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Mental Health Needs in Schools as Predictors of Burnout in School Counselors

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Walden University
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MS, Angelo State University, 2015

MEd, Sam Houston State University, 2012

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Researchers have found an increasing number of students with mental health issues, and school counselors are often the first resource available to students. School counselors are faced with many job duties including supporting students' academic, career, and emotional needs. Maintaining these duties of school counseling can increase stress and lead to burnout. The purpose of this quantitative study was to examine mental health needs, mental health knowledge, and mental health skills as predictors of each of the three subscales of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors. Lazarus and Folkman's transactional theory of stress and coping and Maslach's burnout theory guided the research questions. A quantitative research design was used with participants who were professional school counselors and members of the American School Counselor Association. A convenience sampling method was used to obtain a sample of 131 participants. Participation was voluntary and surveys were administered online for those who participated. The participants completed 2 instruments: the Mental Health Needs and Practices Survey and the Maslach Burnout Inventory for Educators Survey. Multiple regression analyses were used to analyze the data. The findings indicated mental health needs, knowledge, and skills, both individually and in linear combination, were not associated with the 3 subscales of burnout among early, middle, and late career school counselors. The findings may lead to social change by raising awareness of student mental health needs in schools and thereby prevent burnout among school counselors.

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Dedication

I would like to dedicate my work to my daughter Samantha, my everything, my life. All I have.

Acknowledgments

I would like to thank Dr. Kimberly Rynearson, Dr. Carl Valdez, and Dr. Neal McBride for assisting me during the dissertation process. A sincere and special thank you to Dr. R for your patience, many draft readings, positive feedback, and encouragement that led to my final document. I am privileged to have had your support and guidance through this journey.

Thank you to my sister for always being there for me, who would do anything for me, and who I owe so much! Lastly, a heartfelt thank you to my parents for their support, their love, and for everything they have done, not only for me but for Sam as well. I would not be where I am today without them!

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Chapter 1: Introduction to the Study

"Gone are the days of school counselors sitting in their office simply handing out college applications, making schedule changes for students who want to drop a class or meeting with the troublemakers in the school" (American School Counselor Association [ASCA], 2018, para. 1). School counselors in the 21st century are in a demanding profession, working with a variety of student-centered issues such as family problems, drug abuse, grief, bullying, and mental health (Clark, 2014). There has also been a steady rise in the number of children who need mental health services (Freeman & Kendziora, 2017). An estimated 20% of youth from ages 3 to 17 have a diagnosable behavioral, emotional, or mental disorder, and 80% of those do not receive any treatment (Centers for Disease Control and Prevention, 2017). A significant number of students with unidentified mental health needs attend each school day with no treatment (Freeman & Kendziora, 2017). But students spend 6 or more hours in a school setting, making school personnel the primary access point for support (Rossen & Cowan, 2014). Now more than ever before, there is a need for school counselors to help prepare students academically, socially, and emotionally for life after school (Clark, 2014).

The challenges students face in the 21st century are reinventing the role of the school counselor (Clark, 2014), with an increased focus on meeting the mental health needs of students. A new conjoint professional identity is forming for school counselors with the need for additional mental health support available to students. Referring students to outside sources for services is not effective, putting more demands on the school and counselor (DeKruyf et al., 2013). To better serve students with mental health

needs, school counselors are required to maintain several job roles. The combination of several roles, such as educational leader and mental health professional, may add additional demands to school counselors that may cause stress and burnout (DeKruyf et al., 2013). School counselors' health and well-being are impacted by the amount of work they are responsible for. An estimated 30% of school counselors reported their workload was not manageable (O'Dea et al., 2017). Therefore, in this study, I intended to increase the understanding of mental health needs in schools, mental health knowledge, and mental health skills, and their relationship to school counselors' levels of burnout.

Background of the Problem

The National Center for Education Statistics (2017) reported that over 50 million students attended elementary and secondary public schools across the United States in the fall of 2017. Of those, one in five had a mental health condition, and less than half received treatment or services (National Alliance of Mental Illness, 2017). Mental health illnesses can affect how students learn, behave, and develop. There are a variety of psychological and physical illnesses related to mental health that can affect student learning. Approximately half of students with a mental health illness who are age 14 and older will drop out of school (National Alliance of Mental Illness, 2017). Conversely, healthy students learn better, and schools can assist students with their mental health needs by providing a variety services (Centers for Disease Control and Prevention, 2017). Additionally, schools provide a setting where students create friendships, learn behaviors, and develop into adults. The identification as well as treatment of mental health illnesses

can make a difference in the lives of students enrolled in public schools (Centers for Disease Control and Prevention, 2017).

The school counselor is often the first person to hear about mental health concerns from teachers, school personnel, parents, or the students themselves (Kaffenberger & O'Rorke-Trigiani, 2013). Schools are one of the first resources available for students with mental health needs (ASCA, 2015). The ASCA (2015) suggested that counselors spend 80% of their time providing direct and indirect services to students. Indirect services include communicating with others outside of school and making referrals for students to receive services. Direct services include small group and individual counseling to address emotional, social, and mental health needs (Kaffenberger & O'Rorke-Trigiani, 2013). With this responsibility, along with many other roles, school counselors are exposed to unsafe stress levels (McCarthy et al., 2010). Research has indicated that performing nonguidance related tasks, caseloads, principal support, noncounselor duties, personal attributes, years of experience, and the work of providing mental health resources to students have all been linked with school counselor burnout (Bain et al., 2011; Bardhoshi et al., 2014; Limberg et al., 2016; Moyer, 2011; Mullen, Morris, & Lord 2017; Seçer et al., 2013).

Statement of the Problem

The training for school counselors and the roles to which they adhere derive from reform and transitions of public education (Thompson, 2012). The ASCA developed the ASCA National Model to guide the roles of school counselors and maximize student success. The role of the school counselor also evolves with the changing career,

academic, social, emotional, and mental health needs of students (ASCA, 2012). It is now suggested that school counselors have coexisting roles due to the increase in students with unmet mental health needs in addition to the unreliability of referrals: the roles of educational leader and mental health professional (DeKruyf et al., 2013). But performing the full range of counselor duties according to the ASCA National Model in addition to performing a mental health professional role, "may be beyond the scope of what is possible" (Paisley & McMahon, 2001, p. 107). Based on factors that cause burnout among school counselors and the increase in number of students with mental health needs, it was necessary to examine the relationship between mental health needs in schools and burnout in school counselors. Burnout among school counselors can lead to poor attendance, insomnia, marital and family problems, increased drug and alcohol use, and declining quality of student services (Maslach et al., 1981).

Purpose of the Study

The purpose of this quantitative study was to determine whether the linear combination of the variables mental health needs, mental health knowledge, and mental health skills are predictors of burnout among school counselors. I measured the degree of burnout among school counselors and examined the relationship with the predictor variables mental health needs, mental health knowledge, and mental health skills. The study's hypotheses were designed to examine the results of school counselors with different levels of counseling experience—early, middle, and late career counselors. Examining the predictor variables provided further understanding of the mental health needs in schools, mental health knowledge and skills among school counselors, and the

relationship to counselor burnout.

Research Questions and Hypotheses

Research Question 1: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (MBI-ES; emotional exhaustion, depersonalization, and personal accomplishment) among early career school counselors?

$H_0$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_0$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict

depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_0$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

Research Question 2: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the MBI-ES (emotional exhaustion, depersonalization, and personal accomplishment) among middle career school counselors?

$H_0$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional

exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_0$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_0$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

Research Question 3: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the MBI-ES

(emotional exhaustion, depersonalization, and personal accomplishment) among late career school counselors?

$H_0$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_0$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_0$3c: Mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

Theoretical Framework

The theoretical framework for this study was based on two theories: the transactional theory of stress and coping (Lazarus & Folkman, 1984) and the burnout theory (Maslach, 1998). Both theories were useful for me to understand school counselor stress due to the demands of the profession and its relationship with burnout. The transactional theory predicts whether an individual will experience a stress response by their individual appraisal of the stressor. The transactional model of stress provides an understanding of the relationship between an individual's work environment and work stress that could result in burnout. Burnout theory predicts whether an individual will experience burnout by evaluating levels of emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is often the first reaction to job related stress. Depersonalization occurs when an individual experiences emotional exhaustion resulting in lower work ethic. Reduced personal accomplishment occurs when an individual lacks confidence and feels ineffective (Maslach & Leiter, 1997).

According to Lazarus and Folkman's transactional theory of stress and coping, individuals are constantly evaluating their environment for stressors and adjusting their need to cope using available resources. Lazarus and Folkman (1984) described psychological stress as a mental process by which an individual assesses their

environment and realizes they have no resources available to cope. The process begins when an individual's emotions are generated by threatening or harmful stressors, followed by the initiation of coping strategies to control emotions and address stressors. When an individual experiences this process and the outcome includes positive emotions, the stressor has been resolved. When no resolution of the stressor occurs, an individual exceeds the ability to cope and therefore becomes stressed (Cooper & Quick, 2017).

According to Maslach (1998), burnout exists as a stress experience within relationships between an individual and others. The theory consists of three dimensions: exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is the feeling of being overworked and overwhelmed, depersonalization is a sense of detachment from others, and reduced personal accomplishment is a feeling of successful achievement. This theory is significant for identifying "relationships within the job" as the key description for burnout (Maslach, 1998).

The burnout theory and the transactional theory of stress and coping were useful for examining school counselor work stress and the impact on burnout. Both theories guided this study by examining the relationship of mental health needs in schools and mental health knowledge and skills (stressors) with school counselor burnout (levels of emotional exhaustion, depersonalization, and reduced personal accomplishment).

Nature of the Study

The nature of this study was quantitative. A standard multiple linear regression design was used to examine the relationship of mental health needs, mental health knowledge, and mental health skills to predict burnout levels in school counselors. A

multiple linear regression was appropriate for this study to analyze the influence of two or more predictor variables on the criterion variable (Vogt, 2007). The predictor variables in this study were mental health needs, mental health knowledge, and mental health skills. The criterion variable in this study was the degree of burnout. The linear model gave a measure of how much variance in the degree of burnout could be predicted, what change could be expected in the degree of burnout when the independent variables increase, and the statistical significance of the regression coefficients. The MBI-ES and the Mental Health Needs and Practices in Schools Survey measured self-reported perceptions of mental health needs among three experience levels of school counselors using online survey methodology. The survey was available to participants who elected to participate in the study. An invitation to participate in the study was posted electronically on an online forum for members only on the American School Counselor website.

Definitions

American School Counselor Association (ASCA): The professional organization supporting school counselors to help all students focus on academic, personal/social, and career development (ASCA, 2012).

ASCA national model: A guide published to assist school counselors in developing and implementing a comprehensive school counseling program (Dollarhide & Saginak, 2008).

Burnout: A syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment measured by the MBI (Maslach, Jackson, Leiter, Schaufeli, & Schwab, 1981).

Diagnostic and Statistical Manual of Mental Disorders: A handbook used by health care professionals containing descriptions, symptoms, and other criteria for diagnosing mental disorders (American Psychiatric Association, 2013).

Mental health: The foundation for emotions, thinking, communication, learning, resilience, and self-esteem (American Psychiatric Association, 2013).

Mental health needs: Any psychological, social, emotional, or behavioral problem that interferes with students' ability to function (Reinke, Stormont, Herman, Puri, & Goel, 2011).

Mental illness: A health condition causing changes in emotion, thinking, or behavior associated with problems functioning in social, work or family activities (American Psychiatric Association, 2013).

Professional school counselor: Certified and licensed educators with a minimum of a master's degree in school counseling (ASCA, 2012).

Work overload: When the individual perceives there is too much work to be completed given the time and resources available (Wilkerson & Billini, 2006).

Assumptions

In this study, I made several assumptions. First, I assumed that the independent variables of mental health needs, mental health knowledge, and mental health skills would predict burnout. Second, I assumed that participants would understand and

truthfully answer survey questions. Third, I assumed that the instruments used were valid and reliable measurements for the variables. Finally, I assumed that the findings of this study would contribute to a positive social change.

Delimitations and Limitations of Study

The nature of this study was a limitation because the use of a multiple linear regression analysis could only make predictions. If there was a relationship between the variables studied, it would not provide causation. The population sample was also delimited in this study. Participants were limited to members of the ASCA.

Significance of the Study and Implication for Social Change

A goal of this study was to explore the predictive relationship between mental health needs in schools, mental health knowledge, and mental health skills to levels of burnout. Comparing counselor responses by years of experience allowed me to analyze counselor skills and knowledge regarding burnout and the mental health needs of students. School counselors are expected to provide indirect and direct services to meet the various mental health needs of all students (Kaffenberger & O'Rorke-Trigiani, 2013). Examining the predictive relationship between mental health needs, mental health knowledge, and mental health skills to school counselor burnout levels has not been researched. Therefore, it is significant to the counseling field in education and will provide needed information to school counselors. This study contributed to existing literature and promoted positive social change by equipping school counselors with knowledge to better prepare them early in their careers for challenges they may

encounter. It also provided insight into the needs of mental health preparedness in school counselor training (Bardhoshi et al., 2014).

Summary

The role of school counselors has changed over the past 50 years due to increasing demands and changing educational standards. The job duties of school counselors create job stress, prompting studies that found school counselors to have higher burnout scores than professional individuals who work in mental health fields (Pyne, 2011). Societal norms are producing more psychological and emotional concerns for children. A rising trend in mental illness and the shortage of mental health resources presents a challenge to schools where children spend most of their time. The National Center for Education reported over 50,000 students enrolled in public education, with a projected rise of 2% each year (NCES, 2017). As the mental health needs of adolescents increase with the shortage of mental health resources, there is pressure on schools to meet the mental health needs of students (Perfect & Morris, 2011). The nation continues to focus on the increase in mental health needs, and with the rise in student enrollment, it was valuable to gather information directly from school counselors, those who are often the first individuals to have an impact on the mental health needs of students. In the following chapter, I provide an overview of the literature related to the history of school counseling, transactional theory of stress and coping, burnout theory, variables of school counselor burnout, professional training for school counselors, variables of burnout in mental health professionals, and mental health in adolescents.

Chapter 2: Literature Review

Introduction

The purpose of the literature review is to provide a comprehensive summary of current knowledge of the research problem presented. The research problem was focused on challenges school counselors experience with an increased number of students with mental health issues and the relationship between these challenges and school counselor burnout. In this chapter, research related to the field of school counseling, professional school counselor training, mental health in schools, and school counselor burnout is reviewed. Background information about the role of the school counselor and the implementation of the ASCA National Model are also provided. Further, literature regarding mental health and burnout among mental health professionals is discussed. Finally, literature regarding school counselor burnout, including demographic factors and occupational factors found to cause school counselor burnout, are explored.

