Alfred Grant

SHB 5990 - Studies in Human Behavior Master’s Degree Integrative Project

Burnout Prevention amongst Emergency and Disaster Responders

Instructor- Doctor Catherine Waugh

Capella University, USA

December 2015

Abstract

An in-depth study has been conducted, in order to analyze various areas of the topic

of employee burnout prevention, a significant problem in society. The study included a

review of the problem and affected population, current practices policies of prevention and

advocacy, recommendations for prevention, early intervention, and advocacy. It also included

the identification of important facets of the topic, identifying theoretical perspectives used to

explain or predict the phenomena, identifying and explaining various levels of prevention,

summarizing the key findings of current research, synthesizing practical recommendations made,

and analyzing ethical issues involved with the topic.

**Table of Contents**

Table of Contents 3

Introduction 4

Presentation of the problem 5-10

Introduction to the Appendix 11

Individual Assessments and Research Questions 12-17

Summary of Community Assessment 18-20

References 21-23

Appendix A 24-26

Community Assessment Annotated Directory

**Introduction**

The issue of job burnout due to chronic and acute stress, affects employees in both the

public and private sectors. Employees in many public services occupations, such as emergency

services, military, and similar occupations, can be expected to encounter high exposure to

chronic and acute stress and risk of job burnout,, although nearly all occupations suffer this

problem, to various extents.

The commonly referenced model of burnout was first formally proposed by

Christina Maslach, who characterized burnout as a syndrome affecting people who work in

human resources and health care, but it is now believed that burnout can emerge in any

occupation (Garcia, McGeary, McGeary, Finley, Peterson, 2014). Burnout is described as

having three dimensions: exhaustion, cynicism, and ineffectiveness.

Burnout due to occupational stress is an ongoing and significant social issue, due to its

negative and damaging impact on individuals, organizations, families, and communities. The

stakeholders, in the prevention and promotion of well-being around this topic or issue, are a

significant number of employees, their families, employers, and the general community, in which

they all operate. Each stakeholder has much to gain, when solutions and methods of managing

this issue are identified and enacted.

Burnout is a significant issue amongst critical incident responders. Critical incident

exposure has been identified as problematic for all types of emergency responders (law

enforcement, fire/rescue, and Emergency Management Services (EMS), with each of the three

types of responders serving a distinct role, and thus may be exposed to different types of critical

incidents. (Donnelly, & Bennett, 2014). Scientific studies note that the level of burnout

symptoms in certain types of jobs, such as Emergency Management Services (EMS) work is

directly related to individual employees’ coping strategies, (Shin, Park, Ying, Kim, Hyunkyun, &

Lee, 2014). Other research have found that mental health service providers may represent a

population of workers among the highest risk of burnout, with PTSD Clinical Teams (PCTs )

clinicians possibly being at particular risk due to the emotional pressures of providing trauma

care, which vicariously exposes the clinician to traumatic material on a daily basis (Garcia,

McGeary, McGeary, Finley, Peterson, 2014).

**Presentation of the problem**

The practical relevance that drives this problem is that occupational burnout is a

significant social issue, negatively affecting large number of individuals, organizations, families,

and communities, High levels of occupational stress and burnout are also costly for workplaces,

create employee absenteeism and high staff turnover, and result in poor physical health (Gould,

Watson, Price, & Valliant, 2013).

**Overview of the problem** **as related to the specific population**

Employees in occupations, such as emergency services, military, and similar settings, can

be expected to regularly encounter significant exposure to stressful events, leading to burnout.

Research notes the importance of accounting for cumulative critical incident exposure and

resulting self-reported stress in stressful occupations such as EMS, when analyzing the impact of

critical incidents for personnel (Donnelly, & Bennett, 2014).

**Overview of the problem** **as related to the community/society**

Job burnout is a serious concern for communities due to the social problems caused by

the dysfunctional employee behavior resulting from their inability to manage high level of

workplace stress. The problem’s effect to society, also falls within the economic area, where

costs of workplace stress have been estimated to near $300 billion yearly due to employee

turnover, absenteeism, lowered productivity, and health problems (Taylor, & Kluemper, 2012).

