Out of Order: Family of Origin Impact on Couple and Family Therapy Trainees Level of Burnout, Through the Lens of Contextual Family Therapy.

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# Introduction

Purpose: Investigate family of origin (FOO) impact on couple and family therapy (CFT) graduate students' burnout during traineeship

- CFT career longevity
    - 31% complete licensing process in California, USA (BBS, 2008)
    - Early career change
- Legal and Ethical violations (BBS, 2008; BBS, 2017; Guy, 1987; Polson & Nida, 1998)
    - 88 disciplinary actions in 2012
        - Unprofessional Conduct (11.4%)
        - Personal Conduct (63.6%)
- Stress of balancing demands of clinical training, school, and personal life (Brus, 2006; Lue, Chen, Wang, Cheng et al., 2012)
- Graduate school focus on clinical development and self-of-the-therapist work
- Therapist as a change factor in therapy (Fife, Whiting, Bradford, & Davis, 2013)
- FOO first exposure to developing the self (Inge, 1992)
- Understanding FOO impact

# Professional Training

- Severe life stress in the first year due to changes in work, finances, living conditions, school, and social relationships (Goplerud, 1980)

- Personality shifts, sleep disturbances, depression, and intense anxiety (Goplerud, 1980)

- Insufficient time and low energy impact working on FOO issues (Sori, Wetchler, Ray, Niedner, 1996)

- Learning Self-of-the-Therapist work to reduce premature exit from the profession (Russell & Peterson, 1998)

  - Greater emotional intelligence, increased awareness, improved clinical work, increase self awareness (humanity/woundedness), meta-awareness, differentiation, and professional boundaries (Niño, Kissil, & Apolinar, 2015)

# Parentification

- **Definition:** functional and/or emotional role reversal in which the child sacrifices his or her own needs for attention, comfort, and guidance in order to accommodate and care for logistical or emotional needs of the parent (Hooper, 2007)

    - Types of Parentification

        - *Instrumental:* when a child takes on household duties (i.e. preparing meals, managing finances, house chores, tending to siblings)

        - *Emotional:* when the child is responsible for the emotional functioning of the family. The child responds to the emotional needs of a parent or sibling(s)

- Parentification is a family of origin phenomenon integrated from two family therapy schools of thought.

    - Salvador Minuchin and his colleagues contributed the concept of the "parental child" from his family systems approach, structural family therapy (Minuchin, Montalvo, Rosman, & Schumer, 1967).

    - Ivan Boszormenyi-Nagy and his colleagues coined the term parentification within his intergenerational family therapy theory, contextual therapy (Boszormenyi-Nagy, 1965).

- Gregor Jurkovic's contribution

    - Parentification exists on a continuum and encompasses a variety of roles, behavior patterns, and interactional processes that are used to stabilize the family (Jurkovic, 1997).

    - Parameters 1) overtness, 2) type of role assignment, 3) extent of responsibility, 4) object of care-taking, 5) age appropriateness, 6) internalization, 7) family boundaries, 8) social legitimacy, and 9) ethicality

    - The Parentification Questionnaire (PQ)

- Contextual is a product of destructive entitlement (Boszormenyi-Nagy & Krasner, 1986)

- Parentification Impacts

  - Long term impact on relationships and attachment style (Hooper, 2007)

  - Poor differentiation of self in childhood and adulthood (Hooper, 2007)

  - Personality disorders (Earley & Cushway, 2002)

    - Defense mechanism to prevent against inferiority

  - Boszormeny-Nagy (1986) positive and constructive contribution to develop a sense of responsibility

    - Fairness & acknowledgements

  - Locus of Control (Williams & Francis, 2010)

  - Adaptive Behaviors

    - developing empathy, ability to care for others, leadership skills, coping skills, social competence, and interpersonal confidence (Earley & Cushway, 2002; Stein, Rotheram-Borus, & Lester, 2007; Tompkins, 2007; Williams & Francis, 2010)

  - Maladaptive Behaviors

    - increase substance use, decrease in academic status, behavior problems, increase divorce rate, poor relationship functioning, disruptive attachment, low SES, depression, SMI, and family discord (Boszormenyi-Nagy & Sparks, 1973; Chase, Demming, & Wells, 1998; Hooper & Wallace, 2010; Peris, Goeke-Morey, Cummings, & Emery, 2008; Stein, Riedel, Rotheram-Borus, 1999; Wells & Jones, 1998)

# Relational Ethics

- **Definition:** Contextual therapy's fourth dimension focusing on loyalty and fairness in relationships.