Literature Search Strategy

An extensive search on school counselor burnout, factors associated with burnout, mental health among adolescents, and mental health needs was conducted using the Walden University Library and internet resources. Research databases used to search for peer-reviewed articles consisted of PsyARTICLES, PsycINFO, PsycBOOKS, PsycTESTS, and ERIC. The search terms used to locate articles included *mental health, mental health among adolescents, mental health in children, counselor burnout, school counselor burnout, factors associated with counselor burnout, mental health in schools, Maslach Burnout Inventory for Educators, mental health needs in schools, school*

counselor training, mental health training, history of school counseling, school counseling past, and *school counselor roles.*

Theoretical Foundation

There is extensive literature related to stress and burnout among school counselors (Lambie, 2007). School counselors have many demands and responsibilities that result in high stress levels, and a continuation of stress can eventually lead to burnout (Maslach, 2003). The transactional theory of stress and coping was useful for understanding school counselor stress. Burnout theory was also useful for understanding how high stress levels can lead to burnout. Both theories were used to help answer the research questions of this study.

Transactional Theory of Stress and Coping

According to the transactional theory of stress and coping, stress is a result of an individual's inability to balance demands or threats and coping resources (Lazarus & Folkman, 1984). In the transactional theory, stress is defined as a "relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). The transactional theory of stress and coping can be applied to understand school counselor stress. School counselors encounter a wide range of demands and must examine their available resources for stress management (McCarthy et al., 2010).

Many researchers have used the transactional theory to examine school counselors. McCarthy et al. (2010) used Lazarus and Folkman's theory of stress and coping to compare school counselor demands and resources to caseload, stress,

biographical information, and desire to stay in the counseling field. Participants included a total of 227 Texas school counselors who revealed that paperwork requirements, an inappropriate counseling activity as noted by ASCA (2005), were the most demanding. Demands also included number of students in caseload, testing duties, and noncounseling duties. But resources that include other counselors, other professionals, administration support, and staff development may lead to lower levels of stress (McCarthy et al., 2010). The imbalance between demands and resources is supported by the transactional theory and supports the importance of acknowledging school counselor demands and available resources (McCarthy et al., 2010).

Additionally, Thompson et al. (2014) applied the transactional stress and coping theory to a national sample of 213 mental health counselors to investigate the relationship between personal resources, conditions at work, time on the job, gender, and levels of burnout. Results indicated that counselor attitudes and coping strategies were associated with burnout. Working conditions were found to be strongly associated with burnout (Thompson et al., 2014). Working conditions were described as fairness in administrative decision-making, compensation, flexibility of hours, quality of supervision, quality of coworker relationships, nature of job tasks, and overall work atmosphere. The transactional stress model supported Thompson et al. (2014) in showing mental health professionals' appraisal of personal resources and the impact of stress on work and burnout.

Burnout Theory

The complicated work of school counselors results in high levels of stress (Wilkerson & Billini, 2006). Ongoing experiences of stress can eventually lead to burnout. School counselors who do not acknowledge feelings of burnout create a serious and unethical situation (ACA, 2014).

The term *burnout* appeared in articles dating back to the 1970s contributing to the initial burnout phenomenon (Marek et al., 2017). Burnout syndrome was first introduced by psychiatrist Herbert Freudenberger after observing staff members' energy depletion and loss in motivation in a New York free drug clinic (Marek et al., 2017). Around the same time, Christina Maslach, a social psychology researcher, was interested in how human service workers emotionally coped with their demanding jobs. After analyzing symptoms, Maslach and her colleagues referred to burnout as a psychological condition and created the MBI to evaluate psychological conditions (Neckel et al, 2017). The MBI was originally designed to measure burnout in different human service occupations.

With the rising focus on education in the United States, there has been a high interest in teacher burnout (Maslach et al., 1981). Teachers have been leaving the profession, and others have not been interested in becoming teachers. As a result, there have been teacher shortages. There has also been an increased pressure to meet academic needs and respond to social problems among students, which has led to burnout. The subsequent teacher shortages have created the need for research on teacher burnout (Maslach et al., 1981). The MBI-ES was first developed in 1986 as a result of the interest in teacher burnout. The MBI-ES measures the same three burnout dimensions as the

original MBI and includes terminology related to the teaching profession (Maslach et al., 1981). Jobs in the fields of human service, such as education and mental health, have been strongly associated with burnout (Maslach & Jackson, 1981). School counselors bring education and mental health professions together, making them more vulnerable to burnout.

History of School Counseling

Over the past 100 years, school counselor roles have changed rapidly as a result of shifting social demands (Wingfield, et al., 2010). The U.S. Industrial Revolution was a significant event for the school counseling profession, whichbegan a new guidance movement due to the change from individual agricultural work to industrialized labor (Coleman & Yeh, 2011). In the late 1800s, there was a focus on helping individuals find occupations focusing on vocational choice and career development (Coleman & Yeh, 2011). School counselors eventually shifted roles to assisting students with problems and issues in their lives. In the 1930s, a mental hygiene movement began in which school counselors assisted students with personal problems. Counselors identified what was wrong and determined solutions (Wright, 2011). During World War I, an interest in measurement and assessment of human aptitudes began when military screened and classified draftees (Coleman & Yeh, 2011). From the 1900s to the 1940s, the school counselors role was to assist students in finding a career by matching their personal characteristics with an occupation through test measurements and assessments (Wingfield et al., 2010). Then a developmental approach to school counseling emerged between the 1960s and the 1980s known as developmental guidance. School counselors focused on

increasing student achievement while meeting their diverse developmental needs (Wingfield et al., 2010).

During the late 1990s and into the early 2000s, school counselors continued to focus on academic achievements. The Education for All Handicapped Children Act in 1975, the American with Disabilities Act in 1990, and the No Child Left Behind Act of 2001 contributed to an "accountable" school counseling defined role. The goal of addressing closing the achievement gap became popular in schools and a new focus on meeting the needs of all students (Wingfield et al., 2010). Without evidence of having reached all students, schools were in jeopardy of losing funding. New laws and legislative requirements raised awareness of the changes and development of the school counseling profession (Wingfield et al., 2010).

American School Counselor Association School Counselor National Model

The need for a model in school counseling programs defining school counselor roles dates back to the 1970s (Coleman & Yeh, 2011). The century-long search for a defined, consistent school counselor identity still continues (Coleman & Yeh, 2011). In response to this need, the ASCA developed a model for school counseling programs to better meet the needs of all students by defining school counselor roles (Wingfield et al., 2010).The ASCA is a nonprofit worldwide organization founded in 1952 and includes 33,000 members (ASCA, 2004). The purpose of the ASCA (2004) is to help school counselors support students' academic, personal, and career development under the mission of preparing "today's students to become tomorrow's adults" (p. 3). Therefore,

the ASCA researched, analyzed, observed, and documented events throughout school counseling history that led to the creation of the ASCA National Model (ASCA, 2005).

The ASCA Nation Model provides a guide for states, districts, and schools to develop school counseling programs that adhere to a unified vision for students' academic success (ASCA, 2005). The model provides a framework for school counseling programs and its components(ASCA, 2005). The ASCA National Model (2005) not only answers the question, "What do school counselors do?" but also "How are students different as a result of what we do?" (p. 9). The model is designed to support schools' academic missions by encouraging counselors to accept leadership roles (ASCA, 2005). Counselors become advocates for student success and develop solutions for barriers that interfere with student academic success (ASCA, 2005). ASCA's National Model (2012) includes four major systems on a three-level model: foundation, management system, delivery system, and accountability (see Figure 1).

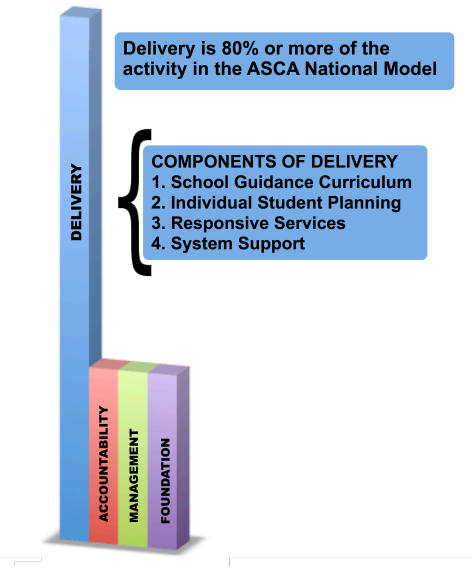

Figure 1. American School Counselor Association's national model of systems.

The delivery system consists of four components of delivery: school guidance curriculum, individual student planning, responsive services, and system support (ASCA, 2005). Responsive services meet the direct needs of students (ASCA, 2005). According to the ASCA National Model, elementary and middle school counselors should spend 30 to 40% of their time on responsive services, and high school counselors should spend 25 to 35% (Brown & Trusty, 2005). Assistance is often needed in responsive services through the cooperation of faculty, staff, parents, and others (ASCA, 2005). School counselors are expected to meet the needs of students through crisis counseling but, according to ASCA (2005), do not do therapy. Crisis counseling is described in the model as prevention, intervention, and follow-up. School counselors work with agencies in the community, school personnel, teachers, and parents to support students in crisis. Support provided to students and families in emergency situations are typically temporary. Many crisis situations require school counselors to recommend outside professional services related to mental health issues including but not limited to suicide ideation, violence, abuse, and depression (ASCA, 2005). But many students are underserviced when referred to outside sources due to accessibility and stigma. As a result, schools are left with more pressure to meet student mental health needs (Lean & Colucci, 2010).

Despite the intentions of the ASCA's National Model, the mental health needs of some students will go unmet (Brown & Trusty, 2005). Mental health services are an important part of school counselors' responsibilities and should be emphasized more in school counseling programs (Brown & Trusty, 2005). A school counseling program must

address recent concerns and demands of students with mental health needs (Brown & Trusty, 2005). Schools often make student accountability a priority to meet educational demands (Brown & Trusty, 2005). Students are unable to be successful academically when they come to school with problems that interfere with their personal, social, career, and educational development (Brown & Trusty, 2005).

Mental Health in Schools

Millions of American children live with a mental health disorder including males and females of different ages, backgrounds, and demographic areas of the United States (CDC, 2017). Children with mental health disorders have significant changes in their learning, behavior, and emotions. Symptoms will typically start at a young age, although some children may experience symptoms later in life. A diagnosis is often made early when a child is in their school years, but unfortunately, some children may not be recognized or diagnosed as having a mental health disorder (CDC, 2017). Without diagnosing and treating children early, children with mental health disorders can have difficulty with academics in school, learning, making friends, and developing healthy positive lifestyles (CDC, 2017).

In the United States, mental health issues impact children, families, communities, and the school, making it an alarming important health issue. The most popular diagnosis for children ages 3 through 17 was Attention Deficit Hyperactivity Disorder (ADHD) reported by the Centers for Disease Control and Prevention (CDC). Following ADHD in order by percentage included, behavioral problems, anxiety, depression, Autism spectrum disorder, and Tourette syndrome. Mental health disorders for adolescents aged 12 – 17

years include drug use, alcohol use, and cigarette dependence. The CDC (2017) reported suicide as the second leading cause of death among this aged group in the year 2010. There are several conditions that contribute to mental health problems including poverty, homelessness, substance abuse, sexual abuse, physical abuse, and domestic violence (Lockhart & Keys, 1998).

The dynamics of students in elementary and secondary school classrooms have changed over the years due to the increase of mental health issues. In a classroom of 25 students, four to six students have a diagnosable mental health disorder (Lean & Colucci, 2010). Mental health concerns must be addressed for students to be successful (Lockhart & Keys, 1998). Students with mental health problems have difficulty in school and have unsuccessful experiences (Auger, 2013). Educators have difficulty providing education to students who have social and emotional needs (Atkins et al., 2010).

A widely recognized problem is the lack of services available to adolescents with mental health needs (Weist et al., 2007) and for families who are unable to access outside resources, the school can play a vital role (Lockhart & Keys, 1998). As the mental health needs of adolescents increase, mental health services for youth are decreasing (Perfect & Morris, 2011). A widely recognized problem is the gap between available mental health resources and the number of adolescents with mental health needs (Weist et al., 2007). The Substance Abuse and Mental Health Services Administration (2017) reported only 32 percent of adolescent's aged 12 to 17 received mental health services and approximately 13 percent received mental health services at school. Students may be more likely to seek, inquire, and learn more about mental health services when services

are available at school (Slade, 2002). The President's New Freedom Commission on Mental Health (2003) concluded "schools should fully recognize and address the mental health needs of youth in the education system" (p. 62). Reback (2010) found students with mental health issues improved academically as well as mentally when mental health support services were available (Reback, 2010). When students enter the classroom door, most cannot leave behind their mental health issues (Lean & Colucci, 2010). Schools maintain dual roles, one by identifying mental health issues and one by offering resources for treatment (Engelhardt, 2016) and are a root provider for mental health services (Ringeisen et al, 2003).

Professional Training for School Counselors

The ASCA suggests school counselors seek training regarding student mental health issues in order to "recognize and respond to student mental health crises and needs" (ASCA, 2005). School counselors are a key component in assisting schools to respond to the critical needs of students using their skills and expertise. School counselors must acquire new skills and expertise to meet the increased needs of students with mental health issues (Keys et al., 1998). Keys et al. (1998) made recommendations to provide additional training in the area of mental health for school counselors. According to the authors, previous traditional training for school counselors is not effective in meeting the complex needs of students. Findings by Walley and Grothaus (2013) revealed the importance of undergraduate studies for enhancing school counselor's ability to address adolescent mental health issues. Participants in the study indicated undergraduate coursework was limited and basic in topics of mental health.

Rones and Hoagwood (2000) suggest university-based programs do not provide sufficient knowledge and field experience to work with children who experience mental health issues. According to Martin (2002) change for school counselors is mandatory including serving the needs of the increasing number of students dealing with mental health issues. School counselor education has a lack of trainings and materials regarding mental health. Jackson et al. (2002b) do not acknowledge the need for mental health training in their description of a new transformed role for school counselors in the 21st century. School counselors need to have specific knowledge and skills relating to mental health needs. According to Geroski et al. (1997) most school counseling programs do not offer training to fully understand the terminology and assessment using the Diagnostic and Statistical Manual of Mental Disorders. Without proper training and knowledge using the Diagnostic and Statistical Manual of Mental Disorders, the school counselor's ability to suggest appropriate mental health services to students and their families is inhibited (Geroski et al., 1997). Traditional training programs in the area of mental health for school counselors are insufficient resulting in a call for acknowledgment and action. School counselors need to be ready and prepared to address the mental health challenges student's face as well as the challenge school counselors face serving the mental health needs of students (Koller & Bertel, 2006).