**The individual and social impact of the problem as related to the population**

Evidence show that workers in high-stress jobs have a greater risk of developing mental

disorders (Szeto, & Dobson, 2013). Organizational development and leadership strategies which

focus on creating functional and effective stress management lead to reduction of work

burnout amongst employees.(Green, Albanese, Shapiro, & Aarons, 2014). Research also reveals

a predictive relationship between some aspects of burnout and the occurrence of certain

behaviors harmful to health, such as alcohol and excessive caffeine use, to cope with work stress

(McGeary, Garcia, McGeary, Finley, & Peterson, 2014).

**Theoretical foundation to understanding the problem**

Primary or universal prevention is about preventing problems before they are realized,

through efforts to decrease the chances that a certain issue will affect a person, group, or an

entire community (SPEC, 2015). A theory in the social and behavioral sciences that is helpful

in providing a basis for a theoretical foundation and best practices to understanding of the

problem is the theory of trans-theoretical model of behavior change.

The theory of trans-theoretical model of behavior change can be used to understand the

change process, across many different types of behavior problems, to improve physical and

mental health (Hage & Romano, 2013).

Understanding the early indicators and elements of the origin(s) of a problem is a

significant step, in preventing its occurrence. Workplace culture is one element that greatly

influences attitudes, values, behavior, perception, and interpersonal relations. Culture is

increasingly recognized as an influential factor in occupational health management (Dextras-

Gauthier, Marchand, & Haines III, 2012). In workplaces, stressful working conditions can be

permeated with antisocial behavior, impulsivity, anxiety, and aggression (Johnson, Beehr, &

O’Brien, 2015).

**Current Practices Policies of Prevention and Advocacy**

**Current understanding/research of the role of prevention as related to the problem and the population**

Current practice policies can be enhanced through the promotion of strengths and

reduction of risks, as well as the promotion of equity in social and political power, through

the promotion of protective factors, such as personal resiliency and the aid of social

programs, at both the individual level and the environment level. This can assist with

overcoming obstacles created by the inequality in occupational and environmental conditions, in

comparison to other work sectors. Prevention can be enabled through community change

processes, addressing the root causes of community problems, through creating new systems or

structures that enhance citizen participation and well-being, removing barriers to services and

supports, and promoting social policies that enhance well-being and people's ability to thrive

(SPEC, 2015).

**Ethical issues related to the problem and population**

A targeted population will tend to be more receptive and participatory when it is believed

that it is being treated fairly and with its best interests being taken into account, by program

implementers. Social justice and cultural relevance relate to best practices in prevention in that

they are critical elements for best outcomes in mental health intervention and prevention

programs. These programs must involve democratic and collaborative processes that adhere to

the values, beliefs and unique and preferred outcomes for an individual community (Vera &

Kenny, 2013).

Ethical issues can also be related to obtaining informed consent from participants in

assessments, confidentiality, evaluation issues, dissemination of information, and funding and

resources. Prevention interventions have implications for all people that are involved, therefore

protecting and promoting their independence is vital (Hage, & Romano, 2013).

The potential for intervention to produce negative outcomes raises many ethical

implications and dilemmas (Rhule, 2005). Prevention interventions have implications for all

concerned, in order to protect and promote their independence (Hage, & Romano, 2013).

These programs must involve democratic and collaborative processes that adhere to the values,

beliefs and unique and preferred outcomes for an individual community. Participation and

empowerment allow members a voice and choice in issues and decisions that affect their lives,

and sharing decision-making power and control over resources with professionals.

**Recommendations for Prevention, Early Intervention, and Advocacy**

**Early Intervention**

A conceptualization of a primary prevention goal for this problem would emphasize a

behavioral change model, a modification of the organization’s system and behavior, in

order to prevent the problem from occurring. Behavioral change is based on the premise

that behavior is learned, can be unlearned, and be replaced with a new behavior (Doughtery,

2013).

