



Burnout Among Forensic Psychologists: An Examination of the Relationship Between Stress, Selfcare, and Help Seeking

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Abstract: Due to the nature of their work, mental health professionals are prone to stress that can escalate into burnout with detrimental personal and professional effects. Selfcare is effective in managing stress and preventing burnout, but burnout is better managed by help-seeking behavior that is determined by attitudes and intentions and influenced by demographic and occupational factors. Therefore, stress, selfcare, help-seeking attitudes, help-seeking intentions as well as demographic and occupational factors are predictors of burnout among mental health professionals, including psychologists. However, due to the scarcity of research, burnout predictors among forensic psychologists are often deduced from related professions, but forensic psychologists need to be studied as a distinct professional population owing to their unique working conditions, clients, and ethical requirements. Therefore, this quantitative study employed a quasi-experimental design to examine burnout predictors among forensic psychologists in the United States and used multiple regression to test the study hypotheses. Overall, 85 forensic psychologists participated in this study. The study results indicated a significant mixed correlation between stress, selfcare, help-seeking attitudes, help-seeking intentions, age, and length of practice and three burnout components (emotional exhaustion, depersonalization, and personal accomplishment). This study filled gaps in the literature relating to burnout among forensic psychologists in the United States, may incite further research on the topic, and will assist relevant stakeholders in making informed decisions relating to preventing and managing burnout among this professional population.

Keywords: Burnout, Forensic psychologists, Predictors, Stress, Help-seeking, Selfcare.

INTRODUCTION

Mental health professionals, such as forensic psychologists, hold an important and unique role of taking care of the mental wellbeing of others [35]. The mental health role is fulfilling yet challenging and demanding, making mental health professionals prone to stress and ultimately burnout if the stress is not managed through selfcare and help-seeking [2, 13, 24, 27, 29]. Stress, selfcare, and help-seeking (which is determined by attitudes and intention) predict burnout among mental health professionals, but the relationship is complex and contextual as it is also influenced by demographic characteristics and occupational factors [13, 18, 22, 27, 29, 37]. Worse still, there is limited literature on these burnout predictors among forensic psychologists in the United States and no literature on their help-seeking attitudes and intentions [25, 27]. The influence and magnitude of burnout predictors among forensic psychologists are unknown; hence, deduced from that of psychologists, forensic mental health professionals, and mental health professionals, resulting in misleading conclusions due to significant differences (in clientele, working conditions, ethics, etc.) between these related professions [15, 17, 27]. Therefore, this

study fills the gaps in the literature by assisting in understanding burnout predictors specifically among forensic psychologists and subsequently how best to prevent and manage burnout to avert its pervasive and deleterious effects that can hinder forensic psychologists from executing their sensitive duties diligently.

There were approximately 95,865 active doctoral-level licensed psychologists [36] and 181,600 psychologist jobs in the United States in 2021 [6]. This means there are 31.3 licensed psychologists per 100,000 people indicating that the high demand for psychologists does not balance the low numbers of licensed and certified psychologists [2, 13, 19]. In 2017, there were approximately 3,900 (4%) licensed psychologists board-certified by the American Board of Professional Psychology (ABPP) with approximately one-third certified in clinical psychology and 8% in forensic psychology [19]. Of all licensed psychologists, 55% indicated clinical psychology as their primary or secondary area of specialty, while 7% indicated forensic psychology, showing that the demand is even higher for forensic psychologists [19]. There is a high demand for psychologists in the United States, but a low number of these professionals leads to work overload and ultimately stress and burnout [2, 13].

Mental health professionals are prone to burnout, but there is limited research on the experience of burnout specifically among forensic psychologists [27, 28]. Burnout is a psychological syndrome associated with occupational factors and common in challenging, demanding, and human-intensive professions like forensic psychology [4, 28]. Burnout has different components that manifest differently for different professions with emotional exhaustion manifesting more than depersonalization and personal accomplishment among mental health professionals [15, 22, 28]. Burnout and its effects are detrimental to the mental health of psychologists and subsequently their work, hence the need for burnout prevention and management to maintain good mental and professional wellbeing [4, 33]. Burnout is an outcome of poor stress management or ineffective coping which makes stress a predictor of burnout [27, 22].