- Types of Relational ethics

  - *Vertical:* Asymmetrical relationships (i.e. parent-child, therapist-client), Unequal balance between give and take, intergenerational transmission

  - *Horizontal:* Symmetrical relationships (i.e. siblings, partners, peers, etc.) balance between give and take, reciprocal exchanges

- Relational Ethics Scale (RES)

# Burnout

**Definition:** A syndrome that represents a state of chronic stress that leads to: physical and emotional exhaustion. cynicism, depersonalization, feelings of ineffectiveness, and lack of personal accomplishment (Maslach, 1976).

- Types of Burnout

    - *Emotional Exhaustion:* "emotional overload" or feeling depleted with no source of replenishment that results from interacting with other people

    - *Depersonalization:* withdrawing from clients or limiting interacting with others in general

    - *Lack of Personal Accomplish:* internalized feelings of inadequacy and failure, inability to recognize accomplishments achieved

- Contributors

    - Maslach

        - impair relationships on and off the job, leave job, increase insomnia, and drug/alcohol use (Maslach, 1976)

        - Burnout Inventory

    - Pines

        - People report low burnout, even in highly stressful situations, when they feel that their work is important (Silbiger & Malach-Pines, 2014)

        - Burnout Measure Short (BMS)

# Theoretical Framework

* This study was conceptualized within contextual therapy theory.

* This theory indicates that family of origin impacts an individual's psychology and way of relating to others.

* Independent variable- family of origin (a) parentification and (b) relational ethics

* Dependent Variable- burnout levels

* Theory suggests that FOO would influence or explain CFT burnout because FOO issues such as emotional parentification impacts personality traits in therapists such as being overly idealistic, dedicated, and people-oriented which leave them susceptible to burnout (Guy, 1987). Parentification provides support for contextual theory's concept of over-giving. These individuals are "likely to sacrifice their own needs and concerns for the benefit of others, even when this results in physical or emotional harm to themselves" (Guy, 1987, p. 254). It is not their commitment that is an issue but their over-commitment that leads to burnout. Other factors such as age, gender, and ethnicity that impact parentification and burnout can be considered when applying contextual theories dimensions I and II.

# Research Question and Hypothesis

**Research Question**

How does parentification in the family of origin relate to the level of burnout among

CFT students during training?

**Hypotheses**

   H1: Parentification will be negatively related to relational ethics

   H2: Parentification will be negatively related to burnout

   H3: Relational ethics will be positively related to burnout

# Methods

# Measures

- **Demographic and Clinical Training Questionnaire:** This instrument was created for the study and requested information on CFT graduate students demographics and clinical background. Demographic questions focus on gender, ethnicity, age, marital status and parental status. Clinical training information inquired about the trainee's school status, hours of paid employment, practicum hours, practicum site, population served, and prior clinical experience.

- **Parentification Questionnaire (PQ):**(Jurkovic & Thirkield, 1998) is a 30 item self-report measure with three sub-scales. The sub-scales are comprised of 10 items and measure Instrumental caregiving (IPQ), expressive caregiving (EPQ), and Unfairness (UPQ). The scale is measured on a 5-point likert scale. The reliability of the PQ received alpha level .947. Sub-scale reliability, IPQ alpha .836, EPQ alpha .871, and UPQ alpha .939.

- **Relational Ethics Scale (RES):** (Hargrave, Jennings, & Anderson, 1991) is a 24 item self-report measure. There are 2 sub-scales Vertical (VRES) and Horizontal (HRES), each made up of 12 items. The scales are measured on a 5-point likert scale. The reliability of the protocol has an alpha level of .872. The VRES sub-scale received an alpha of .900 and HRES alpha .834.

- **Burnout Measure Short (BMS):** The Burnout Measure Short (Pines, 2005) is a 10 item self-report measure. The scale measures level of burnout in a work setting. The survey is measured on a 7-point likert scale and received Cronbach's alpha .882.

# Methods

- Quantitative Design

    - Analysis

        - Bivariate Correlations

        - Independent Sample t Tests

        - ANOVAs

- Sample: CFT student trainees in practicum or field placement in the United States

- Procedures:

    - IRB Approval

    - Recruitment via electronic communication and flyers

    - On-line surveys

# Results

- $H_1$: Significant

  - Total PQ and Total RES $r = -.65$, $p < .01$

- $H_2$: Not Significant
  - Parentification Questionnaire (PQ), including the three sub-scales; Instrumental caregiving (IPQ), Expressive caregiving (EPQ), and Unfairness (UPQ) were calculated with Pearson's correlation with the Burnout Measure Short (BMS). All findings were in the predicted direction, but were not significant $r = .13$, $p = .35$, $r = .13$, $p = .35$, $r = .05$, $p = .75$, $r = .16$, $p = .25$, respectfully.