Mental Health Needs

School counselors are the most referred to staff member in schools once a student has been identified as having a mental health issue (Bain, 2012). Carlson and Kees (2013) found school counselors provide the majority of mental health support. DeKruyf

et al. (2013) described a proposal for professional school counselors to obtain an identity and role of a mental health professional and professional school counselor. The authors traced the history of the school counselor examining the issues of changing roles and the awareness of mental health needs in schools. The connection between the past and present are examined and the rationale for a new co-joint role was suggested.

Gruman et al. (2013) presented a six year case study of a high school that changed their school counselor program to be more effective in providing services to students with mental health needs. The school counselor maintained a new leadership role under the new transformed counseling program. The counselor was responsible for collecting and presenting data, implementing an advisory program, identifying mental health concerns of students, conducting targeting counseling groups, and collaborating with outside of the school resources for support. Implementing the new transformed counseling program allowed school personnel to have an appreciation for school counselor roles and their ability to attend to student mental health needs due to more available time from the new transformed counseling program (Gruman et al., 2013).

Kaffenberger and O'Rorke-Trigiani (2013) recommended school counselors establish resources from within and outside of the school due to the demand of meeting all students' mental health needs through direct and indirect services. When school counselors try to provide appropriate services for students with mental health needs, they face obstacles and sometimes question whether or how they should intervene (Adelman & Taylor, 2007; Brown et al., 2006). When counselors seek to find resources for mental health needs of students, they suffer personal and psychological stress (Bain, 2012). Bain

et al. (2011) conducted a study with 27 school counselors located in rural schools in South Texas. The results concluded 41 percent of the school counselors surveyed reported experience of burnout in trying to provide mental health resources to their students. All of the counselors agreed that it would be very helpful to have workshops and staff development available to them to learn more about mental health resources (Bain et al., 2011). Walley and Grothaus (2013) completed a qualitative study on perceptions of school counselors regarding training on recognizing mental health issues and being able to respond to adolescents with mental health issues. One theme identified among the participants was the need for additional training in their counselor education program to increase skills to recognize and respond to mental health issues.

Variables of Mental Health Professional Burnout

Mental health professionals are required to attend to individual needs with a range of mental health issues (Hannigan et al., 2004). Professionals working with individuals with mental health issues require a key component of helping others (Pines & Kafrey, 1978) and are exposed to high levels of burnout. Morse et al., (2012) has shown burnout levels were high in about 30 percent of mental health professionals and moderate levels of burnout that exceed 50 percent of mental health professionals (Acker, 2012). High demands, long hours, insufficient staffing, and lack of support contribute to burnout among mental health professionals (Edwards & Burnard, 2003).

Attitudes toward their professions and having difficult clients also contributes to mental health professionals' burnout. Burnout among mental health professionals can be categorized into two main components: individual variables and organizational variables.

Individual factors may include poor self-esteem, low locus of control, unhealthy coping strategies (Maslach et al., 2001), gender and age (Brewer & Shapard, 2004; Purvanova & Muros, 2010). Lim et al. (2010) conducted 15 studies with 3,613 participants and concluded age to be the most significant predictor. Older mental health professionals found ways to avoid burnout, while younger professionals were more likely to experience burnout. Work experience and workload may also influence levels of burnout (Acker & Lawrence, 2009; Brewer & Shapard, 2004). Lent and Schwartz (2012) found professional counselors at a greater risk for burnout according to their work environment. Mental health counselors who work in the community reported higher burnout levels than both private practice counselors and inpatient counselors. Workload, support from supervisors, and conflicting roles have been found as predictors in burnout among mental health professionals. A study conducted by Prosser et al. (1997) found work overload, low levels of support, and challenging clients increased levels of stress among 121 mental health professionals.

Both mental health professionals and school counselors work with adolescents with mental health needs. The prevalence of mental health issues in adolescents is a concern for both mental health professionals and educators. The rise in mental health demands can contribute to work overload for both mental health professionals as well as school counselors. Weist et al. (2003) reported that approximately four fifths of adolescents do not receive mental health services they need. Foster et al. (2005) found two thirds of students who did receive services for mental health issues were receiving support in school. Given the similar burnout factors between school counselors and

mental health professionals, the fact the majority of mental help students receive are provided by schools, and that burnout has been associated with school counselors seeking mental health resources to students, there is support to further examine school counselor burnout and mental health needs in school.

Variables of School Counselor Burnout

Research on school counselor burnout is common in the literature (Lambie, 2007). Literature related to school counselor burnout has primarily focused on demographic and occupational factors. This section reviews literature on several demographic variables (age, sex, race, ethnicity, and personal) and occupational variables (years of experience as a school counselor, caseload, noncounseling duties, principal support, and mental health needs) related to burnout in school counselors.

Demographic Variables

Age and gender. Studies investigating the impact of age and gender on school counselor burnout have found similar results while few studies have been conducted. Kalkan and Demir (2015) did not find a significant relationship between school counselor's age and levels of burnout. Yildrim (2008) found no relationship between gender and age and levels of burnout. Similarly, no significant differences between gender and levels of burnout in a study conducted by Butler and Constantine (2005) with 533 school counselors, 415 were female and 118 were male. The disproportionate number of females in school counseling should warrant further investigations.

Race and ethnicity. There is limited research on school counselor burnout and race and ethnicity. School counselors of color may experience increased levels of stress

and burnout (McCarthy et al., 2010). In a study conducted by McCarthy et al. (2010) consisting of 227 school counselors in Texas, those who were identified as a minority and were classified in a demand group, reported higher levels of stress. School counselors classified in the demand group reported more demands such as paperwork, number of students in caseload, testing duties, and noncounseling duties than available resources such as other counselors, other professionals, administration support, and staff development. Dollarhide et al. (2013) conducted a qualitative study with 19 non-white school counselors to understand the impact of stress on counselors with different racial/ethic backgrounds. The results of the study concluded with 18 out of the 19 participants expressing frustration in terms of feeling overwhelmed by being in school environments who did not support diversity. Participants reported feeling defeated, stressed, burned out and thoughts of moving to a new job due to their experiences with negative racial events (Dollarhide et al., 2013). In addition to demographic variables, occupational variables have been found to impact burnout among school counselors. The next section discusses the influence of occupational variables on burnout in school counselors.

Occupational Variables

Years of experience as a school counselor. Previous research has yielded mixed results on years of experience and school counselor burnout. Sears and Navin (1983) sampled 240 school counselors with work experiences ranging from 1 to 25 years and their perceived level of stress. Their findings for years of experience revealed no relationship between stress and years of experience (Sears & Navin, 1983). Cummings

and Nall (1982) studied 31 school counselors with work experiences ranging from 1 to 19 years. Their findings revealed school counselors had lower levels of burnout with more years of experience (Cummings & Nall, 1982). Wilkerson and Bellini (2006) studied 78 school counselors located in northeastern United States. A three-step hierarchical regression analysis revealed years of experience was negatively correlated to emotional exhaustion and depersonalization. Findings indicated school counselors with fewer years of experience in the profession were more likely to have higher levels of burnout (Wilkerson & Bellini, 2006). Findings in a study conducted by Mullen, Blount, Lambie, and Chae (2017) yielded similar results. Their study included 781 school counselors with results indicating less experienced school counselors were more likely to experience greater burnout compared to more experienced counselors (Mullen, Blount, Lambie, & Chae, 2017).

In contrast, other studies reported those with more years of experience have higher levels of burnout (Butler & Constantine, 2005; Wilkerson, 2009). Butler and Constantine (2005) studied 533 school counselors on differences in dimensions of burnout by years employed as a school counselor. The Maslach Burnout Inventory for Educators Survey was administered to randomly selected school counselor members in the ASCA. Years of experience were categorized by 0-9 years, 10-19 years, 20-29 years, and 30 or more years. Results of the multiple regression analysis described findings of higher levels of burnout in school counselors with 20 or more years of experience compared to their colleagues working fewer than 10 years (Butler & Constantine, 2005). Finally, Wilkerson (2009) studied 482 school counselors and found similar results from a

significant relationship between increased years of experience and increased levels of burnout (Wilkerson, 2009). Wilkerson concluded with suggesting burnout was a chronic syndrome and those who are in the profession longer run a greater risk of experiencing burnout (Wilkerson, 2009).

Student-to-school counselor ratio. A significant factor of burnout in the counseling profession is work overload (i.e., caseload) (Maslach et al., 2001). The student-to-counselor ratio is an example of potential work overload for school counselors. In the United States, a school counselor serves an average of 482 students. The ASCA (2012) recommends one counselor for 250 students. States with the highest student-to-counselor ratios included 924:1 in Arizona, 760:1 in California, and 729:1 in Michigan. States with the lowest student-to-counselor ratio included 219:1 in Wyoming, 200:1 in Vermont, and 227:1 in New Hampshire. A large student-to-school counselor ratio has been found to cause burnout in school counselors. A study among 227 school counselors in Texas conducted by McCarthy et al. (2010) revealed more than half of the counselors studied reported caseload numbers as the second most extremely demanding item. Stickel (1991) reported higher levels of emotional exhaustion with higher caseloads of students among 147 school counselors. Similarly, Wilkerson (2009) and Bardhoshi et al. (2014) found a statistically significant relationship between higher caseloads and increased burnout.

In contrast, Moyer (2011) did not find caseload as a significant contributor to burnout. Moyer (2011) used the Counselor Burnout Inventory to survey 382 school counselors and found no significant relationship between caseload and burnout. School

counselors in this study were selected through state and local organizations instead of national organizations.

Principal support. The relationship between the school counselor and the school principal is essential for student success. The roles and responsibilities of school counselors are determined by the school principal (Edwards et al., 2014). When responsibilities are given that keep school counselors from implementing programs allowing for direct student services, counselors are faced with performing noncounseling duties (Edwards et al., 2014). Therefore, it is important for counselors and principals to maintain a relationship focusing on communication and collaboration (Edwards et al., 2014). Relationships that are supportive and positive between principals and school counselors have shown to decrease burnout in school counselors (Bardhoshi et al., 2014; Wilkerson & Bellini, 2006). Bardhoshi et al. (2014) found levels of principal support predicted counselor burnout. A mixed-method study was completed using a random sample of school counselors who were members of the ASCA. A hierarchical regression was conducted to determine if principal support added to predicting burnout. Results concluded that principal support was an additional significant contributor to burnout (Bardhoshi, et al., 2014). Wilkerson and Bellini (2006) explored whether the relationship between school counselors and principals had an impact on school counselor burnout among a sample of 78 counselors. Results indicated school counselors who had positive relationships with their principal reported lower levels of burnout (Wilkerson & Bellini, 2006).

Noncounseling duties. It is recommended by the ASCA that school counselors' spend the majority of their time providing services through direct contact with students (ASCA, 2012). The ASCA National Model provides assistance for school counselors to develop and carry out a program to better define their roles for student success. The ASCA (2012) states the national model "is not intended to be used as a cookie-cutter" (p.10) and instead should consider local school district needs when deciding on a program. With the flexibility of program implementations, school counselors are often faced with job demands that are unrelated to school counseling (Mullen, Blount, Lambie, & Chae, 2017). Noncounseling duties impact roles of school counselors that can contribute to stress and negative feelings at work (Burnham & Jackson, 2000).

Bardhoshi et al. (2014) found noncounseling duties predicted counselor burnout. A mixed-method study was completed using a random sample of school counselors who were members of the ASCA. The Counselor Burnout Inventory (CBI) and the School Counselor Activity Rating Scale (SCARS) were used. The SCARS was used to measure the frequency of certain activities including noncounseling duties such as clerical and administrative. Noncounseling duties were found to predict negatively feelings at work, personal life deterioration, and exhaustion. Clerical duties assigned to counselors predicted burnout in all three subscale. Results from participant interviews included a major theme of burned out and feeling exhausted from performing noncounseling duties. Particpants ranked testing and lunch duty as the top noncounselor duties performed. In addition to occupational variables, personal variables have been found to impact burnout

among school counselors. The next section discusses the influence of personal variables on burnout in school counselors.

Personal Variables

Lambie (2007) studied 218 school counselors and the relationship between school counselors' burnout and ego development. According to Loevinger's (1976) developmental theory, ego is the core component of one's personality with components of cognitive, self, interpersonal, character, and moral development. Results indicated that school counselors scoring at higher ego maturity levels had lower levels of burnout (Lambie, 2007).

Limberg et al. (2016) found counselors with higher levels of altruism had lower levels of emotional exhaustion and depersonalization along with higher levels of personal accomplishment. Email invitations were sent to a random sample of school counselors with a membership in the ASCA. The Heintzelman Inventory was used to measure altruistic motivation, the Self-Report Altruism Scale to measure altruistic behavior, and the Maslach Burnout Inventory to measure burnout.

Stress is a problem for school counselors (Mullen & Gutierrez, 2016) and a continuation of stress can lead to burnout (Maslach, 2003). Mullen, Blount, Lambie, and Chae, (2017) explored the relationship between school counselors' perceived stress, burnout, and job satisfaction. Stress and burnout were found to have a strong positive correlation among school counselors (Mullen, Blount, Lambie, & Chae, 2017). School counselors are more likely to experience burnout when they are stressed (Mullen, Blount, Lambie, & Chae, 2017).

Burnout plays an important role on effort in job performances. Higher burnout is related to lower investment interests in job performance (Maslach, 2003). When school counselors experience stress and burnout, it can negatively affect the services they provide to students. Mullen and Gutierrez (2016) examined the association between counselors' degree of burnout and the impact on services provided to students. Burnout was found to be a significant predictor to the frequency of direct services provided to students including the percent of time spent with students. Lower levels of direct student services were the result of increased levels of burnout. School counselors are to provide services and meet the needs of all students (ASCA, 2012). Burnout can affect job performance of school counselors and create barriers to providing services to all students, therefore it is important to study factors associated with burnout among school counselors.