Coping skills and well-being training can also be implemented as early intervention

processes. Research notes the importance of normalizing the physiological stress response, and

the need for a forum and structure for reflection and learning, when dealing with acute life

threatening events (ALTEs) (Hudson, Duncan, Pattison, & Shaw, 2015).

Organizational management can initiate communication process to empower employee

confidence and freedom in discussion their feelings regarding the issue. Aconditional mediation

model assists with weakening the relationship between task conflict and employee strain. The

weaker conflict-employee strain relationship is, the more employees are engaged in active

problem solving conflict management and their organization-based self-esteem (OBSE) is higher

(Dijkstra, Beersma, Cornelissen, 2012).

**Prevention**

Best practice prevention methods include awareness of psychological services that are

available, through the workplace to assist employees with burn out when needed (Gould,

Watson, Price, & Valliant, 2013). In addition to counseling services, the desire to speak to fellow

co-workers is a means of coping. Peer support groups are viable and low-cost options,

and provide the opportunity to speak with trained peers in a setting that offers emotional,

practical, and social support.

Additionally, it is recommended that administrators provide new staff induction training,

and annual training, at all levels and experience, with a specific focus on sources and symptoms

of stress and burnout, as well as effective stress management techniques. Particularly, the use of

social support (e.g. debriefing with coworkers, seeking advice or help from others), positive

reframing (e.g., trying to see things in a more positive light, looking for something good in what

happened), and planning (e.g. trying to come up a strategy about what to do, thinking hard about

what steps to take) should be reinforced, while the use of dysfunctional strategies, such as denial

and substance abuse, should be discouraged (Gould, Watson, Price, & Valliant, 2013).

Applying self-care and providing effective assessment, prevention, and intervention

is needed to help prevent professional burnout (Linnerooth., Mrdjenovich, & Moore, 2011). A

best practice is a proactive approach that attempts to maximize a fit between work demands and

personal strengths, to develop resources at work and at home, and to establish a balance between

work and personal lives (Rupert, Miller, & Dorociak, 2015).

Activities that can be enacted to meet primary prevention goal are;

1) Collaborate with management to make certain that the rationale for matching the new

behavior intervention to current behavior is understood. Linking organizational culture and the

work organization conditions is an important dimension of advancing a framework of

understanding the experience of stress and strain, in an organization (Dextras-Gauthier,

Marchand, & Haines III, 2012). 2) Work with the HR department to ensure the conducting of

employee education workshops for new skill acquisition on the part of employees. 3) Integrate

social competency and ethics training, so that all employees feel empowered, through

participation in the intervention process.

**Advocacy**

Advocacy is defined as "any attempt to influence the decisions of any institutional elite

on behalf of a collective interest" (Donaldson, 2008). Advocacy should involve incorporating

best practice models into existing and future programs. Public policy is critical to addressing

mental health issues, through such general methods as legislation or through targeting specific

mental disorders (Pirog, & Good, 2013). Knowledge-based programs should be initiated to teach

people about the effects, causes, and health effects of a particular problem. Prevention strategies

can then be enacted, to anticipate and/or preventing initial exposure and stopping the problem

after it begins, along with harm reduction (using techniques to minimize the personal and social

problems connected with the subject).

Research notes the need to consider organizational development strategies aimed at

creating greater levels of transformational leadership behaviors in order to reduce levels of

burnout (Green, Albanese, Shapiro, & Aarons, 2014). Work supervisors, human resources

managers, senior executives, and counselors, who work with or teach about the topic need to be

knowledgeable and empathetic to the unique culture, strengths, and vulnerabilities of staff, with

regards to identifying and managing job stress and burnout.

Job stress is defined as a process with the components of: a) stressors, the

environmental events and conditions present in the environment, b) stress, which is the reaction

of the organism following a felt experience, and c) consequences of stress, such as burnout,

depression and psychological distress (Dextras-Gauthier, Marchand, & Haines III, 2012). The

psychological, physical, and behavioral responses can result from short, average, or long-

term exposure to stressors.

