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Vicarious Trauma and Elementary School Counselors

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Abstract

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by

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MA, Walden University, 2019

MA, Capella University, 2009

BS, Marshall University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Vicarious trauma has been a focus of scholars for many years and demonstrates that
vicarious trauma effects professional behaviorally, personally, and physiologically. This
quantitative cross-sectional study explored the relationship between vicarious trauma and
occupational exposure (caseload size) disrupting the cognitive structures of empathy,
control, and esteem. The theoretical framework for this study was the constructivist self-
development theory, which described how helping professionals develop vicarious
trauma after exposure to traumatic stories. The social cognitive theory was also used for
this study, explaining how elementary school counselors can increase their capacity for
empathizing through modeling and experiencing empathy from others. The study
explored predictive relationships through a regression analysis to determine if vicarious
trauma and occupational exposure disrupted the three cognitive structures of empathy,
control, and esteem. The study comprised 79 participants, females aged 35 to 44. Only 44
participants completed the entire survey, which can be attributed to survey fatigue. Thus,
the study was forced to be run under power. The results indicated that none of the
participants experienced a disruption in the cognitive structures of empathy, control, or
esteem due to experiencing vicarious trauma and occupational exposure (caseload size).
It is recommended that future researchers examine this phenomenon and population in
the form of qualitative interviews, focus groups, or case studies to further explore
vicarious trauma development within the field of elementary school counselors.

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Dedication

This dissertation is dedicated to my husband, Jeffrey Blaike Duduit, Jr., who has been a source of strength, support, patience, and motivation for me throughout this entire experience. I am truly blessed to have you as my partner in this dance called life. I also dedicate this dissertation to my three children, Jax, Hayden, and Reese, who continue to support, love, and encourage me throughout this process. I thank you guys for your never-ending support and love.

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I want to take a moment to give a special acknowledgment to my dissertation chair, Dr. Delinda Mercer; my second committee member, Dr. Kimberly Rynearson; and my University Researcher Review; Dr. Carolyn Davis, thank you for working with me and encouraging me as I went through this journey. Thank you for helping to prepare me to become the doctoral scholar that I became and being there throughout all the countless emails, phones calls, and check-ins. Thank you for uplifting me and providing me with the support I needed to complete this dissertation. To Dr. Mercer, thank you for challenging me to be a better researcher, taking a different approach to my study, and unconditionally encouraging me throughout this journey with kindness and humor. Dr. Rynearson, your kind words yet thorough and critical analysis helped me to be more concise and I thank you for that. I would also like to thank my mentor Dr. Earl Stump who supported me, guided me, and helped me see the light at the end of the tunnel. With your mentorship, I was able to see that anything is possible, your motivation and positivity helped me to complete this pivotal milestone in my academic and professional career, and I thank you.

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Chapter 1: Introduction to the Study

Introduction

Forty-seven percent of children in the United States have experienced at least one adverse childhood experience, such as abuse, neglect, death of a parent, natural disaster, or witnessing community violence (Price & Ellis, 2018). With the preponderance of adverse childhood experiences, mental health symptoms have become a critical public health issue in the United States (Price & Ellis, 2018). Thirty-five percent of children have experienced one adverse childhood experience by the time they begin kindergarten (Price & Ellis, 2018). Thus, the breadth of this epidemic is substantial for elementary school counselors who are at the forefront in helping children cope with adverse childhood experiences. Providing direct care to children who have experienced trauma can be a significant occupational hazard, thus increasing the elementary school counselor's likelihood of experiencing vicarious trauma (Elliott et al., 2018).

Vicarious trauma was coined by McCann and Pearlman (1990b) and described as a change in one's worldview occurring in helping professionals while working with individuals who have experienced trauma. The vicarious trauma literature lacks information regarding studies of vicarious trauma in elementary school counselors. A school counselor is defined as any teacher who possesses a master's degree in teaching or related field of education, has at least 2 years of teaching experience, and is certified as a school counselor (American School Counselor Association [ASCA], 2016. According to Newell and MacNeil (2010) and Pirelli and Maloney (2020), the best defense against the development of vicarious trauma is education, including understanding vicarious trauma

symptoms, risk factors of trauma, and self-care practices to manage vicarious trauma effectively. Thus, the results of the research study have the potential to increase school counselors' understanding and awareness of vicarious trauma as well as contribute information to increase protective factors.

This chapter includes the history and development of vicarious trauma, differences between this term and related concepts, and the theoretical framework for this study. Additionally, the study's nature, scope, and limitations and potential significance to the school counseling profession are discussed.

Background

McCann and Pearlman (1990b) defined vicarious trauma as reactions in a helping professional resulting from working with individuals with trauma involving graphic and disturbing events described by the client. Examples can include dreaming about the client's trauma experience, intrusive thoughts about the client's trauma story, feeling hopeless about the client, diminished joy towards things they once enjoyed, hypervigilance, and the inability to sleep (Barrington & Shakespeare-Finch, 2013; Hernandez-Wolfe et al., 2015; McCann & Pearlman, 1990b). The helping professional may also find themselves worrying about their clients, possessing difficulty discussing their feelings, rejecting physical and/or emotional closeness, isolating from others, developing a negative perception towards others, questioning their worldview, and experiencing a disruption in their ability to maintain a positive sense of self (Barrington & Shakespeare-Finch, 2013; Hernandez-Wolfe et al., 2015; McCann & Pearlman, 1990b). A helping professional can become vulnerable to the negative transformations

identified above, significantly affecting their lives, including disrupting their sense of safety, disrupting their ability to feel in control of their lives, and experiencing anxious thoughts, depressed mood, and loss of hope not only in themselves, but in mankind (Barrington & Shakespeare-Finch, 2013; McCann & Pearlman, 1990b).

Previously, the attention in trauma research focused on the impact of traumatic events on individuals who have experienced trauma firsthand instead of those who work with the victims and are exposed secondarily. Research on vicarious trauma has focused on the populations of counselors, social workers, and other professionals working in settings outside of public schools. Mental health professionals, trauma counselors, social workers, psychologists, and other helping professionals as well as physicians, first responders, nurses, and crisis support volunteers have all been examined thoroughly, yet research regarding elementary school counselors is lacking (Lanier & Carne, 2019; Lyuba et al., 2020; Pirelli et al., 2020; Tominaga et al., 2020).

School counselors provide professional services to the most defenseless population, children from early childhood to young adults who often have experienced substantial levels of trauma (Goodman-Scott et al., 2016). According to the U.S. Department of Health and Human Services (2018), 678,000 children were victims of maltreatment, of whom 60.8% of victims were neglected, 10.7% were physically abused, and 7.0% were sexually abused. More than 15% were victims of two or more types of abuse (U.S. Department of Health and Human Services, 2018). With the increase in childhood trauma, elementary school counselors have found themselves fulfilling

multiple roles, thus increasing their stress and likelihood of experiencing vicarious trauma (Parker & Henfield, 2012).

Problem Statement

The strong relationship found between counseling individuals who have experienced trauma and the development of vicarious trauma is apparent (Cohen & Collens, 2013; Lainer & Carme, 2019; Parker & Henfield, 2012). Furthermore, the development of vicarious trauma in the helping profession has been found to cause long and short-term levels of distress (Cohen & Collens, 2013; Lainer & Carme, 2019). For example, long and short-term levels of distress as noted above include physical and emotional problems as well as disruption in the cognitive structures of control, esteem, and empathy (Cohen & Collens, 2013; Lainer & Carme, 2019). The intellectual changes in the helping professional's internal and external frame of reference with their sense of self, the world view of personal safety, trust and intimacy difficulties (Dombo & Gray, 2013; McCann & Pearlman, 1990b), sense of helplessness, loss of feeling personal control, and freedom are the potential effects of vicarious trauma and its effects on the cognitive structures (Cohen & Collens, 2013). Although research on vicarious trauma has been studied in the fields of social work, mental health counseling, and among psychologists, research explicitly examining vicarious trauma in elementary school counselors is absent. Therefore, further research is warranted to explore the effects of vicarious trauma on elementary school counselors.

Current research has provided significant evidence identifying the impact of trauma development and the possibility of trauma being educationally disruptive to

students in the classroom (Ahler et al., 2016). Educational disruption includes "acting out cycles" of the student which are related to the fight, flight, and freeze response of the student who has been traumatized (Thomas et al., 2019). Forty-eight percent of youth have experienced trauma during childhood; given that these children spend a vast majority of their time in the school environment, elementary school counselors are one of the primary professionals to work with each child who is impacted by trauma (Keller-Dupree, 2013; U.S. Department of Health and Human Services, 2018). Being the first counseling professional with whom the traumatized student comes into contact, elementary school counselors are likely at increased risk to internalize students' emotions associated with traumatic events (Parker & Henfield, 2012).

Purpose of the Study

The purpose of the quantitative research study is to explore the relationship between vicarious trauma, occupational exposure (i.e., caseload size), and the disruption in the cognitive structures of control, esteem, and empathy. For this study, school counselors included professional disciplines that make up school counselors, including anyone who possesses a master's degree in school counseling, licensed counselors, and social workers. There is a need to explore this area to better understand the effects of trauma exposure on elementary school counselors. Research is needed to identify how vicarious trauma and caseload size related to school counselors' cognitive structures. Further research on vicarious trauma and elementary school counselors can help counselors manage vicarious trauma (Chung & Shakra, 2020) and educate elementary

school counselors on their risk of developing vicarious trauma and resiliency factors to protect their mental health.

Research Questions and Hypotheses

Research question (RQ)1: Can vicarious trauma and occupational exposure predict disruption in elementary school counselors' cognitive structure of control?

Null Hypothesis (H01): Based on objective ratings on the Trauma and Attachment Belief Scale (TABS) and the Desirability of Control Scale (DCS), vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of control.

Alternative Hypothesis (*Ha1*): Based on objective ratings of the TABS and DCS by elementary school guidance counselors, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of control.

RQ2: Can vicarious trauma and occupational exposure predict disruption in elementary school counselors' cognitive structure of empathy?

H02: Based on objective ratings of the TABS and the Toronto Empathy Questionnaire (TEQ), vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of empathy.

Ha2: Based on objective ratings of the TABS and the TEQ, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of empathy.

RQ3: Can vicarious trauma and occupational exposure predict disruption in the cognitive structure of esteem of elementary school guidance counselors?

H03: Based on objective ratings of the TABS and the Rosenberg Self-Esteem Scale (RSES), vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of esteem.

Ha3: Based on objective ratings of the TABS and the RSES, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of esteem.

Nature of the Study

This study is utilizing a quantitative inquiry into the phenomenon of vicarious trauma and occupational exposure (caseload size) of elementary school counselors by using linear multiple regression analysis. I sought to conclude if vicarious trauma and occupational exposure (caseload size) disrupt elementary school counselors' cognitive structures of control, empathy, and esteem. The regression analysis indicated the extent and severity to which the vicarious trauma and occupational exposure (caseload size) experienced by elementary school guidance counselors disrupts their cognitive structures of control, empathy, and esteem. A power analysis was conducted for this study, which found that 74 participants minimum were necessary.

Definitions:

To understand the focus of this study, it is important that I define several key terms because these terms may not be widely acknowledged or accepted by all people.

Adverse childhood experiences (ACES): This term is used to describe all types of abuse, neglect, and other potentially traumatic experiences that happen to people under the age of 18 (Price & Ellis, 2018). Adverse childhood experiences have been linked to

dangerous health behaviors, chronic health conditions, low life potential, and early death (Price & Ellis, 2018).

American School Counselor Association (ASCA): A professional organization providing support and professional development for school counselors (ASCA, 2017).

ASCA National Standards: A set of standards that are intended to guide school counselors in the development of comprehensive school counseling programs, focusing on the academic, social/emotional development, and career domains (ASCA, 2004).

Certified school counselor: An individual with a master's degree in school counseling with 2 years of teaching experience and who is certified by their state department of education to work as a school counselor (ASCA, 2015).

Occupational exposure: The caseload size of elementary school counselor's student ratio.

Assumptions

Teitcher et al. (2015) recognized online surveying as having multiple positive and negative results. First online surveys offer anonymity that permits more accurate responses (Teitcher et al., 2015). Next incidents of individuals attempting to skew the data through numerous entries have occurred (Teitcher et al., 2015). In this study, I assume that all participants would answer the online survey questions truthfully and without manipulating the data. Furthermore, I assume that participants would complete the questionnaires only one time. The data were analyzed to detect potential outliers or inconsistencies. Lastly, I assume the instruments would measure the variables correctly and were reliable and valid when used for this study.

Scope and Delimitations

The research sample used was limited to individuals living within the United States who were at least 18 years old, spoke English, and were elementary school counselors. The participants were recruited through email and Survey Monkey.

Limitations, Challenges, and Barriers

Several limitations of the study are considered when interpreting the results and planning for future research. The results of this research are not generalizable to all school counselors in the nation due to the purposive, convenience sampling method. The instruments used in this survey are considered valid and reliable; however, the instruments relied on participants' self-reporting. The study design was a cross-sectional survey; therefore, there are no comparison groups or randomization, reducing the study's generalizability (see Creswell, 2012). Finally, the study involved the participation of elementary school counselors. Thus, the potential limitations included honesty, the accuracy of self-reporting, the time of year the study was conducted regarding the school calendar, and whether the information gathered from the instruments could answer the research questions. I am employing a random sampling of elementary school counselors in each district to participate in the survey. Survey monkey and email are being used to gather data for this study. The variables I examined are defined and measured using empirically validated instruments in this study. This could increase the quality of results and allow for replication of this study using statistical analysis.

Significance

The study addresses the research gap on vicarious trauma and occupational exposure (caseload size) among elementary school counselors by exploring the relationship between vicarious trauma and occupational exposure (caseload size) and the disruption in the cognitive structures of control, esteem, and empathy. Researchers have presented, identified, defined, and clarified the topic of vicarious trauma and caseload exposure and have explored specific populations, including mental health counselors, psychologists, and social workers. However, an in-depth examination of vicarious trauma regarding elementary school counselors was lacking. Further research will provide information that will identify, clarify, and explore the magnitude of vicarious trauma affecting the elementary school counselor personally and professionally. Further research will also provide a greater understanding of any interruption in the school counselor's ability to work effectively with each student based on the disruption of the cognitive structures of control, empathy, and esteem (Chung & Shakra, 2020; Hayes et al., 2012).