Summary

In this literature review, the history of changes in the role of school counselors, the rise in mental health issues among adolescents, and multiple variables found to be related to school counselor burnout have been discussed. A new era is emerging for school counselors in the 21st century. Traditional roles must be transformed to meet current and future challenges. The role of the school counselor must meet the needs of all students and conform to the demands of school accountability within a rapidly changing society. With mental health issues rising in schools among students, school counselors must exit training programs prepared with knowledge and skills (Erford, 2011). Comprehensive school counseling programs will need to address the rising

mental health needs of students and develop realistic programs that school counselors can implement, while avoiding job stress and burnout. It is crucial to research impacts on school counselor burnout so solutions can be created and implemented in school counseling programs as well as training programs to prevent burnout. Burnout is an important factor to consider for school counselors and is essential to continue to investigate due to rising demands in schools, society changes, and the potential harm to students. The existing literature reveals several demographic variables (age, sex, race, ethnicity, and personal) and occupational variables (years of experience as a school counselor, caseload, noncounseling duties, principal support, and mental health needs) related to burnout among school counselors. However, there is very limited information about the relationship between school counselor perceptions of mental health needs and burnout. King et al. (2018) conducted a study among 125 school counselors in New South Wales, Australia. The results indicated school counselors had higher levels of burnout for those who were not satisfied with how the school handled student mental health. There is lack of research among school counselors in the United States and the relationship to mental health needs in schools. This study addressed a gap in literature by examining perceptions of mental health needs in schools and school counselor burnout, and examining mental health training and burnout among different levels of experienced professional school counselors in the United States.

Chapter 3: Research Method

Introduction

The purpose of this quantitative study was to examine the predictive relationship of mental health needs, mental health knowledge, and mental health skills as potential predictors of levels of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors. Data were collected from sample groups of early, middle, and late career counselors to examine whether variables of mental health needs, knowledge, and skills predict burnout. The literature review revealed several demographic and occupational variables related to school counselor burnout, the rising demands of mental health needs in schools, and the need for more mental health school counselor training. The predictor variables in this study—mental health needs, mental health knowledge, and mental health skills—and the relationship to burnout were intended to fill the literature gap. This chapter will address the methodology of this study, including the research design and rationale for the study, population and sample strategy, instrumentation, data collection, data analysis, and research questions and hypotheses.

Research Questions and Hypothesis

Research Question 1: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the MBI-ES (emotional exhaustion, depersonalization, and personal accomplishment) among early career school counselors?

$H_0$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_0$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_0$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal

accomplishment, as measured by the MBI-ES instrument among early career school counselors.

Research Question 2: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among middle career school counselors?

$H_0$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_0$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict

depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_0$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

Research Question 3: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among late career school counselors?

$H_0$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_0$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_0$3c: Mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

Research Design and Rationale

The study involved a quantitative predictive design to examine the relationship of school counselors' perceptions of mental health needs, mental health knowledge, and mental health skills to predict burnout levels in early, middle, and late career school counselors. Regression analysis was selected for this study because it is used to investigate a relationship between variables, allows for prediction of future outcomes,

and tests a hypothesis (Vogt, 2007). A multiple linear regression was appropriate to investigate independent variables of mental health needs, mental health knowledge, and mental health skills as predictors of burnout among each group of school counselors according to their levels of experience. A quantitative approach was used to collect numerical data from a sample of school counselors with the intent to generalize the school counselor population. Data for the study were obtained from an online self-administered questionnaire. Survey research was appropriate for this study because it is a time and cost-effective way of gathering data from a sample of school counselors (Fowler, 2013).

Methodology

Population and Sample Strategy

The population of interest for this study was professional school counselors employed in public schools ranging from kindergarten to 12th grade in the United States. Participants were members of the ASCA who had access to an online discussion panel at www.schoolcounselor.org for members only.

I chose nonprobability convenience sampling as the sample method for this study. A convenience sample is a sampling method in which participants are conveniently available and easy to reach (Creswell, 2009). An online post was sent to the discussion panel asking for volunteers to participate in the study. Since participants chose to participate, the sample included participants who self-selected for inclusion in the study.

To determine the necessary minimum sample size, a power analysis was conducted using G*Power 3, a free downloadable software program available online

(Faul et al., 2009). I conducted an a priori power analysis for a multiple linear regression with three predictor variables. An alpha level was set at .05, medium effect size set at .15, statistical power set to .80, and number of predictor variables set at 3 (Cohen, 1988). Based on the results, a minimum sample size of at least 90 participants was necessary to conduct a statistically valid multiple linear regression.

Instrumentation

Two instruments were used in this study to collect data: the Maslach Burnout Inventory - Educators Survey (MBI-ES) and the Mental Health Needs and Practices in Schools Survey. The Mental Health Needs and Practices in Schools Survey was located in the PsychTESTS database and is included in Appendix C. The author was contacted by email and gave permission to use the survey in this study. A copy of the response email granting permission is included in Appendix A. I purchased the MBI-ES online at https://www.mindgarden.com/maslach-burnout-inventory/172-mbi-remote-online-survey-license.html, and copyright permission was obtained through the purchase. A copy of the MBI-ES approved sample items for a dissertation is included in Appendix B with permission to use and reproduce the instrument.

Mental Health Needs and Practices in Schools Survey. The Mental Health Needs and Practices in Schools Survey (Stormont et al, 2011) is designed to measure perceptions of mental health concerns, barriers to providing services, and perceived gaps in services and training in schools. This survey is appropriate for this study due to questions regarding mental health needs and mental health knowledge and skills for school counselors. The survey is a self-administered instrument consisting of 42 items

with response formats of open-ended questions, multiple choice, and Likert scale. A 5-point Likert-scale is used: 1 = strongly agree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. The survey consists of three main categories: (a) participant and school demographic information (age, gender, race, education level, degree earned, years of experience); (b) participants' attitudes, knowledge, and beliefs regarding the school's role in children's mental health, barriers for supporting children's mental health, and the types of resources and data schools have to support children's mental health; and (c) participants' attitudes, perceptions, and knowledge toward evidence-based practices in schools.

Content validity for the Mental Health Needs and Practices in Schools Survey was obtained through a panel of experienced mental health professionals in schools, teachers, school counselors, school psychologists, and school administrators (Reinke et al., 2011). After feedback was obtained, the authors edited the survey accordingly. Reinke et al. (2011) tested for reliability and reported Cronbach's alpha of 0.82 for the barriers scale, 0.86 for the reasons why children fall through the cracks scale, 0.78 for the teacher role scale, and 0.86 for the school psychologist role scale.

Maslach Burnout Inventory-Educators Survey. The MBI-ES (Maslach et al., 1981) was designed to measure burnout among professionals who work in the area of education. The survey was appropriate to measure burnout for this study due to school counselors working in an education environment. The survey was a self-administered instrument consisting of 22 statements about perceptions related to work. The instrument used a 7-point Likert type scale: 0 = *never*, 1 = *a few time a year or less*, 2 = *once a*

month or less, 3 = *a few times a month*, 4 = *once a week*, 5 = *a few times a week*, and 6 = *every day*. The survey included three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion was measured with nine statements in the survey. One example to measure for emotional exhaustion was the statement "I feel emotionally drained from my work." Depersonalization was measured with five statements in the survey. One example to measure for depersonalization was the statement "I don't really care what happens to some students." Personal accomplishment was measured with eight statements in the survey. One example to measure for personal accomplishment was "I can easily create a relaxed atmosphere with my students." Interpretation of burnout includes summing scores individually for each of the three subscales as follows: (a) emotional exhaustion (0-18 for low; 19-26 for moderate; and 27 or over for high), (b) depersonalization (0-5 for low; 6-9 for moderate; and 10 or over for high), and (c) personal accomplishment (40 or over for low; 34-39 for moderate; and 0-33 for high). Personal accomplishment was interpreted in an opposite numeric direction, as compared to depersonalization and emotional exhaustion. Higher burnout levels are a result of higher scores on emotional exhaustion and depersonalization. Lower burnout levels are a result of higher scores on personal accomplishment (Maslach et al., 1996). The MBI-ES does not provide a single burnout score.

Content validity for the MBI-ES was obtained through a panel of experts in the field of education. Items were changed and revised for greater clarity (Maslach, 1981). Iwanicki and Schwab (1981) tested for reliability and reported Cronbach alpha ratings of

0.90 for emotional exhaustion, 0.76 for depersonalization, and 0.76 for personal accomplishment. Gold (1984) also tested the three-factor structure of the MBI-ES with a sample of 462 teachers. Gold (1984) reported reliability coefficients of emotional exhaustion (0.88), depersonalization (0.74), and personal accomplishment (0.72).

Data Collection

Data were collected from participants through an online survey. An invitation to participate in the research study was sent to an open forum located on the American School Counselor website for members. A brief description of the research was provided in the invitation along with the request for any school counselor who is currently employed in a school to participate. The invitation included a link to the anonymous survey questionnaire. Instructions in the questionnaire explained the purpose of the study, the method of data collection, the right to withdraw, and anonymity within the study. Participants were asked to complete two parts in the survey questionnaire. The beginning of the survey included a notice and acknowledgment of informed consent. Part one contained questions from the Mental Health Needs and Practices Survey that gathered basic demographic information and scores to represent the predictor variables of mental health needs, mental health knowledge, and mental health skills. Information regarding perceptions of mental health needs, mental health knowledge, and mental health skills was obtained by utilizing the mental health and needs and practices in schools rating scale. Early, middle, and late career counselors were categorized by analyzing the demographic question: “How many years of experience, including your present job, do you have working in a school?” Early career counselors included school

counselors with five or less years of experience. Middle career counselors included counselors with six to ten years of experience. Late career counselors included counselors with 11 or more years of experience. Part two measured school counselor burnout by utilizing the Maslach Burnout Inventory for Educators rating scale.

Data Analysis

The survey responses were entered in the software program Statistical Package for Social Sciences (SPSS) version 25. I used the software program to analyze the data. Descriptive statistics were used to describe the demographics of the participants including, gender, race/ethnicity, age, year degree was awarded, and years of experience. Multiple linear regressions will be conducted to understand whether burnout can be predicted based on three predictor variables. A multiple linear regression was conducted because this study will use more than one predictor variable (Vogt, 2007). To answer the research questions, I conducted a series of multiple linear regressions to assess relationships between the predictor variables (mental health needs, mental health knowledge, and mental health skills) and the criterion variables of burnout (emotional exhaustion, depersonalization, and personal accomplishment). A multiple linear regression analysis measured the significance of the relationship between the predictor variables and the criterion variable (Vogt, 200&). The overall predictive power was determined by the ANOVA summary table and the coefficients table provided information on which predictors predicted burnout. R^2 determined the percentage of variance in the dependent variable explained by all of the independent variables. The regression coefficients explained what change can be expected in burnout when there is

an increase in a significant predictor. Before conducting the regressions, assumptions of normality, multicollinearity, homoscedasticity, and linearity were assessed (Vogt, 2007).

Based upon the responses to the demographic question of years of experience asked in the Mental Health Needs and Practices survey, there was three sample groups of school counselors (early, middle, and late). Separate regressions were performed to analyze each of the three criterion variables of burnout in relation to the predictor variables. Nine regression analyses were conducted (one for each burnout subscale) on each of the sample groups (early, middle, late). The data for early, middle, and late career groups were\ analyzed separately.

		Independent Variables	*Dependent Variable*
Early Career Counselors (0-5 years experience)	Multiple Linear Regression 1	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Emotional Exhaustion
	Multiple Linear Regression 2	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Depersonaliztion
	Multiple Linear Regression 3	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Personal Accomplishment
Middle Career Counselors (6-10 years experience)	Multiple Linear Regression 4	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Emotional Exhaustion
	Multiple Linear Regression 5	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Depersonaliztion
	Multiple Linear Regression 6	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Personal Accomplishment
Late Career Counselors (11 or more years experience)	Multiple Linear Regression 7	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Emotional Exhaustion
	Multiple Linear Regression 8	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Depersonaliztion
	Multiple Linear Regression 9	◆Mental Health Needs ◆Mental Health Knowledge ◆Mental Health Skills	Personal Accomplishment

Figure 2. Regression analyses visual.

Summary

This chapter provided an overview of the methodology that was used in this study including research design and rationale, population and sampling, instrumentation, data collection and analysis, and research questions and hypothesis were discussed. This research used a quantitative research design to examine school counselor's perceptions of mental health needs, mental health knowledge, and mental health skills and the relationship to the degree of school counselor burnout. Data was analyzed separately in three groups of early, middle and late school counselors. Results of this study including analysis of the data are discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to examine the predictive relationship among mental health needs, mental health knowledge, and mental health skills as potential predictors of levels of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors. This chapter includes a description of the collected data, results of the data analysis, and will conclude with a summary. The following research questions and hypotheses guided this study:

Research Question 1: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among early career school counselors?

$H_0$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_0$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_0$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

Research Question 2: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among middle career school counselors?

$H_0$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_0$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_0$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal

accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

Research Question 3: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among late career school counselors?

$H_0$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_0$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_0$3c: Mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

Data Collection

To recruit participants, an online post was submitted to an open discussion forum on the American School Counselor website in December 2019. The online post invited volunteers to participate in the study and included the survey link for consent and participation. After 3 weeks, 83 participants viewed the survey, 48 participants provided consent and started the survey, and 16 participants completed the survey. Due to a low number of completed surveys, a request was sent to the institutional review board (IRB) for approval to offer an incentive for volunteering to participate in the study. Adding an incentive for participation in the study was the only discrepancy from the original data collection plan. After approval from the IRB, a new online post was submitted on January 23, 2020 to an open discussion panel on the American School Counseling website. Participants were offered a $10 Amazon e-gift card for volunteering to participate in the study. After 2-and-a-half weeks, 419 participants provided consent and 131 participants completed the survey. Results from 288 participants who did not

complete the survey and results from the previous 16 participants from the first data collection were removed from the analysis. The survey link was disabled on February 11, 2020 after exceeding the desired sample size of 90 participants. Data were downloaded and analyzed from a total of 131 participants who provided consent and completed the survey.

Most of the participants were female (n = 109, 82.6%). There was an even distribution between early career counselors (n = 50, 38.1%) and late career counselors (n = 54, 41.2%). The lowest represented sample group for years of experience was middle career counselors (n = 27, 20.6%). Most of the participants reported white ethnicity (n = 107, 81.1%). Frequencies and percentages are presented in Table 1.

Table 1

Participant Demographics

Variable		*n*	%
Gender	Male	22	16.8
	Female	109	82.6
Ethnicity	White	107	81.1
	African American	8	6.1
	Hispanic	12	9.1
	Asian	2	1.5
	Native American	1	.8
	Multiracial	1	.8
Experience	Early Career (≤ 5 years)	50	38.1
	Middle Career ($6 - 10$ years)	27	20.6
	Late Career (≥ 11 years)	54	41.2

Results

Descriptive Statistics

The dependent variables used in testing the study hypothesis were questions from the MBI-ES. The questions used to create the emotional exhaustion, depersonalization, and personal accomplishment scores were answered on a scale of 0 to 6, with 0 meaning *never* and 6 meaning *every day*. According to Maslach (1986), a mean score for emotional exhaustion of 27 or more is categorized in the high category. All three groups of school counselors reported a mean score above 27, indicating high emotional exhaustion levels for early, middle, and late career school counselors. Further, a mean score between 6 and 9 for depersonalization represents a moderate category (Maslach, 1986), which all three groups of school counselors reported over a score of 9.

