The impact of attachment status on improvements in depressive symptoms, emotional exhaustion, and emotion regulation strategies in the in-patient treatment of patients presenting with burnout syndrome

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What is Job Burn-Out?

Three areas of burnout as defined by Maslach (1986)

- Emotional Exhaustion
- Depersonalization
- Reduced Personal Accomplishment

- Patients present with depressive symptoms, sleep disorders, and functional symptoms.
- Abuse of alcohol and tranquilizers is frequent.
What is Job Burn-Out?

- Typical pattern of **behavior and subjective experience**
  - ↓ subjective experience of success at work
  - ↓ ability to distance oneself from job-related experiences
  - ↓ calmness and emotional balance
  - ↓ active problem-solving
  - ↓ life satisfaction

- **Emotional and relational features**
  - Feelings of helplessness, depression and exhaustion
  - Emotional and physiological restlessness
  - Reduced self-esteem
  - Feelings of disillusionment and resignation
  - Deterioration of interpersonal relationships

*Schaarschmidt, 2006*
*Burisch, 2006*
Clinical observations

Patients show

- Decreased ability to cope with work-related stress
- Interpersonal problems at the work place and at home
- Perfectionism
- Inability to distance oneself from work-related problems
- Work is urgently needed to regulate self-esteem
- Poor regulation of negative emotions
- History of losses and stressful life events

- „Vulnerable population“
- Maybe, high prevalence of insecure attachment representation
Multidimensional inpatient/day hospital treatment for patients with burnout

- Referrals by GPs, psychiatrists, psychotherapists
- Assessment before and after tx: psychiatric interview, burnout-specific measures (MBI, AVEM), symptom checklist (ISR)
- Tx duration: 4-6 weeks

- Interactional / interpersonal group therapy
- Psychodynamic individual psychotherapy
- Psychodynamic art therapy
- Theme-centered group focusing on work relations and work problems etc.
- Psycho-education
- Relaxation training, biofeedback
- Sports therapy group
- Antidepressant medication if necessary
Attachment, emotion regulation and coping with distress

In a previous study we found

- High prevalence of insecure attachment representation and unresolved status of loss/trauma in burnout patients compared to healthy controls
- Patients with unresolved loss/trauma showed problematic patterns of emotion regulation (dissociation, externalisation).

Subject with insecure attachment show problems in dealing with negative emotions and coping with distress (Bowlby 1979)

- They profit less from psychological treatment unless psychotherapy is tailored to the needs of this group of patients. (Hilliard et al. 2000).

- This might be explained by more problematic attachment to therapists resulting in poorer therapeutic alliance (Castonguay & Beutler 2005).

Söllner et al. Psychother Psychosom Med Psych 2016
Research questions and hypotheses

H1. Patients with insecure and unresolved attachment representation will show less improvement in terms of symptom severity (emotional exhaustion and depression) as a result of psychosomatic in-patient treatment.

H2. Emotion regulation and therapeutic alliance will mediate this effect.
The Adult Attachment Interview (AAI)
Main, Kaplan & Goldwyn, 1985

Attachment classification

Insecure-dismissing (avoidant)
- **Low coherence:** Limited access to childhood memories
- Idealization or derogation of attachment relationships
- Little acknowledgment and communication of negative emotions
- De-activation of the attachment system

Secure-autonomous
- **Coherent narrative about positive as well as neg. experiences**
- Valuing of attachment relationships
- Good acknowledgement and communication of neg. emotion
- Optimal activation of the attachment system

Insecure-preoccupied (enmeshed)
- **Low coherence:** Continuing anger or confused preoccupation with childhood experiences
- Heightened experience and communication of negative emotions
- Hyper-activation of the attachment system

Unresolved with regard to loss and/or trauma
- Disorientation regarding space or time when reporting losses or abuse; lost sense of reality
- **Dysregulation of attachment-related emotions** => emotional disturbance

Paracelsus Medical University, GH Nuremberg, W. Söllner et al. EAPM 2017
Benecke et al. (2008)

- Clinical observation has shown: Psychopathology is associated with emotional disturbance
- Fragebogen zu Emotions-Erleben und -Regulation (EER) Questionnaire on Emotional Experience and Emotion Regulation

Emotional experience and psychopathology

Clinical group:
More intensive negative emotions
- Impulsiveness
- Helplessness
- Loneliness
- Vague, free-floating anxiety, etc.

Problematic emotion regulation:
- Externalisation, Dissoziation

Non-clinical group:
More intensive positive emotions
- Joy
- Interest

Emotion regulation:
- Reflection
- Distraction
The importance of the therapeutic alliance in psychotherapy

“... the therapist’s role is analogous to that of a mother who provides her child with a secure base.”