An open discussion regarding vicarious trauma and its effects on elementary school counselors can promote positive social change by helping each counselor understand vicarious trauma, cope with vicarious trauma, and identify strategies to avoid interruption in their abilities to work effectively with the child. This study can highlight the importance of coping with vicarious trauma and creating resiliency through identifying any disruption of the cognitive structures of control, esteem, and empathy. The discussion regarding vicarious trauma can provide an open dialogue among practicing professionals and help introduce training modules to help combat vicarious

trauma for elementary school counselors and other practicing professionals. The discussion can also promote further research into vicarious trauma and elementary school counselors.

Summary

Examining vicarious trauma exposure of elementary school counselors is needed to identify how vicarious trauma and occupational exposure (caseload size) relate to school counselors' cognitive structures. Further research on vicarious trauma and occupational exposure (caseload size) of elementary school counselors can help promote an increase in knowledge of vicarious trauma and its effects on this specific population. Lastly, it can provide helpful information to educate elementary school counselors about the risk of developing vicarious trauma and resiliency factors to protect their mental health.

Chapter 2, the literature review, expands on the information provided in the introduction. An extensive literature review examines the theoretical framework (constructivist self-development theory and social learning theory), the predictor variables of vicarious trauma and occupational exposure (caseload size), and the outcome variables of the cognitive structures of control, empathy, and esteem. The literature review is being used to define vicarious trauma, explore its effects on the helping professionals, including school counselors, and explore the magnitude of this phenomenon.

Chapter 2: Literature Review

Introduction

Childhood trauma is highly prevalent and a significant public health problem in the United States (Fondren et al., 2020). Recent population-based estimates have suggested that two-thirds of children in the United States experience at least one traumatic event before age 16, with 674,000 children maltreated in 2017 (Fondren et al., 2020; United States Department of Health and Human Services, 2019). Most school counselors will work with individuals who have suffered trauma (Van Der Kolk, 2014). However, this type of work has the potential to disrupt beliefs, expectations, and assumptions about the self, others, and the school counselor's world (Pearlman & Saakvitine, 1995). Vicarious trauma is a term coined by McCann and Pearlman (1990b) describing a change in the school counselor's worldview occurring through helping students who have experienced trauma. Thus, vicarious trauma can result from being exposed to the stories of the students who have experienced pain, anxiety, and terror associated with a traumatic event (McCann & Pearlman, 1990b; Pearlman & Saakvtine, 1995).

Vicarious trauma, defined by McCann and Pearlman (1990b), is the emotional residue of exposure to working, hearing, and witnessing traumatic events of the survivor. According to Barrington and Shakespeare-Finch (2013), the psychological effects of trauma can extend further than those directly impacted, resulting in a disruption in the helping professional's empathic abilities while reducing their clinical effectiveness. School counselors may experience symptoms like those traumatized, including cognitive

shifts and disturbances in identity, self-perception, spirituality, and worldview (Aparicio et al., 2013; Pearlman & Saakvitine, 1995). Vicarious traumatization is exemplified by cognitive and affective distress following the cumulative exposure and continuous discussion of the negative stories causing a negative shift in cognitive schemas (Pearlman & Saakvitne, 1995).

Baum (2016) examined the potential gender differences in mental health professionals who work with clients who have experienced trauma. Baum (2016) found that any mental health professional who works with clients who have experienced trauma is at risk of developing vicarious trauma, and male and female are equally susceptible to developing vicarious trauma. Ben-Porat and Itzhaky (2009) examined not only gender but also the negative and positive implications for a therapist working with victims of family violence. They found that the client's continuous exposure to trauma stories "infects" the listener, whereby the therapist will begin to experience symptoms similar to posttraumatic stress disorder (PTSD).

According to the Diagnostic and Statistical Manual-V (DSM-V), Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that develops in relation to an event that creates psychological trauma in response to actual or threatened death, serious injury, or sexual violation (American Psychological Association 2013). The exposure involves directly experiencing the event, witnessing the event in person, learning of the actual or threatened death of a close family member or friend, or repeated first-hand exposure to the details of the event (APA, 2013). PTSD symptoms may include nightmares, flashbacks, sleep disturbances, mood disorders, suicidal ideations, avoidance behaviors,

and hyper-arousal in response to trauma-related stimuli (APA, 2013). Hyper-arousal may include an increase in blood pressure, heart rate, hyperventilating, mood swings, fatigue, insomnia, concentration difficulties, and an increase in ager (APA, 2013). Thus, Ben-Porat and Itzhaky (2009) conclude that the constant exposure of the therapist who witnesses firsthand trauma stories increases symptoms of PTSD.

Lanier and Carney (2019) examined 220 counselors who worked with trauma victims and found that and 50% of the participants in the study endorsed vicarious trauma symptoms, with cognitive reflection about patients outside of work as the most frequent symptom. Additionally, an increase in PTSD symptoms was displayed, including increased hypervigilance, anxiety, and flashbacks (Lainer & Carney, 2012). Early career female psychologists are more vulnerable to vicarious trauma due to challenging work environments, including lack of support from direct supervisors, caseload size, and lack of self-care (O'Shaughnessy & Burns, 2016). For example, the early-career female psychologist has been found to be impacted by details of trauma stories of the client due to empathetic engagements (O'Shaughnessy & Burns, 2016). The lack of self-care of the female psychologist, lack of support from direct clinical supervisors, and large caseload sizes exacerbate the vicarious symptoms of the female psychologists (O'Shaughnessy & Burns, 2016).

Not only are psychologists and mental health counselors at an increased risk while working with trauma victims but nurses also are at an amplified risk. According to Flarity et al. (2013), nurses are responsible for evaluating and caring for patients during the beginning phases of trauma; thus, nurses work in an atmosphere that can be traumatic,

just as psychologists, mental health counselors, and social workers. Greater levels of contact with traumatized patients are a predictor of vicarious trauma; therefore, the helping professionals of counselors, psychologists, social workers, and nurses are at a greater risk of developing vicarious trauma (Devilly et al., 2009). Nursing requires an empathetic engagement within a therapeutic relationship to ensure the delivery of compassionate care (Isobel & Thomas, 2021). Empathetic engagement with persons who have experienced trauma has been found to potentially cause one to experience vicarious trauma (Isobel & Thomas, 2021). Thus, according to Isobel and Thomas (2021), vicarious trauma is a workplace hazard for nurses working across multiple settings. For example, Yaakubov et al. (2020) found that 38% of oncology nurses displayed secondary traumatic stress, as did 25% of intensive care nurses, and 35% of nurse midwives. In other words, nurses are greatly affected by vicarious trauma.

Teachers are also at an increased risk of developing vicarious trauma in the classroom (Caringi et al., 2015; Essary et al., 2020). For example, Caringi et al. (2015) completed a qualitative study examining vicarious trauma and found that 75% of teachers indicated thoughts or plans to change careers, retire, or transition to another school due to working with trauma-affected youth. According to a 2019 study, 78% of PreK-adult educators suffered from ongoing physical, psychological, and behavioral stress symptoms due to trauma in the classroom, which mimicked PTSD symptoms (Essary et al., 2020). Essary et al. (2020) confirm that PreK through third-grade teachers possessed high levels of guilt, concentration difficulties, and increased stress due to students' trauma. Increased exposure of school teachers to students with PTSD was found to increase their

vulnerability to secondary traumatic stress symptoms (Essary et al., 2020). Therefore, larger student groups can increase the probability of exposure and pose great concern for teachers' well-being (Essary et al., 2020).

Researchers have identified that vicarious trauma is a "public health issue threatening workforce stability" (Molnar et al., 2017, p. 136). As interest in this phenomenon has increased, several fields in the workplace have acknowledged the occupational hazard of delivering services to traumatized individuals. For example, Middleton and Potter (2015) reviewed a study involving 1,192 children's protective service workers and found that 33% of children's protective service workers reported experiencing vicarious trauma symptoms, including harmful effects on interpersonal functioning and their ability to engage warmly with others. This study revealed a statistically significant connection between vicarious trauma and workers' intent to leave their company (Middleton & Potter, 2015).

Similarly, Maguire and Byrne (2017) found that therapists who provide counseling services to trauma patients are at an increased risk of integrating the traumatic session content into their own mental and emotional schemas. Moreover, Brockhouse et al. (2011) found that recurrent contact with a client's trauma can leave a counselor with altered and challenged beliefs about themselves and the world around them. In another study, Brend et al. (2020) stated that 29% of mental health professionals helping trauma patients had met the diagnostic criteria for PTSD, which indicates this specific helping profession as an occupational danger.

Research on vicarious trauma has increased in the last few years and has included examining its impact on various helping professionals, social workers, mental health workers, crisis support volunteers, nurses, medical doctors, psychologists, trauma therapists, and teachers (Aparicio et al., 2013; Caringi et al., 2015; Caringi et al., 2017; Gunduz, 2012; Halevi & Idisis, 2017; Hernandez-Wolfe et al., 2015). However, few studies have focused on an in-depth examination of vicarious trauma regarding elementary school counselors. Thus, further research could provide information that could identify, clarify, and explore the magnitude of cognitive disruption of the elementary school counselor due to the experience of vicarious trauma and occupational exposure (caseload size).

School counselors meet students' academic, career, social, and emotional needs through comprehensive school counseling organizations such as the American School Counselors Association (Goodman-Scott et al., 2016). The ASCA helps school counselors develop programs to facilitate data-driven, student-focused, preventative services for preschool to 12th-grade students (Goodman-Scott et al., 2016). Elementary school counselors emphasize delivering classroom lessons and curriculum, counseling interventions to students, and school counseling program coordination and management activities (Goodman-Scott et al., 2016). Thus, elementary school counselors are at high risk of exposure to secondary traumatic experiences described by students through counseling interventions and being the first line of interaction with a child entering elementary school. Addressing the risks of working with students who have experienced trauma demands attention for the elementary school counselor and opens the possibility

of elementary school counselors being affected by vicarious trauma (Branson, 2019 Elliott et al., 2018; Gunduz, 2012; King-White, 2019; Makadia et al., 2017).

This chapter includes information concerning the scope of literature, search strategy, database, and engines used to gather vicarious trauma sources. The theoretical foundation applied to this study is described in detail, including a rationale for its use and an analysis of how the two theories have been previously applied in ways like the current study. Key concepts and definitions are provided, and summaries of the findings of seminal researchers in the development and application of vicarious trauma. Additionally, literature is presented related to the selection of variables, research questions', and what remains to be studied.

Literature Search Strategy

I used the EBSCOHost search engine to identify full-text articles in databases such as PsychINFO, PsyArticles, SocINDEX, ERIC, and Academic Search Complete. In addition, I used Google Scholar, the *Mental Measurements Yearbook,* PsychBooks, the Diagnostic and Statistical Manual of Mental Disorders, books, and dissertations. Finally, I used the internet to access professional organizations, school district counselor and research department information, and the U.S. Department of Education. The key terms I used in my search included *vicarious trauma, vicarious traumatization, vicarious experience, secondary traumatic stress, constructivist self-development theory, trauma, childhood trauma, school guidance counselor, elementary school counselor, cognitive disruption, differentiation of self, adverse childhood experiences, occupational exposure,* and *personal history of trauma.*

Results of my searches over the past 3 years have yielded an abundance of articles on the topic of vicarious trauma, occupational exposure, as well as its impact on helping professions, including physicians, nurses, teachers, first responders, social workers, mental health counselors, clinicians, volunteers, and school counselors. However, I focused elementary school counselors in the public-school setting as there is paucity of research on this population (see Chung et al., 2020; Hayes et al., 2012).

Theoretical Framework: Constructivist Self-Development Theory

Constructivist self-development theory (CSDT) represents one theoretical perspective that has been of great utility in exploring stress and trauma (McCann & Pearlman, 1990b). CSDT is a combination of modern psychoanalytic theories, self-psychology, object relations theory, and social cognition theories that define a developmental structure for understanding the perceptions of vicarious trauma. CSDT is defined as the "unique impact of trauma arising from an interaction of aspects of events that are psychologically meaningful to the individual with aspects of the individual, including their psychological resources, defenses, and needs" (Pearlman, 1998, p. 8). As a result, individuals can experience distortions in their psychological needs regarding safety, esteem, intimacy, trust, and control (Miller et al., 2010; Pearlman, 1998). When distortions are experienced, individuals then create and construct their realities, thus, in turn, shaping feelings and behaviors (McCann & Pearlman, 1990b). Therefore, individuals construct their reality through cognitive structures used to interpret events (McCann & Pearlman, 1990b).

Trauma can disrupt the school counselors' cognitive structures in five fundamental areas, including safety (feeling safe), trust/dependency (being able to depend on and trust others along with oneself), esteem (feeling valued by others and oneself), control (need to manage one's feelings as well as behaviors), and intimacy (feeling connected to others as well as oneself; McCann & Pearlman, 1990b). Changes in cognitive schemas can be subtle or apparent, leading to unfounded beliefs and heightened levels of distress (McCann & Pearlman, 1990b). Changes in these cognitive schemas of the elementary school counselors' rationale resulting from working with students who have experienced trauma can influence and disrupt their need to feel safe from harm, distrust in others or themselves, the need to feel valued or respected, and the need to feel connected to others and themselves (McCann & Pearlman, 1992). Therefore, traumatic events can affect self-development and prompt the working professional to question humankind (Pearlman & Saakvitne, 1995; Pearlman, 1998).

The concept of self involves self-capacities, frame of reference, and ego resources (Pearlman & Saakvitne, 1998; Saakvitne, 1998). For example, self-capacities are defined as the ability to tolerate strong affect and regulate self-esteem, including possessing the capacity to recognize, tolerate, and maintain an inner human connection with the self and others (Pearlman & Saakvitne, 1998; Saakvitne, 1998). The frame of reference is classified as one's identity and worldview (Pearlman & Saakvitne, 1998; Saakvitne, 1998). Ego resources involve self-observing and using cognitive and social skills to maintain relationships and protect oneself (Pearlman & Saakvitne, 1998; Saakvitne, 1998). Thus, according to the CSDT, these three aspects of self are affected by vicarious

trauma and its interaction between the helping professional and the patient, disrupting the cognitive schemas of trust, empathy, and esteem (Pearlman & Saakvitne, 1998; Saakvitne, 1998).

Interaction of the helping professional has been found to cause disruptions in the helping professional's life; thus, it is proposed that the elementary school counselors who are engaged with the trauma stories of the students will disrupt the individual beliefs and cognitive schemas, which affect the meaning and perception of their world (McCann & Pearlman, 1990a). An increase in trauma-related variables, including occupational exposure (i.e., caseload), has also been found to increase the likelihood of helping professionals to experience vicarious trauma (Hensel et al., 2015; Iliffe & Steed, 2000; Kanno & Giddings, 2017). The elementary school counselor must integrate the event and its context and consequences into their existing beliefs about the self and others (McCann & Pearlman, 1990a; Pearlman & Saakvitne, 1998; Saakvitne, 1998). Therefore, the event must then be incorporated into one's frame of reference of who they are and what they believe, specifically: Is my world safe? Whom can I trust? Do I have control?