Additionally, a mean score of 40 or more for personal accomplishment is categorized in the low category. Personal accomplishment is interpreted in an opposite numeric direction as compared to depersonalization and emotional exhaustion. All three groups of school counselors reported a mean score above 39, indicating low personal accomplishment levels for early, middle, and late career school counselors. Higher burnout levels are a result of higher scores on emotional exhaustion and depersonalization, and lower scores on personal accomplishment. All three groups of school counselors indicated high burnout levels with high emotional exhaustion, high depersonalization, and low personal accomplishment scores. The results for each subscale of burnout are presented in Table 2.

Table 2

Summary Statistics for Dependent Variable

Burnout Subscale		*N*	*Min.*	*Max.*	*M*	*SD*
Emotional Exhaustion	Early Career ($\leq$ 5 years)	50	13	58	30.96	11.259
	Middle Career ($6-10$ years)	27	17	60	35.19	10.859
	Late Career ($\geq$ 11 years)	54	16	57	32.85	11.299
	All Participants	131	13	60	32.61	11.219
Depersonalization	Early Career ($\leq$ 5 years)	49	5	18	9.92	3.829
	Middle Career ($6-10$ years)	26	5	20	9.81	3.858
	Late Career ($\geq$ 11 years)	54	4	24	9.56	3.994
	All Participants	129	4	324	9.74	3.878
Personal Accomplishment	Early Career ($\leq$ 5 years)	49	34	56	48.27	4.991
	Middle Career ($6-10$ years)	27	37	55	47.48	5.250
	Late Career ($\geq$ 11 years)	54	28	56	46.83	6.282
	All Participants	130	28	56	47.51	5.608

Note. The discrepancy in the number of participants for depersonalization and personal accomplishment is due to the removal of outliers.

The independent variables used in testing the study hypotheses were questions from the Mental Health Needs and Practices in Schools Survey (Stormont et al., 2011). The questions used to create the mental health knowledge, skills, and needs scores were answered on a scale of 1 to 5, with 1 meaning *strongly disagree* and 5 meaning *strongly agree*. Higher scores for the mental health knowledge and skills variable represented school counselors who felt they had the level knowledge and skills to meet the mental health needs of children. Higher scores for the mental health needs variable represented school counselors who felt that schools and counselors should be involved in addressing the mental health issues of students. Score means for mental health knowledge, skills, and needs are presented in Table 3.

Table 3

Summary Statistics for Independent Variable

Scale		*N*	*Min.*	*Max.*	*M*	*SD*
Mental Health Knowledge/Skills	Early Career (≤ 5 years)	50	2.00	5.00	3.87	.66861
	Middle Career ($6-10$ years)	27	2.50	5.00	3.8148	.55726
	Late Career (≥ 11 years)	54	1.00	5.00	3.7130	.74354
	All Participants	131	1.00	5.00	3.7788	.60741
Mental Health Needs	Early Career (≤ 5 years)	50	3.36	5.00	4.2488	.42871
	Middle Career ($6-10$ years)	27	3.50	4.93	4.2322	.39671
	Late Career (≥ 11 years)	54	3.71	5.00	4.3263	.38314
	All Participants	131	3.36	5.00	4.2773	.40290

Assumption Testing

The data were examined for outliers before testing for assumptions. Three cases were identified from the casewise diagnostics table indicating an excess of three standard deviations from the mean. Two depersonalization scores and one personal accomplishment score had standard residual values more than three standard deviations from the mean and were removed from the dataset. Scores in other variables from the same participants were included. Only the violating scores were removed. After the examination and removal of outliers, I assessed whether the assumptions for multiple linear regression had been met. The assumptions of normality, linearity, and homoscedasticity were tested prior to analysis.

Normality. The assumptions of normality were tested by visual inspection of a normal probability plot. Residuals were normally distributed as assessed by the visual

inspection of a normal P-P plot. The P-P plots used to determine the normality of the study variables are presented in Figures 3 to 17.

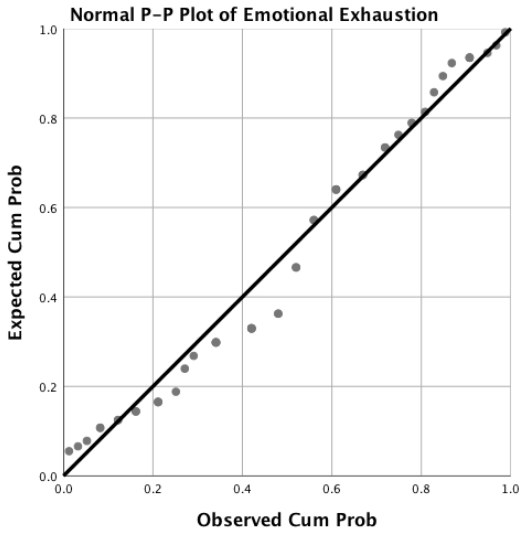

Figure 3. Normal probability plot of the standardized residuals for emotional exhaustion scores among early career counselors.

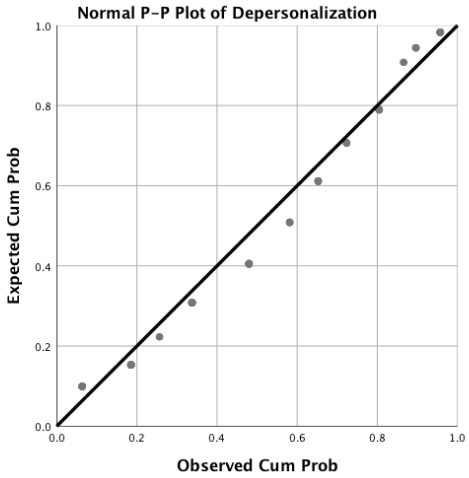

Figure 4. Normal probability plot of the standardized residuals for depersonalization scores among early career counselors.

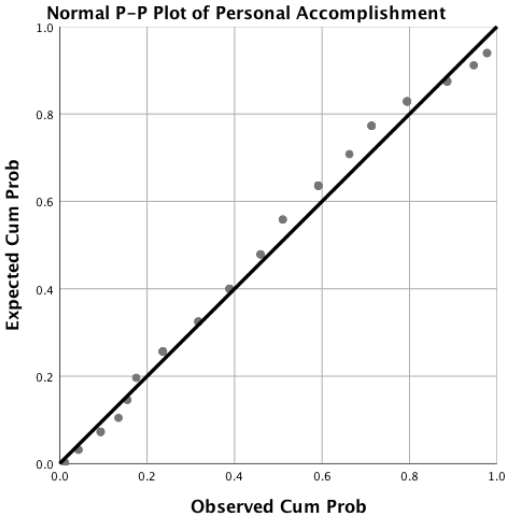

Figure 5. Normal probability plot of the standardized residuals for personal accomplishment scores among early career counselors.

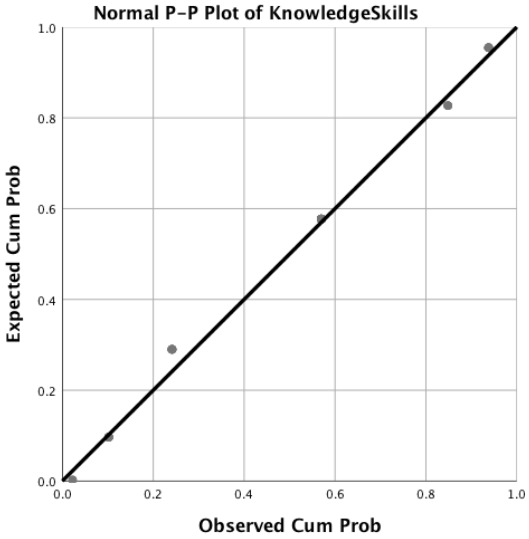

Figure 6. Normal probability plot of the standardized residuals for mental health knowledge and skills scores among early career counselors.

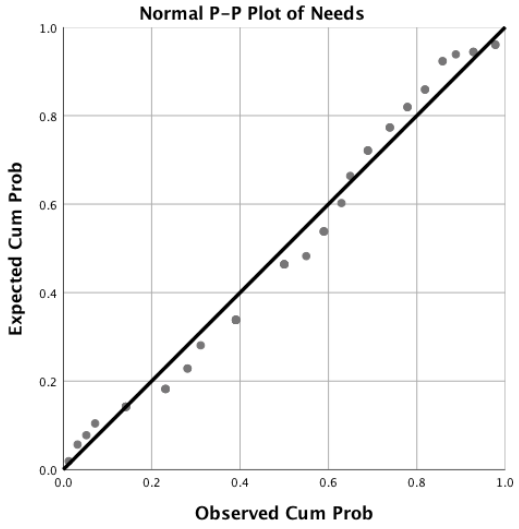

Figure 7. Normal probability plot of the standardized residuals for mental health needs scores among early career counselors.

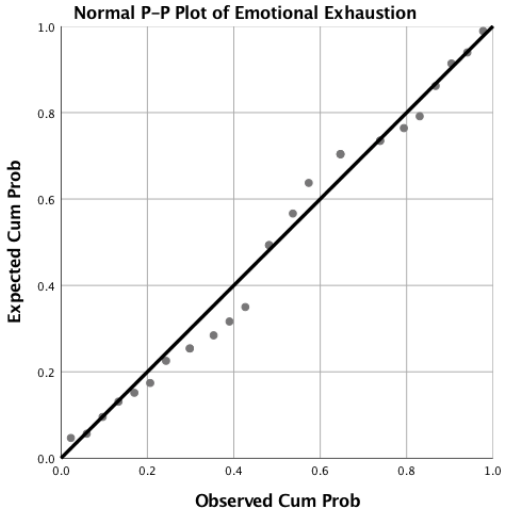

Figure 8. Normal probability plot of the standardized residuals for emotional exhaustion scores among middle career counselors.

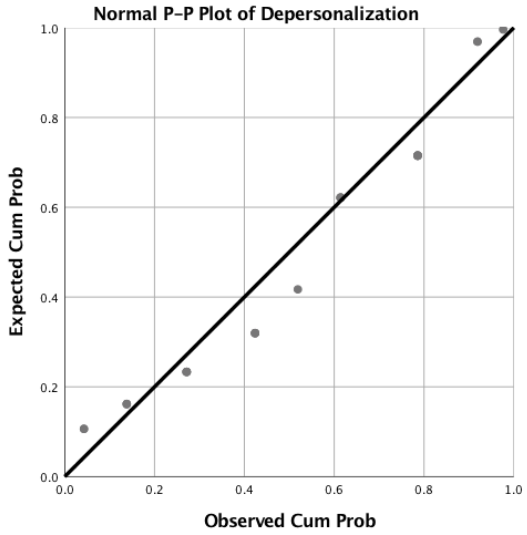

Figure 9. Normal probability plot of the standardized residuals for depersonalization scores among middle career counselors.

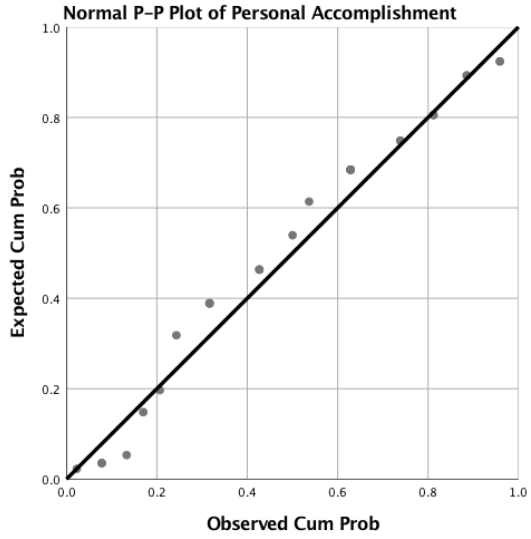

Figure 10. Normal probability plot of the standardized residuals for personal accomplishment scores among middle career counselors.

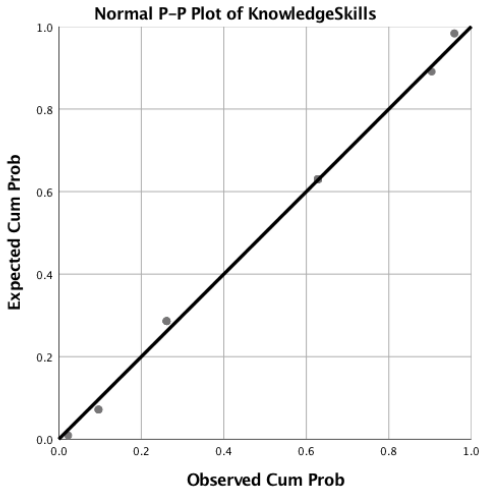

Figure 11. Normal probability plot of the standardized residuals for mental health knowledge and skills scores among middle career counselors.

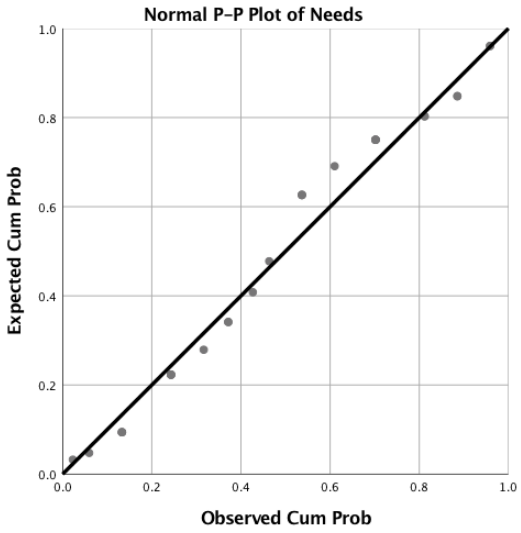

Figure 12. Normal probability plot of the standardized residuals for mental health needs scores among middle career counselors.

