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Lived Experiences of Crisis Counselors with Repeat Exposure to Mental Health Crises

Emily Genever
Walden University

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Emily E. Genever

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Review Committee
Dr. Corinne Bridges, Committee Chairperson, Counselor Education and Supervision
Faculty
Dr. Geneva Gray, Committee Member, Counselor Education and Supervision Faculty
Dr. Marta Sheridan, University Reviewer, Counselor Education and Supervision Faculty

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Sue Subocz, Ph.D.

Walden University
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Abstract

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MS, Walden University, 2012

BS, University of Phoenix, 2009

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

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Abstract

Due to the potentially traumatic content that crisis counselors face, members of the counselor education community must understand the psychological implications of repeated exposure to mental health crises to fulfill their responsibility of properly training, supervising, and supporting crisis counselors. The purpose of this qualitative phenomenological study was to explore the lived experiences of crisis counselors who had worked full-time with a variety of mental health emergencies. A hermeneutic design and constructivist self-development theoretical lens allowed for the illumination of the perceived positive and negative consequences of crisis work. Purposive sampling strategies were employed to recruit seven crisis counselors for individual in-depth semi-structured interviews. Interpretative phenomenological analysis generated two main themes and ten subthemes: (a) negative implications of crisis work with subthemes of burnout, compassion fatigue, struggle with self-care, limitation of client resources, and unfair compensation; and (b) positive implications of crisis work with subthemes of work satisfaction, professional growth, sense of purpose, work-based support, and resiliency. Implications for social change include increased support for crisis counselor preparedness and wellness as well as increased effectiveness of client care.

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Dedication

This dissertation is dedicated to all the wonderful people in my life who have been by my side throughout this long journey. To my husband, Chris: Thank you for dealing with my nonstop educational adventures and never once complaining. I love you; you're my lobster. To my children, Evan and Cayden: You both mean the world to me and you're the reason I have been able to gather the courage to get where I am. I love you both more than I could ever put into words. I worked hard on this journey to show you that if you want something badly enough, and if you're stubborn enough to keep failing and trying, you can achieve your goals—whatever they may be. To my bestie and PhD buddy, Aly: You have been my guiding light throughout this whole experience. You were the one who inspired me to do this and who kept me going over the years. You effortlessly took on the almost daily task of being an encourager, never wavering in your support of this endeavor. To my sister, Annemarie, and soul sister, Leane: Thank you both for being the best sister cheerleaders. So much love to you. To my parents: I appreciate that the greatest gift you ever gave me was to bring me into the world believing that no mountain was too high. Finally, to so many friends and colleagues who have supported me: I feel so lucky to have had your kindness, warmth, and encouragement along the way. I have the most amazing tribe.

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Chapter 1: Introduction to the Study

The counseling profession includes an exciting variety of career opportunities that counselors choose based on education, training, interest, and circumstance (American Counseling Association [ACA], 2018). Counselors have a wide variety of career tracks available to them upon earning a master's degree in clinical mental health counseling and obtaining state licensure, and as the mental health field grows, the number of opportunities continues to grow (ACA, 2018). This increased variety corresponds to the growing need for mental health services in multiple settings that intertwine with other fields of study and occupational fields (Castillo et al., 2018; Cornwell et al., 2018). It is common to see counselors working not only in mental health agencies but also in hospitals, jails, police departments, career agencies, rehabilitation facilities, and many other organizations (Castillo et al., 2018; Cornwell et al., 2018; Vanderploeg et al., 2016). With a growing variety of opportunities, there is a significant need for the continuous improvement of counselor education, training, and supervision (Mullen et al., 2015). Every new or emerging subfield of the counseling profession requires further research to understand any unique training or supervision needs based on specialization (van Asselt et al., 2016). It is imperative to continue learning about new and emerging subfields of the counseling profession to optimally support the development of efficient counselors.

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of full-time crisis counselors with consideration of both the current literature as well as the context in which the counselors experience crisis work. It is necessary for the counselor education community to understand how to best prepare and support those

counselors working in specialized fields. The need to explore crisis counseling arises from the lack of information available on topics of training, supervision, competency, and counselor wellness in crisis counseling (Foreman, 2018; Ghazali et al., 2017; Lloyd-Evans et al., 2019; Looi & Keightley, 2019; Myer et al., 2013; Shannonhouse et al., 2018). Additionally, this study included the consideration of crisis work affected by the COVID-19 pandemic as an unavoidable influence on the lived-experiences of crisis counselors. This study also seeks to expand the knowledge base through an exploration of counselor wellness in crisis counseling, having identified a research gap in the literature of this area.

This chapter starts by providing a background of counselor wellness and crisis counseling, which explains what available research exists on the topic of counselor wellness in crisis counseling and identifies the need for further exploration. Next, the chapter provides an explanation of the identified problem and purpose of the study, along with the guiding research question as well as supporting conceptual and theoretical frameworks. I also define keywords and explain the nature of my study. The chapter concludes with a description of the delimitations, limitations, assumptions, and significance of my study.

Background

Although there are many significant factors of counselor education, training, and professional development, one particular factor—counselor wellness—has recently garnered increasing attention and continues to rise in importance as a central component of counselor preparedness and professional development in any specialization or subfield

(Foreman, 2018; Ghazali et al., 2017; Mullen & Crowe, 2017). Counselor wellness is a central topic of discussion as an influencing factor of efficiency and effectiveness helping others, which we are content to call the field of "counseling" (Foreman, 2018; Ghazali et al., 2017; Mullen & Crowe, 2017). Researchers have found evidence to support the theory that the effectiveness of client treatment and productivity relies on the treatment provider's mental wellness (Foreman, 2018; Meany-Walen et al., 2016). Counselor wellness depends on many elements, including prior psychological injuries, cultural background, coping mechanisms, current mental health state, and social relationships (Foreman, 2018; Ghazali et al., 2017). The extant literature includes evidence that supports the significant influence of occupational factors, especially in the counseling profession, having a powerful impact on an individual's psychological well-being (Meany-Walen et al., 2016).

