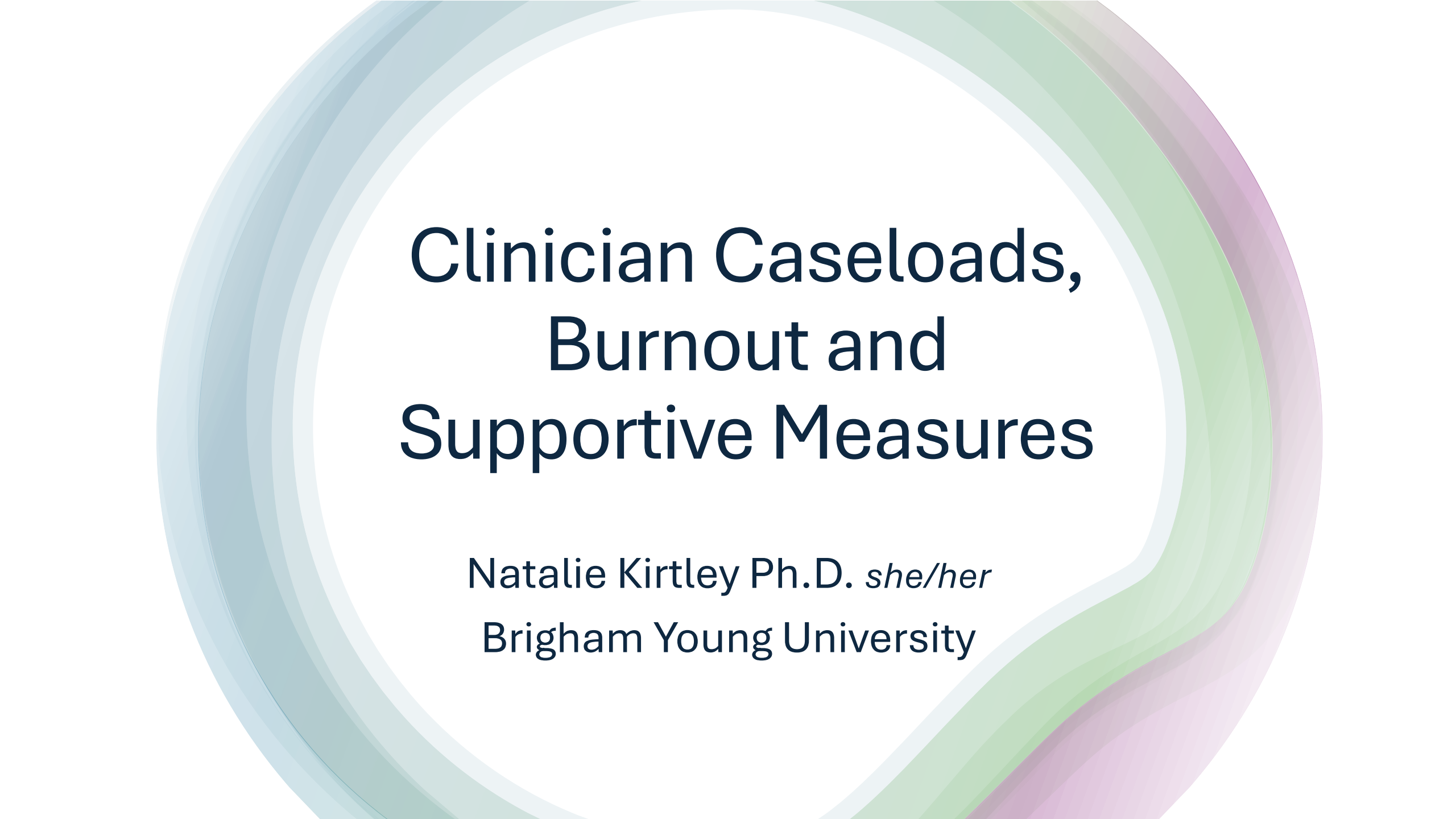




Clinician Caseloads, Burnout and Supportive Measures

Natalie Kirtley Ph.D. *she/her*
Brigham Young University

Clinician Case Loads, Burnout and Supportive Measures

Attendance Check In Code

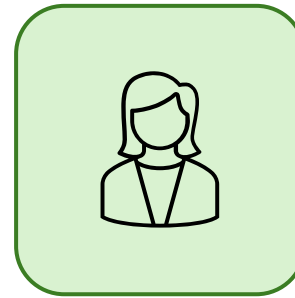
80689

Foundational Importance

Quality of Life



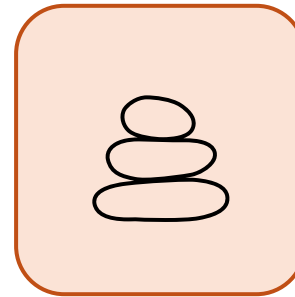
Hiring and Retention



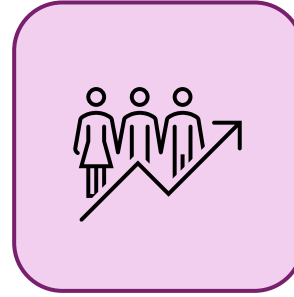
Client Outcomes



Ethics



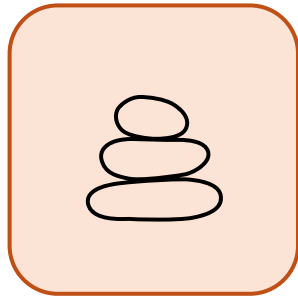
Client Outcomes



Clinician reports of flourishing Client drop out rate (Oh et al., 2026)

Burnout clinician = reduced clinically meaningful improvement
(Sayer et al., 2024)

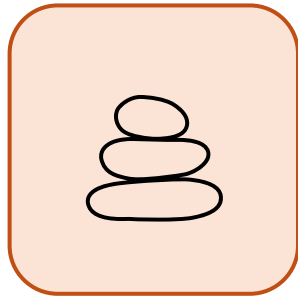
- Controlled for session spacing and drop out



Ethics

APA General Principle A: Beneficence and Nonmaleficence

“Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.”