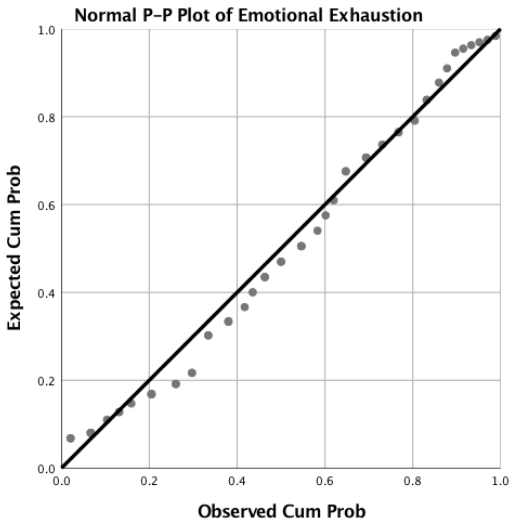

Figure 13. Normal probability plot of the standardized residuals for emotional exhaustion scores among late career counselors.

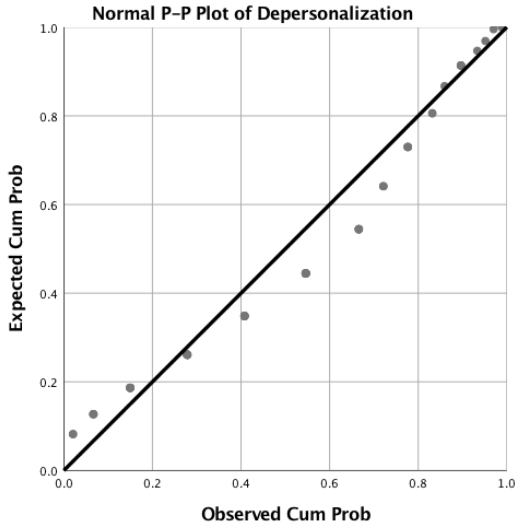

Figure 14. Normal probability plot of the standardized residuals for depersonalization scores among late career counselors.

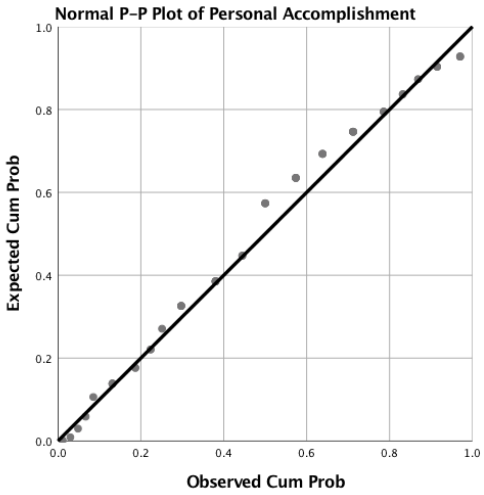

Figure 15. Normal probability plot of the standardized residuals for personal accomplishment scores among late career counselors.

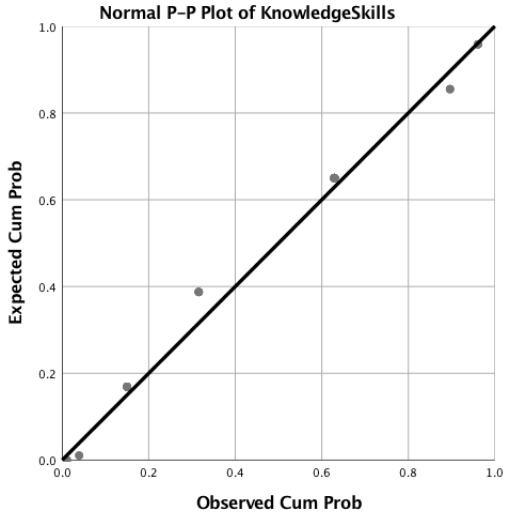

Figure 16. Normal probability plot of the standardized residuals for mental health knowledge and skills scores among late career counselors.

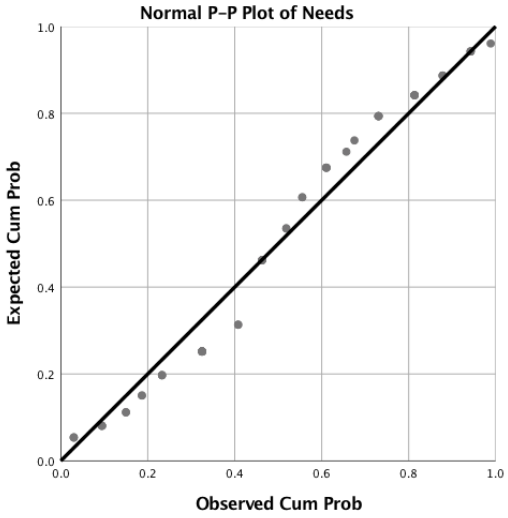

Figure 17. Normal probability plot of the standardized residuals for mental health needs scores among late career counselors.

Multicollinearity. To identify the presence of multicollinearity between the predictor variables in each of the regressions, tolerance and variance inflation factor (VIF) statistics were analyzed (Field, 2013). The commonly used cut-off value for determining the presence of multicollinearity is less than .10 for the tolerance value and above 10 for the VIF value (Pallant, 2013). All tolerance values were not below .10 and the VIF values were all around the value of 1 indicating that multicollinearity was not likely present. The VIF and tolerance values are presented in Table 4.

Table 4

Variance Inflation Factors and Tolerance Values

		Knowledge/Skills		*Needs*	
Burnout Subscale		*Tolerance*	*VIF*	*Tolerance*	*VIF*
Emotional Exhaustion	Early Career ($\leq$ 5 years)	.980	1.021	.980	1.021
	Middle Career ($6-10$ years)	.999	1.001	.999	1.001
	Late Career ($\geq$ 11 years)	.939	1.065	.939	1.065
	All Participants	.974	1.027	.974	1.027
Depersonalization	Early Career ($\leq$ 5 years)	.973	1.027	.973	1.027
	Middle Career ($6-10$ years)	.997	1.003	.997	1.003
	Late Career ($\geq$ 11 years)	.939	1.065	.939	1.065
	All Participants	.973	1.027	.973	1.027
Personal Accomplishment	Early Career ($\leq$ 5 years)	.979	1.022	.979	1.022
	Middle Career ($6-10$ years)	.999	1.001	.999	1.001
	Late Career ($\geq$ 11 years)	.939	1.065	.939	1.065
	All Participants	.973	1.028	.973	1.028

Linearity and homoscedasticity. The assumptions of linearity and homoscedasticity were assessed by examining scatterplots of the standardized predicted values by standardized residuals. A scatterplot was generated for each of the regressions used for the study hypotheses. Because points in the plots are scattered randomly above and below the horizontal line, assumptions of homoscedasticity was not violated. The scatterplots were also used to evaluate the linearity and normality assumptions. A curvilinear pattern in data points would indicate a violation of the assumption of linearity.

No curvilinear pattern is observed in the scatterplots indicating the linear assumption was satisfied. The scatterplots used to assess the assumptions of linearity and homoscedasticity are presented in Figures 18 to 26.

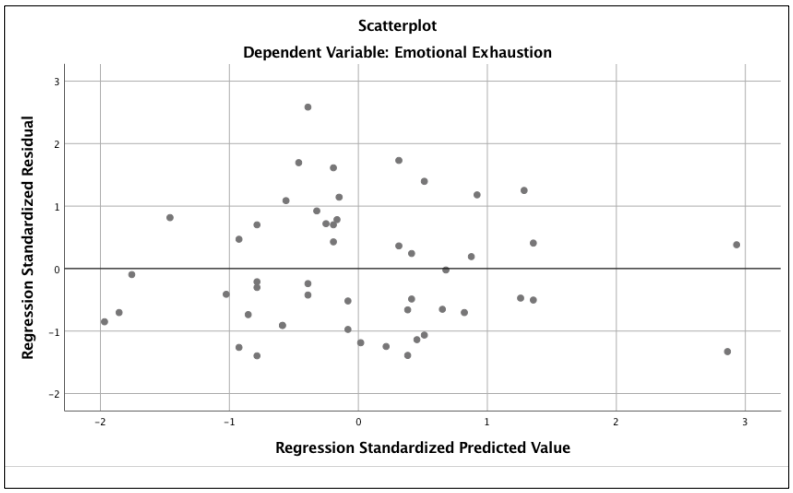

Figure 18. Scatterplot of early career counselor emotional exhaustion standardized residual values against the standardized predicted values.

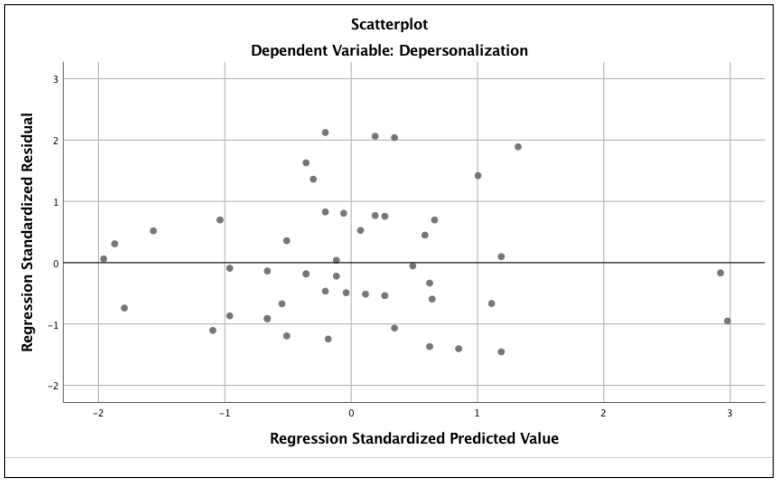

Figure 19. Scatterplot of early career counselor depersonalization standardized residual values against the standardized predicted values.

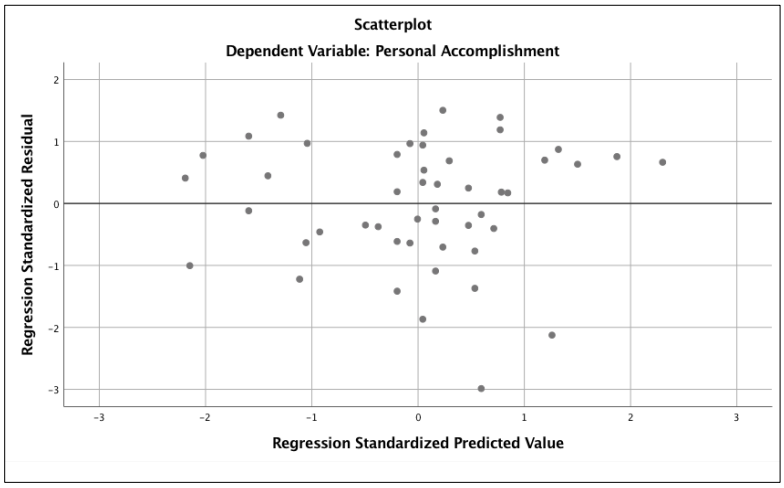

Figure 20. Scatterplot of early career counselor personal accomplishment standardized residual values against the standardized predicted values.

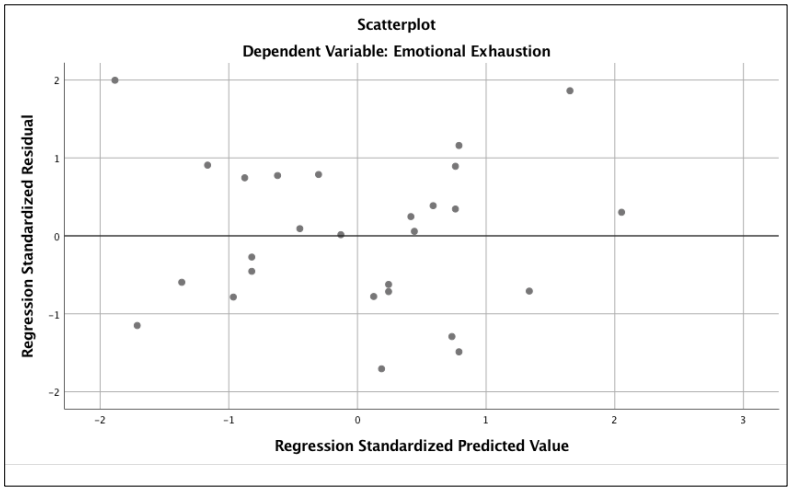

Figure 21. Scatterplot of middle career counselor personal emotional exhaustion standardized residual values against the standardized predicted values.

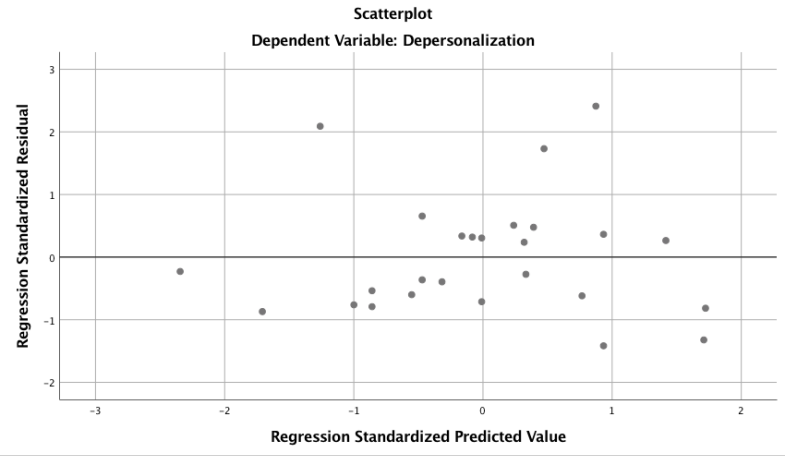

Figure 22. Scatterplot of middle career counselor depersonalization standardized residual values against the standardized predicted values.

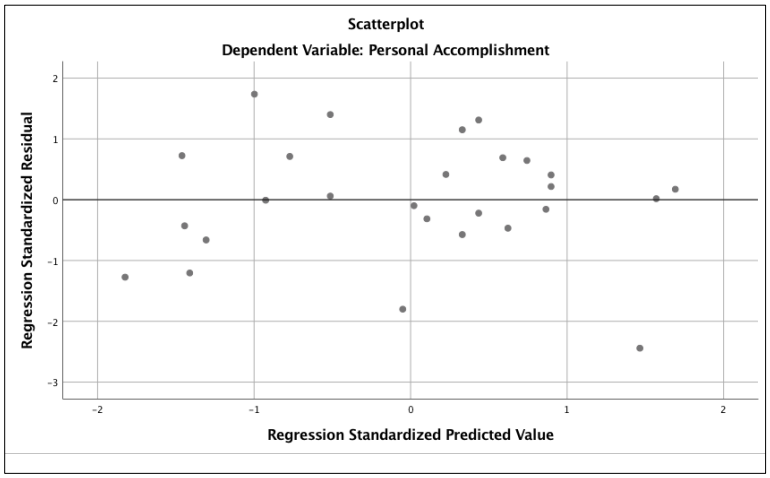

Figure 23. Scatterplot of middle career counselor personal accomplishment standardized residual values against the standardized predicted values.