The unique and short window of time, in a new employee’s working environment, is a

crucial period, to advocate for, and manage stress prevention and mitigation processes that can

prove to be very beneficial to the employee, the employer, and the community, in the long-term.

**An introduction to the Appendix**

**Community Assessment Annotated Directory**

In order to provide an overview or environmental scan of who in the community is

concerned about the problem and is addressing it, a community assessment is conducted. This

assessment identifies individuals, organizations, and agencies within the community, , who are

involved at some level, with the topic of burnout. An appendix listing these organizations, is

provided, at the conclusion of the research report.

**Organizational Interviews**

Interviews with individuals from three organizations, and agencies were

conducted. The below questions, served as a guide for the respondent to elaborate on different

aspects of the issue.

1. How did you and your organization develop an interest in this issue?
2. What specific population or populations have you targeted?
3. Is your organization involved (or have you been involved in the past) at the local,

regional, state, or national level and in what ways and if so, is there a specific initiative

or project you are involved in at any of these levels?

4. Is the nature of your work in this area focused more on prevention, advocacy, early

intervention, or several of these? If so, please tell me more about your prevention activities

in relation to this topic or issue, your early intervention activities in relation to his topic or

issue, and in what ways have you been involved in advocacy in relation to this topic or

issue?

5.How to you utilize data gathered, from your prevention, advocacy, and early intervention

programs?

6. How do you share this information, within the community in which you are located?

7. Do you involve employee family members in any aspects of your initiative(s)?

8. Of the various aspects of your program, which do you consider most effective, prevention,

advocacy, or early intervention?

9. What changes do you think would improve your current initiative(s)?

**First in-depth assessment/ Queensland Police Service, Australia**

A valuable source of information for the research was provided Dr. Deanne Hawkins,

senior psychologist, for the Queensland Police Service, Australia. Dr. Hawkins stated that the

organization had in place programs that supported the early prevention and prevention processes,

through an internal counseling program. The program provided initial knowledge awareness to

new employees, while in training, at the academy. Also, an external Employee Assistance

Program (EAP) provided by another agency, augmented the internal program (D. Hawkins,

personal communications, December, 2015). The organization had a long-standing interest in

this issue, due to the imbedded chronic and acute stress- producing nature of the law enforcement

occupation.

The specific internal population targeted are all staff members within the police force.

The organization operates at a state-wide level and its prevention initiatives are thus focused at

that level. Specific programs include a peer-support group and an internal initiative that focuses

on a continuum of engagement that begins with informal well-being checks, and can include

family members if required. Feedback processes are built into the programs’ design.

The organization does not actively engage in advocacy initiatives, with regard to the

issue. Information that is learned from the organizations efforts is used internally to improve its

own programs and shared with other state government organization, through a state

government umbrella agency.

**Second in-depth assessment/ Australian Department of Human Services**

A second valuable source of information for the research was provided by Cheryl

Jenkins, Social Work Manager of the Sydney Service Zone in the Australian Government

Department of Human Services. Ms. Jenkins noted that the department historically had in place a

comprehensive management strategy for a range of workplace burnout situations . The

department developed a heighted interest in the issue, as the number of national and international

emergency and disaster responses increased dramatically, over recent years (C. Jenkins, personal

communications, December, 2015). The specific internal staff members focused on were the

Department of Human Services Social Workers who were involved in disaster and emergency

responses, both short and long term. The work on workplace stress and burnout has a primary

focus on early intervention and prevention, with some effort put into advocacy.

Prevention activities in relation to the issue, involve individual and group pre-deployment

briefing, daily debriefings during crisis response, and a post-deployment debriefing. Prevention

efforts are routinely internal efforts, looking after employee well-being, in order to mitigate any

long-term adverse effects, both physical and psychological and include ongoing peer support. In

certain cases, to pre-empt the need for treatment of severe effects, an employee may be referred

to an Employee Assistance Program (EAP), provided by an external company, at no cost to the

employee. EAP offers assessment, counselling and support, both long term and short term.