Each cognitive schema in CSDT represents a psychological need of the elementary school counselors concerning oneself and others (Baird & Kracen, 2006). The first schema is safety, which is a concept that is central to all elementary school counselors and human beings. Elementary school counselors are trained and required to keep all children safe while under their care. Exposure to accounts of a student's victimization could result in intrusive thoughts of the elementary school counselor, potentially being a victim of vicarious trauma (Lee, 2017). For example, having thoughts

that a child is unsafe at home or with a parent or caregiver due to the trauma the child recounted to the elementary school counselor.

Trust needs reflect an individual's ability to trust their observations and beliefs and trust others' ability to meet their emotional, psychological, and physical needs (Lee, 2017; Trippany et al., 2004). For example, trust needs are a form of attachment whereby all people need to trust themselves and others (Lee, 2017; Trippany et al., 2004). Trust schemas are disrupted when the elementary school counselor loses confidence in others' intentions and no longer sees them trustworthy (Lee, 2017). Individuals frequently exposed to trauma may find themselves suspicious of others' motives and begin to believe that people cannot be trusted, including the elementary school counselor projecting their fear on parents or families of the student (Lee, 2017).

For example, a parent who has a history of domestic violence, which the student reported to the elementary school counselor may find themselves having little trust in that parent to protect and nurture that child. Elementary school counselors also may begin to no longer trust their decision-making processes as a school counselor and or parent. Merhav et al. (2018) found that a disruption in the trust schema affects the individual personally by no longer trusting their decision-making abilities. For example, the elementary school counselor may begin not to trust their motives and lack confidence in their decision-making process regarding the student's safety (Merhav et al., 2018).

The central proposition in CSDT is that elementary school counselors will respond to trauma based on their perceptions, thoughts, and how they process information (McCann & Pearlman, 1990). Each elementary school counselor will experience trauma

differently. As such, each elementary school counselor generates meaning for and creates personal narratives about their students' trauma, which they have experienced (Saakvitne, 1998). This theory provides insight into how elementary school counselors adapt to trauma based on their personality, history, and social context in which they exist (Saakvitne, 1998). Thus, CSDT enables an understanding of how vicarious trauma manifests in elementary school counselors who experience trauma from their students. (Saakvitne, 1998).

Social Learning Theory

Bandura's social cognitive theory, also known as social learning theory, emphasizes observing and modeling others' behaviors, attitudes, and emotional reactions (Bandura, 1977). According to Bandura (1977), learning is centered upon the effects of one's actions, which helps recognize what to do, then these effects can have positive and negative consequences. This theory suggests that elementary school counselors can increase their capacity for empathizing through modeling and experiencing empathy from others (Bandura & Walter, 1963; Kretchmar, 2018). Each elementary school counselor's ability to perceive and understand each student's emotions is decreased due to the experiences of trauma (Auerbach, 1985; Bandura & Walter, 1963; Kretchmar, 2018; McCann & Pearlman, 1992). Thus, the change in the elementary school counselors' perceptions resulting from working with students who have experienced trauma influences their ability to empathize with each student (Auerbach, 1985; Bandura & Walter, 1963; Kretchmar, 2018; McCann & Pearlman, 1992).

Bandura continues to explain that most human behavior is learned observationally through modeling (Bandura, 1977). The modeling process includes attention to learn, imitation to replicate what is modeled, and motivation (or incentive) to do what is learned (Bandura, 1977). Attention refers to the various issues, which arise or reduce the amount of care given, including individuality, emotional valence, pervasiveness, sophistication, and purposeful value (Bandura, 1977). Thus, for behavior to be mimicked, it must first be noticed.

Retention refers to the memory of what has been paid attention to or how healthy behavior is stored in one's memory (Bandura, 1977). Therefore, the behavior relies upon rhetorical coding, mental images, intellectual organization, emblematic preparation, and systematic rehearsal (Bandura, 1977). Reproduction refers to the transmission of behavior and the ability to do so (Bandura, 1977). This includes the physical ability to reproduce a behavior and the self-observation of the reproduction of behavior (Bandura, 1977). Finally, motivation refers to having a good reason to replicate behavior (Bandura, 1977). Therefore, the coded information serves as a guide for action in the future (Bandura, 1977).

The cognitive, social learning theory, therefore, is comprised of cognitive and environmental components that provide support and guide an individual's behavior and reactions (Bandura, 1977). People utilize verbal and nonverbal symbols such as language and images to process information and defend experiences in the form of cognitive representations (Wulfert, 2019). Without one's ability to use symbols, one would have to solve problems by enacting trial and error processes based on results of either rewards

and or punishments in the past (Wulfert, 2019). However, people can think through different alternatives by using their cognitive skills, imagining outcomes, and guiding their behavior by expected consequences (Wulfert, 2019). Thus, symbolic capabilities give people a powerful tool to regulate their behavior without external reinforcements and punishments (Wulfert, 2019).

According to Bandura, the most vital of all self-regulation mechanisms is self-efficacy, classified as believing that one can bring about a particular outcome through actions (Wulfert, 2019). Therefore, self-efficacy is the belief one possesses to control one's motivation, behavior, and social environment to achieve a particular outcome (Wulfert, 2019). Self-efficacy beliefs operate as elements of behavior by influencing motivation, thought processes, and emotions in ways that may be self-sustaining or self-hindering (Wulfert, 2019). Thus, people may believe that something can occur, but whether they embark on a course of action depends significantly on their perceived ability to make it happen (Wulfert, 2019).

Elementary school counselors' interpersonal environment of students discussing their past trauma causes each elementary school counselor to respond based upon the traumas discussed (Wulfert, 2019). Thus, the cognitive process occurring within the elementary school counselors' office environment could be decreased based upon each student's trauma stories (Bandura, 1977; Wulfert, 2019). The elementary school counselor is also experiencing each student's behavior firsthand as they describe the trauma experienced and observes the consequence of the trauma (Bandura, 1977; Wulfert, 2019). Instead of directly experiencing each student's trauma, the elementary

school counselor learns through observing the outcome of the trauma expressed by each student (Bandura, 1977; Wulfert, 2019). Thus, the likelihood of each elementary school counselor experiencing vicarious trauma is high.

Literature Review Related to Key Concepts

The School Counselor's Role

According to the ASCA National Model (2012), school counselors provide leadership by advancing and administering comprehensive school counseling programs in collaboration with administrators, teachers, parents, and community members. This includes delivering academic, career, and personal/social support for all students (ASCA, 2012). The ASCA National Model has identified that school counselors are also responsible for responding to the needs of trauma-exposed students, with cognitive, academic, and social-emotional-behavioral impacts (Perfect et al., 2016).

The school counselor's role involves various tasks, including school-wide scheduling, guiding students towards a future career, completing special education meetings, and organizing standardized exams (Howell et al., 2019). School counselors focus on students' mental health needs by nurturing resilience and creating and supporting opportunities to overcome barriers involving trauma (Howell et al., 2019). With forty-six million children having witnessed violence, crime, physical and or psychological abuse in the United States, the school counselor's role has added trauma-informed care (ASCA, 2016; Listenbee et al., 2012). Trauma-informed care involves identifying mental health problems in the classroom, addressing difficulties with social relationships between students, identifying strategies to manage student's inability to

focus in class and difficulty processing new material, as well as identifying strategies to help students reduce the number of absentee days (ASCA, 2016; Doll, 2010).

School counselors will meet with students and discuss the student's most traumatizing events, which involve interpersonal traumas, such as abuse, domestic violence, and violent crimes, directly witnessing in their homes or communities (Schwerdtfeger et al., 2014). School counselors can also have students who are experiencing symptoms of posttraumatic stress disorder, substance abuse, suicide attempts, and depressive disorders (Schwerdtfeger et al., 2014).

The increasing awareness of the frequency of exposure to trauma among youth and its impacts on their development has led to a national movement to establish educational environments responsive to trauma-exposed students' needs (Finkelhor et al., 2015; Langford et al., 2014). The movement has allowed each school district to develop trauma-informed school programs that help identify interventions and strategies to support each student (Finkelhor et al., 2015; Langford et al., 2014). School counselors play a pivotal role in supporting each student's developmental and academic needs by identifying and focusing on those students who have been affected by trauma (Elliot et al., 2018; Finkelhor et al., 2015; Langford et al., 2014). For example, recognizing signs of trauma in each student, avoiding practices that may re-traumatize students, creating positive school climates that are trauma-sensitive to keep students healthy as well as positively involving the school atmosphere, and implementing effective academic and behavior practices in the classroom to support social and emotional learning (ASCA, 2016; Finkelhor et al., 2015; Langford et al., 2014). In addition, school counselors are the

first and the only counseling professionals to provide support and interventions to students in crisis or affected by trauma (Elliot et al., 2018). Thus, medical professionals, social workers, or mental health professionals are at risk of developing vicarious trauma, but school counselors are likely to experience this (Ben-Porat, 2018; Caringi et al., 2017; Elliot et al., 2018; Gunduz, 2012).

Vicarious Trauma

Vicarious trauma involves a gradual, progressive, and internal transformation that may result in the helping professional from over-empathizing and indirectly experiencing the traumatized individuals' emotionally charged reaction to a traumatic event (Aparicio et al., 2013; Dombo & Gray, 2013; Pearlman & Saakvitine, 1995, Wilson, 2016). The exposure to vicarious trauma of a helping professional can result in many negative influences in their life (Caringi et al., 2017; Steele, 2019). The negative impacts of vicarious trauma involve an increased risk of burnout, compassion fatigue, and higher interpersonal distress (Caringi et al., 2017; Pearlman & Mac, 1995; Steele, 2019). Burnout is defined as a state of emotional, physical, and psychological exhaustion triggered by excessive and prolonged stress (Fye et al., 2020). Compassion fatigue is a type of deep-rooted emotional exhaustion experienced after repeated exposure to traumatic situations or stories (Gonzalez-Mendez et al., 2020).

While compassion fatigue refers to the profound emotional and physical effects that occur when helping professionals are unable to refuel and regenerate, vicarious trauma is a profound change in the helping professional's world view occurring while working with clients who have experienced trauma (Levokovich & Ricon, 2020; Makadia

et al., 2017; Merriman, 2015; Pearlman & Mac, 1995). Burnout as defined above is the physical, emotional, and psychological exhaustion experienced by the helping professional when experiencing low job satisfaction and feelings of helplessness; however, burnout does not mean that the helping professional's worldview has been damaged or altered, and they have not lost the ability to empathize (Levokovich & Ricon, 2020; Makadia et al., 2017; Merriman, 2015; Pearlman & Mac, 1995).

Exposure to vicarious trauma is found to impact the helping professionals interpersonally, including being overly cautious, mistrusting, anxious, depressed, disengaged, or even confused (Levkovich & Ricon, 2020). Not only does the helping professional begin to suffer interpersonally, but cognitive changes can affect the internal and external frame of reference by disrupting their sense of self, the world view of personal safety, trust, and intimacy (Pearlman, 1996). Shifts in the helping professional's identity may also occur due to their sense of identity being challenged (McCann & Pearlman, 1990). For example, a school counselor may reflect upon their parenting style as they engage with a student who discusses the emotional abuse they are experiencing at home. Such reflection from witnessing the student's recollection of trauma can potentially shatter one's long-standing beliefs about identity and self-worth as a parent, school counselor, and human being (Pearlman & Saakvitne, 1995).

Not only shift in the identity of the helping professional challenged, but a disruption in the worldview of the helping professional can occur, causing one to question their current perception of life (Pearlman & Saakvitne, 1995). The helping professionals' values, moral principles, and viewpoints are often tested due to repeated

exposure to stories of trauma (Pearlman & Saakvitne, 1995). For example, an elementary school counselor could question underlying beliefs regarding their world after hearing the story of their student who is being abused at home. The questions "How can someone hurt a child?" and "How can a person be so evil?" are questions that are suggestive of a disrupted worldview, which would be likely for an element school counselor to experience while hearing the traumatic story of their student. Lastly, more time spent with each student who describes traumatic difficulties with their parents or caregiver may also increase the school counselors' feelings of distrustfulness of parents (McCann & Pealrm, 1990).

Vicarious trauma is found to interrupt the worldview of helping professionals, but vicarious trauma has been found to disrupts one's spirituality. Pearlman & Saakvitne (1995) describe spirituality as beliefs about subtle aspects of experience, including hope, connection with something beyond oneself, and awareness of all aspects of life. Spirituality is also defined as "that which allows a person to experience transcendent meaning in life, often expressed as a relationship with God, nature, art, music, family, or community-whatever beliefs and values give a person a sense of meaning and purpose in life" (Puchalski & Romer, 2000, p. 129). Helping professionals working with trauma survivors may experience spiritual distress due to a lack of meaning in their work, themselves, and mankind causing hopelessness and increasing their risk for vicarious trauma (Dombo & Gray, 2013).

McCann and Pearlman (1990) stated individuals construct their truths through the development of cognitive structures, also referred to as schemas: which are used to

understand and interpret life events. Exposure to a student's trauma may cause adverse

changes in one's schemas within one or more of the fundamental psychological need

areas of esteem, trust, safety, control, and intimacy (McCann & Pearlman, 1990). Each

area is sensitive to disturbance by direct and vicarious trauma, which results in significant

interpersonal difficulties (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

When the need for safety is disrupted, school counselors may feel they are unable

to protect their students or themselves due to real or imaginary threats (Pearlman &

Saakvitne, 1995). According to Pearlman and Saakvitne (1995), safety is the most

susceptible need of the helping professionals. If disrupted, it will cause an increase in

their level of fearfulness, an increase in anxiety or anxious symptoms, and an increase in

the sense of personal defenselessness (Pearlman & Saakvitne, 1995). Not only is safety

disrupted, but the human need to trust others can also be disturbed due to vicarious

trauma.

When trust in self is disturbed, the school counselor may feel less able to maintain

independence, begin to distrust others, and not trust their feelings (Pearlman & Saakvitne,

1995). The consequence of the distrust may be an increased dependence on other people

to meet their emotional, psychological, and physical needs (Pearlman & Saakvitne,

1995). Thus, a disruption in the trust of others can lead to disinterest and mistrustfulness

and therefore affecting the school counselor's relationships.

Self-esteem is another aspect of self that is disrupted by the experience of

vicarious trauma. The fundamental need to feel valued by oneself and to value others is a

characteristic of human beings (Pearlman, 2003; Way et al., 2007). A disruption in this

value of self of the elementary school counselor might begin with an increase in feelings of inadequacy and doubt. For example, elementary school counselors may begin to question their abilities as school counselors and question themselves as human beings leading to personal and interpersonal difficulties (Pearlman, 2003; Way et al., 2007).

