Burnout Treatment and Prevention using Multimodal Expressive Arts Therapy in Massachusetts Wellness Programs.

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Burnout Treatment and Prevention using Multimodal Expressive Arts Therapy in Massachusetts Wellness Programs.

Capstone Thesis

Lesley University

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Specialization: Art Therapy

Thesis Instructor: Theresa Benson
Abstract

This capstone thesis will explore the issue of burnout in the field of mental health and the argument for the promotion of using expressive arts as a therapeutic component to decrease and prevent symptoms of burnout. The writer of this thesis will be sharing her personal experiences with burnout while working in the field of mental health. The researcher will review a multimodal expressive arts self-study that she engaged in over the course of one month and will be using the Maslach Burnout Inventory to track symptoms of burnout. Burnout and its prevalence in the field of mental health will be discussed using resources from the United States and other parts of the world. The topic of wellness will be reviewed to combat the symptoms of burnout. The researcher will review other agencies that have used expressive arts techniques within their organization and the effectiveness of its treatment for burnout. There will be a discussion regarding the recent push for wellness programs across the United States. The researcher will be focusing on the worksite wellness movement in Massachusetts, where she is currently residing and working. This thesis is arguing that the wellness initiatives at these organizations are missing a mental health component where using the expressive arts can play a major role. Finally, this thesis ultimately will seek to discuss and review the benefits, limitations and other considerations for implementing the use of multimodal expressive arts in mental health agency wellness programs.
Introduction

Burnout is a significant issue within the field of mental health, those in the mental health field spend much of their time and efforts with people or groups of people who are facing serious issues such as trauma, substance abuse, psychosis, domestic violence, homelessness, and much more. Burnout can be defined as a “multifaceted work-related disorder of three dimensions, which include; emotional exhaustion, depersonalization and reduced personal accomplishment” (Harker, King, Klassen and Pidgeon, 2015). Morse and colleagues (2012) cited research conducted by Stalker and Harvey (2002) indicating that emotional exhaustion “refers to feelings of being depleted, overextended, and fatigued. Depersonalization (also called cynicism) refers to negative and cynical attitudes toward one’s clients or work in general. A reduced sense of personal accomplishment (or efficacy) involves negative self-evaluation of one’s work with clients or overall job effectiveness.” Issues that accompany burnout include secondary traumatic stress or vicarious trauma and additional psychological distress which are experienced as an indirect or direct result of the work with clients.

According to Martin and colleagues, burnout was officially identified as an issue in the early 1970s, effecting employment rates within the mental health field resulting in high rates of turnover. Research by the United States federal government identified burnout as one key factor in retaining competent staff in behavioral health organizations (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). One would think that those who are dealing with individuals who have serious mental health needs would have benefits in order to be in the best state to carry out this serious work.
Burnout is considered a “work-related mental health impairment” which closely resembles the ICD-10 diagnosis of job-related neurasthenia or chronic fatigue syndrome (Morse et. al., 2012). However, burnout differs from anxiety and depression, general work stress, job dissatisfaction, secondary traumatization, vicarious trauma and compassion fatigue (Morse et. al, 2012). According to the American Institute of Stress the previously mentioned issues can have similar symptoms to burnout with the difference being that burnout often occurs due to a build up of unresolved work stressors and is not trauma related. Stalker and Harvey state that “employees who experience burnout often experience impaired emotional and physical health and a diminished sense of well-being” (as cited in Morse, et. al, 2012). These serious implications also cause considerable effects to human services agencies and the clients that they serve. Few studies exist discussing the relationship between burnout and client care, what research does exist states that burnout and staff turnover are believed to disrupt the continuity of mental health care (Boyer & Bond, 1999). Burnout effects both the mental health field both systematically and individually resulting in a push for continued research into treatment and prevention methods.