The working conditions of forensic psychologists and the type of clients they serve pose a risk for stress and burnout [15, 25, 27]. Forensic psychologists work in legal, forensic, and mental health contexts that are challenging, stressful, dangerous, hostile, adversarial and expose them to traumatic narratives, and they work with challenging and complex cases of clients who present with mental illness and offending behavior [15, 25, 27]. The psychologically taxing working conditions of forensic psychologists render them susceptible to chronic and high levels of stress [27, 22]. Some psychologists thrive under stress, grow from their stressful work experiences, and manage their stress well, while others manage their stress poorly or fail to cope leading to burnout and its detrimental effects like work absenteeism and mental illnesses like depression [22, 31]. Stress management prevents burnout while failure to successfully manage or cope with stress leads to burnout, therefore, high levels of chronic stress predict burnout among mental health professionals [4, 33].

Chronic and elevated levels of stress among mental health professionals lead to burnout, which has more deleterious and pervasive effects on the mental and professional wellbeing of mental health professionals as well as on others, such as their clients [4, 27]. Burnout can lead to physical and psychological conditions (such as anxiety, depression, compassion fatigue, etc.) and work-related problems (such as absenteeism, cynicism, costly mistakes, etc.) among mental health professionals [11, 20, 32]. Therefore, burnout and its

consequences can render mental health professionals incompetent to do their work and for forensic psychologists burnout may result in serious and far-reaching effects since the freedom of forensic clients, the safety of the society, the integrity of the criminal justice system, etc. depend on the input of forensic psychologists [4, 38]. It is therefore important for psychologists to reduce or regulate their stress levels to prevent burnout, improve mental wellbeing, and ensure professional competence [1, 28, 33]. Owing to this, psychologists are required to manage their stress and burnout levels as an ethical and professional requirement [23, 27]. The general and specialty ethics codes governing psychologists in the United States require forensic psychologists to take care of their wellbeing to ensure they perform their duties diligently and competently [1, 34]. Good mental and professional wellbeing can be achieved through effective coping and preventative measures such as selfcare and help-seeking, but demographic and occupational factors also play a role [11, 33, 37].

Selfcare is one of the effective coping strategies for stress reduction and burnout prevention among mental health professionals like forensic psychologists [3, 15, 37]. Selfcare includes behaviors and activities (for example, humor, supervision, exercise, mindfulness, etc.) that improve mental wellbeing by reducing and managing stress thus preventing burnout [2, 9, 27]. Selfcare is classified into various categories and dimensions such as physical, spiritual, maintaining a positive work-life balance, professional development, etc., depending on theories of conceptualization and selfcare measures [5, 10, 28]. Mental health professionals practice selfcare activities, behaviors, categories, and dimensions at varying frequencies at different points in their careers and depending on their demographic characteristics and occupational factors [11, 28]. There is limited research on selfcare among forensic psychologists in particular, but humor and mindfulness have been thought to be effective [27]. Nonetheless, selfcare is an active ongoing process that exists in a continuum where some selfcare strategies (such as exercise and eating a healthy diet) are effective for dealing with stress while other selfcare strategies such as professional help-seeking are more effective for managing burnout and its consequences [10, 28].