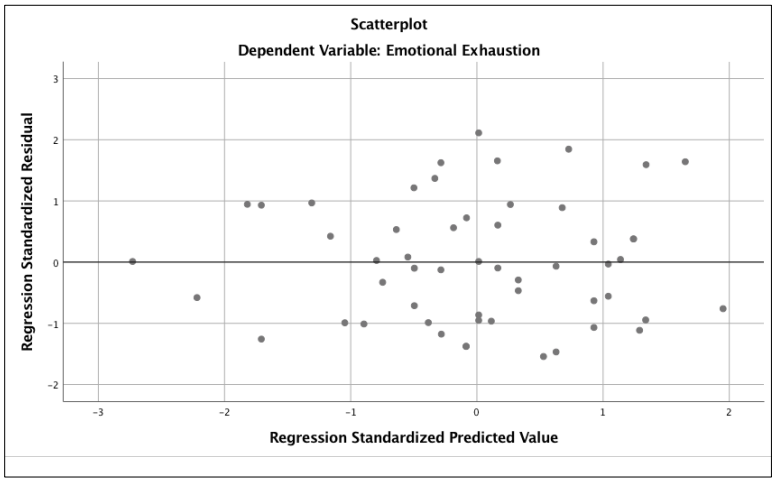

Figure 24. Scatterplot of late career counselor emotional exhaustion standardized residual values against the standardized predicted values.

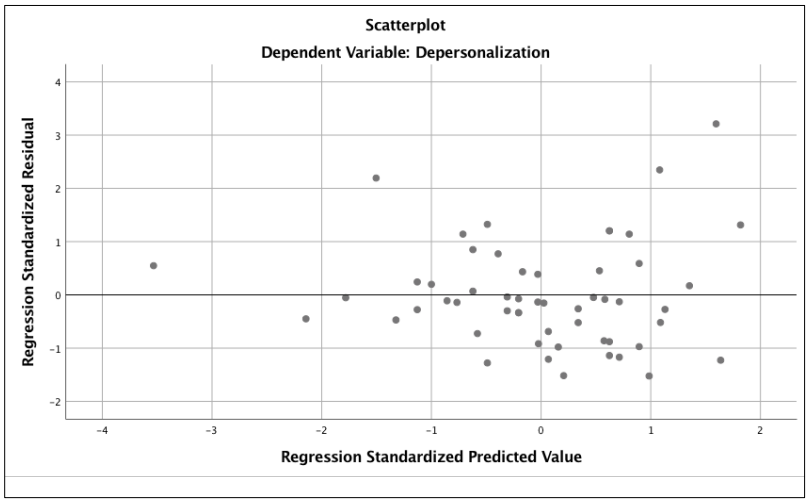

Figure 25. Scatterplot of late career counselor depersonalization standardized residual values against the standardized predicted values.

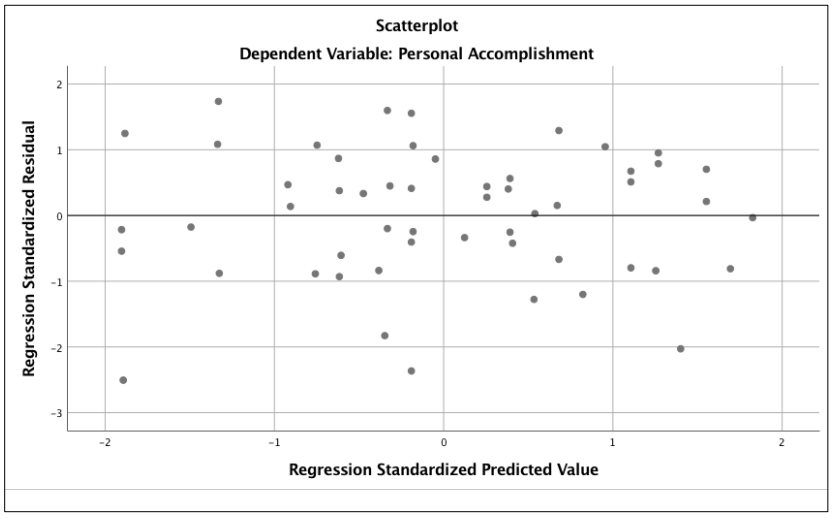

Figure 26. Scatterplot of late career counselor personal accomplishment standardized residual values against the standardized predicted values.

Regression Analysis and Results

Research Question 1: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among early career school counselors?

To address the research question, three multiple linear regressions were used to examine the predictive effect of mental health needs, knowledge, and skills on burnout among early career school counselors. Three multiple regressions were conducted for each of the subscales of the dependent variable burnout. The first multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict

emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among early career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 47) = 2.301$, $p = .111$, $R^2 = .089$), suggesting that mental health needs, knowledge, and skills do not significantly predict emotional exhaustion among early career counselors. The adjusted R square for the regression model was .05, which indicates mental health needs, knowledge, and skills explain 5% of the variance in emotional exhaustion. The p values for the independent variables ($p = .206$) and ($p = .136$) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall F test, the null hypothesis ($H_0$1a) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict emotional exhaustion among early career counselors. Results of the multiple linear regression are presented in Table 5.

Table 5

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Emotional Exhaustion Among Early Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	24.733	19.333		1.279	.207
Mental Health Needs	4.741	3.694	.181	1.283	.206
Mental Health Knowledge/Skills	-3.596	2.368	-.214	-1.518	.136

Note: $F(2, 47) = 2.301$, $p = .111$, $R^2 = .089$, *Adjusted* $R^2 = .050$
a. Dependent Variable: Emotional Exhaustion

The second multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among early career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 46) = 0.562$, $p = .574$, $R^2 = .024$), suggesting that mental health needs, knowledge, and skills do not significantly predict depersonalization among early career counselors. The *p* values for the independent variables ($p = .630$) and ($p =$

.399) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall *F* test, the null hypothesis ($H_0$1b) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict depersonalization among early career counselors. Results of the multiple linear regression are presented in Table 6.

Table 6

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Depersonalization Among Early Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	9.932	7.015		1.416	.164
Mental Health Needs	.647	1.333	.072	.485	.630
Mental Health Knowledge/Skills	-.714	.840	-.126	-.851	.399

Note: $F(2, 46) = .562$, $p = .574$, $R^2 = .024$, *Adjusted* $R^2 = -.019$
a. Dependent Variable: Depersonalization

The third multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

$H_1$1c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among early career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 46) = 1.070$, $p = .351$, $R^2 = .044$), suggesting that mental health needs, knowledge, and skills do not significantly predict personal accomplishment among early career counselors. The adjusted *R* square for the regression model was .003, which indicates mental health needs, knowledge, and skills explain 0.3% of the variance in personal accomplishment. The *p* values for the independent variables ($p = .594$) and ($p = .161$) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall *F* test, the null hypothesis ($H_0$1c) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict personal accomplishment among early career counselors. Results of the multiple linear regression are presented in Table 7.

Table 7

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Personal Accomplishment Among Early Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	38.492	8.810		4.369	.000
Mental Health Needs	.905	1.685	.078	.537	.594
Mental Health Knowledge/Skills	1.534	1.077	.208	1.424	.161

Note: $F(2, 46) = 1.070$, $p = .351$, $R^2 = .044$, *Adjusted* $R^2 = .003$
a. Dependent Variable: Personal Accomplishment

Research Question 2: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach

Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among middle career school counselors?

To address the research question, three multiple linear regressions were used to examine the predictive effect of mental health needs, knowledge, and skills on burnout among middle career school counselors. Three multiple regressions were conducted for each of the subscales of the dependent variable burnout. The first multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among middle career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 24) = .778$, $p = .471$, $R^2 = .061$), suggesting that mental health needs, knowledge, and skills do not significantly predict emotional exhaustion among middle career school counselors. The p values for the independent variables ($p = .233$) and ($p = .783$) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall F test, the null hypothesis ($H_0$2a) for the research question was

not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict emotional exhaustion among middle career school counselors. Results of the multiple linear regression are presented in Table 8.

Table 8

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Emotional Exhaustion Among Middle Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	11.236	26.963		.417	.681
Mental Health Needs	6.627	5.417	.242	1.223	.233
Mental Health Knowledge/Skills	-1.074	3.856	-.055	-.279	.783

Note: $F(2, 24) = .778$, $p = .471$, $R^2 = .061$, *Adjusted* $R^2 = -.017$
a. Dependent Variable: Emotional Exhaustion

The second multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among middle career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 23) = 0.535$, $p = .593$, $R^2 = .044$), suggesting that mental

health needs, knowledge, and skills do not significantly predict depersonalization among early career counselors. The *p* values for the independent variables (*p* = .403) and (*p* = .532) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall *F* test, the null hypothesis ($H_0$2b) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict depersonalization among middle career counselors. Results of the multiple linear regression are presented in Table 9.

Table 9

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Depersonalization Among Middle Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	14.054	10.137		1.386	.179
Mental Health Needs	-1.785	2.094	.174	-.852	.403
Mental Health Knowledge/Skills	.882	1.389	.130	.635	.532

Note: $F(2, 23) = .535$, $p = .593$, $R^2 = .044$, *Adjusted* $R^2 = -.039$
a. Dependent Variable: Depersonalization

The third multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

$H_1$2c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal

accomplishment, as measured by the MBI-ES instrument among middle career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 24) = 1.145$, $p = .335$, $R^2 = .087$), suggesting that mental health needs, knowledge, and skills do not significantly predict personal accomplishment among middle career counselors. The adjusted *R* square for the regression model was .011, which indicates mental health needs, knowledge, and skills explain 1.1% of the variance in personal accomplishment. The *p* values for the independent variables ($p = .198$) and ($p = .493$) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall *F* test, the null hypothesis ($H_0$2c) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict personal accomplishment among middle career counselors. Results of the multiple linear regression are presented in Table 10.

Table 10

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Personal Accomplishment Among Middle Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	28.138	12.853		2.189	.039
Mental Health Needs	3.416	2.582	.258	1.323	.198
Mental Health Knowledge/Skills	1.281	1.838	.136	.697	.493

Note: $F(2, 24) = 1.145$, $p = .335$, $R^2 = .087$, *Adjusted* $R^2 = .011$

a. Dependent Variable: Personal Accomplishment

Research Question 3: Do mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among late career school counselors?

To address the research question, three multiple linear regressions were used to examine the predictive effect of mental health needs, knowledge, and skills on burnout among late career school counselors. Three multiple regressions were conducted for each of the subscales of the dependent variable burnout. The first multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3a: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict emotional exhaustion, as measured by the MBI-ES instrument among late career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 51) = .431$, $p = .652$, $R^2 = .017$), suggesting that mental health needs, knowledge, and skills do not significantly predict emotional exhaustion among late career counselors. The p values for the independent variables ($p = .380$) and ($p = .625$) were greater than the alpha level of 0.05, indicating there was no significant

relationship between the independent and dependent variables. Due to non-significance of the overall *F* test, the null hypothesis ($H_0$3a) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict emotional exhaustion among late career counselors. Results of the multiple linear regression are presented in Table 11.

Table 11

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Emotional Exhaustion Among Late Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	16.707	21.808		.766	.447
Mental Health Needs	2.078	4.227	.070	.491	.625
Mental Health Knowledge/Skills	1.928	2.178	.127	.885	.380

Note: $F(2, 51) = .431$, $p = .652$, $R^2 = .017$, *Adjusted* $R^2 = -.022$
a. Dependent Variable: Emotional Exhaustion

The second multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict depersonalization, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3b: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict depersonalization, as measured by the MBI-ES instrument among late career school counselors

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 51) = 3.125$, $p = .052$, $R^2 = .109$), suggesting that mental health needs, knowledge, and skills do not significantly predict depersonalization among late career counselors. The adjusted *R* square for the regression model was .074, which indicates mental health needs, knowledge, and skills explain 7.4% of the variance in personal accomplishment. The *p* values for the independent variables ($p = .074$) and ($p = .236$) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall *F* test, the null hypothesis ($H_0$3b) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict depersonalization among late career counselors. Results of the multiple linear regression are presented in Table 12.

Table 12

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Depersonalization Among Late Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	11.969	7.336		1.632	.109
Mental Health Needs	-1.707	1.422	-.164	-1.200	.236
Mental Health Knowledge/Skills	1.339	.733	.249	1.827	.074

Note: $F(2, 51) = 3.125$, $p = .052$, $R^2 = .109$, *Adjusted* $R^2 = .074$
a. Dependent Variable: Depersonalization

The third multiple regression analysis was used to test the following null hypothesis, versus the alternative hypothesis:

$H_0$3c: Mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, do not predict personal

accomplishment, as measured by the MBI-ES instrument among late career school counselors.

$H_1$3c: Mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict personal accomplishment, as measured by the MBI-ES instrument among late career school counselors.

The results of the overall model of the multiple linear regression were not statistically significant, ($F(2, 51) = 2.408$, $p = .100$, $R^2 = .086$), suggesting that mental health needs, knowledge, and skills do not significantly predict personal accomplishment among late career counselors. The adjusted R square for the regression model was .050, which indicates mental health needs, knowledge, and skills explain 5% of the variance in personal accomplishment. The p values for the independent variables ($p = .076$) and ($p = .105$) were greater than the alpha level of 0.05, indicating there was no significant relationship between the independent and dependent variables. Due to non-significance of the overall F test, the null hypothesis ($H_0$3c) for the research question was not rejected, suggesting that mental health needs, knowledge, and skills do not, individually or in linear combination, adequately predict personal accomplishment among late career counselors. Results of the multiple linear regression are presented in Table 13.