Current research has shown an emphasis on health and wellness promotion within the workplace to combat the effects of burnout. Some examples of this include “cognitive-behavioral methods, especially meditation and mindfulness practices, also appear promising. Burnout prevention programs that help individuals to not only cope with stress but to develop more positive qualities such as a sense of meaning, gratitude, and fulfillment in work are especially important areas for further research” (Morse, et. al, 2012). In Massachusetts there has been funding provided through the Prevention and Wellness Trust Fund for a program
called “Working on Wellness” through the Massachusetts Department of Public Health in partnership with Health Resources in Action and Advancing. In the “Commonwealth of Massachusetts Working on Wellness 7 Step Toolkit”, wellness is defined as “the optimal balance between body, mind, and spirit, regardless of health status or ability. Wellness involves conscious choices and responsible actions which are influenced by one’s social and physical environment.” The program has been established and implemented to promote “work site wellness.” Worksite wellness involves setting an organization-wide policy to promote and support healthy behaviors and increase overall productivity in the workplace.

What seems to be missing from the toolkit are art or expressive based activities to promote wellness in the workplace. Expressive therapies, or creative arts therapies are a therapeutic outlet that has been proven as an effective tool in treatment (Rogers, 2016), and could be an effective treatment for mental health professionals experiencing burnout. Creative arts therapies (CATs) are defined as “the creative use of the artistic media (art, music, drama and dance/movement) as vehicles for nonverbal and or symbolic communication, within a holding environment, encouraged by a well-defined client-therapist relationship, in order to achieve personal and or social therapeutic goals appropriate for the individual” (Martin, Oepen, Bauer, Nottensteiner, Mergheim, Gruber, H., & Koch, 2018). To support this argument this thesis will focus on incorporating creative arts as apart of a self study to determine the impact of creative arts on the experience of burnout on a current mental health worker.

Literature Review

Introduction
Burnout is an issue with impact on both on the individual and organizational level. Mental health professionals work with people who are often high need. It is a job that comes with risks and can be emotionally exhausting. Some of the issues are systematic and include low pay, poor management, lack of funding, high turnover, and much more. The research is lacking in regards to the full extent of burnout, its treatment and prevention and research into incorporating expressive arts into work place prevention programs.

**Burnout Causes, Issues and Current Treatment**

Burnout, a serious threat to the workplace since the 1970s for human services professionals, causes distress amongst employees, organizations and the clients that they serve. Research has identified burnout as a “job related stress condition or mental health impairment” (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). The Maslach Burnout Inventory (MBI) has been used for over 35 years to study burnout and its effects in the workplace (Jackson & Maslach, 1981). According to the MBI, high levels of burnout are identified as emotional exhaustion scores of at least 21, depersonalization scores of at least eight, and personal accomplishment scores of 28 or below (Morse et. al, 2012). According to research by Morse and colleagues, 21-67% of mental health workers may be experiencing high levels of burnout consistently in the workplace. A study by Webset and Hackett (1999) found that 54% of the community mental health workers had high emotional exhaustion and 38% reported high depersonalization rates, but most reported high levels of personal accomplishment as well (Morse, et. al., 2012). In contrast, Rohlands study done in 2000 using a sample of 29 directors of community mental health centers in Iowa, over two-thirds reported high emotional exhaustion and low personal accomplishment. Further, almost half reported high levels of depersonalization.
Research by Seibert (2005) surveyed a state chapter of social workers, and of the 751 respondents, 36% scored in the high range of emotional exhaustion.

Burnout can cause long-term emotional, psychological, and physical health impairments which can be severe. In research by Burke and Richardsen (2001), they discovered that after one year about 40% of workers remain in a stage of burnout and about 30% become more burned out as time goes on. In a study of 591 social workers in New York, Acker (2010) found that physical health symptoms included “reports of flu-like symptoms and symptoms of gastroenteritis.” Research states that high levels of burnout increased the risk of absence related to mental and behavioral disorders, as well as diseases of the circulatory, respiratory, and musculoskeletal systems (Morse, et al 2012). According to Rohland (2000), social workers with greater levels of involvement with consumers with severe mental illness reported higher levels of burnout. Burnout has also been correlated with increased substance use in directors of mental health agencies (as cited in Morse et., al., 2012).