Demographic characteristics and occupational factors (such as age, work setting, and length of practice) are additional factors that directly and indirectly predict burnout among mental health professionals [22, 26, 31, 37]. Burnout syndrome is more common among early career and younger psychologists due to working conditions that are different and more challenging than those of older and late-career psychologists whose jobs are more flexible, are in private practice, etc. [22, 26]. Furthermore, early career and younger psychologists tend to practice selfcare less and not seek professional help due to inexperience, time, and financial constraints, and fear of being diagnosed with a mental illness early in their career and being deemed incompetent [11, 28]. Therefore, demographic characteristics and occupational factors of mental health professionals are predictors of burnout that interact in a complex way with other burnout predictors although they have not been given much attention in the literature compared to stress, selfcare, and help seeking attitudes and intention [11, 28]. There is a need to investigate the role and magnitude of stress, selfcare, help-seeking attitudes, help-seeking intention, demographic characteristics, and occupational factors as burnout predictors and to identify the most influential predictor to be targeted for the most effective burnout prevention intervention among forensic psychologists as there is no existing literature on this topic.

PURPOSE OF THE STUDY

The purpose of this quantitative study was to explore burnout predictors among forensic psychologists namely: stress, selfcare, help-seeking attitudes, help-seeking intentions, age, and years of practice. This study attempted to determine the strength and influence of each burnout predictor to assist in clearing confusion related to some burnout predictors.

Research Questions and Hypotheses

The research questions examined were:

- RQ1: How does stress, selfcare, help seeking attitudes, help seeking intention, age, and years of practice predict emotional exhaustion?
 - H₀1: Stress, selfcare, help seeking attitudes, help seeking intention, age, and years of practice will not predict emotional exhaustion.
 - H_a1: Stress, selfcare, help-seeking attitudes, help seeking intention, age, and years of practice will predict emotional exhaustion.
- RQ2: How does stress, selfcare, help seeking attitudes, help seeking intention, age, and years of practice predict depersonalization?
 - H₀1: Stress, selfcare, help-seeking attitudes, help seeking intention, age, and years of practice will not predict depersonalization.
 - H_a2: Stress, selfcare, help-seeking attitudes, help seeking intention, age, and years of practice will predict depersonalization.
- RQ3: How do stress, selfcare, help seeking attitudes, help seeking intention, age, and years of practice predict personal accomplishment?
 - H₀1: Stress, selfcare, help-seeking attitudes, help seeking intention, age, and years of practice will not predict personal accomplishment.
 - H_a3: Stress, selfcare, help-seeking attitudes, help seeking intention, age, and years of practice will predict personal accomplishment.

METHODOLOGY

Participants

The inclusion criteria for the participants in this study is that they are aged 18 years and above, have earned a doctoral degree in clinical psychology, being currently licensed, and actively practicing in the United States with a forensic psychology focus. A total of 203 participants showed interest in this study, but only 85 participants completed the questionnaire and/or met the study requirements of: being aged 18 years and above, having a doctoral degree, being a licensed psychologist, currently practicing as a psychologist in the United States, and focusing on forensic work. The final study sample comprised 50 (58.8%) females, 34 (40.0 %) males, and 1 (1.2 %) nonbinary participant. 55.3% ($n = 47$) of the participants were aged 20 to 44 years, 41.2% ($n = 35$) were aged 44 to 64 years, 2.4% ($n = 2$) were aged 65 years and above, and 1 (1.2%) participant did not indicate their age category. The ethical/racial composition in the study was Asian American (9.4%, $n = 8$),

Black or African American (9.4%, $n = 8$), Hispanic or Latino (11.8%, $n = 10$), Multiracial or multiethnic (3.5%, $n = 3$), Native American or Alaska Native (2.4%, $n = 2$), White (62.4%, $n = 53$), and other race (1.2%, $n = 1$). Most of the participants were married (64.7%, $n = 55$), followed by single (22.4%, $n = 19$), Divorced (9.4%, $n = 8$), Widowed (2.4%, $n = 2$), and separated (1.2%, $n = 1$). Most participants reported they had received mental health services (90.6%, $n = 77$) while 9.4% ($n = 8$) indicated they had never received mental health services. 60.0% ($n = 51$) of the participants reported receiving mental health services from a psychologist, while others reported receiving mental health services from a psychiatrist (9.4%, $n = 8$), social worker (11.8%, $n = 10$), counselor (9.4%, $n = 8$), while 9.4% ($n = 8$) had never received mental health services. Most of the participants received mental health services less than 5 years ago (52.9%, $n = 45$) while other participants received mental health services 5 to 10 years ago (29.4%, $n = 25$), more than 10 years ago (4.7%, $n = 4$), never received mental health services (10.6%, $n = 9$), and 2 (2.4%) participants did not respond to the question.