The final important need to examine is control, which refers to one's self-management skills. Through the work of the elementary school counselor, they begin to reflect on their student's powerlessness and may become aware of the ineffectiveness in attempting to control or even predict future life events (Pearlman & Saakvitne, 1995). Disruption in the school counselor's control schemas may increase distress concerning their capacity to act freely in the world and take responsibility for their own life (Pearlman & Saakvitne, 1995). Elementary school counselors may attempt to overcompensate by taking greater control of their own lives due to vicarious trauma exposure.

Symptoms of Vicarious Trauma

According to the DSM-V, the symptoms of vicarious trauma are similar to those of post-traumatic stress disorder but have been found to be less intense (Lainer & Carney, 2019). Vicarious trauma can manifest as intrusive symptoms, including flashbacks, nightmares, and obsessive thoughts, avoidant behaviors, feelings of distress, disruption of self-esteem, and a change in overall function are other symptoms of vicarious trauma (Lainer & Carney, 2019). Vicarious trauma symptoms can also be exhibited interpersonally through feelings of insecurity, difficulty in trusting and managing

relational detachment with patients (Lainer & Carney, 2019). Lastly, somatic symptoms include sleep disorders, anxiety, and depressive states (Lainer & Carney, 2019).

The changes occurring to counselors, psychologists, or social workers can be generalizable to any helping professional working with traumatized individuals (Tyler, 2012). According to the American Psychological Association's Division of Trauma Psychology, a white female therapist living in the United States with a mean age of 55-years old and 15.5 years of clinical experience has been found to be affected by vicarious trauma (Aafies-van Doorn et al., 2020). Younger therapists with less clinical experience who have practiced fewer years experienced higher levels of vicarious trauma (Aafie-van Doorn et al., 2020). Aafie-van Doorn et al. (2020) recommended that helping professionals need added support due to their increased risk of experiencing vicarious trauma.

Elementary School Counselor and Vicarious Trauma

Elementary school counselors are not exempt from possibly experiencing the effects of vicarious trauma. For example, forty-seven percent of children in the United States have experienced at least one adverse childhood experience, such as abuse, neglect, death of a parent, natural disaster, or witnessing community violence (Price & Ellis, 2018). According to data from the National Survey of Children's Health, approximately 60% of children will experience at least one adverse childhood experience before 18, 48% of elementary school children in the United States have suffered at least one form of adverse childhood experience, and 22.6% have experienced two or more adverse childhood experiences (Bartlett & Sacks, 2019; Bethell et al., 2014). While most

children experience social, emotional, or learning challenges, students with adverse

childhood experience face increased risk due to the harmful effects to physical and

mental health connected with adverse childhood experience, thus interfering with their

academic performance (Bethell et al., 2017; Blodgett & Lanigan, 2018; Burke et al.,

2011; Zare et al., 2018). Therefore, elementary school counselors are likely to engage

with these children who have been traumatized, thereby increasing the likelihood of

vicarious trauma exposure.

Children affected by prolonged exposure of adverse childhood experiences have

been found to experience physiological stress responses that can result in physical,

behavioral, and developmental harm (Shonkoff et al., 2012). It is documented that

students with three or more adverse childhood experiences are more likely to exhibit poor

school attendance, display behavioral issues, fail to meet grade-level standards in

mathematics, reading, and writing (Blodgett & Lanigan, 2018). Thus, the breadth of this

epidemic is substantial for elementary school counselors who are at the forefront in

helping children cope with adverse childhood experiences.

According to Elliott et al. (2018), many students are now experiencing trauma,

and school counselors must help them cope. Sixty-seven percent of students have been

found to have experienced trauma, which directly affects school counselors, teachers, and

administrators. Elliott et al. (2018) used self-report measures from a series of compassion

fatigue awareness classes offered in the district and found that 64 percent of teachers, 80

percent of principals, and 56 percent of district administrators are affected by trauma

expressed by some students in the classroom. In addition, as the number of students

needing help to cope with trauma increases, school counselors' risk of developing vicarious trauma also increases (Elliott et al., 2018). Therefore, this study will examine the phenomena of vicarious trauma and occupational exposure (caseload size) and its possible effects on the cognitive structures of control, empathy, and esteem.

Summary

The literature review synthesized current studies meant to inform and develop the present study. I provided a theoretical framework of the CSDT and the social learning theory. Next, I examined current studies regarding vicarious trauma and its effects on the helping professional. Moreover, I captured the severity of this phenomenon, symptoms affecting the helping professional, and the likelihood that this phenomenon can affect elementary school counselors. Therefore, the purpose of this study is to explore the relationship between vicarious trauma, occupational exposure (i.e., caseload size), and the disruption in cognitive structures of control, esteem, and empathy. Chapter 3 describes the study's quantitative methodology and preliminary threats to validity and ethical procedures. The purpose of Chapter 3 is to provide a stepped plan of analysis for transparency and replicability.

Chapter 3: Research Method

Introduction

The purpose of this quantitative study is to explore the relationship between vicarious trauma and occupational exposure (caseload size) and the decreased level of functioning in cognitive structures of control, esteem, and empathy. Chapter 2 reviewed the relevant research on this topic and the theoretical framework guiding this study. In Chapter 3, I provide more detailed information about the methodology of this study. I will describe the design of the study and the methodology of this research project. I also will describe this study's population in the methods section and how I chose the study participants. This chapter also addresses the instruments I used, my procedures for analyzing the data, any potential threats to this study's validity, and any potential ethical issues that could have arisen.

The quantitative, cross-sectional survey research design addressed vicarious trauma of elementary school counselors and occupational exposure (caseload size) as it relates to the cognitive structures of control, empathy, and esteem. Multiple linear regression analysis pinpointed the extent and severity to which elementary school counselors have experienced vicarious trauma disrupting their cognitive structures of control, empathy, and esteem. Vicarious trauma and occupational exposure (caseload size) are the predictor variables. In this study, vicarious trauma is defined as an emotional residue of exposure to working, hearing, and witnessing traumatic events of each student (see McCann & Pearlman 1990b). Vicarious trauma is measured using the Trauma and Attachment Belief Scale Pearlman, 2003). Occupation exposure is defined as the

elementary school counselor's caseload size. Cognitive structures of control, empathy, and esteem are the outcome variables. Control is measured by scores on the DCS (Burger, 1994). Esteem is measured by scores on the RSES (Dziak, 2017). Empathy is measured by scores on the TEQ (Spreng, 2017).

Research Design and Rationale

The study is a quantitative cross-sectional, with a nonexperimental correlational design, and I use a multiple linear regression analysis to assess the comparative strength of vicarious trauma and occupational exposure (caseload size) in predicting the cognitive structures of empathy, control, and esteem for RQ1. The correlational design allows me to study the relationship between vicarious trauma and occupational exposure (caseload size) to the cognitive structures of empathy, control, and esteem.

In this study, the dependent variable is the cognitive structures of empathy, control, and esteem. The first independent variable is vicarious trauma, and the second independent variable is occupational exposure (caseload size). As cross-sectional designs are methodologically limited, a statistical analysis is required to ascertain a pattern of relationship between variables (see Creswell, 2018. In a correlational study, the researcher observes natural phenomena in a short period of time (Cresswell, 2018). RQ1 and the corresponding hypotheses are analyzed using multiple regression analysis to determine the relationship between vicarious trauma and occupational exposure (caseload size) and control. RQ2 and the corresponding hypotheses are analyzed using multiple regression analysis to determine the relationship between vicarious trauma and occupational exposure (caseload size) and empathy. RQ3 and the corresponding

hypotheses are analyzed using multiple regression analysis to determine the relationship between vicarious trauma and occupational exposure (caseload size) and self-esteem.

RQs

The following overarching RQs guided the study: Can vicarious trauma and occupational exposure (caseload size) predict disruption in cognitive structures (control, empathy, and esteem) of elementary school counselors?

Central Concept

The primary concept of interest in this study is vicarious trauma, commonly defined as a representation of a gradual, progressive, and internal transformation that may result in the working helping professional over empathizing with and indirectly experiencing a client's emotionally charged reaction to a traumatic event (see Chung & Shakra, 2020; Pearlman & Mac Ian, 1995).

Study Population

This study population of interest is elementary school counselors, including teachers who possessed a master's degree in teaching or related field of education and at least 2 years of teaching experience, licensed counselors, and social workers in the United States. A purposeful sampling strategy is being used to obtain a sample size of as close to 74 participants as possible. A criterion-purposeful sampling strategy is employed because the RQs focused on elementary school counselors working in elementary schools in the United States. Criterion-purposive sampling focused on the unique context and allows me to strategically select participants based on their experience as elementary

school counselors (see Kaplan & Maxwell, 2005). The power analysis is used in determining adequate sample size.

This study included participants who expressed an interest in participating in the study and who met the following criteria: Currently employed with a master's degree in teaching or related field of education and at least 2 years of teaching experience, licensed counselors, and/or social workers with a minimum of 1 year providing direct therapeutic intervention to clients. In determining participant eligibility for this study, a screening questionnaire is provided. In addition, each participant is required to confirm verbally or in a written e-mail that they met the stated criteria for participation.

The G*Power 3.0 software (see Faul et al., 2007) is used to calculate the sample size for the research. The power analysis requires statistical variables: an alpha level, number of predictors, anticipated effect size, and desired statistical power (Faul et al., 2007). In my study, the statistical variables included the following: an alpha level of 0.01, two predictor variables, an anticipated effect size of a medium size of 0.15, and a statistical power of 0.95 (see Miles & Sheylin, 2007). The power analysis resulted in a recommended sample size of 71 participants (see Faul et al., 2007). As the researcher of this study, I am recruiting participants using my academic e-mail account by sending requests for volunteer study participants across the United States. An internet search using school districts is used to identify each school district and elementary school counselor. An e-mail invitation is then sent to those individuals using their school contact information requesting research participants. The e-mail included an explanation of the study, study purpose, participant criterion, and the link to the surveys.

Instrumentation and Operationalization of Constructs

The study is using preexisting psychometrically sound assessment tools to measure the variables of interest. The participants are given the Trauma and Attachment Belief Scale (TABS; see Pearlman, 2003) to assess vicarious trauma, Toronto Empathy Questionnaire (TEQ; see Spreng, 2017) to assess participants level of empathy, Rosenberg Self-Esteem Scale (RSES) to determine the level of esteem (see Dziak, 2017), and Desirability of Control Scale (DCS) to assess participants level of control (see Burger, 1994). In the following section, I describe these instruments in greater detail. I also identify confounding variables that were proposed to impact assessment scores.

Vicarious Trauma

Vicarious trauma is defined as cognitive distortions that develop over time due to exposure to others' trauma (McCann & Pearlman, 1990b). The TABS is developed to assess levels of cognitive schema disruption in five areas: safety, trust, intimacy, control, and esteem, which are identified by the CSDT (Pearlman, 2003). Although the TABS had been used to assess the effects of trauma in several populations commonly exposed to traumatic experiences, it had not yet been applied to a sample of elementary school counselors. According to Varra et al. (2008), "Constructs of the self and other as broad guiding schemas and disruption in the sense of safety as a specific aspect of traumatic issues are represented in this scale" (p. 194). Measurement of reliability for the TABS was acceptable with the test retest reliability of .75 and internal consistency of .96 (Pearlman, 2003).

The TABS format includes a self-report measure with 84 items responded to on a 6-point Likert scale (Pearman, 2003). The TABS response format consists of a rating scale of 1 to 6, whereby 1 = *disagree strongly* to 6 = *agree strongly* (Pearlman, 2003). In addition, the TABS includes 10 subscales: self-safety, other safety, self-trust, other trusts, self-esteem, other esteem, self-intimacy, other intimacy, self-control, and other control (Pearlman, 2003).

Empathy Assessment

Empathy is an imperative element of social cognition contributing to one's ability to understand and respond adaptively to others' emotions, succeed in emotional communication, and promote prosocial behavior (Spreg et al., 2016). This word refers to the effects of perceiving the feeling state of another and the capacity to do so accurately (Spreg et al., 2016). TEQ (see Spreg et al., 2016) consists of 16 questions, each rated on a 5-point scale from *never* to *often* (Spreg et al., 2016). It is developed by evaluating other available empathy instruments; therefore, determining what these instruments had in common while developing a single factor became the basis of the TEQ (Spreg et al., 2016). The TEQ conceptualizes empathy as a primarily emotional process (Spreg et al., 2016). The instrument is positively correlated with social decoding measures and other empathy measures and is negatively correlated with measures of autism symptomatology (Spreg et al., 2016).

The TEQ was negatively correlated with poor interpersonal and social responding (Spreg et al., 2016). However, the TEQ demonstrates convergent validity with self-report measures of empathy and two behavioral measures requiring the processing of complex

interpersonal stimuli (Spreg et al., 2016). The TEQ provides a quick and effortless way of assessing interpersonal sensitivity and providing timesaving and ease of administration (Spreg et al., 2016). The TEQ is also highly correlated with a significantly lengthier measure of empathic responding of the empathy quotient (Spreg et al., 2016). Thus, the TEQ is especially useful for inclusion in mass testing packets or any other instance in which time and participant fatigue are issues (Spreg et al., 2016).

Self-Esteem Assessment

The self-concept is an organized system shaping how individuals feel about themselves, other individuals, and their social relationships (Showers et al., 2015). Self-esteem is defined as how one values or perceives themselves (Showers et al., 2015). Individuals who possess a more positive belief about themselves tend to report higher self-esteem (Showers et al., 2015). Researchers have suggested how the self-concept content is organized because it influences the availability of specific aspects of self-knowledge (Showers et al., 2015). The self can be interrupted due to trauma, which has been found to lower self-acceptance, self-image, and self-esteem (Showers et al., 2015). For example, the way that one knows themselves is disrupted, causing insecurities in one's identity. One such tool used to assess self-esteem is the Rosenberg Self-Esteem Scale (RSES).

RSES is a 10-item scale to evaluate a person's self-esteem or confidence in and respect for themselves (Dziak, 2020; Frank et al., 2008). The 10 items relate to different self-esteem characteristics, such as whether a person feels valuable or feels like a failure (Dziak, 2020; Frank et al., 2008). The test is easily administered, and respondents with a

high numeric score have been found to have higher self-esteem overall (Dziak, 2020; Frank et al., 2008). The RSES is a Guttman scale, where scoring involves combining the respondent's ratings (Frank et al., 2008). The RSES is found to possess excellent internal consistency (Frank et al., 2008). The test-retest reliability over 2 weeks reveals correlations of .85 and .88, indicating excellent stability (Frank et al., 208). RSES is also found to demonstrate concurrent, predictive, and construct validity (Frank et al., 2008). The RSES correlates significantly with other self-esteem measures, including the Coopersmith Self-Esteem Inventory (Frank et al., 2008). RSES is also found to correlate in the predicted direction with depression and anxiety (Frank et al., 2008).