Table 13

Multiple Linear Regression with Mental Health Knowledge, Skills, and Needs Predicting Personal Accomplishment Among Late Career School Counselors

Predictor	*B*	SE	B	*t*	*p*
(Constant)	22.809	11.687		1.952	.056
Mental Health Needs	3.740	2.265	.228	1.651	.105
Mental Health Knowledge/Skills	2.113	1.167	.250	1.810	.076

Note: $F(2, 51) = 2.408$, $p = .100$, $R^2 = .086$, *Adjusted* $R^2 = .050$

a. Dependent Variable: Personal Accomplishment

Summary

The purpose of this study was to examine the predictive relationship of mental health needs, mental health knowledge, and mental health skills as potential predictors of levels of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors. The results of the multiple linear regression tests led to the failure to reject of all null hypotheses and therefore did not provide sufficient evidence that mental health needs, knowledge, and skills predict any level of burnout for early, middle, and late career school counselors. In the next chapter, detailed interpretations of the findings, limitations of the study, and recommendations for further research will be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Over 50 million students attended elementary and secondary public schools across the United States (NCES, 2017). Of those, one in five have a mental health condition, and less than half will receive treatment or services (National Alliance of Mental Illness, 2017). Schools are often one of the first resources available for students with mental health needs (ASCA, 2015), which puts more demands on the school and the school counselors due to the steady rise in the number of children who needs mental health services (Freeman & Kendziora, 2017). School counselors' health and well-being are impacted by the amount of work they are responsible for. An estimated 30% of school counselors reported their workload was not manageable (O'Dea et al., 2017).

The purpose of this study was to examine the relationship among mental health needs, mental health knowledge, and mental health skills as potential predictors of levels of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors. Burnout was measured on three scales (emotional exhaustion, depersonalization, and personal accomplishment), using the MBI-ES (Maslach & Jackson, 1981) scores. Mental health knowledge, skills, and needs were measured using the Mental Health Needs and Practices in Schools Survey (Stormont et al. , 2011).

I collected data using an online survey, and the analysis was based on responses from school counselors who were identified as early, middle, and late career counselors based on years of experience. The final sample consisted of 131 school counselors. The

data collected were analyzed to answer whether mental health needs, mental health knowledge, and mental health skills, as measured by the Mental Health Needs and Practices in Schools Survey, predict burnout, as measured by each of the three subscales of the Maslach Burnout Inventory for Educators Survey (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors? Data were analyzed using descriptive statistics, and a multiple linear regression was conducted to determine whether there was a relationship between mental health needs, knowledge, and skills and each of the three subscales for burnout. Early, middle, and late career counselors were analyzed separately. The results of the multiple linear regressions for all three groups did not provide sufficient evidence that there was a relationship between mental health needs, knowledge, and skills and burnout. This chapter will present the interpretation and summary of the findings presented in Chapter 4. Limitations of the study, recommendations for further research, and implications for positive social change will be discussed.

Interpretation of the Findings

In this study, I explored variables related to mental health as factors of school counselor burnout. The research questions related to whether mental health needs, knowledge, and skills were predictors of each of the three subscales of burnout (emotional exhaustion, depersonalization, and personal accomplishment) among early, middle, and late career school counselors. Results were nonsignificant for mental health needs, knowledge, and skills, both individually and in linear combination, as predictors of

all three subscales of burnout (emotional exhaustion, depersonalization, and personal accomplishment).

Although there was no support for a statistically significant relationship between mental health needs and burnout, findings from this study do support the literature on several topics. First, descriptive statistics from this study for all three groups of school counselors reported the need for schools to address students' mental health needs. An interpretation of this finding suggests a need for schools to be involved in assisting students with mental health needs. The need to address mental health in schools confirms previous study findings from Ditmar (2014), who found that most respondents agreed that schools should be involved in addressing mental health. These findings are important because they further support students with mental health needs, which are increasing (Lockhart & Keys, 1998). This study supports the need to meet student mental health needs (Lean & Colucci, 2010) and emphasize mental health services in school counseling programs (Brown & Trusty, 2005).

Additionally, this study's results showed that all three groups by years of experience reported the need to address students' mental health as their role, in parallel with numerous other studies revealing the importance of such job duties. It has been suggested that school counselors have coexisting roles due to the increase in students with unmet mental health needs. This includes the role of a mental health professional (DeKruyf et al., 2013). Based on findings from this and previous studies, it is suggested to further examine school counselor roles and duties related to mental health with a greater focus on mental health needs in students.

Although there was no support for a statistically significant relationship between burnout and mental health knowledge and skills, descriptive statistics from this study suggest there is a lack of mental health knowledge and skills among school counselors. In the current study, slightly over half of school counselors reported they had the knowledge and skills to meet the mental health needs of students, which aligns with previous findings (Martin, 2002; Rones & Hoagwood, 2000; Walley & Grothaus, 2013). Walley and Grothaus (2013) found that participants reported the need for additional training in their counselor education program to increase skills to recognize and respond to mental health issues. Taken together, these results suggest a need for more training in school counselor programs that address mental health.

Further, although this study did not indicate mental health needs, knowledge, and skills to be predictors of burnout in school counselors, descriptive statistics from this study can confirm school counselors have high levels of burnout. The work of school counselors is comprised of extensive job duties and responsibilities, resulting in high levels of stress (Wilkerson & Billini, 2006). Ongoing experiences of stress can eventually lead to burnout. Much research has been conducted on factors that predict burnout in school counselors. Studies have shown nonguidance related tasks, caseload, principal support, noncounselor duties, personal attributes, years of experience, and responsibility for providing mental health resources to students have all been predictors of school counselor burnout (Bain et al., 2011; Bardhoshi et al., 2014; Limberg et al., 2016; Moyer, 2011; Mullen et al., 2017; Seçer et al., 2013). Findings in this study support the claim that school counselors are burnt out. Results indicated high burnout

levels in all three groups of experience level. All three groups reported high emotional exhaustion scores, moderate depersonalization scores, and low personal accomplishment scores. High burnout levels are the result of high emotional exhaustion scores, high depersonalization scores, and low personal accomplishment scores. In this study, large standard deviations for emotional exhaustion were similar for school counselor populations found in previous studies (Cail, 1993; Ellis, 2019; Lee, 2008; Willingham, 2009).

The theoretical framework for this study was based on two theories: the transactional theory of stress and coping (Lazarus & Folkman, 1984) and the burnout theory (Maslach, 1998). Both theories were useful to understand school counselor stress due to the demands of the profession and the relationship with burnout. Burnout theory predicts whether an individual will experience burnout by evaluating levels of emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is often the first reaction to job-related stress. This study reported high scores on emotional exhaustion, moderate scores on depersonalization, and low scores for personal accomplishment. Participants' high mean scores of emotional exhaustion, high moderate mean scores of depersonalization, and low mean scores of personal accomplishment contributed to burnout. Thus, the current study aligned with the burnout theory by using the definition of burnout and standards from the survey (Maslach, 1998).

The present study was also guided by the transactional model of stress (Lazarus & Folkman, 1984). The transactional model of stress provides an understanding of the relationship between an individual's work environment and work stress that could result

in burnout. The model states that a person will weigh demands against resources in a stressful situation. Stress is triggered if the demands outweigh perceived resources. The research questions in this study were designed to determine whether mental health needs, knowledge, and skills would represent demands that would overweigh school counselor resources and cause burnout. But the findings did not indicate that these variables outweigh resources and therefore did not result in a relationship to burnout.

In conclusion, this study provides support for the need of mental health services in school, the need for more knowledge and skills related to mental health for school counselors, and findings that school counselors are emotionally exhausted. This study did not provide enough evidence to prove that mental health needs, knowledge, and skills predict emotional exhaustion, depersonalization, and personal accomplishment for early, middle, and late career school counselors. This study has contributed to the gap in literature on mental health needs, knowledge, and skills in relation to burnout in school counselors. Although a relationship was not found, the current study must be considered with the limitations and further research is recommended.

Limitations of the Study

A limitation to this study was the use of convenience sampling. Although the sample was found to be representative of the school counselor field, the results cannot be easily generalizable. Results can only be generalized to school counselors who belong to the ASCA. Another limitation is the design of the instrument used to measure mental health needs, knowledge, and skills. The instrument used in this study to measure mental health needs, knowledge, and skills consisted of 42 questions. Several questions were

related to other issues such as behavior and were not used for analysis; therefore, participants' exhaustion may have affected how they responded. The nature of this study was also a limitation because the use of a multiple linear regression analysis can only make predictions, even though no relationship was found between the variables studied. Given these limitations, I have recommendations for future research.

Recommendations for Future Research

Based on the results found in this study, there are several recommendations that can be made to benefit school counselors who are working with students with mental health needs. As the topic of mental health in schools continues to gain attention within the education system, future researchers can explore how this may affect school counselors. Further research should include a larger random sample of school counselors to support a more accurate representation of the population. Future researchers should also consider sampling school counselors at the state level for more insight on state support regarding counselor resources related to mental health needs. Additionally, future research should include a better measure for mental health needs. A survey specifically addressing variables of mental health needs in schools is recommended. Information regarding more factors related to mental health in schools should be examined. Finally, as presented in Chapter 2, there is limited information about the relationship between school counselor perceptions of mental health needs and burnout. Although this study contributed to the lack of research regarding American school counselors and their relationship to mental health needs in schools, further research is recommended.

Implications for Positive Social Change

The role of the school counselor evolves with students' changing career, academic, social, emotional, and mental health needs (ASCA, 2012). There has been a steady rise in the number of children who need mental health services (Freeman & Kendziora, 2017). As the mental health needs of adolescents increases, there is pressure on schools to meet these needs (Perfecct & Morris, 2011). Meeting the needs of students and maintaining all job duties of school counseling can increase stress and lead to burnout. Past researchers have emphasized factors that are related to school counselor burnout. The nation continues to focus on the increase in mental health needs, and with the rising number of students in schools, it is important to keep exploring student mental health needs and school counselor burnout.

The results of this study have the potential to promote positive social change by contributing to the general understanding of mental health needs in schools and school counselor burnout. This understanding may raise awareness of student mental health needs to prevent burnout among counselors. Providing school counselors with knowledge to better prepare them early in their careers for challenges they may encounter and providing insight on the needs of mental health preparedness in school counselor training implies positive social change. The results of this study can also imply social change through further study.

Conclusion

This quantitative analysis was conducted to determine whether there was a statistically significant relationship between mental health needs, knowledge, and skills

and burnout (emotional exhaustion, depersonalization, and personal accomplishment) among school counselors. The predictor variables were investigated based on factors that had previously been found to cause burnout among school counselors and the increase in number of students with mental health needs. This study was conducted with the assumption there would be significant findings between the mental health predictors against the three subscales of burnout. However, findings from this study did not provide sufficient evidence to suggest that mental health needs, knowledge, and skills predict any subscale of burnout for early, middle, and late career school counselors. But further research with the suggested recommendations can help improve the understanding of mental health needs in schools in relation to burnout among school counselors.

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Appendix A: Permission Request to use the Mental Health Needs and Practices in Schools Survey

RE: Permission to Use Survey for my Dissertation
Reinke, Wendy <[redacted]>
Tue 9/4/2018 9:31 AM
To:

Sondra Junek <[redacted]>;

Stormont, Melissa <[redacted]>

1 attachments (414 KB)
Survey Spring2009.pdf;
Hi,
Please find the survey attached.
Best,
Wendy

From: Sondra Junek <[redacted]>
Sent: Monday, September 3, 2018 5:43 PM
To: Reinke, Wendy <[redacted]>; Stormont, Melissa <[redacted]>
Subject: Re: Permission to Use Survey for my Dissertation

Thank you for your quick reply. Could you provide me with a full version of the survey? All versions I am able to find online are "partial" views including the version on the psycTESTS database.

Sondra Junek, A00574154
Student, PhD in Psychology
Concentration: Educational Psychology
Cell Phone: [redacted]
Texas - Central Time Zone

From: Reinke, Wendy <[redacted]>
Sent: Monday, September 3, 2018 4:06:05 PM
To: Sondra Junek; Stormont, Melissa
Subject: RE: Permission to Use Survey for my Dissertation

Dear Sondra,
Please do use this survey. Best of luck with your dissertation.
Wendy

From: Sondra Junek <[redacted]>
Sent: Monday, September 3, 2018 1:34 PM
To: Stormont, Melissa <[redacted]>; Reinke, Wendy <[redacted]>
Subject: Permission to Use Survey for my Dissertation

Good Afternoon,

My name is Sondra Junek and I am a doctoral student at Walden University. This email is to ask for your permission to have access and use your "Mental Health Needs and Practices in Schools Survey" for my quantitative study. I will make sure to cite for creditability. If you have any questions for me, please let me know. I appreciate your time!

Sincerely,
Sondra Junek

Sondra Junek, A00574154
Student, PhD in Psychology
Concentration: Educational Psychology
Cell Phone: [redacted]
Texas - Central Time Zone

Appendix B: Maslach Burnout Inventory – Educators Survey

www.mindgarden.com

To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

Maslach Burnout Inventory forms: Human Services Survey, Human Services Survey for Medical Personnel, Educators Survey, General Survey, or General Survey for Students.

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument form may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

Citation of the instrument must include the applicable copyright statement listed below.
Sample Items:

MBI - Human Services Survey - MBI-HSS:
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some recipients.

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MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some patients.

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MBI - Educators Survey - MBI-ES:
I feel emotionally drained from my work.
I have accomplished many worthwhile things in this job.
I don't really care what happens to some students.

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Cont'd on next page

Appendix C: Mental Health Needs and Practices in Schools Survey

PsycTESTS®

doi: http://dx.doi.org/10.1037/t42673-000

Mental Health Needs and Practices in Schools Survey

Items
Roles for Supporting Children's Mental Health Needs
Screening for mental health problems
Implementing classroom behavioral interventions
Teaching social-emotional lessons
Conducting behavioral assessments
Monitoring student progress
Referring children and families to school-based services
Referring children and families to community-based services
Note . Likert scale for mean ratings: 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*)
Reasons Students With Mental Health Needs Fall Through the Cracks
Adequate parent support programs
Prevention programs for students with externalizing behavior
Prevention programs for students with internalizing behavior
Staff training and coaching
Early screening and prereferral programs
Ongoing monitoring for students with mental health needs
Early intervention programs
Implementation of existing programs as intended
Adequate crisis planning and support
Bullying programs
Administrative support
Note . A/SA = 4 (*agree*) or 5 (*strongly agree*); N = 3 (*neutral*); D/SD = 2 (*disagree*) or 1 (*strongly disagree*)
Teacher Reported Barriers for Supporting Mental Health Needs
Insufficient number of school mental health professionals
Lack of adequate training for dealing with children's mental health needs
Lack of funding for school-based mental health services
Stigma associated with receiving mental health services
Competing priorities taking precedence over mental health
Difficulty identifying children with mental health needs
Lack of coordinated services between schools and community
Lack of referral options in the community
Language and cultural barriers with culturally diverse students
Mental health issues are not considered a role of the school
Mental health problems do not exist and are just an excuse
Note. A/SA = 4 (*agree*) or 5 (*strongly agree*); N = 3 (*neutral*); D/SD = 2 (*disagree*) or 1 (*strongly disagree*)