All the participants were doctoral-level psychologists, currently licensed and practicing in the United States, and focusing on forensic work. The majority of the participants had a Ph.D. (60.0%, $n = 51$) while a smaller number of participants had a PsyD (40%, $n = 34$). 10.6% ($n = 9$) of the participants had been practicing as forensic psychologists in the United States for over 20 years post-licensure whereas other participants had been practicing for less than 7 years (38.8%, $n = 33$) and 8 to 20 years (49.4%, $n = 42$). One participant (1.2%) did not indicate their length of service as a forensic psychologist. In terms of work setting, 35.3% ($n = 30$) participants worked in private practice, 18.8% ($n = 16$) in institutions for mentally ill offenders, 2.4% ($n = 2$) in jails, 1.2% ($n = 1$) in federal prisons, 7.1% ($n = 6$) in state prisons, 17.6% ($n = 15$) in Community Mental Health Centers, 4.7% ($n = 4$) in the Courts, 10.6% ($n = 9$) in other forensic settings, and 2.4% ($n = 2$) did not indicate their place of work. The forensic population most participants worked with was mentally ill offenders (41.2%, $n = 35$), followed by youth offenders (14.1%, $n = 12$), victims/survivors (14.1%, $n = 12$), general inmate population (9.4%, $n = 8$), domestic violence offenders/batterers (8.2%, $n = 7$), other forensic populations (4.7%, $n = 4$), parolees (2.4%, $n = 2$), probationers (3.5%, $n = 3$), while 2.4% ($n = 2$) did not indicate the client population they work with. None of the participants reported working with sex offenders.

Instrumentation

At the beginning of the online survey, participants in the study answered demographic and occupational questionnaire specifically designed for this study was used to gather information related to participants' demographic characteristics (age, race/ethnicity, marital status, gender, years of practice as a forensic psychologist, type of doctoral degree, and previous therapy experience) and occupational factors (work setting and client population).

The Perceived Stress Scale - 10 (PSS-10; [8]) was used to measure stress levels among forensic psychologists. The PSS-10 was adapted from the PSS 14 [7] and is designed to assess perceived stress which is defined as the degree to which an individual perceives situations in their life as overly demanding, uncontrollable, unpredictable, and overwhelming in the past month [8, 10, 11]. The scale takes about 5-10 minutes to complete [8]. The 10 items of the PSS ask about feelings and thoughts the respondent has had and are scored on a five-

point Likert scale related to the frequency of an experience ranging from Never (0) to Very often (4) [8, 10, 11]. A sample item from this measure is “In the last month, how often have you felt that you were unable to control the important things in your life” [7]. The total PSS-10 score was obtained by reversing scores on the positive items (items 4, 5, 7, and 8) and adding scores of all 10 items [8]. The PSS-10 total score ranges from 0 to 40 with higher scores indicating increased perceived stress [8]. Adequate internal consistency for the PSS-10 was reported in the original scale ($\alpha = .78$) [8] and among samples of psychologists ($\alpha > .86$) [10, 11, 28].

