to you if you decide to participate in this research study. There are no costs to you for participating in the study. The information you provide will be used for the sole purpose of this thesis intended to examine the impact of perceived resources on forensic interviewers' burnout. This information will provide insight for supervisors, multi-disciplinary teams, and forensic interviewers regarding the impact of resources on their highly trained and specialized interviewers.
If you choose to participate, information will be gathered from you in the form of an online survey. The survey will take approximately thirty minutes to one hour to complete. The information collected may not benefit you directly, but the information learned in this study should provide more general benefits. A summary of the findings of this study will be made available to participants upon completion of this thesis. If you are interested in having access to the results of this survey, please send an email with a subject of "survey results" to ca1001@txstate.edu. After the completion of the thesis the results will be sent to the email address you request the results from.

Although absolute anonymity cannot be guaranteed over the Internet, surveymonkey.com guarantees that any data collected will be kept completely confidential and secure. Any identifying information obtained in connection with this study will be protected by the researcher. The researcher will code the data and keep the data in a secure location. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Individuals from this thesis committee and the Texas State University-San Marcos Institutional Review Board may inspect these records. Should the data be published, no individual information will be disclosed.

Your participation in this study is voluntary and you may withdraw from this study at any time without any penalty. By completing this survey through surveymonkey.com, you are voluntarily agreeing to participate and providing consent to the researcher. You may choose not to answer any question(s) you do not wish to answer for any reason.

All participants are eligible to enter a drawing for a $100 TARGET gift card. At the end of the survey, you will be prompted to enter your contact information if you are interested in being entered in the drawing. The drawing will take place after the survey has been closed to participants. The winner will be contacted using the information provided on the last screen of the survey.

If you have any questions about the study, please contact Christy Williams at ca1001@txstate.edu. You may also contact this thesis advisor, Dr. Michelle Toews, Texas State University-San Marcos, Department of Family & Consumer Sciences, 601 University Drive, San Marcos, TX 78666, 512-245-2405, or mtoews@txstate.edu.

The Texas State University-San Marcos Institutional Review Board has reviewed my request to conduct this project (IRB Approval Number EXP2009I8488). If you have any concerns about your rights in this study or have questions about the research, those concerns and/or questions should be directed to the Texas State University-San Marcos IRB chair, Dr. Jon Lasser (512-245-3413 – lasser@txstate.edu), or to Ms. Becky Northcut, Compliance Specialist (512-245-2102).

This page serves as your informed consent. You may print this screen for your records.

By selecting "Agree" below, you are providing consent to this researcher based on the information above. If you do not wish to provide consent, please exit the survey by closing your browser window.

☐   Agree

Appendix D

SURVEY

Impact of Perceived Personal Resources, Family Resources, and Professional
Resources on Burnout for Forensic Interviewers

Please provide some information about yourself below.

How old are you?

[   ]

Are you:
- o Male
- o Female

Please indicate which of the following best describes your race/ethnicity:
- o American Indian or Alaska Native
- o Asian
- o Black or African American
- o Hispanic or Latino
- o Native Hawaiian / Other Pacific Islander
- o White
- o Two or More Races
- o Other (please specify)

  [   ]

What is your marital/relationship status?
- o Married
- o Engaged
- o Single, Never Married
- o In a committed relationship
- o Divorced
- o Cohabiting
- o Widowed
- o Other (please specify)

  [   ]

What is your current living arrangement?
- o I live by myself
- o I live with my spouse/partner
- o I live with roommates
- o I live with my parents
- o Other (please specify)

What is your parental status?
- o I am a parent
- o I am not a parent

If you answered "I am not a parent" you can skip the rest of this page and select "next" at the bottom.

If you answered "I am a parent," please check all that apply:

☐ My child/children currently reside in my home

☐ My child/children do not currently reside in my home

How many children do you have?

How old are your children? (Please separate each child's age with a comma and a space, e.g. 5, 6, 10).

Please provide some information about your educational background below.

What is your highest level of education?
- o HS diploma
- o Associate's Degree
- o B.A. or B.S. Degree
- o M.A. or M.S. Degree
- o Doctorate Degree
- o None of the Above
- o Other (please specify)

If you obtained a degree, what was your major(s)?

On average, how many forensic interviews do you conduct per month?

[   ]

What percentage of your job is related to forensic interviewing? (i.e. preparing for interviews, conducting interviews, discussing interviews with team members, etc.)
- o 0 – 24%
- o 25 – 49%
- o 50 – 74%
- o 75 – 100%

How long (in years and months) have you been conducting forensic interviews?

Years   [   ]

Months   [   ]

Has your supervisor ever conducted a forensic interview?
- o Yes
- o No
- o Don't Know

In what state are you currently employed?

[   ]

Are you a member of any professional organizations or societies?
- o Yes
- o No

If yes, which organizations?