Advocacy efforts include a joint long-term research project, with a local university, and

the placement of staff members on national, state and local government multi-agency emergency

management committees. Data gathered from the prevention, advocacy and early intervention

programs is shared with other departmental internal stakeholders when needed. The early

intervention and prevention strategies are applied across local leadership teams during crisis

response situations when applicable. Currently the department considers early intervention and

prevention to be the most effective methods to have in place. Ongoing research on the topic, may

introduce new techniques to improve and build on current initiatives.

**Third in-depth assessment/ Triple Canopy Inc.**

A third source of significant information on the topic of work performance was Dr.

Deanne Greene, a Senior Human Resources Generalist, with an extensive professional

background in adult work-performance and career counseling. Dr. Greene is associated with

Triple Canopy Inc., a leading private US company, in the field of security solutions, for the US

government and commercial businesses. She is the sole human resources mediator and

counselor, for a segment of her company’s work-force, which works under stressful conditions,

securing US military installations, in an Arabian Gulf country. Being a senior-level staff

member, in her role of human resources manager, within the organization, she is a key evaluator

and decision-maker. Her responsibilities include determining employees ability to cope with the

stressors, involve in the workplace environment.

The company addresses the issue of employee burnout, by conducting periodic

performance assessments, at 3-month, 6-month, and yearly intervals, to allow for face-to-face

communications, regarding employee state of well-being. Dr. Greene stressed that it was a

priority and an established policy, for the employer to provide avenues of counseling options

(Greene, personal communications). The organization has an interest in the issue because

of a high employee turnover rate.

Specific initiatives include; counselling training for supervisors, managers, and human

resources personnel, addresses the issue of employee burnout, by conducting periodic

performance assessments, at 3-month, 6-month, and yearly intervals, to allow for face-to-face

communications, regarding employee state of well-being. There is an informal process of peer

support. Employees are highly encourage to maximize their leave allowances. Data gathered

from its programs are used internally to improve the company’s services, to its employees,

worldwide.

**Summary of Interview Responses**

The results of three interviews with representatives of one federal and one state

government departments and one private sector company, overwhelmingly indicated that

organizations placed great emphasis on early intervention and prevention approaches, when

addressing the issue of employee burnout. Each organization has in recent years, placed strong

focus on addressing the issue and has allocated resources to give employees the confidence and

freedom to access various resources that enhance their skills in identifying early signs of the

problem and developing and reinforcing their coping skills. Although advocacy can be found in

some of the approaches taken, it is not an ingrained part of the processes within the organizations

interviewed.

**Summary of Overall Community Assessment**

At the conclusion of a comprehensive review of the issue of employee burnout

prevention and a community assessment, involving public and private agencies, the below

observations, regarding advocacy, early intervention, and prevention of the problem are noted.

Advocacy seems to lag behind in order of importance, to early prevention, and

prevention, in most organizations. Although there is widespread awareness, in society, regarding

the problem, few focused public policy campaigns have been generated to bring a sense of

urgency to mitigation the problem. A key research finding notes that public policy is critical to

addressing mental health issues, through such general methods as legislation or through targeting

specific mental disorders (Pirog, & Good, 2013).

With regards to early prevention, organizations place an emphasis on providing

resources and formal processes, such as new employee awareness training, and coping and well-

being checks, in order to lower the risks of occurrence. A key current research finding notes the

importance of normalizing the physiological stress response, and the need for a forum and

structure for reflection and learning, when dealing with acute life threatening events (ALTEs)

(Hudson, Duncan, Pattison, & Shaw, 2015).

With regards to prevention, organizations at a minimum do have internal programs, such

as counselling and peer support, as resources that employees can access. External Employee

Assistance Programs (EAPs) are also routinely a part organizations’ prevention arsenal,

especially for employees who may be on the path to needing intervention and treatment.. Best

practice prevention methods includes awareness of psychological and social work services that

are available, through the workplace in the event that individuals are feeling burned out (Gould,

Watson, Price, & Valliant, 2013).