Bowlby, 1988, p. 40

Model of Therapeutic Change
(Dozier & Tyrrell, 1998)

Corrective Experiences with Therapist

Psychological and Behavioral Exploration of Current Relationships

Psychological Exploration of Relationships with Prior Attachment Figures

Change in Internal Working Models of Self and Other

- Emotions
- Expectations
- Behaviors
- Symptoms?
Assessing Therapeutic Alliance

- **Helping Alliance Questionnaire – HAQ (Luborsky, 1984)**
  - German version: Bassler, Potratz & Krauthauser, 1995
  - 2 versions: Patient and therapist version
  - 11 Items assessing confidence in the therapeutic relationship and satisfaction with therapy improvements; 1 item for global assessment
  - 2 scales:
    - Satisfaction with the relationship with therapist;
    - Satisfaction with success of therapy
Method: Design

- **t0:** pre admission
  - Psychiatric interview
  - AAI (Adult Attachment Interview)
  - MBI (Maslach Burnout Inventory)
  - ISR (ICD-10 Symptom Rating)
  - AVEM (Job-related pattern of experience and behavior)
  - EER (Emotion Regulation)

- **t1:** admission
  - HAQ (Helping Alliance Questionnaire)

- **t2:** after 3 weeks
  - MBI (Maslach Burnout Inventory)
  - ISR (ICD-10 Symptom Rating)
  - AVEM (Job-related pattern of experience and behavior)
  - EER (Emotion Regulation)

- **t3:** discharge
  - MBI (Maslach Burnout Inventory)

- **t4:** 6-month follow-up
  - MBI (Maslach Burnout Inventory)

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Method: Sample

- 64 patients referred to specialized tx for depression and burnout syndrome;
- 54 participated (9 denied, in one patient technical problems to record the AAI)
- Participants and non-participants did not differ in age, gender, and clinical diagnoses

- Mixed occupational background; all suffered occupational distress
- Main mental disorders:
  - affective disorder (91%)
  - anxiety disorder, somatoform disorder (9%)
- Plus Z 73: Burnout
- 64% additional somatic complaints (hypertonia, chronic pain, sleep disorders, tinnitus etc.)
RESULTS: Dimensions of attachment representation (%)

Burnout (N=54)

- Secure-autonomous: 18
- Insecure-Dismissing: 15
- Insecure-Preoccupied: 21

Un/Resolved rg trauma or loss

- Unresolved: 35
- Resolved: 19
RESULTS: Dimensions of attachment representation (%)

BURNOUT (N=52)

- Secure: Unresolved (12), Non-U (16)
- Insecure-Dismissing: Unresolved (20), Non-U (20)
- Insecure-Enmeshed: Unresolved (30), Non-U (2)
# Therapy outcome at discharge and at follow-up

<table>
<thead>
<tr>
<th>Outcome</th>
<th>n (LOCF)</th>
<th>Mean (SD) before treatment</th>
<th>Mean (SD) after treatment/at follow-up</th>
<th>t</th>
<th>p</th>
<th>Effect size d</th>
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<td>53</td>
<td>4.16 (1.06)</td>
<td>3.53 (1.41)</td>
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Predictors of improvement of depression (ISR) from admission to discharge

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<th>Model 1</th>
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Hierarchical Regression Analysis for Variables Predicting Depression at Discharge (n = 45)

*p < .05. **p < .01
Predictors of improvement of emotional exhaustion (MBI) from admission to discharge

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Hierarchical Regression Analysis for Variables Predicting Depression at Discharge (n = 53)

$p < .05. \quad ^*p < .01$
### Predictors of improvement of emotional exhaustion (MBI) from admission to 6-mo follow-up

Hierarchical Regression Analysis for Variables Predicting Depression at Discharge (n = 53)

\*p < .05  \*\*p < .01

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</table>
Do emotional regulation (ER) and the helping alliance (HA) mediate these effects?

- The helping alliance as assessed by the patients predicts therapy outcome (depression [F=14.9; P=0.001] and emotional exhaustion [F=4.8; P=0.038] and a pattern of emotion regulation characterised by reflection [F=8.11; P=0.009].

- However, HA did not mediate and ER mediated the effect of attachment & unresolved status only to a small degree.

\[ R^2 = .65 \]

**.36**

.04

.52**

1.21**

**.07

**.04

**.52

**.36

\[ \text{AAI: Unresolved Status Concerning Trauma} \]

\[ \text{EER: Change in Dissociation} \]

\[ \text{MBI: Exhaustion at Admission} \]

\[ \text{MBI: Exhaustion at Follow-Up} \]

\[ p < .01 \]

\[ p < .05 \]
Results

H3. Patients forming a good *therapeutic alliance* with their therapist will show greater improvement in terms of *emotional disturbance*.

Effects for Therapeutic Alliance from therapist’s perspective

Paracelsus Medical University, GH Nuremberg, W. Söllner, Behringer et al. EAPM 2015
H3. Patients forming a good **therapeutic alliance** with their therapist will show greater improvement in terms of **symptom severity**.

Effects for Therapeutic Alliance from therapist’s perspective

- Low
- High

**Intake** vs **Discharge**

- Ability to distance from work
- Calmness / Emotional balance

Paracelsus Medical University, GH Nuremberg, W. Söllner, Behringer et al. EAPM 2015
Summary

1. Over 70% of patients treated for burnout syndrome in a hospital setting have an insecure and 65% show an unresolved (loss and/or trauma) attachment status.

2. Therapeutic alliance and the interaction between attachment status and unresolved symptoms of loss predicted therapeutic outcome regarding depression.

3. Unresolved attachment status regarding loss and trauma predicted emotional exhaustion at 6-month follow-up.

4. The therapeutic alliance did not mediate this effect; the patterns of emotion regulation (dissociation) mediated it to a small degree.
Discussion

1. Patients with unresolved attachment status (problems to cope with loss and/or traumatic experiences) deserve special attention because of their problems to cope with negative emotions.

2. Psychological therapies should take these problems into account. Psychotherapy should be tailored to the needs of these patients (more supportive and enhancing mentalization?)

3. Need to have more catamnestic data to study long-term effects of treatment, alliance and attachment status.
Thank you!

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