

Clinician burnout reduces efficacy of trauma-focused psychotherapy

April 23 2024, by Lori Solomon



Therapist burnout is associated with reduced effectiveness of trauma-focused psychotherapies, according to a study [published](#) online April 17 in *JAMA Network Open*.

Nina A. Sayer, Ph.D., from the Center for Care Delivery and Outcomes Research at the Minneapolis Veterans Affairs Health Care System, and colleagues evaluated the association between clinician [burnout](#) and the outcomes of patients receiving guideline-recommended trauma-focused psychotherapies for [posttraumatic stress disorder](#) (PTSD). The analysis included survey responses from 165 licensed [therapists](#) and 961 of their patients with available outcome data.

The researchers found that 35.2% of therapists reported burnout and 34% of patients met criterion for clinically meaningful improvement. Clinically meaningful improvement in PTSD symptoms occurred in 28.3% of patients seen by therapists who reported burnout versus 36.8% of patients seen by therapists without burnout. Lower odds of clinically meaningful improvement were seen for patients of therapists experiencing burnout (adjusted odds ratio, 0.63). These results persisted when adjusting for dropout or session spacing.

"In this [prospective cohort study](#), therapist burnout was associated with reduced effectiveness of trauma-focused psychotherapies," the authors write. "Studying when and how burnout affects patient outcomes may inform workplace interventions."

More information: Nina A. Sayer et al, Clinician Burnout and Effectiveness of Guideline-Recommended Psychotherapies, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.6858](https://doi.org/10.1001/jamanetworkopen.2024.6858)

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Citation: Clinician burnout reduces efficacy of trauma-focused psychotherapy (2024, April 23)
retrieved 17 May 2024 from <https://medicalxpress.com/news/2024-04-clinician-burnout-efficacy-trauma-focused.html>

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