Assessment of Control

The desire for control is a general personality trait related to many behaviors (Burger & Cooper, 1994). Much of the research completed has indicated that an increase in perceived control is preferred, which results in positive reactions (Burger & Cooper, 1994). Alternatively, a decrease in control is not desired and results in adverse reactions (Burger & Cooper, 1994). The DCS measures individual differences in the general level of motivation to control the events in one's life (Burger & Cooper, 1994). The DCS is found to have substantial internal consistency of .80 (Burger & Cooper, 1994). The DCS is also found to have test-retest reliability of .75 and discriminant validity from measures of locus of control and social desirability (Burger & Cooper, 1994).

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Statistic and Data Analysis Plan

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The predictor variables in this research study are vicarious trauma and occupational exposure (caseload size). The outcome variables are cognitive structures of

control, empathy, and esteem. Therefore, the overarching RQs was as follows can vicarious trauma and occupational exposure (caseload size) predict disruption in cognitive structures (control, empathy, and esteem) of elementary school counselors?

RQ1: Can vicarious trauma and occupational exposure predict disruption in elementary school counselors' cognitive structure of control?

$H_0 1$: Based on objective ratings on the TABS and the DCS, vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of control.

$H_a 1$: Based on objective ratings of the TABS and DCS by elementary school guidance counselors, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of control.

RQ2: Can vicarious trauma and occupational exposure predict disruption in the cognitive structure of empathy in elementary school counselors?

$H_0 2$: Based on objective ratings of the TABS and the TEQ, vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of empathy.

$H_a 2$: Based on objective ratings of the TABS and the TEQ, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of empathy.

RQ3: Can vicarious trauma and occupational exposure predict disruption in the cognitive structure of esteem of elementary school guidance counselors?

$H_0 3$: Based on objective ratings of the TABS and the RSES, vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of esteem.

$H_a 3$: Based on objective ratings of the TABS and the RSES, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of esteem.

Multiple linear regression analysis is used for RQ1, to identify the linear relationship between the two independent variables of vicarious trauma and occupational exposure (caseload size) and the dependent variable of control. RQ2 uses a multiple regression analysis to identify the linear relationship between the two independent variables of vicarious trauma and occupational exposure to the dependent variable of empathy. RQ3 uses multiple regression analysis to identify the linear relationship between the two independent variables of vicarious trauma and occupational exposure to the dependent variable of esteem.

Multiple regression analysis is used to model the linear relationship between more than one independent variable (vicarious trauma and occupational exposure (caseload size)) and one dependent variable (esteem, empathy, and control) (Dattalo, 2013). This study will use SPSS v25 for calculations and statistical analysis of my data. Survey monkey is used to distribute the demographic questionnaire, TABS (Pearlman, 2003), RSES (Dziak, 2017), TEQ (Spreng, 2017), and the DCS (Burger, 1994).

Limitations and Threats to Validity

Several limitations of the study should be considered when interpreting the results and planning for future research. First, this proposed study results will not be generalizable to all school counselors in the nation due to the purposive, convenience sampling method. Second, the study is also limited to elementary school counselors in the United States, who may not represent all school counselors. Third, it is unknown regarding the counselors' previous trauma exposure and how this could affect their experience of vicarious trauma. Lastly, the study requires gaining access to elementary

school counselors and enlisting their participation. Access to elementary school counselors will be gained by sending a letter explaining the study's importance and how crucial elementary school counselors' input can be regarding this study to each school district within a 6-hour radius of central Ohio. Survey monkey will also be used to recruit elementary school counselors.

Ethical Procedures

Ethical consideration is fundamental to the process and the outcome of this study. According to the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017), the scholarly practitioner abides by the balancing goals of beneficence and non-maleficence. Thus, the importance of the Walden Institutional Review Board (IRB) ensures proper actions are made to avoid harm to vulnerable communities. Accordingly, the Walden IRB (2020) states that a vulnerable population consists of individuals under the age of 18, pregnant, incarcerated, physically disabled, emotionally disabled, or above the age of 65. Working with a vulnerable community does not ensure disapproval from the Walden IRB, but it requires added considerations and measures to eliminate or minimize harm (Walden University, 2020).

For this study, the research is conducted with individuals who are 18-years or older to avoid age-related vulnerable populations. As the subject matter is around vicarious trauma, there may be concerns from individuals identifying with emotional disabilities. The population is being warned of the potential for vicarious trauma during the consent process. The consent process highlights the procedures, purpose, and potential adverse emotional reactions during the research process. The consent pages are

notifying that no penalty will occur due to attrition as the participant has the right to withdraw from the study at any time.

Moreover, the online survey process is ensuring anonymity for the participant. The identifying information is age, gender, ethnicity, time employed as an elementary school counselor, and caseload size. A number is assigned to the participant's results for SPSS 25.0 that will coincide with the timely completion of the surveys (i.e., the first completion will be labeled 001, the next will be 002, and so on). The identifying codes are for statistical analysis and only coincide with age, gender, ethnicity, time employed as an elementary school counselor, and caseload size. No names will be used or required throughout the process, including consent, which will require clicking "next" to continue to the study due to the identification of the signatures and print name writing.

Further, anonymity is ensured by deactivating Survey Monkey from recording IP addresses. Finally, ethical procedures are followed and reported to the Walden IRB. If an amendment is needed, the Walden IRB will be contacted, and approval will be needed. Failure to procure Walden IRB approval before amending will result in unethical procedures, no matter how insignificant or nonmaleficence. Thus, an essential procedure for this study is to ensure to work with the Walden IRB. The IRB approval number for this study is 10-31-22-0500342.

<div align="center">

Summary

</div>

The purpose of the methodology section is to understand the procedural process. This ensures the research community's approval or disapproval and procedural steps for replicability (Burkholder et al., 2016). Overall, assessing vicarious trauma and

occupational exposure (caseload size) and its effects on elementary school counselors'

cognitive structures of empathy, control, and esteem warrants a quantitative research

design. A minimum of 74 participants are needed for this study which was determined

through G*Power. Ensuring the quality of the results required minimization and

recognition of threats to validity and holding ethical procedures to the highest priority.

Chapter 4: Results

Introduction

The purpose of this quantitative cross-sectional multiple linear regression study was to explore the relationship between the predictor variables vicarious trauma and caseload size and the outcome variables empathy, control, and esteem. The population for this study included elementary school counselors in the United States. My review of the literature supported the potential relationship between vicarious trauma and caseload size affecting the cognitive structures of empathy, control, and esteem. The RQs I intended to answer with this study are as follows:

RQ1: Can vicarious trauma and occupational exposure predict disruption in elementary school counselors' cognitive structure of control?

H01: Based on objective ratings on the TABS and the DCS, vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of control.

Ha1: Based on objective ratings on the TABS and DCS by elementary school guidance counselors, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of control.

RQ2: Can vicarious trauma and occupational exposure predict disruption in elementary school counselors' cognitive structure of empathy?

H02: Based on objective ratings of the TABS and the TEQ, vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of empathy.

Ha2: Based on objective ratings of the TABS and the TEQ, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of empathy.

RQ3: Can vicarious trauma and occupational exposure predict disruption in the cognitive structure of esteem of elementary school guidance counselors?

$H_0 3$: Based on objective ratings of the TABS and the RSES, vicarious trauma and occupational exposure cannot predict disruption in the cognitive structure of esteem.

Ha3: Based on objective ratings of the TABS and the RSES, vicarious trauma and occupational exposure can predict a disruption of the cognitive structure of esteem.

I interpreted the statistical findings from the data analysis for this study to determine whether to accept or reject these null and alternative hypotheses.

In Chapter 3, I described the design and methodology of the study and provided information about the study participants, data collection process, and the data analysis method. In Chapter 4, I will provide a detailed description of the results of the study. This chapter includes a review of the data collection process, demographic features of the sample, and a summary of the data analysis and statistical findings. I also review the RQs and hypotheses for the study and provide an explanation of how my statistical findings relate to the RQs and hypotheses.

Data Analysis Plan

For this study, I used SPSSv23 for the statistical analysis of my data. Survey Monkey distributed the demographic questionnaire, TABS, TEQ, RSES, and DCS. Data aggregation was provided by Survey Monkey, including collection of data, and was exported to SPSS.

Data Collection

The target population to whom I hoped to generalize research findings was elementary school counselors across the United States of America. On November 1, 2022, I sent 758 email invitations to elementary school counselors across the United States. Attached to this email was the consent form for this study as well as the Survey Monkey link. The survey link on Survey Monkey was closed on 1/9/2023 at 10:00 p.m.

A total of 79 elementary school counselors participated in the online survey. Of these participants, 35 were incomplete and removed them from the study, leaving 44 total participants in this study. The majority of the sample was female ($n = 37$, 84.1%), the most common age was 35 to 44 ($n = 17$, 28.6%) followed by 45 to 54 ($n = 10$, 22.7%). The majority of this sample had a caseload size of over 100 ($n = 33$, 77.3%; see Table 1).

Table 1

Descriptive Statistics for the Sample

Description		Frequency	Percent
Gender	Male	6	13.6
	Female	37	84.1
	No answer	1	2.3
Age	18-24	2	4.5
	25-34	5	11.4
	35-44	17	38.6
	45-54	10	22.7
	55-64	8	18.2
	65-74	2	4.5
Caseload	0-20	1	2.3
	20-30	1	2.3
	30-40	1	2.3
	40-50	1	2.3
	50-60	1	2.3
	60-70	1	2.3
	70-80	1	2.3
	90-100	3	6.8
	100+	34	77.3

Note. Number in sample *(N)* = 44.

Composite scores were developed for vicarious trauma and cognitive structures through a sum of the respective items composing each scale. Vicarious trauma scores ranged from 198.70 to 291.00, with a $M = 237.18$, $SD = 21.03$, and α of 0.843. The cognitive structures of control scores ranged from 74.00 to 103.58, with a $M = 87.55$, $SD = 7.53$, and α of 0.444. The cognitive structures of empathy ranged from 53.00 to 69.00 with a $M = 62.43$, $SD = 3.89$, and α of 0.619. The cognitive structures of RSES ranged

from 15 to 25, $M = 19.55$, $SD = 2.59$, and α of 0.379. The alpha of 0.379 was very low, as it should have been above .7, which impacted the outcomes of this project.

Results

In this results section, I describe my data analysis process. I began by screening and cleaning the data and then testing the assumptions for the data analysis methods used. I then conducted correlation and multiple regression analysis of the study data.

My first step in the data analysis process was to download the data collected through Survey Monkey into SPSS-25. I then screened the data for missing data as described in the previous section and eliminated surveys that were not complete. My next step in the data analysis process was to check the data for outliers. Outliers are scores that are significantly different from the majority of the scores in the data set (Aguinis et al., 2013). I used graphs, including histograms and boxplots, to identify potential outliers for RSES, TEQ, and DCS. Based on the graphs, I found no outliers for the TABS, TEQ, RSES, and DCS. The boxplots for RSES, TEQ, and DCS are presented in Figures 1, 2, and 3, indicating no outliers. The mean scores and standard deviations for control was $M = 87.55$, $SD = 7.53$. The mean score for empathy was $M = 62.43$, $SD = 3.89$. The mean score for self-esteem was $M = 19.55$, $SD = 2.59$. The mean score for vicarious trauma was $M = 237.18$, $SD = 21.03$.