The Maslach Burnout Inventory - Human Services Survey (MBI-HSS) [21] was used to assess the three core dimensions of burnout. The MBI-HSS is a widely used burnout measure comprising of 22-items assessing the frequency of thoughts and feelings related to work with each item rated on a seven-point Likert scale ranging from ‘never’ 0 to ‘everyday’ 6 [10, 11, 21]. MBI-HSS comprises three subscales measuring emotional exhaustion (EE - 9 items) characterized by feelings of being over-extended and exhausted by work; depersonalization (DP - 5 items) evaluating impersonal or indifferent feelings towards recipients of care or treatment; and personal accomplishment (PA - 8 items) which assess feelings of competence in working with people [21]. The items in the three subscales are statements about personal attitudes or feelings such as ‘I feel burnout from my work’ (emotional exhaustion) and ‘I don’t really care what happens to some recipients’ (depersonalization) [21]. The burnout syndrome is indicated by high scores on the emotional exhaustion and depersonalization subscales and low scores on the personal accomplishment subscale [21, 10, 11]. The burnout syndrome is indicated by high mean scores on the emotional exhaustion and depersonalization subscales and low scores on the personal accomplishment subscale [21, 10, 11]. For emotional exhaustion, a total of 16 or less indicates low-level burnout, 17 to 26 indicates moderate burnout, and over 27 indicates high-level burnout [30]. For depersonalization, a total score of 6 or less indicates low-level burnout, between 7 and 12 indicates moderate burnout, while 13 and greater suggests high-level burnout [30]. For personal achievement, a total of 31 or less indicates high-level burnout, between 32 and 38 indicates moderate burnout and greater than 39 suggests low-level burnout [30]. The internal consistency for the MBI-HSS emotional exhaustion, depersonalization, and personal accomplishment subscales were found to be $\alpha = .89$ to $.91$, $\alpha = .70$ to 0.74 , and $\alpha = .72$ to 0.76 respectively among professional psychologists [8, 9] and $\alpha = .90$, $\alpha = .79$, and $\alpha = .70$ respectively in the original scale [21].

Selfcare practice among forensic psychologists was assessed with the Self-Care Assessment for Psychologists (SCAP) formally named The Professional Self-Care Scale - PSCS [10, 11]. This 21-item measure was researched on licensed psychologists to assess their personal and professional functioning as indicated by selfcare [10]. The SCAP has five subscales but for this study, the Daily Balance subscale was excluded due to its consistently low level of Cronbach’s alpha ranging between $.66$ to $.70$ [10, 11]. The subscales used in this study were Professional Support (having supportive colleagues) and Professional Development (enjoying professional activities, memberships, and growth) each with five items and total scores ranging from 5 to 35; Work-Life Balance (having both personal and professional identity) and Cognitive Awareness (managing work related stress and emotions) with four items each and total scores ranging from 4 to 28 [10]. The SCAP uses a 7-point Likert scale ranging from 1 (never) to 7 (always) to indicate how frequently the mental health care professionals practice each self-care behavior/activity and higher scores

indicate higher use of that self-care facet [10]. A sample item from the Professional Development subscale is 'I find ways to stay current in professional knowledge' [10]. The Cronbach's alphas for the SCAP subscales were as follows: Professional Support ($\alpha = .83$), Professional Development ($\alpha = .80$), Life Balance ($\alpha = .81$), and Cognitive Strategies ($\alpha = .72$) [10].

The Mental Help Seeking Intention Scale (MHSIS; 16) is an instrument designed to measure respondents' intention to seek help from a mental health professional if they had a mental health concern. The MHSIS was adapted from Ajzen's (1985) Theory of Planned Behavior and standardized by Hammer and Spiker (2018). The MHSIS consists of 3 items (for example, '*If I had a mental health concern, I would intend to seek help from a mental health professional*') with responses ranging from strongly agree (7) to strongly disagree (1) [16]. The mean score of the MHSIS is calculated by summing up the three items and dividing the total score by three to derive a mean score ranging from 1 to 7 with a higher score indicating a greater intention to seek help [16]. A good internal consistency of .94 for the MHSIS was reported [16].

The Attitude Towards Seeking Professional Help Questionnaire-Short Form (ATSPPH-SF; 14) was used to measure forensic psychologists' attitudes toward seeking professional help for burnout. The ATSPPH-SF is a 10-item scale adapted from the original 29-item scale and the correlation between the two scales is 0.87 [14]. ATSPPH-SF uses a 4-point Likert scale ranging from 3 (Agree) to 0 (Disagree), and items 2, 4, 8, 9, and 10 are reverse scored [14]. An example item from ATSPPH is "The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts" [14]. Higher total scores indicate more positive attitudes towards professional help seeking [12]. The internal consistency of the ATSPPH-SF was $\alpha = .84$ in the original sample [14].