Occupational consequences include the potential for counselors to develop burnout, compassion fatigue, and vicarious trauma (Foreman, 2018; Ghazali et al., 2017; Meany-Walen et al., 2016). Burnout is a condition that develops from overwork; symptoms include exhaustion, lack of motivation, cynicism, and absence of positive emotions (Butler et al., 2017). Compassion fatigue is a condition that develops when a counselor gives more support than they can emotionally manage; symptoms include depersonalization, irritability, difficulty sleeping, and emotional exhaustion (Butler et al., 2017; Foreman, 2018). Vicarious trauma is a condition that develops from exposure to the traumatic stories of others that causes symptoms similar to firsthand traumatic exposure, including sadness, anxiety, irritability or anger, isolation, and physiological

symptoms of stress (Lu et al., 2017). All counselors risk developing burnout, compassion fatigue, and vicarious trauma (Butler et al., 2017; Foreman, 2018; Lu et al., 2017). Therefore, it is important to consider the potential risk of developing burnout, compassion fatigue, and vicarious trauma for those entering the counseling profession.

With decades of research to support counselors' increased risk of developing burnout, compassion fatigue, and vicarious trauma, one might conclude that all counselors working in stressful environments or with populations of clients routinely expressing traumatic content are destined for a career of psychological injury and occupational torture (Butler et al., 2017; Foreman, 2018; Lu et al., 2017). However, other researchers have obtained data to support the theory that there are also some potential positive aspects of working with traumatic content (Burnett, 2015; Killian et al., 2017). In the mid-1990s, Tedeschi and Calhoun (1998, as cited in Lu et al., 2017) presented the idea that individuals working in stressful conditions can continue to do so because they develop a resiliency against the continuous exposure to stress and trauma. Tedeschi and Calhoun (1998, as cited in Lu et al., 2017) coined the term *posttraumatic growth* to describe the trauma and stress-based resiliency observed within the population of individuals who work exclusively with traumatic content. However, various ideas contend as to the origins or causes of posttraumatic growth (Lu et al., 2017; Manning-Jones et al., 2015). Some of the developed theories involve a predisposition to posttraumatic growth arising from prior personal experience, characteristics of personality, occupation type, client population served, level of self-care, and occupational support (Lu et al., 2017; Manning-Jones et al., 2015). Factors in counseling

professionals' psychological wellness that are apparent, yet under-researched, include perception, cultural identity, and occupational influence.

The notion of a crisis refers to a situation in which people perceive themselves as "stuck" or in an emergency (Lloyd-Evans et al., 2019; Looi & Keightley, 2019; Myer et al., 2013). Crisis is a natural part of the human experience related to personal struggle and environmental circumstances (Lloyd-Evans et al., 2019; Looi & Keightley, 2019; Myer et al., 2013). However, although crisis has always been part of being human, the specialized response to and treatment of mental health crisis is a newer concept (Gillès de Pélichy et al., 2018; Lloyd-Evans et al., 2019; Looi & Keightley, 2019; Myer et al., 2013). Moreover, even within academia, the subfield of crisis is young compared to many other subfields in the field of counseling (Cross et al., 2014; Dupre et al., 2014; Shannonhouse et al., 2018). Until recently, depending on geographic location or region, crises were managed by medical professionals, public safety professionals, psychiatrists, psychologists, social workers, and religious professionals (Bellamy et al., 2019; Dupre et al., 2014; Myer et al, 2013; Shannonhouse et al., 2018). Crisis, as it relates to research-based literature in the mental health profession, is difficult to define because it has been widely used to describe a wide variety of situations and conditions (Bellamy et al., 2019; Dupre et al., 2014; Myer et al., 2013; Shannonhouse et al., 2018). For the purposes of this study, the term "crisis" refers to a variety of acute mental health emergencies including issues of suicidal thinking, suicidal action, homicidal thinking, homicidal action, psychosis, extreme psychological distress, acute trauma exposure, or severe substance use. This definition mirrors the definition used by mobile crisis teams and stationary

crisis counselors working in acute medical or psychiatric settings who spend their time working exclusively with those experiencing a variety of mental health crises (Asselt et al., 2016; Cross et al., 2014; Gillès de Pélichy et al., 2018; Vanderploeg et al., 2016).

Searching the databases for peer-reviewed literature on the training, competency, wellness, and supervision of full-time crisis counseling yielded few results. The results included studies on exposure to one type of crisis and rarely centered on licensed mental health counselors as the mental health professional being studied. While searching the literature, I found studies on the training, competency, wellness, and supervision of mental health professionals specializing in trauma work (Foreman, 2018; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Long, 2019; Lu et al., 2017). The researchers reported outcomes that showed both positive and negative implications of specializing in trauma, but all called for more research on all topics related to working with those affected by trauma (Foreman, 2018; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Long, 2019). Moreover, I found studies on the training, competency, supervision, and wellness of mental health professionals working with suicidal clients (Cureton & Sheesley, 2017; Fruhbauerova & Comtois, 2019; Hoffman et al., 2013; Shannonhouse et al., 2018). However, most researchers focused on a counselor's rare and sporadic exposure to working with suicidal clients (Fruhbauerova & Comtois, 2019; Hoffman et al., 2013; Shannonhouse et al., 2018), rather than continuous and extended exposure to such experiences. Those studies also suggested that there are many factors involved with counselor preparation, competency, and wellness when exposed to suicidal clients, and each article called for further research into each category (Fruhbauerova & Comtois,

2019; Hoffman et al., 2013; Shannonhouse et al., 2018). Continued review of the literature found similar results from studies that used varied definitions of "crisis" and "crisis counselors" and offered no insight into the factors involved in preparing and supporting those who work as crisis counselors. The information gathered was useful in guiding my study and provided a clear indication that further research was needed to understand the psychological implications of full-time exposure to mental health crises.