Ethical issues involved with the topic can also be related to obtaining informed consent

from participants in assessments, confidentiality, evaluation issues, dissemination of information,

and funding and resources. Interventions focusing on prevention can affect more than one

individual (e.g. a social system). The broader impact of these interventions can involve complex

ethical issues. This may require a need to protect and promote the autonomy of participants’

communities (Hage & Romano, 2013).

In order to be comprehensive, inclusive, and effective, the workplace burnout prevention

and advocacy programs must involve democratic and collaborative processes that adhere to the

values, beliefs and unique and preferred outcomes for an individual community. With these goals

in mind, a human development theory, the Ecological Systems Theory is highly applicable for

work burnout prevention and advocacy processes. The Ecological Systems Theory, stipulates

that human development can occur along different routes, influenced by systems of numerous

relationships and environmental factors. The theory was developed by developmental theorist

Urie Bronfenbrenner (Bronfenbrenner, 1979). There are four major systems, which are

emphasized in this approach.

The Microsystem is made up of activities and relationships, within an individual’s

immediate surroundings. Examples of such relationships are: family and care-giver activities,

school relations and other individuals that are a constant within that individual’s inner circle.

The Mesosystem consists of interactions taking place across microsystems. The Exosystem

comprises social functions and activities, outside the immediate environment of the developing

person, which have an effect on their immediate environment. The Macrosystem is the level at

which cultural values, the rules of society, and environment resources, all affect the path of

development. By engaging, within all four systems, prevention and advocacy processes have

significantly better chances for outcome effectiveness.

In the context of a diverse and multicultural workforce or community, community change

can be enabled through creating new systems or structures that enhance participation and well-

being, removal of barriers to services and supports, and promoting social policies that enhance

well-being and people's ability to thrive (SPEC, 2015). When it is perceived by community

members that each is provided fair and equal consideration to their issues by decision-makers

and other enablers, community change has a great chance of succeeding. The application of this

approach would be highly useful for the development of effective burnout prevention and

advocacy strategies.

The culture of stakeholders significantly influence attitudes, values, behavior, perception,

and interpersonal relations in prevention programs. Cultural values and biases must be

adequately addressed in prevention programs so that so that no particular stakeholder’s values

are imposed oppressively or damagingly, on a target population (Hage & Romano, 2013).

Organizations must embrace the process of being culturally aware and sensitive. The way that

any of the identified stakeholders may react to the same stressful event or situation can be

greatly different from the reaction of another, based on varying cultural elements. Culture is

increasingly recognized as an influential factor in occupational health management (Dextras-

Gauthier, Marchand, & Haines III, 2012).

The organization’s system behavior may need to be modified, in order to prevent the

problem from occurring. Behavior is learned, can be unlearned, and be replaced with a new

behavior (Doughtery, 2013).

Social problems, such as workplace burnout, are very costly to both the affected

individual and to society (Conyne, Horne, & Raczynski, 2013). By improving strategies and

outcomes, in the advocacy, early prevention, and prevention areas, significant public and private

resources can be saved, through the lowered need for treatment programs, at the other end of the

problem cycle.

References

Bronfenbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard

University Press.

Conyne, R. K., Horne, A.M., & Raczynski, K. (2013). Prevention in Psychology: An

Introduction to the Prevention Practice Kit. Los Angeles, CA: Sage. ISBN:

9781412995078.

Dextras-Gauthier, J., Marchand, A., & Haines III, V. (2012). Organizational culture, work

organization conditions, and mental health: A proposed integration. International

Journal of Stress Management, Vol. 19(2), pp. 81–104.

Dijkstra, M.T.M., Beersma, B., & Cornelissen, R.A.W.M. (2012)**.** The emergence of the

activity reduces conflict associated strain (ARCAS) Model: A test of a conditional

mediation model of workplace conflict and employee strain. Journal of Occupational

Health Psychology, Vol. 17, No. 3, 365–375.