One of the major issues that arises from burnout is that the work being done with clients will ultimately suffer. In a 2006 study by Holmqvist and Jeanne conducted on 510 psychiatric workers in 28 different units, they found that high levels of emotional exhaustion and depersonalization were correlated with negative attitudes toward consumers on their ward (Morse et al 2012). If a person is not taking care of themselves it is only natural they will not be able to care for clients and do the work that is required of them. The researcher has gathered information from five local Massachusetts mental agencies using employee reviews to look for themes pertaining to possible burnout. It was noted that most of the agencies rate below a 3.5 on a scale of 5. The website breaks the review down into different criterion of pay and benefits,
work life balance, culture, management, and job security and advancement. Mostly all of the companies rate below a three in each category. About 70 percent of reviews had some negative themes about the agency such as poor management, low pay, no opportunities to advance, and high stress environment. Many spoke about the constant stress from the work and lack of support from management. These are all aspects related to burnout and its affect on an agency culture and reputation.

Burnout appears to be an individual and organizational problem within the field of mental health. Most of the research focused on strategies for treating the individual are based on cognitive behavioral therapy such as “providing educational information, cognitive restructuring, progressive muscle relaxation, social skills training, communication skills training, and skills to enhance social support” (Morse et. al., 2012). These programs have warranted positive outcomes such as better job performance, development of resiliency and coping skills, and some lower rates of emotional exhaustion and depersonalization (Morse et. al., 2012). Other research has discussed systematic or organizational strategies to use in the treatment of burnout. According to research by Burke and Richardson (1993) and Halesleben and Buckley (2004) some of the proposed strategies include increasing social support for employees, especially by teaching communication and social skills to supervisors, increasing individual employee autonomy and involvement in decision-making (as cited in Morse et. al., 2012). Stalker and Harvey (2002) discuss strategies such as reducing role ambiguity and conflicts for employees, providing regular supervision, including peer supervision. Research from Feingold (2008) recommended a decrease to workloads and promoting self-care as a value within the organizational culture. These are important platforms to implement into organizational culture, however, many
programs are unable to implement such strategies due to funding, lack of resources, and supervisor or upper management burnout.

In another study of a meta-analysis spanning 35 years of research, the issue of burnout and using evidence based practices on an individual and organizational level to prevent and treat burnout was reviewed. The research discussed that in addition to mental and physical health issues experienced by these employees, the companies face consequences from employee burnout. For example, burnout causes greater rates of absenteeism, intentions to quit, turnover, and substantial financial costs of having to replace and retrain staff (Bonfils, Dreison, Luther, McGrew, Salyers & Sliter, 2016). Again, research has identified the use of person-directed interventions as useful but have failed to include organizational or systematic interventions. Research by Schaufeli and Enzmann (1998) discussed these interventions are given in a presentation or workshop style using cognitive behavioral techniques as discussed in research by Cooper (1998) to include relaxation, increasing social support, mindfulness, rational emotive training, or cognitive restructuring. In research by Salyers and colleagues (2011), they followed a study called BREATHE (Burnout Reduction: Enhanced Awareness Tools, Handouts, and Education) which was a workshop in burnout prevention. The research found that after a six week follow up there was a reduction in symptoms of emotional exhaustion and depersonalization, but there was no change in personal accomplishment (as cited in Salyers, et. al., 2011 ). Research by Gilbody and colleagues (2006) indicated that there has been only narrative research implemented so far which limits the ability to quantify the effects of any burnout treatment. There are also limitations to the participants in many of the studies. In the meta analysis research of the 27 sample studies that pertained to burnout and its treatment the
participants were mostly Caucasian women who held a graduate degree. The research has been in a variety of settings including hospitals, community mental health, and addiction care, however, most staff who participated were nurses and therapists (Bonfils et. al., 2016). The research also discussed the need to investigate different types of interventions for different aspects of burnout as it impacts the individual and the organization (Bonfils et. al., 2016).

**Wellness and Burnout**

There has been a push in recent years to try to implement more strategies within the workplace to promote “wellness.” According the National Wellness Institute this is defined as “a conscious, self-directed and evolving process of achieving full potential. Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.” These wellness tools and techniques have been implemented into the workforce in an attempt to prevent and treat workplace burnout. According to its website, Canada Life Work Place Strategies used information from a discussion panel with mental health professionals who had experienced burnout and had improved their symptoms of burnout using self-care or wellness techniques. Most recovering took anywhere from six months to two years. The website states that self care strategies included talk therapy, medication, changes in thought and perception, minimizing or eliminating alcohol and caffeine, developing and following a healthy eating plan, taking time off from work, going outside or using expressive outlets such as painting. Though these are great tools to use, they may not be not accessible for all individuals.