Problem Statement

Considering the well-known importance of counselor wellness and the potentially traumatic content crisis counselors face (Foreman, 2018; Ghazali et al., 2017; Mullen & Crowe, 2017; Vanderploeg et al., 2016), members of the counselor education community must understand the psychological implications of repeated counselors' exposure to patients' or clients' various mental health crises to fulfill the responsibility of properly training, supervising, and supporting all counseling professionals. Most recent research related to crisis response has focused on outpatient counselors with random and infrequent exposure to client crisis episodes or on counselors focusing their practices on one type of mental health crisis (Abassary & Goodrich, 2014; Dupre et al., 2014; Hoffman et al., 2013). This research gap shows the need to explore the phenomenon of crisis counseling with a focus on the psychological implications of repeated exposure to continuous and various mental health crises. Seeking to narrow this research gap, I focused on the factors of burnout, vicarious trauma, compassion fatigue, and posttraumatic growth and defined components of well-being in the helping profession (see Abassary & Goodrich, 2014; Dupre et al., 2014). Without further research, the

counselor education community may continue to be uninformed and ill-prepared on how to properly train and supervise crisis counselors. With further understanding of the psychological implications of crisis counseling, the counselor education community may benefit from research-based guidance on how to prepare and support crisis counselors within the subfield, which may lead to healthier counselors and improved care for their most vulnerable clients.

Purpose of the Study

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of crisis counselors with consideration of the current literature and the context in which the counselors experience full-time exposure to a variety of mental health emergencies as necessary for the counselor education community to understand how to prepare and support those counselors working in specialized fields. I explored the phenomenon of working as a crisis counselor to understand the potential psychological implications of full-time crisis work. This study may lead to improved preparation of counselors-in-training to inform crisis counselor supervision. This study's findings may also inform counselor education programs in preparing counselors-in-training to enter the subfield of crisis response with increased skill and ability to prevent or mitigate occupation-based psychological injuries. Additionally, the findings may be useful in furthering our understanding of how to supervise those who work in crisis response to prevent and manage occupation-based psychological injuries.

When I was designing this study, the targeted phenomenon was the general experience of working as a crisis counselor. However, the influence of the COVID-19

pandemic became an unavoidable and central element of the study. The pandemic has had widespread influences on the well-being and psychological health of all helping professionals (Litam et al., 2021). Available research has shown both positive and negative psychological implications for health care workers working "on the front lines" with those affected by COVID-19 due their continuous potential exposure (Litam et al., 2021). In light of this research, I determined that it would be necessary to incorporate the pandemic into my exploration of crisis counselors' experiences.

Research Question

What are the lived experiences of crisis counselors who are exposed to a variety of mental health crises?

Conceptual and Theoretical Framework

Phenomenology

The conceptual framework for my study was phenomenology. The hermeneutic phenomenological approach is consistent with an explorative style and supports the need to consider the context of current influencing factors on the target population. Hermeneutic phenomenology has a historical foundation from Husserl's theories, in which the basic premise was adherence to the notion that experience must be transcended to discover reality (Dowling & Cooney, 2012; Heidegger, 1962; Sloan & Bowe, 2013). For his part, Heidegger (1962) claimed that *Dasein*, or the human mode of being, is the true content of understanding (Sloan & Bowe, 2013). The method of capturing Dasein involves the use of a circular hermeneutic structure that includes a continuous process of mediation between interpretation and understanding (Dowling & Cooney, 2012;

Heidegger, 1962; Sloan & Bowe, 2013). As Heidegger explained, one's understanding of the world is controlled by the mode of being, whereas one's understanding of the mode of being is controlled by facticity of the world. The hermeneutic research design is used to explore a phenomenon by investigation of firsthand experiences and analysis of the phenomenon using the hermeneutic circle to provide interpretation (Dowling & Cooney, 2012; Heidegger, 1962). The intended process is cyclical because it relates to a process of using each analytical step to influence a more in-depth view of previous and future steps, resulting in a repetitive process of delving deeper into the data (Robinson & Kerr, 2015). The primary concepts of hermeneutic phenomenological research involve the use of two questions that ask (a) what is the experience of the phenomenon? and (b) what is the meaning, nature, or essence of that experience? (Heidegger, 1962).

Husserl's phenomenological approach is popular among qualitative researchers, with a focus on the descriptive presentation of data that describes a phenomenon (Dowling & Cooney, 2012; Sloan & Bowe, 2013). However, I also incorporate the ideas and methodology of Heidegger, who subscribed to Husserl's philosophy and added to his approach with the consideration of context (see Dowling & Cooney, 2012; Sloan & Bowe, 2013). Using the approach of Heidegger's hermeneutic phenomenology, I took an additional step to describe the essence of the experienced phenomenon by considering the context in which the psychological implications of crisis work exist (see Sloan & Bowe, 2013). By applying Heidegger's theory, I found richer meaning in the experiences of crisis counselors that may further the understanding of how those within the subfield experience their work and develop resiliency to their extensive and intimate exposure to

diverse mental health emergencies. Rather than merely describing the collected data, I found meaning through understanding.