[   ]

For each of the following statements, please indicate the response that best describes how you USUALLY feel:

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough.				
If someone opposes me, I can find the means and ways to get what I want.				
It is easy for me to stick to my aims and accomplish my goals.				
I am confident that I could deal efficiently with unexpected events.				
Thanks to my resourcefulness, I know how to handle unforeseen situations.				
I can solve most problems if I invest the necessary effort.				
I can remain calm when facing difficulties because I can rely on my coping abilities.				
When I am confronted with a problem, I can usually find several solutions.				
If I am in trouble, I can usually think of a solution.				
I can usually handle whatever comes my way.				
I intend to stay in my current position for the foreseeable future.				

When you conduct forensic interviews, you have direct contact with people's lives. As you may have found, your compassion for those you interview can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a forensic interviewer. Consider each of the following questions about you and your current work situation. Select the response that honestly reflects how frequently you experienced these things in the LAST 30 DAYS.

	Never	Rarely	Sometimes	Often	Very Often
I am preoccupied with more than one person I interviewed.					
I get satisfaction from being able to interview people.					
I jump or am startled by unexpected sounds.					
I feel invigorated after working with those I interview.					
I find it difficult to separate my personal life from my life as a forensic interviewer.					
I feel depressed because of the traumatic experiences of the people I interview.					
I feel as though I am experiencing the trauma of someone I have interviewed.					
I think that I might have been affected by the traumatic stress of those I interviewed.					
Because of my experience conducting forensic interviews, I have felt "on edge" about various things.					
I like my work as a forensic interviewer.					
I am pleased with how I am able to keep up with forensic interviewing techniques and protocols.					
My work makes me feel satisfied.					
I have happy thoughts and feelings about those I interview and how I could help them.					
I believe I can make a difference through my work					
I avoid certain activities or situations because they remind me of frightening experiences of the people I interviewed.					
I am proud of what I can do to help.					
As a result of my experience conducting forensic interviews, I have intrusive, frightening thoughts.					
I have thoughts that I am a "success" as a forensic interviewer.					
I can't recall important parts of my work with trauma victims.					
I am happy that I chose to do this work.					

Select the response that best describes how much you agree or disagree with each of the following statements.

	Very Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree	Very Strongly Agree
There is a special person who is around when I am in need.							
There is a special person with whom I can share joys and sorrows.							
My family really tries to help me.							
I get the emotional help and support I need from my family.							
I have a special person who is a real source of comfort to me.							
I can talk about my problems with my family.							
There is a special person in my life who cares about my feelings.							
My family is willing to help me make decisions.							

Please read the list of "Response Choices" one at a time. Decide how well each statement describes your attitude and behavior in response to problems or difficulties. If the statement describes your response very well, then select that you STRONGLY AGREE; if the statement does not describe your response at all, then select that you STRONGLY DISAGREE; if the statement describes your attitude to some degree, then select a response of either moderately disagree, neither agree nor disagree, or moderately agree to indicate how much you agree or disagree with the statement.

When we face problems or difficulties in our family, we respond by:

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
Sharing our difficulties with relatives.					
Seeking encouragement and support from friends.					
Knowing we have the power to solve major problems.					
Seeking information and advice from persons in other families who have faced the same or similar problems.					
Seeking advice from relatives (grandparents, etc.).					
Seeking assistance from community agencies and programs designed to help families in our situation.					
Knowing that we have the strength within our own family to solve our problems.					
Receiving gifts and favors from neighbors (e.g. food, taking in mail, etc.).					
Seeking information and advice from the family doctor.					
Asking neighbors for favors and assistance.					
Facing the problems "head-on" and trying to get solutions right away.					
Watching television.					
Showing that we are strong.					
Attending church services.					
Accepting stressful events as a fact of life.					

Please read the list of "Response Choices" one at a time. Decide how well each statement describes your attitude and behavior in response to problems or difficulties. If the statement describes your response very well, then select that you STRONGLY AGREE; if the statement does not describe your response at all, then select that you STRONGLY DISAGREE; if the statement describes your attitude to some degree, then select a response of either moderately disagree, neither agree nor disagree, or moderately agree to indicate how much you agree or disagree with the statement.

When we face problems or difficulties in our family, we respond by:

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
Sharing concerns with close friends.					
Knowing luck plays a big part in how well we are able to solve family problems.					
Exercising with friends to stay fit and reduce tension.					
Accepting that difficulties occur unexpectedly.					
Doing things with relatives (get-togethers, dinners, etc.).					
Seeking professional counseling and help for family difficulties.					
Believing we can handle our own problems.					
Participating in church activities.					
Defining the family problem in a more positive way so that we do not become too discouraged.					
Asking relatives how they feel about problems we face.					
Feeling that no matter what we do to prepare, we will have difficulty handling problems.					
Seeking advice from a minister.					
Believing if we wait long enough, the problem will go away.					
Sharing problems with neighbors.					
Having faith in God.					

What position (or title) does your direct supervisor hold?

Below are some questions about the kind of help and support you may have available to you in your workplace when coping with your life at present. The following questions refer to your supervisor(s) or people in some authority over you at work who might have been providing support to you IN THE LAST MONTH. Answer for the 1-2 supervisory people you see most. For each item, please select the response that best describes the frequency with which your supervisor(s) provided each of the following kinds of help and support.