Figure 1

Boxplot of Control
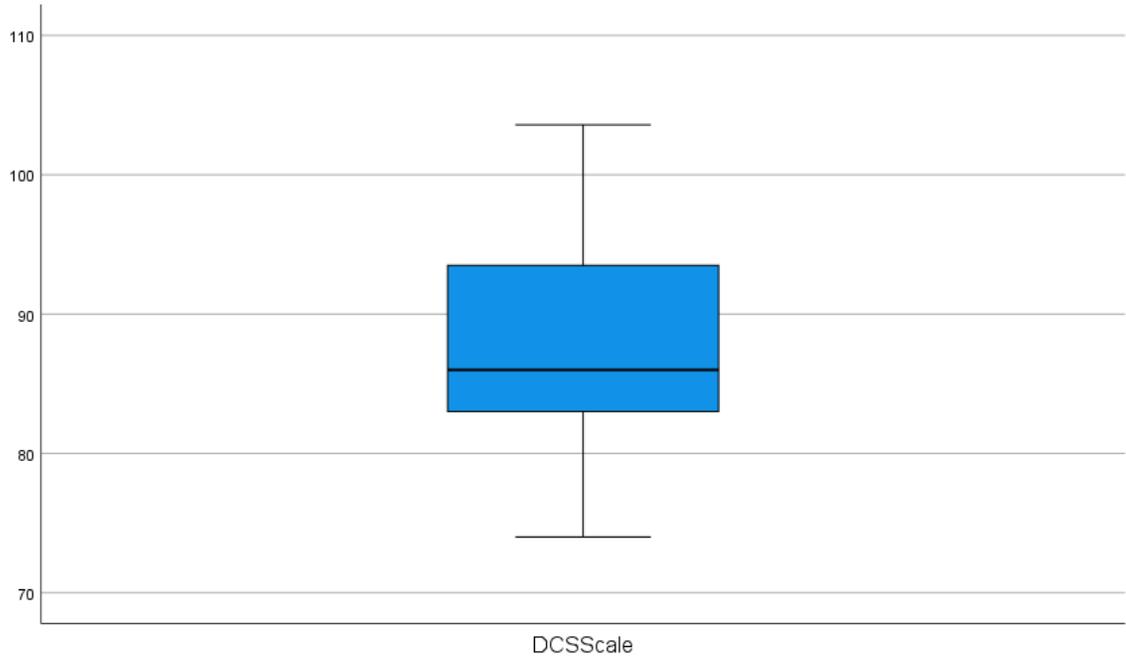
Figure 2

Boxplot of Empathy
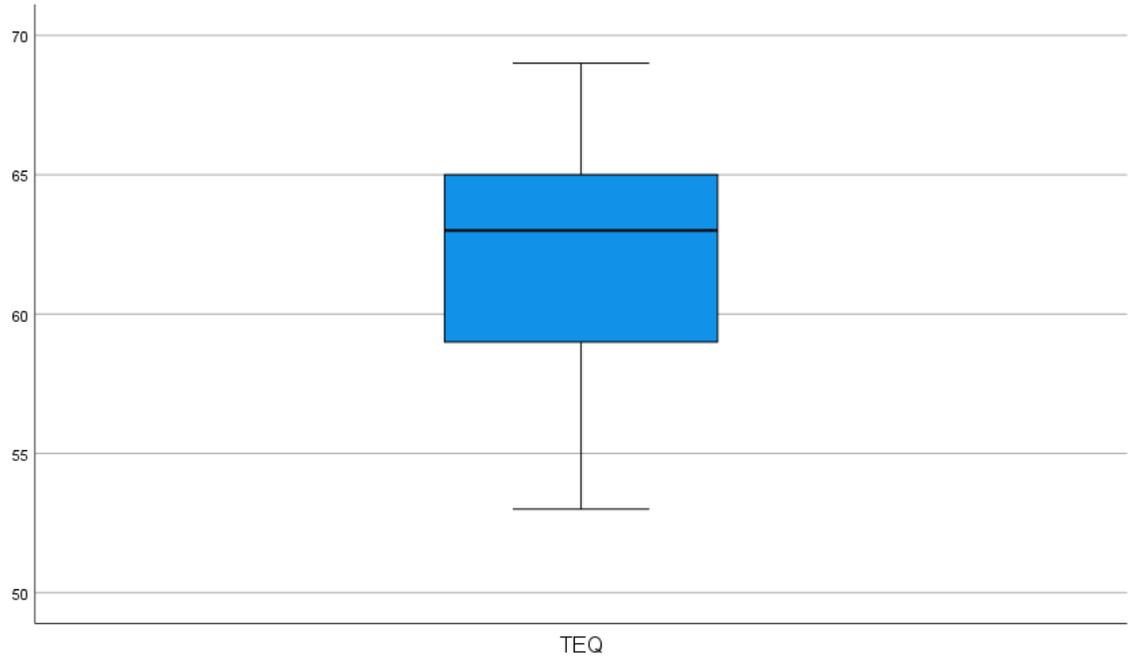
Figure 3

Boxplot of Self-Esteem
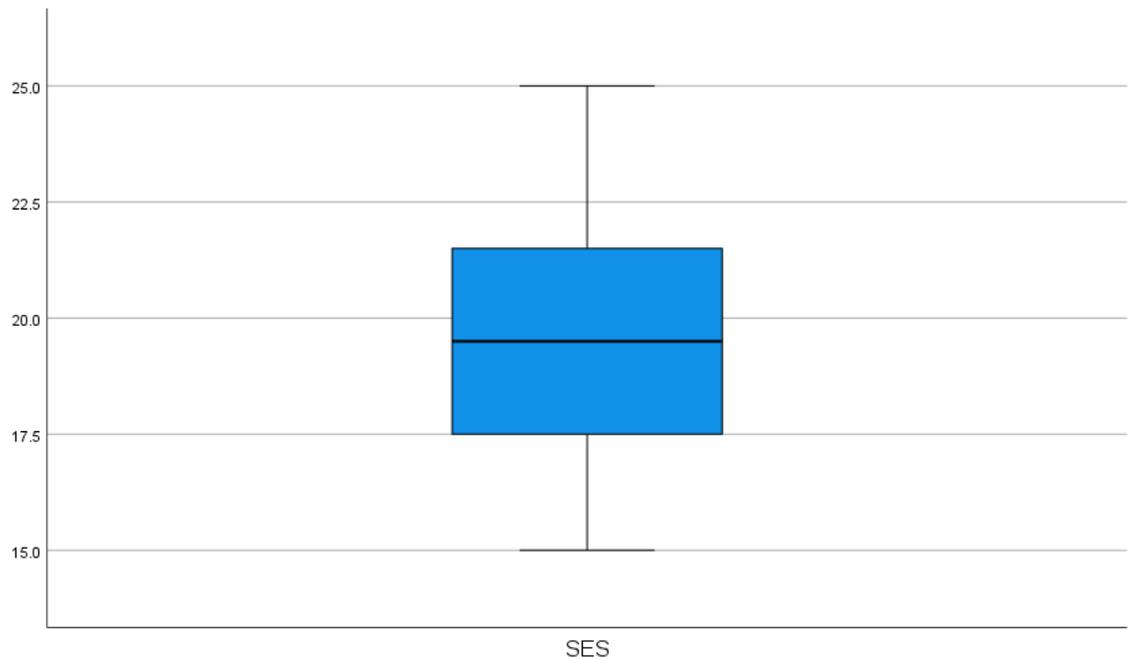
Normality of Residuals

To test the assumptions of normality, I began by examining the frequency distributions in a histogram and a P-P plot for each of the study variables. Frequency graphs provide valuable information about the shape of the data distribution (see Das & Himon, 2019). I estimated from the graphic representation of each of my variables that they were normally distributed. In each P-P plot, the data points fell close to the diagonal line representing a normal distribution (See Figures 4, 5, and 6).

Figure 4

P-P Plot of Control

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: DCSScale
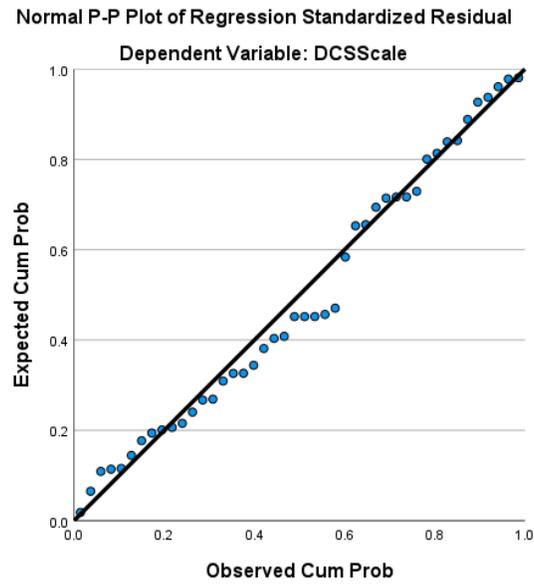
Figure 5

P-P Plot of Empathy

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: TEQ
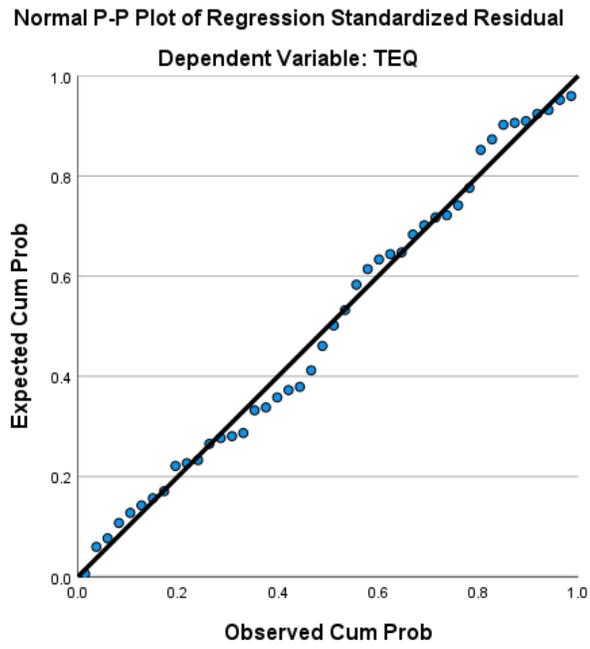
Figure 6

P-P Plot of Self-Esteem

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: SES
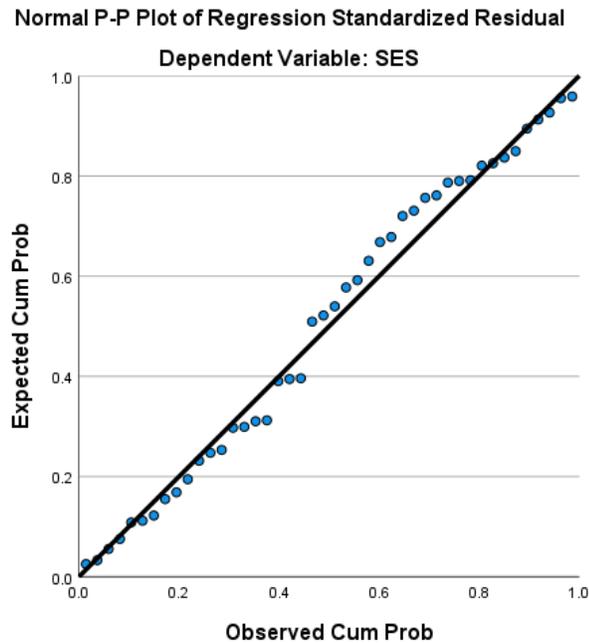
The second method I used to test the assumption of normality was to examine the skewness and kurtosis values. The skewness scores for all the variables fell between 2 and -2 and the kurtosis scores for all the variables fell between 3 and -3. This indicated the data for each variable did not show any significant skewness or kurtosis and were normally distributed. In addition, the absolute value of the skewness and kurtosis scores for each variable did not fall above three times the standard error for each score indicating that they were normally distributed.

The third method I used to test the normality of the data was a Shapiro-Wilk test. I used this test to compare the distribution of the variable sample to a normally

distributed sample with the same mean and standard deviation (Field, 2013). If the

relationship between the two distributed samples is not significant, the data sets are

similar, and the distribution of the variable sample is likely normal (Field, 2013). The test

produced results that are not significant for all three variables: empathy, control, and

esteem and can be seen in table 2.

Table 2

Distribution Statistics for Dependent Variables

Scale	Skewness		Kurtosis		Shaprio-Wilks Test		
		SE		*SE*	Statistic	*df*	Sig.
DCS	0.468	0.357	-0.378	0.702	0.956	44	0.095
TEQ	-0.067	0.357	-0.587	0.702	0.964	44	0.181
SES	-0.075	0.357	-0.814	0.702	0.963	44	0.175

Note. N = 44.

Descriptive Statistics

I reviewed trends in the data by calculating the mean, range of score, the standard

deviation, and the lowest and highest score for each of the predictor variables (empathy,

control, and esteem) and the outcome variables (vicarious trauma and caseload size). The

first variable I reviewed was vicarious trauma. I used the TABS to measure vicarious

trauma. Participants rated 84 items assessing beliefs about themselves and others that are

related to the five needs (safety, trust, esteem, intimacy, and control which is commonly

affected by traumatic experience. Respondents were asked to rate on a scale of 1 to 6 (1 =

Disagree strongly, 6 = *Agree strongly*), the extent to which each statement matches his or

her own beliefs. The higher the score on the TABS the more likely it is to exhibit

disruptive beliefs. The mean score for this sample was, *M* 237.18 with a standard

deviation of *SD* = 21.03. The lowest score 198.70 and the maximum score 291.00. Based

on the results, it appears as though the participants in this sample were experiencing low

average levels of vicarious trauma.

I measured the outcome variable of control with the DCS. DCS is designed to

measure individual differences in the general level of motivation to control the events in

one's life. Participants rated 20 items assessing belief in one's motivation to control

events in one's life. Respondents were asked to rate a scale of 1 to 7 (1 = the statement

does not apply to me at all, 7 = the statement always applies to me). The higher the score,

the more you need to feel in control of the events in your life (Burger & Cooper, 1979).

The mean score for this sample was, *M* = 87.55 with a standard deviation of *SD* = 7.53. A

minimum score of 74 and maximum score of 103.58. Reverse coding was not used for

this variable because the alpha level changed from .444 to .205 thus, making the scale

less reliable.

Next, I measured the outcome variable of empathy with the TEQ. The TEQ is a

16-item measure of empathy, that assesses an individual's ability to understand and

respond adaptively to others' emotions, succeed in emotional communication, and

promote pro-social behavior. The participants rated 16 questions and were asked to rate a

scale 0-4 (0 = never, 4 = always). Scores are summed to derive the total for the TEQ by

using a 5-point Likert scale whereby all responses are summed to generate a total score

out of 64. High scores on the TEQ indicate more empathy while lowers scores indicate

lower levels of empathy. The mean score for this sample was, *M*= 62.43 with a standard

deviation of *SD* = 3.89. A minimum score of 53.00 and a maximum score of 69.00. Reverse coding was used on this scale because it improved the scales alpha from 0.298 to 0.619. The data seems to indicate that most of the study participants exhibit an average level of empathy.

I measured the outcome variable of esteem with the RSES. The RSES is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self (Gray-Little, Williams, & Hancock, 1997). The scale is believed to be a uni-dimensional and all items are answered using a 4-point Likert scale ranging from 1-4 (1 = strongly agree, 4 = strongly disagree). The higher the score the higher the self-esteem. The mean score for this sample was, *M*= 19.55 with a standard deviation of *SD*= 2.59. A minimum score of 15.00 and a maximum score of 25.00. Reverse coding was also used and improved the alpha from 0.069 to 0.388. The data seems to indicate that most of the study participants exhibit an average level of esteem.

Multiple Regression Analysis

The next step in my data analysis was to conduct a multiple regression analysis to answer the RQs and to test the hypotheses for this study. RQ1 for this study was: Can vicarious trauma and occupational exposure predict disruption in elementary school counselors' cognitive structure of control? I began the process by conducting a regression analysis for each of the predictor variables (vicarious trauma and caseload size) and the outcome variables (control, empathy, and esteem) to address each individual hypothesis.

The first hypothesis predicted that vicarious trauma and caseload size affects cognitive structure of control and the null hypothesis predicted no relationship between

vicarious trauma and caseload size and control. The results of the regression analysis

indicated that vicarious trauma and caseload size does not affect control $F(2, 41)$ 1.472, p

$= 0.24$. The model accounted for 6.7% of the variance in DCS ($R^2 = 0.067$). Neither

TABS ($B=0.090$, $p = 0.103$) nor Caseload ($B=-0.182$, $p = 0.709$) was a significant

predictor of DSC (See Table 3). Based on these results I failed to reject the null

hypothesis. Thus, neither vicarious trauma nor caseload size were significant predictors

of control. The second hypothesis for this research study was: Can vicarious trauma and

occupational exposure predict disruption in elementary school counselors' cognitive

structure of empathy?

Table 3

Linear Regression of TABS and Caseload on Cognitive Structure of Control

Variables	*B*	*SE*	Beta	Sig
(Constant)	67.813	13.640		0.000
TABS	0.090	0.054	0.252	0.103
Caseload size	-0.182	0.484	-0.057	0.709

Note. $N = 44$.