Constructivist Self-Development Theory

The theoretical framework included McCann and Pearlman's (1992) constructivist self-development theory, which focuses on the idea that an individual's response to trauma relates to factors of personal experience and knowledge (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992). This theory aligned with the purpose of my study because it considers factors of experience, worldview, and culture to explain how an individual constructs reality (see Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992). The process of using the constructivist self-development theory involves the ability to code and analyze data with recognition of unique cognition, experience, personality, and culture (Hernandez-Wolfe et al., 204; McCann & Pearlman, 1992). Because my focus was to understand the potential positive and negative effects of exposure to continuous and varied mental health emergencies on crisis response counselors, it was necessary to consider the individual influences that compose the perception of resiliency and psychological struggle.

Phenomenology and the constructivist self-development theory guided my analysis of the participants' collective opinions and experiences to inform my understanding of the phenomenon and the context in which it is experienced. The hermeneutic phenomenological approach helped me to understand the environmental context of individual perception, while the constructivist self-development theory ensured the consideration of individual differences to capture a holistic interpretation of the

targeted phenomenon (i.e., the general experience of working as a crisis counselor). The use of both theories added depth and richness to the interpretations provided by my exploration. With a thorough analysis of the crisis counselors' experiences, I provided an interpretation that considers the context of their expressed experiences while viewing them through a lens that considers the unique individual.

Nature of the Study

I used a phenomenological qualitative design in which I explored themes through the collection of interview-based data. I limited my sample to crisis counselors who work exclusively with patients exhibiting a variety of mental health crises with at least 6 months of full-time experience in the counseling subfield of crisis response. I gathered data through semi-structured interviews to capture the collective views of counselors who are immersed in the crisis-response profession. The steps of my process included the initial in-depth analysis of the interviews with participants. I first considered their descriptions of the phenomenon, after which I reviewed the descriptions (while also considering my perception), empirically based explanations of identified constructs, consideration of the time and environmental influences involved with the experience of the phenomenon, and individual influence. I explored vicarious trauma, burnout, compassion fatigue, occupational satisfaction, and posttraumatic growth within the literature and considered these factors' respective influences on the phenomenon, combined with the participants' perception of the phenomenon. Additionally, I studied the environments in which full-time crisis counselors work as well as the specific mental health crises to which they respond, because the context for crisis response work in 2022

may have differed significantly from that of any other time period or geographical area. Finally, I considered individual influence while considering self-describing factors of resilience and struggle.

Once I reached data saturation, I used interpretative phenomenological analysis (IPA), a modern approach of conducting phenomenological research that allows for open and flexible analysis incorporating the consideration of ongoing insight, interpretation, and emendation (Smith, 2017; Tuffour, 2017). Using the IPA approach, I explored themes in the data regarding personal experiences, context, and influence.

Definitions

Burnout: Burnout is a perceived state of stress in which individuals commonly experience feelings of exhaustion, irritability, sadness and of being overwhelmed (Burnett, 2015; Butler et al., 2017; Dupre et al., 2014). Burnout is a condition generally related to an individual's work experiences (Burnett, 2015; Butler et al., 2017; Dupre et al., 2014).

Compassion fatigue: Compassion fatigue is a condition in which an individual in the helping profession experiences a decreased sense of caring and investment in their work with others due to the demands of their occupation and a stressed use of empathy (Burnett, 2015; Can & Watson, 2019).

Crisis counselor: Counselors who work in crisis have various titles, depending on region, organization, and personal preference (Abassary & Goodrich, 2014; Bellamy et al., 2019; Dupre et al., 2014). "Crisis counselor," "crisis professional," and "crisis worker" are broad titles used to describe licensed mental health counselors or other

mental health professionals who specialize in working with individuals in a state of crisis (Abassary & Goodrich, 2014; Bellamy et al., 2019; Dupre et al., 2014). Considering prior researchers' use of crisis-based professional titles and discrepancies among descriptions, in my study I standardized "crisis counselor" as the term to describe a licensed mental health counselor who specializes in full-time crisis intervention working with a variety of mental health emergencies.

Mental health crisis: A mental health crisis is any one of a variety of psychological crises including suicidal thinking, suicidal action, homicidal thinking, homicidal action, psychosis, extreme psychological distress, acute trauma exposure, or severe substance abuse (Kim & Kim, 2017; Lloyd-Evans et al., 2019; Looi & Keightley, 2019).

Posttraumatic growth: Posttraumatic growth is a theory focusing on the belief that there are positive implications of being exposed to traumatic material, namely that an individual develops resiliency against conditions including burnout, compassion fatigue, and vicarious trauma (Long, 2019; Tominaga et al., 2019).

Vicarious trauma: Vicarious trauma is a condition in which an individual in the helping profession develops symptoms of traumatic stress from secondary exposure to traumatic content (Foreman, 2018; Hernández et al., 2010; Hernandez-Wolfe et al., 2014).

Wellness: Wellness is the perceived quality of being in a positive and healthy state (Burnett, 2015; Foreman, 2018; Ghazali et al., 2017; Meany-Walen et al., 2016). It is

important to note that "wellness" can refer to both physical and mental health (Burnett, 2015; Ghazali et al., 2017).