- $H_3$: Not Significant

  - Relational Ethics Scale, including the two sub-scales; Vertical (VRES) and Horizontal Relational Ethics (HRES) were correlated with Burnout Measure Short. All findings were in the predicted direction. However, none of the results were significant $r = -.15$, $p = .29$, $r = -.06$, $p = .67$, $r = -.20$, $p = .16$, respectfully.

- Results Correlation Matrix (Table 1)

Table 1

*Correlations Among Family of Origin Variables and Burnout Level*

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| 1. PQ | - | | | | | | | |
| 2. IPQ | .82** | - | | | | | | |
| 3. EPQ | .88** | .60** | - | | | | | |
| 4. UPQ | .91** | .63** | .72** | - | | | | |
| 5. RES | -.65** | -.38** | -.49** | -.79** | - | | | |
| 6. VRES | -.82** | -.51** | -.64** | -.89** | .87** | - | | |
| 7. HRES | -0.08 | -0.02 | -0.02 | -0.21 | .68** | 0.23 | - | |
| 8. BMS | 0.10 | 0.13 | -0.02 | .12 | -0.14 | -0.06 | -0.17 | - |

*Note.* Higher scores indicate more parentification, relational ethics, and burnout.

** $p < .01$, two-tailed. * $P < .05$, two-tailed.

# Independent-Sample t Test

- Examine potential relationships with burnout.

    - IVs: demographic and clinical training variables

- No Significant results

Table 2

*Results of Independent-Sample t tests for Burnout Level Scores Comparing Demographic Variables and Clinical Training Variables*

| Variable | df | t |
|---|---|---|
| *Demographic Variables* | | |
| Ethnicity | 50 | -.29 |
| Relational Status | 50 | -.12 |
| Parental Status | 50 | -.60 |
| | | |
| *Clinical Training Variables* | | |
| School Status | 50 | -1.11 |
| Prior Experience | 50 | .69 |

*Note.* Positive scores indicate more burnout between levels and negative scores indicate less burnout between levels.

* Analysis of Variance (ANOVA)

    * Examine effect of clinical training on burnout

        (a) Practicum Setting

            * Not significant

        (b) Practicum Hours

            * Significant   $F(2, 49) = 5.60, p < .05, \eta^2 = .19$

                * Table 3

            * Tukey Post-Hoc

                * Those who worked 0-8 hours/week (M= 2.26) had less burnout than those that worked 9-24 hours/week (M= 3.40) and 25 or more hours/week (M=3.22; ps<.05)