I conducted a multiple linear regression analysis for the predictor variables

(vicarious trauma and caseload size) and the outcome variables (empathy). The results of

the regression analysis indicated that vicarious trauma and caseload size do not affect the

cognitive structure of empathy $F(2, 41) = 2.732$, $p = 0.077$, and the model was not a

significant predictor of empathy. The model accounted for 11.8 % of the variance in TEQ ($R^2 = 0.118$). Neither TABS, (B=-1.043, $p = 0.123$) nor Caseload (B=-0.426, $p = 0.087$) were significant predictors of TEQ (See Table 4). Based on the results I fail to reject the null hypothesis. Thus, neither the vicarious trauma nor caseload size predict impact on the cognitive structure of empathy.

Table 4

Linear Regression of TABS and Caseload on Empathy

Variables	*B*	*SE*	Beta	Sig
(Constant)	76.389	6.853		0.000
TABS	-0.043	0.027	-0.231	0.123
Caseload size	-0.426	0.243	-0.257	0.087

Note. $N = 44$.

The third hypothesis for this research study is: Can vicarious trauma and occupational exposure predict disruption in the cognitive structure of esteem of elementary school guidance counselors? I began the process by conducting a regression analysis for the predictor variables (vicarious trauma and caseload size) and the outcome variables (esteem) to address this hypothesis. I then conducted an unordered multiple regression analysis to determine if and how the combination of predictor variables predict esteem. The results of the regression analysis indicated that vicarious trauma and caseload size do not affect the cognitive structure of esteem $F(2, 41) = 1.205$, $p = 0.310$.

The model accounted for 5.6% of the variance in SES ($R^2 = 0.056$). Neither TABS

($B=0.027$, $p = 0.151$) nor Caseload ($B=0.090$, $p = 0.593$) (See table 5). Based on the

results I fail to reject the null hypothesis. Thus, neither the vicarious trauma nor caseload

size predict impact on the cognitive structure of esteem.

Table 5

Linear Regression of TABS and Caseload on Self-Esteem

Variables	*B*	*SE*	Beta	Sig
(Constant)	12.239	4.724		0.013
TABS	0.027	0.019	0.222	0.151
Caseload size	0.090	0.168	0.082	0.593

Note. $N = 44$.

Summary

This cross-sectional multiple regression quantitative study aimed to predict if

vicarious trauma and caseload size effects the cognitive structures of empathy, control,

and esteem. The regression analysis indicated that vicarious trauma and caseload size

could not predict an impact on the cognitive structures of empathy, control, and esteem. I

fail to reject the null hypothesis for *H*1, *H*2, and *H*3.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative regression study was to examine the relationship between vicarious trauma and caseload size and any disruption in the cognitive structures of empathy, control, and esteem. The exploration into this phenomenon is crucial as elementary school students depend upon their well-functioning school counselor for effective support and guidance in the school setting. Acknowledging their susceptibility to vicarious trauma and caseload size as possibly disrupting the cognitive structures of empathy, control, and esteem is essential for elementary school counselors who actively support each student in elementary school. Findings from this study may help to promote positive social change by addressing the needs of elementary school counselors in the United States as well as interventions and practices that can decrease vicarious trauma and its effects on the cognitive structures of empathy, control, and esteem.

I recruited school counselors in the United States, including anyone who possessed a master's degree in school counseling, licensed counselors, and social workers, to complete a survey that measured the variables in this study. Based on my data analysis, I determined that no relationship exists between the disruption in the cognitive structures of empathy, control, and esteem and vicarious trauma and caseload size.

In this study, I expected that elementary school counselors would be vulnerable to the disruptive effects of vicarious trauma and caseload size as they engaged in their duties as a school counselor. I also expected that vicarious trauma and caseload size would disrupt the fulfillment of psychological needs of the elementary school counselors, and

that this would affect their personal and professional functioning. However, the multiple regression analysis conducted to test this prediction did not support the assumption. The results showed that neither vicarious trauma nor caseload size affect the cognitive structures of empathy, control, and esteem.

Interpretation of Findings

According to the literature review, vicarious trauma is defined as exposure to a client's trauma and the potential negative impact on the therapeutic relationship (Branson et al., 2014). As explained by Cosden et al, (2016), vicarious trauma is the psychological response of empathic engagement with survivor clients and their trauma stories. It can include intrusive images, thoughts, and feelings experienced by helping professionals, which can last long after treatment has concluded (Branson, 2019). It also affects the helping professionals interpersonally, including being mistrusting, overly watchful, anxious, having a depressed mood, and being disengaged with their lives (Levkovich & Ricon, 2020). Not only do the helping professionals begin to suffer interpersonally, they also experience cognitive changes that can affect the internal and external frame of reference by disrupting their sense of self and worldview of personal safety, trust, and intimacy (Pearlman, 1996). Helping professionals may also experience a shift in their identity (McCann & Pearlman, 1998).

Previous researchers studying vicarious trauma have focused primarily on specific professions, including counselors, psychologists, social workers, medical doctors, emergency medical technicians, lawyers, and police officers, by examining levels of exposure to traumatic material and its effects on the professional. These specific helping

professionals often work with a wide variety of ages as opposed to elementary school counselors who, by virtue of their placement, spend most of their time with specific age groups, typically ages 5 to 11. Van Der Kolk (2014) proposed there may be a higher risk when working with a younger, more vulnerable population as children.

Elementary school counselors are not exempt from possibly suffering the effects of vicarious trauma. For example, 47% of children in the United States have experienced at least one adverse childhood experience, such as abuse, neglect, death of a parent, natural disaster, or witnessing community violence (Price & Ellis, 2018). According to data from the National Survey of Children's Health, approximately 60% of children will experience at least one adverse childhood experience before the age of 18, 48% of elementary school children in the United States have suffered at least one form of adverse childhood experience, and 22.6% have experienced two or more adverse childhood experiences (as cited in Bartlett & Sacks, 2019; Bethell et al., 2014). While most children experience social, emotional, or learning challenges, students with adverse childhood experiences face increased risk due to the harmful effects on physical and mental health connected with adverse childhood experience, thus interfering with their academic performance (Bethell et al., 2017; Blodgett & Lanigan, 2018; Zare et al., 2018). Therefore, elementary school counselors are engaging with these children daily who have been traumatized, thereby increasing the likelihood of vicarious trauma exposure.

The American School Counselors Association (2017) advised school counselors to devote most of their time to direct services to students and recognize the need for education about the impact of trauma and the potential effects of working with students

with trauma histories. Although previous researchers have identified the dangers of counselor impairment due to the development of vicarious, my study, examining vicarious trauma and caseload size, does not appear to affect the cognitive structures of empathy, control, and esteem (see Branson et al., 2014; Devilly et al., 2009; Harrison & Westwood, 2009; McCann & Pearlman, 1990b; Pearlman & Saakvitne, 1995).

The CSDT is relevant to explaining how the helping professionals develop vicarious trauma after exposure to the traumatic stories of a client. Previous researchers suggested that listening to trauma narratives is a risk factor (Carello & Butler, 2015). The central proposition in CSDT is that elementary school counselors will respond to trauma based on their perceptions, thoughts, and how they process information (McCann & Pearlman, 1990b). Each elementary school counselor will experience trauma differently. As such, each elementary school counselor generates meaning for and creates personal narratives about their students' trauma, which they have experienced (McCann & Pearlman 1990b). This theory provides insight into how elementary school counselors adapt to trauma based on their personality, history, and social context in which they exist (McCann & Pearlman 1990b). The findings of my study, however, were that elementary school counselors did not experience a disruption in their cognitive structures of empathy, control, and esteem due to experiencing vicarious trauma and caseload size.

Bandura's (1963) social cognitive theory, also known as social learning theory, emphasizes observing and modeling others' behaviors, attitudes, and emotional reactions. According to Bandura, learning is centered upon the effects of one's actions, which helps one to recognize what to do and creates positive and negative consequences. Most human

behavior is learned observationally through modeling (Bandura, 1963). The modeling

process includes attention to learning, imitation to replicate what is modeled, and

motivation (or incentive) to do what is learned (Bandura, 1963). Thus, for behavior to be

mimicked, it must first be noticed.

According to Bandura (1963), retention refers to the memory of what has been

paid attention to or how healthy behavior is stored in one's memory. Therefore, the

behavior relies upon rhetorical coding, mental images, intellectual organization,

emblematic preparation, and systematic rehearsal (Bandura, 1963). Reproduction refers

to the transmission of behavior and the ability to do so (Bandura, 1963). This includes the

physical ability to reproduce a behavior and the self-observation of the reproduction of

behavior (Bandura, 1963). Finally, motivation refers to having a good reason to replicate

behavior (Bandura, 1963). Therefore, the coded information serves as a guide for action

in the future (Bandura, 1963). Thus, elementary school counselors can think through

different scenarios and alternatives by using their cognitive skills, imagining outcomes,

and guiding their behavior by expected consequences, also known as self-efficacy

(Bandura & Wessels, 1994).

According to Bandura, the most vital self-regulation mechanism is self-efficacy,

which is believed that one can bring about a particular outcome through actions (as cited

in Bandura & Wessels, 1994). Therefore, self-efficacy is the belief one possesses to

control one's motivation, behavior, and social environment to achieve a particular

outcome (Bandura & Wessels, 1994). Self-efficacy beliefs operate as elements of

behavior by influencing motivation, thought processes, and emotions in ways that may be

self-sustaining or self-hindering (Bandura & Wessels, 1994). Thus, people may believe something can occur, but whether they embark on a course of action depends significantly on their perceived ability to make it happen (Bandura & Wessels, 1994). Therefore, when elementary school counselors engage in discussion with each student surrounding past trauma, the cognitive process occurring within the elementary school counselors' office environment could be decreased based on each student's trauma stories (Bandura & Walters; Bandura & Wessels, 1994). Lastly, the elementary school counselor experiences each student's behavior firsthand as they describe the trauma experienced and observes the consequence of the trauma (Bandura & Walters, 1963). Instead of directly experiencing each student's trauma, the elementary school counselor learns by observing the outcome of the trauma expressed by each student (Bandura & Walters, 1963). Thus, the likelihood of each elementary school counselor experiencing vicarious trauma is possibly high. The findings of my study do not indicate a disruption in the cognitive structures of empathy, control, and esteem due to encountering vicarious trauma and caseload size.

Limitations of the Study

The limitations of the study specifically related to the sample size. Seventy-nine elementary school counselors completed the survey, but only 44 completed the entire survey. The low response rate may be attributed to survey fatigue where the respondents became tired and stopped answering the questions. Also, the respondents may have stopped answering the questions because the incentive of gaining knowledge of vicarious trauma was not worth the stress of completing this survey. Lastly, the respondents may

have become skeptical of this survey due to its sensitive nature of the questions asked regarding control, empathy, and esteem. Despite the anonymity of the web-based surveys, there could have been a social desirability bias that could have threatened the generalizability of these results. Specifically, respondents may have been reluctant to accurately report their experiences across all variables due to fear of judgment. This study does not have adequate power to show significance because many participants did not complete the entire survey. Thirty-four participants stopped at Question 57. Seven hundred fifty-eight emails were sent to elementary school counselors across the United States. Out of those 758 emails, 44 elementary school counselors completed the entire survey, while 35 were removed due to stopping in the middle of the survey. Thus, this study was underpowered, thereby affecting the results of this study.

Another limitation to the study was difficulty in reaching elementary school counselors. Although each respondent was contacted via their school email, several elementary school counselors responded to the invitation email indicating lack of time to complete the survey. Also, many school districts informed me that any outside entity recruiting any person from this district to complete a research study must be approved by the school board at its quarterly meeting. Several districts denied the school counselors approval to complete the survey for this study.

Recommendations

The study was aimed at addressing the gap in literature. There have been several research studies conducted on mental health professionals and vicarious trauma, teachers and vicarious trauma, and school counselors and vicarious trauma; however, not many

studies involved examining all three cognitive structures of empathy, control, and esteem. Further research could provide information that could identify, clarify, and explore the magnitude of vicarious trauma affecting the elementary school counselor personally and professionally. Thus, further research could provide a greater understanding of any interruption in the school counselor's ability to work effectively with each student based on the disruption of the cognitive structures of control, empathy, and esteem (see Chung & Shakra, 2020; Hayes et al., 2012). The findings from this study revealed that vicarious trauma and caseload size do not appear to negatively affect the elementary school counselor's ability personally or professionally due to not having adequate power to show significant.

It is recommended that future research surveys a larger population to examine vicarious trauma and include all school counselors in public school systems. It is also recommended that a shorter survey be used for this population as their caseloads are quite large and time-consuming. Replication of the study with altered methodology could also further inform the topic, perhaps in the form of qualitative interviews, focus groups, or case studies to further explore vicarious trauma development within the field of elementary school counselors. The qualitative methodology could further inform existing of not only the current study but the existing library of research as well.

Implications and Social Change

In this study, I explored the effects of vicarious trauma and caseload size on the cognitive structures of empathy, control, and esteem of elementary school counselors. The findings of this study did not provide any further information, but the results of this

study might inspire positive social change within the community of elementary school counselors by encouraging more conversations amongst school counselors about the stories being seen and heard that have the potential to reflect vicarious trauma. The hope is that the discussions reveal risks by promoting strategies to maintain healthy interactions among the school counselors and their students as well as identifying possible training opportunities to learn more about vicarious trauma and strategies to combat this phenomenon. The goal of this study was to fill a gap in the literature regarding vicarious trauma and caseload size interrupting the cognitive structures of empathy, control, and esteem.

Finally, the information obtained in this study offers implications for positive social change as it allowed the elementary school counselors to reflect and explore their experiences of vicarious trauma and the possibility of its impacts on their life. Additionally, the findings of this study can contribute to the existing body of literature and may continue to influence strategies, training models, and support for elementary school counselors to combat any possible experience of vicarious trauma as they continue to work with children who are experiencing an increase in trauma.

Conclusion

The purpose of this quantitative research study was to explore the relationship between vicarious trauma, occupational exposure (i.e., caseload size), and the disruption in the cognitive structures of control, esteem, and empathy. The examination of this phenomenon helped me understand the phenomenon of vicarious trauma and the increase in trauma of students who are supported by elementary school counselors. An analysis of

the elementary school counselors and the relationship of vicarious trauma and caseload size disrupting the cognitive structures of empathy, control, and esteem was not found. Thus, based on this study, the elementary school counselor does not appear to be affected by the trauma stories of their students.

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Appendix A: Email Invitation

Hello,

I am a doctoral student at Walden University and am currently gathering data on elementary school counselors in the United States. I hope you will be willing to complete a survey on vicarious trauma and your profession, which takes approximately 20-60 minutes to complete. I have attached the consent form outlining the study as well. Please review the consent form, click the attached link, and complete this survey. I would greatly appreciate it. If you have any questions, don't hesitate to contact me at this email. Thank you for your time.