Assumptions

The first assumption of my study was that the inclusion criteria were appropriate and ensured that participants had experienced the phenomenon of working as crisis counselors. Another assumption was that the participants participated in the study out of genuine interest rather than other motives. Considering the context of recent events, another assumption was that there would be a considerable influence of working in a pandemic that would be present throughout the data. Considering the available research that supported the inevitable negative and positive psychological influences of working in helping services during the pandemic (Litam et al., 2021), I expected the element of COVID-19 to be present throughout the collected data. The assumption came from personal experience as a supervisor for a crisis team in which every facet of crisis work had been changed due to the pandemic. The environment, work policies, interaction with clients, and individual comfort were different since the beginning of the pandemic. The last assumption was that the participants would be honest and open during the interview process.

Scope and Limitations

The scope of the study was limited to recruiting between six and 10 individuals with a work history of at least 6 months as a full-time crisis counselor. I contacted prospective participants by sending emails to leaders of mobile crisis teams throughout the state of Maine and posted announcements on social media groups of crisis

professionals. The recruitment period remained open until saturation was achieved

through continuous analysis of collected data, which yielded a total of seven participants.

I gathered data through a process of semi-structured interviews to capture the collective

views of those who are immersed in the crisis response profession.

  The steps of my process included the initial in-depth analysis of the interviews

with participants, which addressed their descriptions of the phenomenon. The next step

consisted of reviewing the descriptions considering my perception, empirically based

explanations of identified constructs, as well as the time and environmental influences

involved with the experience of the phenomenon. I explored vicarious trauma, burnout,

compassion fatigue, and posttraumatic growth within the literature and in collected data.

During data analysis, I considered the environments in which full-time crisis counselors

work, as well as the mental health crises they respond to, as the context for crisis work

because the environment of crisis work in 2022, including the pandemic, may have

differed significantly from their working environment at other times. The intended

process is cyclical because it relates to the hermeneutic circle: using each step of analysis

to influence a more in-depth view of both previous and future steps, resulting in a

repetitive process of delving deeper into the data (Robinson & Kerr, 2015). Analysis

concluded when I determined that there was a saturated level of meaning and

understanding in the interpretation of the targeted phenomenon, namely the general

experience of working as a crisis counselor.

Limitations

Having spent 4 years as a former crisis counselor and another 4 years—and counting—as the night supervisor of a team of crisis counselors, I have a personal passion for studying the lived experiences of those within the crisis response subfield. Furthermore, by working in the field for 8 years, I had a keen awareness of the lack of effective education and training to prevent psychological injuries and to promote wellness among my colleagues in this challenging line of work. In conducting this research, I saw the potential to work with those with whom I had personal and professional relationships. However, I took every precaution to avoid the influence of bias in my research. Another potential barrier in my research was the misunderstanding and misinterpretation of participants' thoughts and ideas due to my research approach (see Creswell, 2014; Lewis, 2015). As a qualitative researcher, I was the instrument to collect and interpret data. As a result, there was a risk of misunderstanding and misinterpreting the data through the influence of my perceptions. I used self-evaluation techniques, peer review, and member checking to ensure that every phase of my study was free from influential bias and incorrect perception, which are supported as effective methods of reducing error in qualitative research (see Creswell, 2014). Most of the time I spent working on this project was spent checking and rechecking my approaches and processes to reduce any chance of bias or errors.

Significance

One of the potential implications of my study was that its findings might facilitate increased efficiency of education, training, and support for crisis counselors. With

increased education on crisis work, counselors with interest in the subfield of crisis response would have increased knowledge of the potential psychological implications of crisis work. An increased understanding of the psychological implications of crisis counseling would guide the counselor education field toward structuring effective techniques for preparing and supporting crisis counselors. Furthermore, professors who teach crisis intervention would have a resource to add to their discussions of self-care when talking to students about a career in crisis. The increased knowledge would also enhance the training of crisis counselors by enabling the consideration of factors involved with preventing and identifying psychological injuries for those going into the subfield of crisis counseling. Additionally, the increased understanding of the psychological implications of crisis work would allow for better supervision by providing further guidance on how to effectively support supervisees in preventing and managing the negative implications of crisis counseling. Improvements in the preparation and support of crisis counselors would create an opportunity for providing better client care to individuals struggling with crises that may sometimes be life-threatening. Finally, my study would provide an opportunity for continuing education on resiliency in crisis counseling.

I sought to clarify the understanding of what skills and attributes are needed to increase resiliency among crisis counselors. With increased resiliency, there would be a potential to strengthen those who work in the profession, which would increase the quality and effectiveness of care being provided to those who are experiencing the worst

days of their lives. My study may influence social change by supporting psychological wellness for counselors and better care for the community.

Summary

Crisis counseling is a subfield of counseling that will continue to grow as a profession and as an important topic within the field of counselor education (Kim & Kim, 2017). My study was a beginning in exploring and understanding the preparation and supportive aspects of crisis counseling, and my findings may broaden knowledge and elicit related research inquiries. My exploration of the phenomenon using a contextual lens highlighted the elements of individual culture and occupational culture as influential components of perception and psychological experience. Chapter 2 focuses on the recent research on crisis counseling and counselor wellness published within the past 5 years. Explanations of my strategy of searching the literature are provided along with a description of the structure of the literature review.