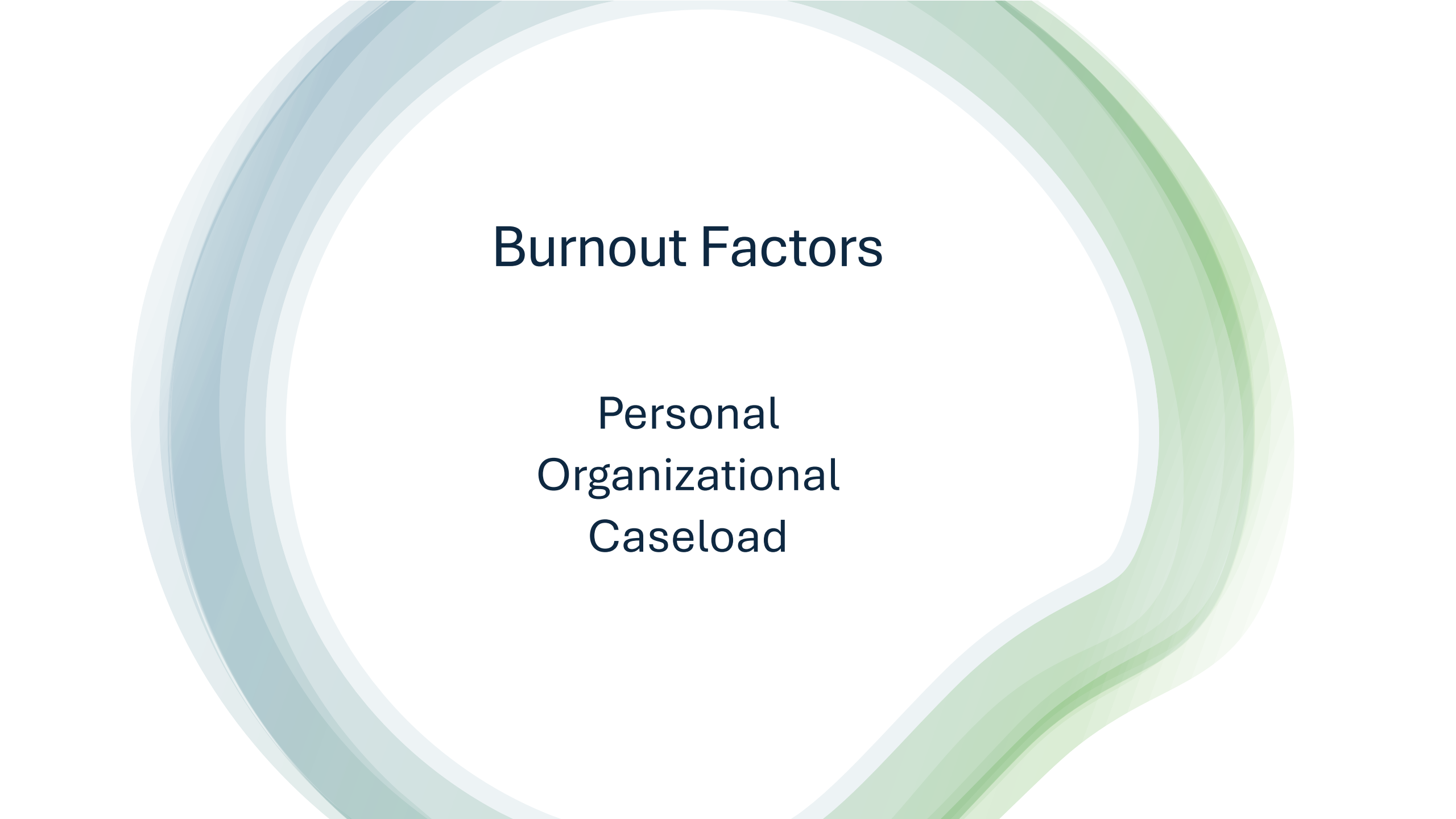


Ethics

APA 2.06 Personal Problems and Conflicts

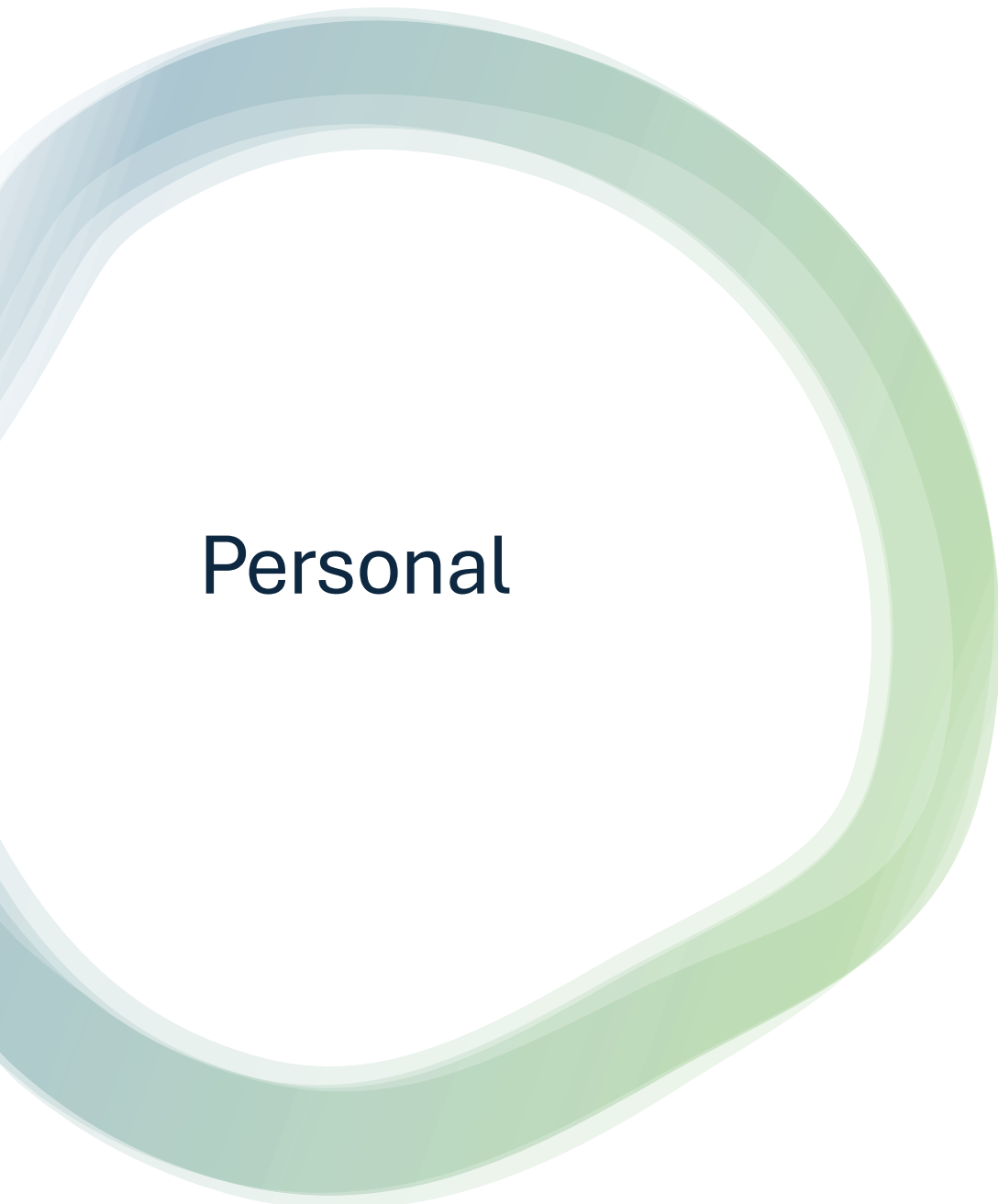
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their *personal problems will prevent them from performing their work-related activities in a competent manner.*

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, *they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.*