Massachusetts Wellness Initiatives is another example of a program to promote wellness, which is being implemented into workplaces across the state of Massachusetts. According to its
website, The Massachusetts Working on Wellness program invites companies to learn how to build worksite wellness by providing access to an online curriculum with worksite wellness tools to use in the workplace. Participating companies receive a certificate upon completion of the course in the hope that a wellness program will be a sustainable part of the company policy. The program began in 2008 and has done several pilot studies with agencies such as the Department of Corrections, Massachusetts Rehabilitation Commission and the Family Service Association.

The Family Service Association is a social services agency based out of the Greater Fall River area of Massachusetts. The agency had 340 participants enrolled into the 2008 program. Types of programs that were implemented focused on health, nutrition, exercise, and stress reduction techniques. Results indicated a reduction in cholesterol, stress and weight-loss. Employee turnover deceased from 17 percent to 10.6 percent. The program does not discuss how it used stress reduction, however, other mental health related agencies and other companies seemed to also promote wellness strategies to include things related to health such as exercise and nutrition. The Massachusetts Rehabilitation Commission (MRC) is a state agency that has several offices throughout Massachusetts. The MRC program that participated was in South Boston and had 200 employees. The program focused on healthy eating, and also used grant funds to hire a reiki practitioner, yoga instructor, and personal trainer, in addition to creating a quiet space for meditation and relaxation with comfortable furniture books and music. Again, the successes of the study pointed out weight management related topics.

By being apart of the Massachusetts Wellness Initiative employers have access to a Worksite Wellness toolkit and additional tools once you become a member. It is state funded however, the toolkit alone is also available online to be downloaded for free. It has over 200
pages regarding how to set up a Wellness program, surveys for employees to gain needs and areas of improvement, and outlines steps to promote different areas. For example, the toolkit identifies stress management as an area of need. Wellness policies that are recommended for stress management include scheduled group stretch breaks, mentoring opportunities for employees, regular social events, and training on meditation, muscle relaxation, tai chi and other relaxation methods. After reviewing the toolkit from someone in the perspective of an employee in a mental health agency, these strategies have not been implemented or are not long lasting. There is the possibility that agencies are not aware that this program exists or the funding was cut, however, it seems that some of these resources are not expensive or free and making them accessible to be implemented within an agency’s culture.

**Expressive Arts and Burnout**

Expressive arts are an integral part of the therapy world. However, the research for implementing expressive arts into wellness programs is virtually non-existent. The research promoting expressive arts to be used for the treatment of burnout is also few and far between. Research by Thomas and Morris (2017) suggests that there is a “cultural unacceptability” for those in the mental health field to engage in self-care due to living in a society that values self-control, self-reliance and autonomy. They suggest that professionals apply and use techniques that they would do with their clients, such as using expressive techniques. They discuss using techniques such as creative art, music, movement, writing, photography, sand tray, and other expressive art techniques which could benefit professionals simply from the therapeutic value of the process (Thomas & Morris, 2017).
Expressive therapies have been used with clients for many years to treat a variety of symptoms. The benefits of expressive arts include development of positive coping outlets, self-awareness, and problem solving. Thomas and Morris (2017) state that the creative process is naturally cathartic and self-soothing. Creativity is universal and reaches many populations. Research by Gladding (2016) states that using creative self-care has demonstrated efficacy, and people who engage in creative arts are more likely have better psychological health. Creative outlets can serve as a tool to help balance the stress and demands of the mental health field especially to combat burnout. Expressive arts can be a great tool in coping with the high demands of the field such as experiencing counter-transference and processing difficult emotions related to the work. Morris and Thomas (2017) identify four domains that expressive arts can support in mental health professionals. This includes the benefit using art as a therapeutic outlet for negative and powerful emotions such as anger and grief and using the art as a container and safe space for thoughts and feelings. The benefits also include development of self-awareness and self-compassion through positive artwork using a strength-based approach.