Chapter 2: Literature Review

Crisis counselors work with a wide range of populations and with a large variety of crises (Asselt et al., 2016; Gillès de Pélichy et al., 2018; Kim & Kim, 2017; Vanderploeg et al., 2016). Most of the crises that crisis counselors face involve content that is considered stressful, intense, and sometimes traumatic (Asselt et al., 2016; Bellamy et al., 2019; Butler et al., 2017; Foreman, 2018). Researchers have shown that exposure to traumatic content and stressful work environments can lead to negative conditions such as burnout, compassion fatigue, and vicarious trauma (Bellamy et al., 2019; Butler et al., 2017; Foreman, 2018; Tominaga et al., 2019). Although any one of the negative conditions may be sufficient to strongly affect an individual, it is not uncommon for someone to develop more than one condition when exposed to stress or trauma (Bellamy et al., 2019; Butler et al., 2017). Researchers have also shown that counselors struggling with burnout, compassion fatigue, and vicarious trauma risk an overall decline in wellness and work performance (Bellamy et al., 2019; Butler et al., 2017; Foreman, 2018). Therefore, it is important to include counselor wellness when considering all subfields within the field of counseling. Given the unique exposure of crisis counselors, the counselor education community has a responsibility to understand the potential risks involved with the specific subfield to protect counselors and clients.

The risk of negative psychological implications is a well-known concept within the counseling community (Asselt et al., 2016; Bellamy et al., 2019; Butler et al., 2017; Foreman, 2018). However, before moving on to the exploration of burnout, compassion fatigue, and vicarious trauma within the crisis counselor field, it is necessary to consider

the work of researchers who have added to the knowledge base with their exploration of the positive implications of working with traumatic or stressful content in the helping population (Burnett, 2015; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Long, 2019; Manning-Jones et al., 2015). Burnett (2015), Hernandez-Wolfe et al. (2014), Killian et al. (2017), Long (2019), and Manning-Jones et al. (2015) shared data and analysis that supported the presence of positive psychological implications in those working with traumatic and stressful content. Posttraumatic growth is a relatively new theory focusing on the idea that those within the helping profession have the potential to experience the development of factors such as contentment, compassion satisfaction, and resiliency when exposed to traumatic content (Hernandez-Wolfe et al., 2014; Tominaga et al., 2019). Thus, it is important to consider the positive implications of working with traumatic and stressful content because researchers have shown that posttraumatic growth is an influence on the development of the negative psychological implications of working with traumatic and stressful content. I explored the positive implications of crisis work as a necessary component of exploring the general psychological implications of doing crisis work.

Although the recent literature included studies on the negative psychological implications of exposure to traumatic and stressful content, few studies addressed the understanding of the psychological implications of the unique exposure of crisis counselors. For example, Foreman (2018) and Lu et al. (2017) shared studies that support the theory that counselors who work exclusively with individuals affected by trauma have a significant risk of developing burnout, compassion fatigue, and vicarious trauma.

However, the participants involved in the studies were identified as working only with individuals affected by certain types of trauma (Foreman, 2018; Lu et al., 2017). Another example is the work of Hoffman et al. (2013), who looked at the psychological implications of working with suicidal clients through the lens of supervision; however, their focus was on the sporadic experience of a rare suicidal crisis in an outpatient setting. Another study indicated that counselors working with individuals affected by a large-scale disaster also had a higher risk of developing vicarious trauma from the client's sole exposure to disaster (Tominaga et al., 2019). After completing an exhaustive search on both the positive and negative aspects of exposure to a variety of continuous crises, I had found minimal information on the psychological implications of crisis counseling as defined in my study. Considering multiple U.S. states have crisis intervention teams composed of crisis counselors and other mental health professionals who fit my description (see Substance Abuse and Mental Health Services Administration, 2014), this lacuna constituted a research gap of significant concern when considering the ethical responsibility of the counseling field to prepare and support all within the counseling population. Without research to support the understanding of the psychological implications of crisis counseling, there are limitations in any guidelines seeking to provide adequate training and supervision for the population.

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of full-time crisis counselors with consideration of the recent literature and the context in which the counselors experience the phenomenon to understand how to prepare and support counselors working in specialized fields. With a focus on the unique

subfield, I explored the perceptions of crisis counselors that were interpreted and analyzed. Although the results provided a view into the implications of working in crisis counseling, it was important to consider what the literature contained on related phenomena. The results of previous research contribute supporting content and context to the current study, thereby imbuing the analysis portion with depth and richness.

In this chapter, I first present the strategy I used to locate the literature related to this study. Next, I present the conceptual framework as it applied to the study and informed the literature review. The literature review focuses on the psychological conditions of burnout, compassion fatigue, vicarious trauma, and posttraumatic growth. Additionally, the literature review focuses on overall counselor wellness with considerations of personal and occupational influences on perceived wellness.

Literature Search Strategy

Walden University's online library was the source of peer-reviewed articles used in the literature review. The databases that I searched included PsychARTICLES, PsycEXTRA, PsychTESTS, PROQUEST, SocINDEX, Education Resources Information Center (ERIC), Education Research Complete, PsychINFO, Counseling and Psychotherapy Transcripts, Psychology: A Sage Full Text Collection, Education Research Complete, PsychCRITIQUES, and eBook Collection (EBSCO HOST). The keywords I used for searching the literature were as follows: *crisis*, *counseling*, *wellness*, *burnout*, *compassion fatigue*, *vicarious trauma*, *trauma*, *suicide*, *disaster*, *secondary trauma*, *occupational hazard*, *crisis workers*, *empathy*, *compassion satisfaction*, *personality*, *occupational culture*, *traumatic stress*, *counselor education*, *supervision*,

attitudes, *suicidal*, *homicidal*, *psychosis*, *substance use*, *acute trauma*, *mental health*

emergencies, and *psychological implications*. I searched and collected literature

published within the last 5 years to consider the most recent debates and theories related

to the targeted phenomenon.