Donaldson, L. P. (2008). Developing a progressive advocacy program within a human services

agency. Administration In Social Work. Vol 32(2), pp. 25–48.

Donnelly, E.A., & Bennett, M. (2014). Development of a critical incident stress inventory for

the Emergency Medical Services. Traumatology: An International Journal, Vol. 20(1), p

p. 1–8.

Doughtery, A.M. (2013). "Prevention and consultation" In R. K. Conyne & A. M. Horne (Eds.),

Prevention practice kit: Action guides for mental health professionals. Los Angeles, CA:

Sage.

Garcia, Hector A., McGeary, Cindy A., McGeary, Donald D., Finley, Erin P., Peterson, Alan L.

(2014). Burnout in veterans health administration mental health providers in

posttraumatic stress clinics. Psychological Services, Special Section: Secondary Trauma

and Burnout. Vol. 11(1), pp. 50-59.

Gould, D.D., Watson, S.L., Price, S.R., & Valliant, P.M. (2013**)**. The relationship between

burnout and coping in adult and young offender center correctional officers: An

Exploratory Investigation. Psychological Services, Vol. 10(1), pp. 37–47.

Green, A.E., Albanese, B.J., Shapiro, N.M., & Aarons, G.A. (2014). The roles of individual

and organizational factors in burnout among community-based mental health service

providers. Psychological Services, Vol. 11(1), pp. 41–49.

Hage, S., & Romano, J. L. (2013). Best practices in prevention. Los Angeles, CA: Sage. ISBN:

9781412995078.

Hudson, A.P., Duncan, H.P., Pattison, H.M., & Shaw, R.L. (2015). Developing an

intervention to equip nurses for acute life threatening events (ALTEs) in Hospital: A

phenomenological approach to healthcare research. Health Psychology, Vol. 34(4), pp.

361–370.

Johnson, V.A., Beehr, T.A., & O’Brien, K.E. (2015). Determining the relationship between

employee psychopathy and strain: Does the type of psychopathy matter? International

Journal of Stress Management, Vol. 22(2), pp. 111–136.

Linnerooth., P.J., Mrdjenovich, A.J., & Moore, B.A. (2011). Professional burnout in clinical

military psychologists: Recommendations before, during, and after deployment.

Professional Psychology: Research and Practice, Vol. 42(1), pp. 87–93.

McGeary., C.A., Garcia, H.A., McGeary, D.D., Finley, E.P., & Peterson, A.L. (2014).

Burnout and coping: Veterans Health Administration posttraumatic stress disorder

mental health providers**.** Psychological Trauma: Theory, Research, Practice, and Policy,

Vol. 6(4), pp. 390–397.

Pirog, M. A., & Good, E. M. (2013). Public policy and mental health. Thousand Oaks, CA: Sage.

Rhule, D.M. (2005). Take care to do no harm: Harmful interventions for youth problem

behavior. Professional Psychology: Research and Practice, Vol. 36(6), pp. 618–625.

Rupert, P.A., Miller, A.O., & Dorociak, K.E. (2015**).** Preventing burnout: What does the

research tell us? Professional Psychology: Research and Practice, Vol. 46(3), pp. 168–

174.

Shin, H., Park, Y.M., Ying, J.Y., Kim, B., Hyunkyung Noh, H., & Lee, S.M. (2014).

Relationships between coping strategies and burnout symptoms: A Meta-analytic

approach. Professional Psychology: Research and Practice, Vol. 45(1), pp. 44–56.

SPEC: Strengths Prevention Empowerment Community Change. (n.d.). Leonard Turkel

Nonprofit Network. Retrieved from

https://web.archive.org/web/20131209210808/http:/www.specway.org/spec

Szeto, A.C.H., & Dobson, K.S. (2013). Mental disorders and their association with perceived

work stress: An investigation of the 2010 Canadian Community Health Survey. Journal

of Occupational Health Psychology, Vol. 18(2), pp. 191–197.