In the field, mental health professionals are often facing crisis including violence, suicide, child abuse, and many other crises. Art can be a supportive outlet in dealing with the high stress and sometimes dangerous work that is being done in the field. A study of social workers in the Negev region of Israel during active wartime from 2008 to 2009 used art as a tool for expression and promotion of coping skills and strengths. In the study by Cwikel, Huss and Sarid (2010), a group of social workers were asked to draw an image of their experience working in the field during war time. They used pastels and A-4 drawing paper. Then, they were asked to write a short description of the artwork on the back of the picture. The images were shared following a
structured group discussion. The group was provided with a lecture on how stress reactions can be expressed through art. Then during discussion and art making, stressors and strengths were identified. Finally, the social workers were encouraged to adapt changes such as coping strategies into their lives. The study supported that art can be used as a reflective and transformation tool in crisis and how art can be a form of self-care in diffusing or coping with negative emotions. This example could prove useful in treatment of burnout as those in the mental health field are often facing potentially life-threatening situations in high stress environments.

In a study done in Germany by Martin and colleagues (2018), which collected empirical studies from 1980 to 2016, they investigated using creative arts therapies for stress prevention. The study used several different types of participants to include social workers, psychology students, medical professionals, care takers, educators, and others. The study found that active art interventions, such as drawing or working with clay significantly reduced stress and anxiety in eight out of eleven studies (Martin et al., 2019). The research went on to state that musical interventions reduced stress and anxiety in 16 of 20 studies and all studies analyzing dance movement therapy or dance interventions found a significant reduction of stress signs or stress coping abilities in their subjects (Martin et al, 2018). The study concluded that stress was reduced in 30 out of 37 studies, 11 out of 12 included studies on creative arts interventions (using more than one arts practices), and 19 out of 25 included studies on specifically art interventions (Martin et al, 2018).

Many of the studies in the literature included narrative studies and self-studies, an example of how the research is building currently. In a self-study by Lesley graduate student
Brittany Leonard, she discussed the use of song writing as a tool for mental health professionals to cope with symptoms of burnout. She cites research by Stuckey and Nobel (2010) stating that “music can calm neural activity in the brain, which may lead to reductions in anxiety, and that it may help to restore effective functioning in the immune system partly via the actions of the amygdala and hypothalamus” (p. 255). She cites Stuckey and Nobel again, stating that songwriting accesses many facets including sensory, cognitive, social, and emotional, which can attest to its ability to facilitate processing and healing. Leonard provided context to her study stating that she was managing three jobs, an internship, and major health issues while in the process of obtaining her degree. Leonard’s study involved her engaging in the songwriting process, keeping a journal to record symptoms, creating art work and body scans. The results indicated that after completing any of the arts-based processes after three sessions there was a decrease in stress, anxiety, and depression. Leonard also reported a decrease in physiological symptoms of anxiety which she described as a short of breath and decrease in symptoms of depersonalization and feelings of emptiness associated with Burnout.

**Gaps in Research, Practice and Literature**

Though research exists on burnout prevalence of prevention and treatment, there is a lack of long-term studies that show the long-term effects of a sustainable program or intervention used to treat burnout. There is a lack of programs with promise of an effective treatment of burnout, and lack of funding and resources to implement and promote these programs. There is also a lack of research into how expressive based interventions can be implemented into mental health agencies as apart of the promotion of wellness to decrease symptoms of burnout. It seems there is disconnect between the current research and the actual implementation of useful
interventions into the mental health agencies that is long term and sustainable. There is also the lack of knowledge and access that appears to be another barrier within mental health organizations.

**Materials and Methods**

This study will use the autoethnographic approach to test the hypotheses that the use of expressive arts decreases symptoms of burnout. According to research by Duncan (2004), autoethnography is a type of qualitative research that Denzin and Lincoln (1994) “have identified as in which participatory research and experimental writing feature more strongly. The essential difference between ethnography and autoethnography is that in an autoethnography, the researcher is not trying to become an insider in the research setting. He or she, in fact, is the insider. The context is his or her own.” The researcher will use her own context as someone who has worked in the field of mental health for about six years at a bachelor’s degree level and has experienced burnout and its symptoms firsthand. It is important to note that autoethnographic reports have a large personal narrative presence, it is not just about “stories,” the research also relies on scholarly reports about the subject matter. The data is collected using participant observation, reflective writing, interviewing, and gathering documents and artifacts (Duncan, 2004).