Conceptual and Theoretical Frameworks

The conceptual framework chosen for this study was hermeneutic

phenomenology (see Heidegger, 1962) and the constructivist self-development theory.

Phenomenological researchers seek to explain, explore, and describe the targeted

phenomenon using a method of interpretation to explore how individuals experience,

interpret, and find meaning in their existence (Frechette et al., 2020; Sloan & Bowe,

2013). Phenomenology was an apt choice to achieve the goal of learning about a

phenomenon through the exploration of perception with the notion that perception is the

truest source of knowledge (Frechette et al., 2020; Heidegger, 1962; Sloan & Bowe,

2013). Heidegger's theory guides researchers to explore phenomenon by asking those

who are experiencing a phenomenon to verbally share their experiences (Frechette et al.,

2020; Sloan & Bowe, 2013). The hermeneutic approach includes open-ended questions

that target a topic while allowing the participants to provide their thoughts with minimal

restrictions (Frechette et al., 2020; Sloan & Bowe, 2013). The hermeneutic approach

guided the analysis portion of my study using the hermeneutic circle, in which the

collected perceptions underwent a cyclical process of interpretation and analysis. I chose

the hermeneutic approach for my study to consider the perception of crisis counselors as

the best method to understand the psychological experience of crisis work in the context of the experienced phenomenon.

The constructivist self-development theory was chosen as the theoretical framework for this study. The constructivist self-development theory was developed as a clinical trauma theory and provided a foundation for understanding the positive and negative psychological implications of trauma work (McCann & Pearlman, 1992; Saakvitne et al., 1998). McCann and Pearlman (1992) created the constructivist self-development theory after recognizing the lack of consideration for the concepts of posttraumatic growth and resiliency, which had been identified in prior research. The constructivist self-development theory provides a foundation for the exploration and identification of both positive and negative implications of exposure to trauma with the support of both psychoanalytic theory and cognitive developmental theory (McCann & Pearlman, 1992; Saakvitne et al., 1998). The constructivist self-development theory guides researchers to understand factors of personality and experience that influence the levels of resiliency and struggle when working with traumatic content (McCann & Pearlman, 1992; Saakvitne et al., 1998). The prior paradox of the development of suffering and adaptation was understood with the development of the constructivist self-development theory (McCann & Pearlman, 1992; Saakvitne et al., 1998). The constructivist self-development theory guided my research by supporting the exploration of the psychological implications of exposure to client crises.

Literature Review

Trauma

Trauma has a variety of definitions, which depend on the source of explanation (Butler et al., 2017; Foreman, 2018; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Long, 2019). Some define "trauma" as injury, whereas others define the term as a severe emotional distress or pain after experiencing something negative (Butler et al., 2017; Foreman, 2018; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Long, 2019). The term covers the experience of an event that occurs within the mind or body that results in an indefinite period of negative physical or psychological implications. However, it is important to highlight the variety in which people experience trauma, which adds to the complexity of defining and researching the topic (Foreman, 2018; Killian et al., 2017). I used the literature to provide information on the psychological implications of various forms of trauma to support the exploration of crisis counselors' experience of prolonged and repeated exposure to a variety of traumatic events, in addition to other identified crises.

According to the literature, trauma is a heavily researched topic within the social sciences (Foreman, 2018; Knight, 2018; Lu et al., 2017; Makadia et al., 2017; Taku et al., 2020). Knight (2018) posited that trauma is a popular topic because it is reported that more than 80% of the total client population suffers from some form of trauma. Trauma has been a topic of professional conversation and research for more than 40 years, with a heavy foundation in the exploration of the aftereffects of exposure to war and disaster (Foreman, 2018; Knight, 2018; Lu et al., 2017; Makadia et al., 2017; Taku et al., 2020).

With the advancement of time and study, researchers have gone beyond war and disaster to explore the trauma that comes from average life experience and unfortunate circumstances, including childhood experience, relationship experience, grief and loss, generational experience, and exposure to secondary traumatic content (Foreman, 2018; Knight, 2018; Makadia et al., 2017; Taku et al., 2020). Researchers identified shared experiences throughout the population of those affected by trauma, revealing a relationship between traumatic exposure and physical, behavioral, social, psychiatric, and psychological problems (Knight, 2018; Makadia et al., 2017). Due to the growing knowledge on the aftereffects of trauma, the helping profession has increased awareness on all facets of trauma, driving an ongoing development on modalities and treatment options for those suffering from trauma (Foreman, 2018; Knight, 2018; Makadia et al., 2017; Taku et al., 2020). The most recent edition of the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual* provides an expansive diagnostic inventory of posttraumatic stress, dissociative, and trauma and stressor-related disorders.

The research completed on the negative psychological implications of trauma exposure is expansive. Butler et al. (2017), Foreman (2018), Hernandez-Wolfe et al. (2014), Killian et al. (2017), Long (2019), Lu et al. (2017), Taku et al. (2020), and Tominaga et al. (2019) completed studies that support the theory that traumatic exposure is linked to the development of burnout, vicarious trauma, and compassion fatigue in providers working with clients affected by trauma. Additionally, the research showed that effectiveness of client care from various helping profession types decreases when providers are negatively affected by exposure to client-experienced trauma (Foreman,

2018; Hernandez-Wolfe et al., 2014; Lu et al., 2017; Taku et al., 2020). The research involved a variety of targeted client-affected populations with different types of trauma exposure including disaster, sexual assault, childhood abuse, domestic violence, and cultural trauma (Butler et al., 2017; Foreman, 2018; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Long, 2019; Lu et al., 2017; Taku et al., 2020; Tominaga et al., 2019). The results appear to be similar regardless of the source of trauma, indicating a significant need to consider the negative implications of working with those experiencing prolonged and repeated exposure to traumatic content.