Burnout Factors

Personal
Organizational
Caseload



Personal

Gender

Age

Social

Personality

Mental Health

Professional



Gender – mixed

- Women more often report *emotional exhaustion*
 - Women employed at agencies
- Men more often report *depersonalization*

Age – young

Social

- Relationship health and stability
 - Sufficient social connection
 - Sufficient professional connection
- 

- Personality
 - Neuroticism
 - Low extroversion, shyness, introversion
 - Need for control/Rigid thinking
- Mental Health
 - Perfectionism
 - Emotional avoidance and perseveration
 - Exposure to trauma
- Professional
 - Sense of duty to clients –High involvement
 - Validation tied to professional outcomes
 - Attention to on going demand





Organizational

Lack of control

Inadequate training

Inequity and unfairness

Low recognition and reward

Poor workplace culture

Caseloads Composition



Cass Cerullo
&
Molly Rathe



Caseload

Large

High acuity

Low perceived control

PC match

- Low competence
- Low empathy & connection



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Theses and Dissertations

2023-12-13

**The Gender Load: Case Assignment Differences in a University
Counseling Center**

Samantha Kristine Brumble Heder
Brigham Young University

sheder@student.byu.edu

N=131

Male identifying = 58

Female identifying = 73

Post-doctoral=2%

Masters trainees=3%

Doctoral interns=12%

Staff=37%

Doctoral trainees=43%

Black=1%

Other=1%

Native Hawaiian/Pacific

Islander=3%

Hispanic/Latino=4%

Asian=5%

Multi-racial=6%

White=79%

Age span=20-66

Disparities – Presenting Concerns

Female Identifying Clinicians

Anxiety *

Eating concerns*

General distress

Perfectionism based distress

Sexual assault*

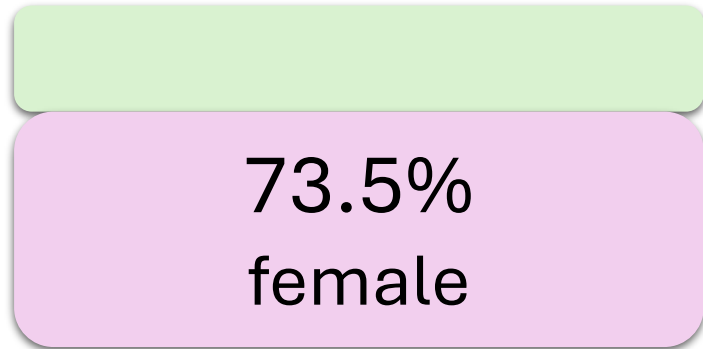
Experiences of trauma

Male Identifying Clinicians

Sexual orientation or
identity based distress*

Disparities – Gender Composition

Female Identifying Clinicians



Male Identifying Clinicians



Disparities – Distress at Intake

Female Identifying Clinicians

Male Identifying Clinicians

OQ-45

CCAPS - 62





What have you discovered in your center
that is contributing to or supporting
potential burnout?



What might you look into when you get back
to check about burnout contribution?



Supportive
Measures

Personal
Organizational
Caseload



Yes... But...



What limitations
often come up at your
center?

What work around
have you discovered?



Yes... AND...

Personal

Trainings and Workshops

- Basic burnout information
- Macro and Micro self-care
- Building self-care plans
- Review self-care plans
- Incorporate self-care into the center
- Set culture and policies that support self-care plans

Model self-care

Organizational - UCC

Interpersonal Connection

Consultation teams

Supervision/Mentoring

Retreats

Join Me Board

Diversifying Tasks

Committees/Project teams

Managing ratios

Work Support

Assessing Burnout

Professional Development

Resources

Time Comps

Organizational -Admin

“...developing reimbursement models that recognize the emotional labor of therapeutic work”

Salary comparisons

- private practice
- UCC

Raises

Salary re-evaluations

Values projections

Assessing Burnout

Informal

Tracking professional assignments

Considering personal circumstances

Attending to risk factors

Vibe checks & 1-1

Townhall meetings

Formal

Maslach Burnout Inventory

Copenhagen Burnout Inventory

Service Rationing

How we would
work if we were
free to do our
best



How we work
within the
restrictions
and obstacles
we face

Laura van Dernoot Lipsky
Trauma Stewardship

Caseload

Actuality vs. Experienced

Attentive to predictive factors

Exclude PCs

Systemic review of caseload assignment

Short-term model vs. Long-term care

Caseload flex across the year

Caseload flex across treatment type

Hold limits

Communication of Support

Reminders – hard copy

Making adjustments instead of waiting for an ask

Saying ‘no’ for my staff – or a conditional yes

Do no ask for more

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Attendance Check Out Code

32205

Also, please remember to complete the session evaluation in the app by clicking on “External QA/Survey.” Thank you!