Procedure

After the researcher obtained ethical approval to conduct the study from The Chicago School Institutional Review Board (IRB), the researcher pursued participant recruitment via posting a recruitment message to the American Psychological Association Division 41 - American Psychology-Law Society to take an online survey at a secure online survey in SurveyMonkey and via SurveyMonkey Audience. After completing the screening questionnaire, confirming eligibility, and providing electronic informed consent to participate in a voluntary confidential online survey, participants were redirected to complete the survey's demographic section and five main assessment measures. As part of safety planning, the resources provided in the informed consent document and debriefing section were accessible throughout the survey. The expected completion time for the survey shared in the recruitment message and in the informed consent document was estimated to be approximately 40-60 minutes, based on the cumulative completion time for completing the demographic questions and the 5 validated measures but the average length of time to complete the online confidential survey was approximately 20 minutes. Upon finishing the survey, participants were directed to a debriefing page. The debriefing page included the study title, investigator's name, study explanation, a summary of procedures, a disclosure that deception was not used, confirmation of the anonymity of their responses and confidentiality, a statement regarding the results of the study, a data withdrawal option, follow-up contact information, a list of available resources for additional support, and the

option to enter a raffle drawing for least one of five \$20.00 e-gift vouchers as part of incentive/compensation to participate in the voluntary and confidential research study.

RESULTS

All data was analyzed via the SPSS version 25. The statistical level of significance of 0.05 was set for all the statistical analyses reported in this results section.

Research Question 1: Results for Predictors of Emotional Exhaustion

It was found that there was a significant mixed linear association between forensic psychologists' stress, selfcare, help-seeking attitudes, help-seeking intention, age, and years of practice predict their Emotional Exhaustion (EE) score, $F(9,82)=6.084$, $p<0.001$. This evidence rejects the null hypothesis and accepts the alternative hypothesis. The overall R-squared value of 0.429 reflects that 42.9% of the variance in a forensic psychologist's emotional exhaustion is explained by the combination between forensic psychologists' stress, selfcare, help-seeking attitudes, help-seeking intention, age, and years of practice as a forensic psychologist. The key predictor variable that predicts emotional exhaustion is the total stress score ($\beta=0.594$, $t=5.717$, $p<0.001$). This indicates that when forensic psychologists' stress levels increase, their levels of emotional exhaustion (burnout) also increase.

Research Question 2: Results for Predictors of Depersonalization

It was found that there was a significant mixed association between forensic psychologists' stress, selfcare components, help seeking attitudes, help seeking intention, age, and years of practice predict their depersonalization score, $F(9,82)=5.083$, $p<0.001$. This evidence rejects the null hypothesis and accepts the alternative hypothesis. The overall R-squared value of 0.385 reflects that 38.5% of the variance in a forensic psychologist's depersonalization is explained by the combination between a forensic psychologist's stress, selfcare, help-seeking attitudes, help-seeking intention, age, and years of practice. The key predictor variables that predict depersonalization are the total stress score ($\beta=0.343$, $t=3.187$, $p=0.002$), age ($\beta=-0.225$, $t=-2.007$, $p=0.048$), and help-seeking attitudes ($\beta=-0.459$, $t=-3.497$, $p=0.001$). This means that when forensic psychologists' stress levels increase, their levels of depersonalization (burnout) also increase. However, when forensic psychologists' age increases, their levels of depersonalization decrease. Furthermore, results indicate that forensic psychologists' levels of depersonalization increased with a decrease in the overall mean score of help-seeking attitudes, indicating that forensic psychologists experienced higher levels of depersonalization when they had more negative attitudes towards professional help-seeking.