Please select the response that best describes the frequency with which your supervisor(s) provided the following kinds of help and support.

How often did they really listen to you when you talked about your concerns or problems?
- o Never
- o Sometimes
- o Often
- o Usually/Always

Based on your response to the question above, "How often did they really listen to you when you talked about your concerns or problems?" Would you have liked them to do this more often/ less often/ it was just right?
- o More Often
- o Less Often
- o Just Right

How often did you feel that they were really trying to understand your problems?
- o Never
- o Sometimes
- o Often
- o Usually/Always

Based on your response to the question above, "How often did you feel that they were really trying to understand your problems?" Would you have liked them to do this more often/ less often/ it was just right?
- o More Often
- o Less Often
- o Just Right

Below are some questions about the kind of help and support you may have available to you in your workplace when coping with your life at present. The following questions refer to your supervisor(s) or people in some authority over you at work who might have been providing support to you IN THE LAST MONTH. Answer for the 1-2 supervisory people you see most.

Please select the response that best describes the frequency with which your supervisor(s) provided the following kinds of help and support.

How often did they try to take your mind off your problems by telling jokes or chattering about other things?
- o Never
- o Sometimes
- o Often
- o Usually/Always

Based on your response to the question above, "How often did they try to take your mind off your problems by telling jokes or chattering about other things?" Would you have liked them to do this more often/ less often/ it was just right?
- o More Often
- o Less Often
- o Just Right

How often did they fulfill their responsibilities towards you in helpful practical ways?
- o Never
- o Sometimes
- o Often
- o Usually/Always

Based on your response to the question above, "How often did they fulfill their responsibilities towards you in helpful practical ways?" Would you have liked them to do this more often/ less often/ it was just right?
- o More Often
- o Less Often
- o Just Right

Below are some questions about the kind of help and support you may have available to you in your workplace when coping with your life at present. The following questions refer to your supervisor(s) or people in some authority over you at work who might have been providing support to you IN THE LAST MONTH. Answer for the 1-2 supervisory people you see most.

Please select the response that best describes the frequency with which your supervisor(s) provided the following kinds of help and support.

How often did they answer your questions or give you advice about how to solve your problems?
- o Never
- o Sometimes
- o Often
- o Usually/Always

Based on your response to the question above, "How often did they answer your questions or give you advice about how to solve your problems?" Would you have liked them to do this more often/ less often/ it was just right?
- o More Often
- o Less Often
- o Just Right

How often could you use them as examples of how to deal with your problems?
- o Never
- o Sometimes
- o Often
- o Usually/Always

Based on your response to the question above, "How often could you use them as examples of how to deal with your problems?" Would you have liked them to do this more often/ less often/ it was just right?
- o More Often
- o Less Often
- o Just Right

The following three statements are about people in different occupations or professions with whom you work: (This may be members of your multi-disciplinary team.)

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
Fellow staff (from different occupations or professions) can be relied upon when things get difficult on my job.					
Fellow staff (from different occupations or professions) are willing to listen to my job-related problems.					
Fellow staff (from different occupations or professions) are helpful to me in getting the job done.					

The following three statements are about people in the same occupation or profession with whom you work: (This may be others at your CAC or other forensic interviewers.)

	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
My peers can be relied upon when things get difficult on my job.					
My peers are willing to listen to my job-related problems.					
My peers are helpful to me in getting the job done.					

Below are statements with which you may agree or disagree. Select the response that best corresponds with how much you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I always find new and interesting aspects in my work.				
There are days when I feel tired before I arrive at work.				
It happens more and more often that I talk about my work in a negative way.				
After work, I tend to need more time than in the past in order to relax and feel better.				
I can tolerate the pressure of my work very well.				
Lately, I tend to think less at work and do my job almost mechanically.				
I find my work to be a positive challenge.				
During my work, I often feel emotionally drained.				
Over time, one can become disconnected from this type of work.				
After working, I have enough energy for my leisure activities.				
Sometimes I feel sickened by my work tasks.				
After my work, I usually feel worn out and weary.				
This is the only type of work that I can imagine myself doing.				
Usually, I can manage the amount of my work well.				
I feel more and more engaged in my work.				
When I work, I usually feel energized.				

Thank you for participating in this survey!

If you would like to be included in a drawing for a $100 TARGET gift card, please enter your contact information below.

Name

Address

City, State, Zip

Email Address

If you are interested in having access to the results of this survey, please send an email with a subject of "survey results" to ca1001@txstate.edu. After the completion of the thesis the results will be sent to the email address you request the results from.

If you have any questions about the study, please contact Christy Williams at ca1001@txstate.edu. You may also contact this thesis advisor, Dr. Michelle Toews, Texas State University-San Marcos, Department of Family & Consumer Sciences, 601 University Drive, San Marcos, TX 78666, 512-245-2405, or mtoews@txstate.edu.

Thank you again for your participation in this survey!

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