Taylor, S.G., & Kluemper, D.H. (2012). Linking perceptions of role stress and incivility to

workplace aggression: The moderating role of personality. Journal of Occupational

Health Psychology, Vol. 17(3), pp. 316–329.

Vera, E. M, & Kenny M. E. (2013). Social Justice and Culturally Relevant Prevention. Thousand

Oaks, CA: Sage.

**Community Assessment Datasheet**

**Community Assessment: Individuals and Organizations Addressing Burnout Prevention Amongst Emergency and Disaster Responders**

Name Alfred Grant Date 11 December 2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization**  Queensland Fire and Emergency Services, Australia | **Population Served** | **Prevention Activities** | **Advocacy Activities** | **Early Intervention Activities** |
| Web site: www.fire.qld.gov.au | Fire and Emergency Services employees | The organization provides an operational manual with adequate information and support systems to manage fatigue during activities and operations. | There is a program to enhance the psychological and emotional well-being of all volunteers within Emergency Management Queensland (EMQ) by providing a range of services. | A peer support program is established, with an operational manual on how to access the services of Peer Supporters. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization**  Queensland Police Service, Australia | **Population Served** | **Prevention Activities** | **Advocacy Activities** | **Early Intervention Activities** |
| Contact Person:  Dr. Deanne Hawkins  (Senior Psychologist.)  Web site:  www.police.qld.gov.au | Police department employees | The organization provides operational manuals with adequate information and support systems to manage fatigue during activities and operations.  Internal psychological services are present.  External EAP support is available. | N/A | a peer-support group and an internal initiative that focuses on a continuum of engagement that begins with informal well-being checks, and can include |

**Community Assessment Datasheet**

**Community Assessment: Individuals and Organizations Addressing Burnout Prevention Amongst Emergency and Disaster Responders**

Name Alfred Grant Date 11 December 2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization**  Queensland Health Services, Australia | **Population Served** | **Prevention Activities** | **Advocacy Activities** | **Early Intervention Activities** |
| Web site:  www.health.qld.gov.au | Medical services employees | The organization has established an Employee Assistance Program (EAP) for psychological and mental-health services and support. | N/A | There is a workplace policy to ensure workplace fatigue is managed in order to minimize its effects and related risks on the workplace, employees, patients and others. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization**  Australian Government Department of Human Services | **Population Served** | **Prevention Activities** | **Advocacy Activities** | **Early Intervention Activities** |
| Contact Person:  Cheryl Jenkins  (Social Work Manager)  Web site:  www.humanservices.gov.au | Departmental Social Workers and Customer Service staff, involved in natural disaster, and emergency response | Pre-deployment briefings, daily debriefings during crisis response, post-deployment debriefings | Joint ongoing research project with a university | EAP program for employees and their families with access to confidential, professional, counselling to help employees resolve both personal and work-related issues. |

**Community Assessment Datasheet**

**Community Assessment: Individuals and Organizations Addressing Burnout Prevention Amongst Emergency and Disaster Responders**

Name Alfred Grant Date 11 December 2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization**  Triple Canopy Inc. | **Population Served** | **Prevention Activities** | **Advocacy Activities** | **Early Intervention Activities** |
| Contact Person:  Deanne Greene  (Human Resources Manager)  Web site:  www.triplecanopy.com | Employees who work under acute and chronic stress conditions. | The organization provides stress management and counselling services. | N/A | Early Intervention assessments  (for physical and psychological injury)  -Incident debriefing |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization**  Davidson Trahaire Corpsych, Australia | **Population Served** | **Prevention Activities** | **Advocacy Activities** | **Early Intervention Activities** |
| Web site:  www.davcorp.com.au | Employees who provide counselling and training services to clients undergoing trauma and stress-related problems. | The organization provides psychology services to employees of corporate and government organizations. | The organization markets stress and burnout prevention management services to corporate and governmental organizations. | Trauma Assistance counseling and Resilience Training Programs for Employees, Managers and HR Professionals |