For this autoethnographic study, the researcher engaged in a four week expressive arts therapy wellness intervention. The Maslach Burnout Inventory (MBI) was administered before and after the four weeks to track burnout symptoms and progress. Each week the researcher engaged in a different expressive arts series modeled after the person-centered expressive art
therapy approach by Natalie Rogers. Rogers states that person-centered expressive art therapy derives from the humanistic approach. She describes the “creative connection” approach which is “a process in which one art form stimulates and fosters creativity in another art form, linking all of the arts to our essential nature. By moving from art form to art form we release layers of inhibitions bringing us to our center- our individual creative force. This center opens us to the universal energy source bringing us vitality and a sense of oneness” (Rubin, 2016, p. 233). Rogers discussed that using different styles of art making or “modalities” such as movement, sound, art, journal, writing, and guided imagery enhances the therapeutic relationship in many ways.” In therapy using a multimodal approach supports clients to “identify and be in touch with many feelings, explore unconscious material, release energy, gain insight, solve problems, and discover the intuitive and spiritual dimension of the self.” (Rogers, 2016, pg. 234)

The researcher has modeled this approach in her own work with clients and has seen the therapeutic benefits firsthand. This approach will be used as a part of the intervention in this study. The researcher completed the MBI prior to the four week expressive arts therapy wellness intervention method, initial MBI testing shows rates of burnout prevalent in emotional exhaustion which indicates burnout in scores 27 or higher. The researcher scored one point below what is considered a high level for burnout in depersonalization, which is a score of 10 or higher. Initial testing shows high levels of personal achievement despite indicators of clear burnout. The results indicate that the researcher has developed a strong sense of purpose for working in the field. With the four week intervention, the researcher hopes to decrease depersonalization and emotional exhaustion, thus proving validity for using expressive arts as apart of wellness initiatives to decrease employee burnout in the field of mental health. Further
more, arguing that the use of multimodal expressive arts interventions as a part of wellness programs with those who work in the mental health field in training, supervision, or staff meetings to decrease or prevent symptoms of burnout.

**The Study**

Each week, the researcher participated in a multimodal expressive arts intervention which included writing in a journal for five minutes before and after the interventions to track thoughts, feelings, and any progress as well as playing soft instrumental music in the background during each art intervention. These two components were used in each intervention session to ensure a greater level of validity and reliability for the study. For the first week, the researcher engaged in a five minute star breathing exercise which involves a practice of deep breathing in through nose and out through the mouth while tracing the fingers on one hand. Then, the researcher used charcoal and white chalk along with an open ended art directive to create whatever came to mind. For the second week, the researcher engaged in a five minute body stretch while standing up. Then, the researcher used acrylic paint and two small canvases with the directive of painting the researchers mood in that moment. For the third week, the researcher engaged in a five minute guided meditation while deep breathing. The art directive was to create a “safe” holding space for thoughts and feelings using 2D/3D material. The researcher used a small cardboard box, acrylic paint, and feathers. For the final week, the researcher engaged in a five minute soft body drumming where she would make a repetitive beat using her hands on her chest and legs. The art directive was to create a visual representation of burnout. The researcher used large drawing paper, charcoal, white chalk, black colored pencil, and then burned the edge of the paper after
she completed the image. After the four weeks of art interventions were completed, the researcher took the MBI again.

**Results**

The researcher reviewed the data from the both test administrations of the MBI, personal journal entries, artwork, and prior research to inform the results. While reviewing the journal entries before and after the art interventions, some themes were identified in the writings. In the journals written before the interventions, themes included “uncertainty, laziness, anxiety, anger, and fear.” In the post intervention journals, themes consisted of “healing, calmness, energy, readiness, and insight.” One example of this is from the final weeks journal. “I am overwhelmed, I do not know how it will be once old wounds are reopened.” The post intervention journal states “It is cathartic to release these inner demons, art is something I know will never judge me.”