Sincerely,

Erin Duduit

https://www.surveymonkey.com/r/87R2MLH

Appendix B: Survey

1. Gender:

   o Male

   o Female

2. Age:

   o 18-24

   o 25-34

   o 35-44

   o 45-54

   o 55-64

   o 65-74

   o 75 or older

3. Caseload Size:

   o 0-20

   o 20-30

   o 30-40

   o 40-50

   o 50-60

   o 60-70

   o 70-80

   o 80-90

   o 90-100

- o 100-pluse students

4. Number of years as elementary school counselor:

- o Less than 5
- o 10-15
- o 15-20
- o 20-25
- o 25-30
- o 30-plus years

5. When someone else is feeling excited, I tend to get excited too.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

6. Other people's misfortunes do not disturb me a great deal.

- o Never
- o Rarely
- o Sometimes
- o Often
- o Always

7. It upsets me to see someone being treated disrespectfully.

- o Never

    o Rarely

    o Sometimes

    o Often

    o Always

8. I remain unaffected when someone close to me is happy.

    o Never

    o Rarely

    o Sometimes

    o Often

    o Always

9. I enjoy making other people feel better.

    o Never

    o Rarely

    o Sometimes

    o Often

    o Always

10. I have tender, concerned feelings for people less fortunate than me.

    o Never

    o Rarely

    o Sometimes

    o Often

    o Always

11. When a friend starts to talk about his/her problems, I try to steer the conversation towards something else.

- o Never

- o Rarely

- o Sometimes

- o Often

- o Always

12. I can tell when others are sad even when they do not say anything.

- o Never

- o Rarely

- o Sometimes

- o Often

- o Always

13. I find that I am "in tune" with other people's moods.

- o Never

- o Rarely

- o Sometimes

- o Often

- o Always

14. I do not feel sympathy for people who cause their own serious illnesses.

- o Never

- o Rarely

o Sometimes

o Often

o Always

15. I become irritated when someone cries.

o Never

o Rarely

o Sometimes

o Often

o Always

16. I am not really interested in how other people feel.

o Never

o Rarely

o Sometimes

o Often

o Always

17. I get a strong urge to help when I see someone who is upset.

o Never

o Rarely

o Sometimes

o Often

o Always

18. When I see someone treated unfairly, I do not feel very much pity for them.

o Never

o Rarely

o Sometimes

o Often

o Always

19. I find it silly for people to cry out of happiness.

o Never

o Rarely

o Sometimes

o Often

o Always

20. When I see someone being taken advantage of, I feel kind of protective towards

him/her.

o Never

o Rarely

o Sometimes

o Often

o Always

21. I feel that I am a person of worth, at least on an equal plane with others.

o Strongly Agree

o Agree

o Disagree

o Strongly Disagree

22. I feel that I have a number of good qualities.

o Strongly Agree

o Agree

o Disagree

o Strongly Disagree

23. All in all, I am inclined to feel that I am a failure.

o Strongly Agree

o Agree

o Disagree

o Strongly Disagree

24. I am able to do things as well as most other people.

o Strongly Agree

o Agree

o Disagree

o Strongly Disagree

25. I feel I do not have much to be proud of.

o Strongly Agree

o Agree

o Disagree

o Strongly Disagree

26. I take a positive attitude toward myself.

    o   Strongly Agree

    o   Agree

    o   Disagree

    o   Strongly Disagree

27. On the whole, I am satisfied with myself.

    o   Strongly Agree

    o   Agree

    o   Disagree

    o   Strongly Disagree

28. I wish I could have more respect for myself.

    o   Strongly Agree

    o   Agree

    o   Disagree

    o   Strongly Disagree

29. I certainly feel useless at times.

    o   Strongly Agree

    o   Agree

    o   Disagree

    o   Strongly Disagree

30. At times I think I am no good at all.

    o   Strongly Agree

    o   Agree

o Disagree

o Strongly Disagree

31. I prefer a job where I have a lot of control over what I do and when I do it.

o The statement does not apply to me at all

o The statement usually does not apply to me

o Most often, the statement does not apply

o I am unsure about whether or not the statement applies to me,

o or it applies to me about half the time

o The statement applies more often than not

o The statement usually applies to me

o The statement always applies to me

32. I enjoy political participation because I want to have as much of a say in running

government as possible.

o The statement does not apply to me at all

o The statement usually does not apply to me

o Most often, the statement does not apply

o I am unsure about whether or not the statement applies to me,

o or it applies to me about half the time

o The statement applies more often than not

o The statement usually applies to me

o The statement always applies to me

33. I try to avoid situations where someone else tells me what to do.

o   The statement does not apply to me at all

o   The statement usually does not apply to me

o   Most often, the statement does not apply

o   I am unsure about whether or not the statement applies to me,

o   or it applies to me about half the time

o   The statement applies more often than not

o   The statement usually applies to me

o   The statement always applies to me

34. I would prefer to be a leader than a follower.

o   The statement does not apply to me at all

o   The statement usually does not apply to me

o   Most often, the statement does not apply

o   I am unsure about whether or not the statement applies to me,

o   or it applies to me about half the time

o   The statement applies more often than not

o   The statement usually applies to me

o   The statement always applies to me

35. I enjoy being able to influence the actions of others.

o   The statement does not apply to me at all

o   The statement usually does not apply to me

o   Most often, the statement does not apply

o   I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

36. I am careful to check everything on an automobile before I leave for a long trip.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

37. Others usually know what is best for me.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

38. I enjoy making my own decisions.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

39. I enjoy having control over my own destiny.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

40. I would rather someone else take over the leadership role when I'm involved in a

group project.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

41. I consider myself to be generally more capable of handling situations than others are.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

42. I'd rather run my own business and make my own mistakes than listen to someone else's orders.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o   The statement applies more often than not

- o   The statement usually applies to me

- o   The statement always applies to me

43. I like to get a good idea of what a job is all about before I begin.

- o   The statement does not apply to me at all

- o   The statement usually does not apply to me

- o   Most often, the statement does not apply

- o   I am unsure about whether or not the statement applies to me,

- o   or it applies to me about half the time

- o   The statement applies more often than not

- o   The statement usually applies to me

- o   The statement always applies to me

44. When I see a problem, I prefer to do something about it rather than sit by and let it continue.

- o   The statement does not apply to me at all

- o   The statement usually does not apply to me

- o   Most often, the statement does not apply

- o   I am unsure about whether or not the statement applies to me,

- o   or it applies to me about half the time

- o   The statement applies more often than not

- o   The statement usually applies to me

- o   The statement always applies to me

45. When it comes to orders, I would rather give them than receive them.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

46. I wish I could push many of life's daily decisions off on someone else.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

47. When driving, I try to avoid putting myself in a situation where I could be hurt by

another person's mistake.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

48. I prefer to avoid situations where someone else has to tell me what it is I should be doing.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o or it applies to me about half the time

- o The statement applies more often than not

- o The statement usually applies to me

- o The statement always applies to me

49. There are many situations in which I would prefer only one choice rather than having to make a decision.

- o The statement does not apply to me at all

- o The statement usually does not apply to me

- o Most often, the statement does not apply

- o I am unsure about whether or not the statement applies to me,

- o   or it applies to me about half the time

- o   The statement applies more often than not

- o   The statement usually applies to me

- o   The statement always applies to me

50. I like to wait and see if someone else is going to solve a problem so that I don't have

to be bothered with it.

- o   The statement does not apply to me at all

- o   The statement usually does not apply to me

- o   Most often, the statement does not apply

- o   I am unsure about whether or not the statement applies to me,

- o   or it applies to me about half the time

- o   The statement applies more often than not

- o   The statement usually applies to me

- o   The statement always applies to me

51. I believe I am safe.

- o   Disagree Strongly

- o   Disagree

- o   Disagree Somewhat

- o   Agree Somewhat

- o   Agree

- o   Agree Strongly

52. You can't trust anyone.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

53. I don't feel like I deserve much.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

54. Even when I am with friends and family, I don't feel like I belong.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

55. I can't be myself around people.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

56. I never think anyone is safe from danger.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

57. I can trust my own judgment.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

58. People are wonderful.

- o Disagree Strongly

- o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

59. When my feelings are hurt, I can make myself feel better.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

60. I am uncomfortable when someone else is the leader.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

61. I feel like people are hurting me all the time.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

62. If I need them, people will come through for me.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

63. I have bad feelings about myself.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

64. Some of my happiest times are with other people.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

- o Agree

- o Agree Strongly

65. I feel like I can't control myself.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

66. I could do serious damage to someone.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

67. When I am alone, I don't feel safe.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

o   Agree Strongly

68. Most people ruin what they care about.

o   Disagree Strongly

o   Disagree

o   Disagree Somewhat

o   Agree Somewhat

o   Agree

o   Agree Strongly

69. I don't trust my instinct.

o   Disagree Strongly

o   Disagree

o   Disagree Somewhat

o   Agree Somewhat

o   Agree

o   Agree Strongly

70. I feel close to lots of people.

o   Disagree Strongly

o   Disagree

o   Disagree Somewhat

o   Agree Somewhat

o   Agree

o   Agree Strongly

71. I feel good about myself most days.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

72. My friends don't listen to my opinion.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

73. I feel hollow inside when I am alone.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

74. I can't stop worrying about others' safety.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

75. I wish I didn't have feeling.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

76. Trusting people is not smart.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

77. I would never hurt myself.

- o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

78. I often think the worst of others.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

79. I can control whether I harm others.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

80. I'm not worth much.

o Disagree Strongly

o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

81. I don't believe what people tell me.

   - o Disagree Strongly

   - o Disagree

   - o Disagree Somewhat

   - o Agree Somewhat

   - o Agree

   - o Agree Strongly

82. The world is dangerous.

   - o Disagree Strongly

   - o Disagree

   - o Disagree Somewhat

   - o Agree Somewhat

   - o Agree

   - o Agree Strongly

83. I am often in conflicts with other people.

   - o Disagree Strongly

   - o Disagree

   - o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

84. I have a hard time making decisions.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

85. I feel cut off from people.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

86. I feel jealous of people who are always in control.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

87. The important people in my life are in danger.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

88. I can keep myself safe.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

89. People are no good.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

90. I keep busy to avoid my feelings.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

91. People shouldn't trust their friends.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

92. I deserve to have good things happen to me.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

93. I worry about what other people will do to me.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

94. I like people.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

95. I must be in control of myself.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

96. I feel helpless around adults.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

97. Even if I think about hurting myself, I won't do it.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

98. I don't feel much love from anyone.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

99. I have good judgment.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

100. Strong people don't need to ask for help.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

101. I am a good person.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

102. People don't keep their promises.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

103. I hate to be alone.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

104. I feel threatened by others.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

105. When I am with people, I feel alone.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

106. I have problems with self-control.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

107. The world is full of people with mental problems.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

108. I can make good decisions.

o Disagree Strongly

o Disagree

o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

109. I often feel people are trying to control me.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

110. I am afraid of what I might do to myself.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

111. People who trust others are stupid.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

112. I am my own best friend.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

113. When people I love aren't with me, I believe they are in danger.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

114. Bad things happen to me because I am a bad person.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

o Agree Strongly

115. I feel safe when I am alone.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

116. To feel okay, I need to be in charge.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

117. I often doubt myself.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

118. Most people are good at heart.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

119. I feel bad about myself when I need help.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

120. My friends are there when I need them.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

121. I believe that someone is going to hurt me.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

122. I do things that put other people in danger.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

123. There is an evil force inside me.

o Disagree Strongly

o Disagree

o Disagree Somewhat

o Agree Somewhat

o Agree

o Agree Strongly

124. No one really knows me.

o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

125. When I am alone, it's as if there's no one there, not even me.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

126. I don't respect the people I know best.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

127. I can usually figure out what's going on with people.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

128. I can't do good work unless I am the leader.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

129. I can't relax.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

130. I have physically hurt people.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

o   Agree Somewhat

o   Agree

o   Agree Strongly

131. I am afraid I will harm myself.

o   Disagree Strongly

o   Disagree

o   Disagree Somewhat

o   Agree Somewhat

o   Agree

o   Agree Strongly

132. I feel left out everywhere.

o   Disagree Strongly

o   Disagree

o   Disagree Somewhat

o   Agree Somewhat

o   Agree

o   Agree Strongly

133. If people really knew me, they wouldn't like me.

o   Disagree Strongly

o   Disagree

o   Disagree Somewhat

o   Agree Somewhat

- o Agree

- o Agree Strongly

134. I look forward to time I spend alone.

- o Disagree Strongly

- o Disagree

- o Disagree Somewhat

- o Agree Somewhat

- o Agree

- o Agree Strongly

Appendix C: Approval Letters for Instruments

Thank you for your interest.
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Best,
Nathan Spreng

--

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Department of Neurology and Neurosurgery
McGill University

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Best of luck with your dissertation.

- Jerry

Jerry M. Burger
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www.jerrymburger.com

Rosenberg Self Esteem Scale
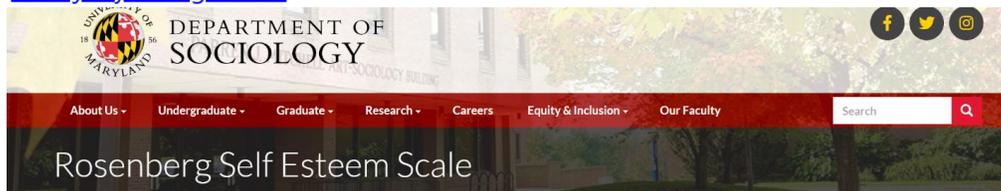
The Rosenberg Self-Esteem Scale is perhaps the most widely-used self-esteem measure in social science research. Dr. Rosenberg was a Professor of Sociology at the University of Maryland from 1975 until his death in 1992. He received his Ph.D. from Columbia University in 1953, and held a variety of positions, including at Cornell University and the National Institute of Mental Health, prior to coming to Maryland. Dr. Rosenberg is the author or editor of numerous books and articles, and his work on the self-concept, particularly the dimension of self-esteem, is world-renowned.

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Self Esteem: What Is it?

Rosenberg Scale FAQ

Using the Self Esteem Scale

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CON731

Date:

September 13, 2022

Principal Investigator's name and title:

Erin Duduit, Doctoral Student, Walden University

Name of the Assessment:

Trauma and Attachment Belief Scale (TABS)

Permitted number of uses:

100 uses

Description of the study:

"Vicarious Trauma of Elementary School Counselors."

References terms dated 12Sep'22.

Use of Adult Test/Profile Form.

Method of administration:

Administration and scoring via a secure, password-protected, online environment with database-style scoring.

The required copyright notice that must be affixed in its entirety to each reprint/viewing of the assessment:

Jimmy Felix

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