Research Question 3: Results for Predictors of Personal Accomplishment

It was found that there was a significant mixed linear association between forensic psychologists' stress, selfcare, help-seeking attitudes, help-seeking intention, age, and years of practice predict their personal accomplishment, $F(9,82)=3.310$, $p<0.005$. This

evidence rejects the null hypothesis and accepts the alternative hypothesis. The overall R-squared value of 0.290 reflects that 29.0% of the variance in a forensic psychologist's personal accomplishment is explained by the combination between forensic psychologist's stress, selfcare, help-seeking attitudes, help-seeking intention, age, and years of practice. The key predictor variables that predict personal accomplishment are age ($\beta=-0.267$, $t=-2.217$, $p=0.030$), help-seeking attitudes ($\beta=0.305$, $t=2.162$, $p=0.034$), help-seeking intention ($\beta=-0.387$, $t=-2.025$, $p=0.047$), and personal development ($\beta=0.475$, $t=2.210$, $p=0.030$). This means that when forensic psychologists' overall scores for help-seeking attitudes (more positive attitudes) and professional development (selfcare) increased, they experienced higher levels of personal accomplishment (reduced burnout). However, an increase in forensic psychologists' age and help-seeking intention resulted in a reduced sense of personal accomplishment (increased burnout).

DISCUSSION

The results of the current study relating to the experience of burnout among forensic psychologists had some similarities and differences with results from previous literature. According to previous studies [15, 22, 28, 37], mental health professionals - including forensic psychologists - are prone to moderate to high levels of burnout. Forensic psychologists in the present study experienced moderate burnout across all three components of burnout, indicating they felt emotionally drained, tended to be cynical towards their clients and/or colleagues, and experienced a reduced sense of self-efficacy in their work. These results differ from those in previous literature, as past studies have reported psychologists to experience more emotional exhaustion than depersonalization and low personal accomplishment [15, 22, 28, 37].

Several studies [4, 12, 13] attributed the increased burnout levels among mental health professionals to the stress inherent to the helping profession because professionals in the mental health field deal with emotionally intense cases, challenging clients, etc. Forensic psychologists, in particular, tend to experience elevated levels of stress leading to burnout due to exposure to trauma narratives in their work, dealing with clients presenting with both mental illness and forensic issues, and working in adversarial legal environments [27]. Unfortunately, the stress levels of participants in this study could not be determined from the results due to the lack of distinct cut-off scores that distinguish different levels of stress in the instrument and previous literature.

Aside from work-related stressors, demographic and occupational factors (such as age and career stage) can also determine psychologists' levels of stress and burnout, with older, more experienced psychologists and those working in private practice less likely to experience stress and burnout [11, 22, 26]. Most participants in this study worked in private practice and used mental health services, which may have lowered their burnout levels. However, most of the participants were younger and middle-career psychologists (indicating less experience compared to late-career psychologists), which may have increased the participants' burnout levels. A combination of these risky and protective demographic and occupational factors may be accountable for the moderate burnout levels experienced by the study participants.

IMPLICATIONS

The results of this study can inform policies that guide employers and educators in improving the well-being of their students and employees, and subsequently the well-being of clients. For instance, managing these burnout predictors can assist in preventing burnout among forensic psychology employees, making them more productive and efficient in their jobs, improving their well-being, and indirectly ensuring that clients get the best service. Some of these burnout management and prevention strategies can be implemented early during training to cultivate a culture of self-care and help-seeking, ultimately reducing stress and burnout. As an example, making personal therapy compulsory or mandatory during psychology training can destigmatize help-seeking among psychologists, encourage positive help-seeking attitudes and intentions, and improve help-seeking behaviors.

CONCLUSIONS

This was a worthwhile study that explored a professional population that has not been studied much in the United States. The results of this study revealed predictors of burnout among forensic psychologists, which can help forensic psychologists, employers, and policymakers to be aware of how to prevent burnout in this population to make them efficient in their demanding and sensitive jobs. There is a need to conduct further research on burnout among forensic psychologists to address the shortcomings of the current study and to further explore the variables explored by this study.

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