Using the different styles of art combined with breathing, stretching, body drumming, and visual arts allowed for a different perspective at the end of the art making. The intervention was heavily process involved. The art making ranged and varied from representational to more abstract. In Figure 1., which was the first creation, the art expression appeared to be more representational, the researcher pictured a boat floating out to sea. In Figure 2. the second creation was more abstract in nature. Progressing from charcoal to paint felt natural and flowed with the process. In Figures 3 and 4, the third creation felt more representational and an element of insight was added. The directive allowed the researcher to think about what was needed in terms of safety and support. The art reflected needing a soft and comfortable space for emotions represented by the feathers. The researcher also felt a strong connection to the solidity of the box, that it was
protective and that the newspaper cover could add an element of protection but also to allow the researcher to see her surroundings and be aware. In Figures 5 and 6, the final creation felt like an appropriate build up to uncovering real issues and concerns. The directive allowed the researcher to explore how burnout has affected her in a safe space. By using the multimodal approach, the process allowed her to get into the space to explore this difficult topic and to have a space to process thoughts and feelings. The experience was cathartic and felt natural.

The post intervention MBI showed a significant decrease in emotional exhaustion from a score of 27 to 10 and depersonalization to a score from nine to two. The score of personal achievement increased from a score of 35 to 47. There are certain limitations to consider in regards to this study. The researcher may have a personal bias in regards to the topic because of personal experience and the fact that she currently works in the mental health field. Also, it is important to note that other lifestyle factors play into states of well-being. At the start of this study the researcher was going through a job change and in the process of leaving a mental health agency that was causing great stress and feelings of burnout. Some positives of the study include the detailed account that an autoethnographic study can provide in terms of supporting further need for continued research and funding. The researcher designed the methods to represent as closely to something that can be repeated and used again to increase the reliability and validity. The researcher brings about seven years of educational and six years of professional experience in regards to the knowledge of multimodal expressive arts therapy and how to implement it into practice which adds to the credibility of the study. This study was created as a model for a possible curriculum that could be used in mental health agencies. The interventions
can be done in agencies at little to no cost in regards to materials. It is time efficient and can be led by someone with experience similar to the researcher.

**Discussion**

After reviewing the research pertaining to burnout and its current prevention and treatment it is clear that this is an area of research that needs to continue. There is a lot of research pertaining to burnout and how it negatively effects individuals, mental health agencies, and client care across the globe. However, the research is lacking in longstanding studies pertaining to treatment and prevention methods that include expressive arts. Ongoing research could support long-term funding in mental health agencies. It has to start somewhere, and that is why the autoethnographic research is important to continue to build a case for the need of sustainable treatment and prevention methods in mental health agencies. By doing this study the researcher was able to discuss her experience in an academic and research setting. The research should continue to seek out those who have been effected by burnout and have them involved or taking a lead conducting research on the topic. The research needs to be applied to those who are effected everyday. That is another area where improvement is needed, the research must include participants who do not have the same access to resources as those who have more education, higher income and other privileges. There is also a need for more arts-based research discussing the long-term benefits of using expressive arts in wellness programs in the mental health agencies. Expressive arts provide therapeutic outlets, mental health support, and spiritual and emotional support. The research results from this study strong suggest that expressive art can be apart of “wellness.” With continued research and pilot programs, expressive arts could be
recognized as an essential and valued part of wellness programs not only in Massachusetts but worldwide.

Table 1.

<table>
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<tr>
<th>Maslach Burnout Inventory Scores</th>
<th>Emotional Exhaustion Total</th>
<th>Depersonalization Total</th>
<th>Personal Achievement Total</th>
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<td>Total MBI Scores Pre-Interventions</td>
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<td>9</td>
<td>35</td>
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<tr>
<td>Total MBI Scores Post Interventions</td>
<td>10</td>
<td>2</td>
<td>47</td>
</tr>
</tbody>
</table>
Figure 1.

*Untitled*, by A. Medas 2020, chalk pastel on drawing paper.
Figure 2.

*Untitled*, by A. Medas 2020, acrylic paint on canvas.
Figure 3. *Untitled*, by A. Medas 2020, cardboard box painted with acrylic paint, feathers placed inside.
Figure 4.

*Untitled*, by A. Medas 2020, cardboard box painted with acrylic paint, covered with newspaper, feathers.
Figure 5.

*Burnout,* by A. Medas 2020, charcoal, black colored pencil, fire.
Figure 6.

*Burnout*, by A. Medas 2020, charcoal, black colored pencil, fire.
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