                * Figure 1

        (c) Caseload Size

            * Not Significant

# Post-Hoc Practicum Hours and Burnout

Table 3

*ANOVA Summary for the Effect of Practicum Hours on Burnout Levels*

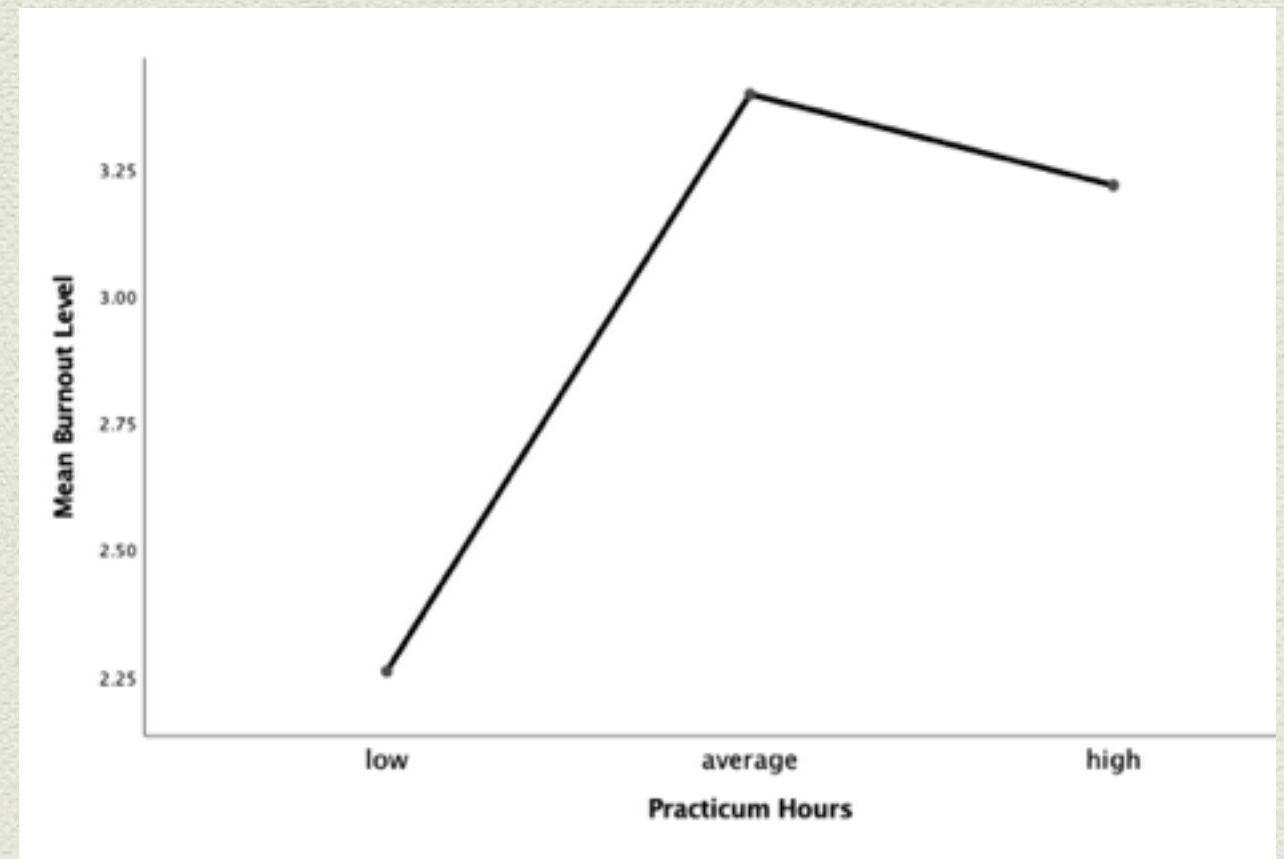| Source | SS | df | MS | F | $\eta^2$ |
|---|---|---|---|---|---|
| Practicum Hours | 9.39 | 2 | 4.70 | 5.60* | .19 |
| Error | 41.10 | 49 | .84 | | |
| Total | 50.49 | 51 | | | |

* *p < .05*



*Figure 1.* Mean burnout level as a function of low, average, and high practicum hours.

- Analysis of Variance (ANOVA)

  - Examine the effect of FOO variables compared to clinical training

    (a) Practicum Hours

    - Significant with PQ $F(2, 49) = 3.45, p < .05, \eta^2 = .12$

    - Significant with UPQ, $F(2, 49) = 4.68, p < .05, \eta^2 = .16$

      - Table 4

    - Not significant with IPQ, EPQ, RES, VRES, HRES

    - Tukey Post-Hoc

      - Higher parentification and perceived unfairness had an effect on at least one group of the practicum hours. Twelve percent of the variability in practicum hours were accounted for by parentification level and sixteen percent were accounted for by perceived unfairness.

      - Figure 2 illustrates unfairness

    (b) Caseload Size

    - Not Significant with PQ, IPQ, EPQ, UPQ, RES, VRES, HRES

# Post-Hoc Practicum Hours & Perceived Unfairness

Table 4

*ANOVA Summary for the Effect of Perceived Unfairness on Practicum Hours*

| Source | SS | df | MS | F | $\eta^2$ |
|--------|------|------|------|------|------|
| UPQ | 1182.80 | 2 | 591.40 | 4.68* | .16 |
| Error | 6186.97 | 49 | 126.27 | | |
| Total | 7369.77 | 51 | | | |

*Note. *p <.05*



*Figure 2.* Mean perceived unfairness as a function of low, average, and high practicum hours.

# Discussion and Limitations

# Discussion

- There was a significant relationships between parentification and relational ethics

    - No significant relationship with HRES

- There was no direct relationship between Parentification and Burnout

    - Indirect relationship through practicum hours

- There was no significant relationship between relational ethics and burnout

- The majority of the trainees indicated low risk of burnout (n=31; 59.6%) and the remaining trainees (n=21; 40%) indicate problematic degrees of burnout.

- Clinical implications

# Limitions

- Small sample size

- Multiple tests increase likelihood of type 1 error

- BMS as a measure to indicate burnout

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# Question and Answer Session