The study and topic of trauma is the foundation of the theoretical framework for this study and a source of information on the understanding of the psychological effects of trauma exposure. McCann and Pearlman (1992) added to the research on the topic of trauma with a study focused on the perceptions of self among those who experienced childhood traumatic events. Researchers also focused on changes of cognition in those who suffered childhood trauma, showing that distorted thinking about self relates to an individual's feelings of confidence, capacity, and ability to have safe attachments to others (Knight, 2018; McCann & Pearlman, 1992). The results showed a connection between traumatic exposure and decreased feelings of safety, control and power, and increased feelings of fear (Knight, 2018; McCann & Pearlman, 1990). Therefore, it was imperative to consider the factor of self-perception when exploring the psychological implications of repeated and prolonged exposure to trauma.

Posttraumatic Growth

Although there is a straightforward connection between trauma and negative psychological implications (Butler et al., 2017; Foreman, 2018; Hernandez-Wolfe et al., 2014; Killian et al., 2017; Knight, 2018; Long, 2019), it is also crucial to note the surprising discovery of posttraumatic growth when exploring the effects of trauma. McCann and Pearlman (1990) shared their experience in identifying the presence of posttraumatic growth when exploring the negative implications of trauma exposure in those with adverse childhood experiences. However, it was Tedeschi and Calhoun (1998) who, in the mid-1990s, first coined the term "posttraumatic growth" to describe the positive psychological implications of trauma exposure. Tedeschi and Calhoun (1998) suggested that those who experience trauma undergo a transformation in which their worldview is shattered and they are left to rebuild a new perception that allows for continuation of attempts at balanced and stable survival. The rebuilding of a new positive perception and the ability to emotionally survive after trauma is believed to be a form a resiliency that creates the phenomenon of posttraumatic growth (Manning-Jones et al., 2015; Taku et al., 2020; Tedeschi & Calhoun, 1998). Therefore, it is essential to consider posttraumatic growth in the presence of traumatic exposure.

As Killian et al. (2017), Long (2019), Manning-Jones et al. (2015), and Veronese et al. (2017) shared, helping professionals commonly perceive positive feelings when working with those affected by trauma. Research suggests that job satisfaction, feelings of being helpful to those who are suffering, finding purpose in working with those affected by trauma, and personal experience of overcoming trauma are components of

posttraumatic growth (Killian et al., 2017; Long, 2019; Tedeschi & Calhoun, 1998; Veronese et al., 2017). However, the existence of posttraumatic growth, resiliency, and satisfaction in trauma work does not negate the development and experience of burnout, vicarious trauma, or compassion fatigue (Killian et al., 2017; Long, 2019; Tedeschi & Calhoun, 1998; Veronese et al., 2017). As such, when exploring the psychological effects of working with those affected by trauma, it is important to contemplate both positive and negative factors in the experience of the phenomenon. Because crisis counselors frequently come into contact with trauma-exposed clients (Gillès de Pélichy et al., 2018; SAMHSA, 2014; Vanderploeg et al., 2016), it is vital to consider both the positive and negative psychological implications of trauma exposure in client crisis care.

Suicide and Self-Harm

Suicide and self-harm are both an important topic in the helping profession. Clients who express suicidal thoughts, take suicidal action, express thoughts of self-harm, or take self-harm action are usually experiencing a great deal of emotional pain; with such words or acts, they are either trying to express the intensity of that pain, or else they feel stuck in a distressing situation with no way out (Cureton & Sheesley, 2017; Fruhbauerova & Comtois, 2019; Shannonhouse et al., 2018; Vattøe et al., 2019). Regardless of the settings in which they work, all counselors are at risk of exposure to clients who express thoughts of self-harm or suicidal ideation, or to clients who have attempted or completed suicide (Aldrich & Cerel, 2020; Cureton & Sheesley, 2017; Fruhbauerova & Comtois, 2019; Shannonhouse et al., 2018; Vattøe et al., 2019). Furthermore, there are legal considerations when working with clients who are

experiencing self-harm or suicidal ideation, namely the legal obligation to put a client's safety first by contacting authorities if someone is in immediate danger (Fruhbauerova & Comtois, 2019; Rigsbee & Goodrich, 2018; Shannonhouse et al., 2018). However, counselors are required to consider the ethical action of using suicide screenings to assess a client's level of risk before making the decision to break confidentiality and reach out for further assistance (Fruhbauerova & Comtois, 2019; Rigsbee & Goodrich, 2018; Shannonhouse et al., 2018).

The responsibility of working with a suicidal client can be very stressful for helping professionals and is empirically supported as a source of vicarious trauma and burnout among helping professionals (Cureton & Sheesley, 2017; Fruhbauerova & Comtois, 2019; Shannonhouse et al., 2018; Vattøe et al., 2019). In a recent study on the psychological impact of psychiatrists and psychologists' exposure to suicidal behavior, researchers showed an increased risk of developing burnout, compassion fatigue, and vicarious trauma (Shannonhouse et al., 2018). Aldrich and Cerel (2020), Sherba et al. (2018), and Sanford et al. (2020) completed studies on the effects of client loss to suicide on a variety of helping professionals, but these studies excluded crisis counselors as they are defined in this study. The researchers suggested a significant risk of developing vicarious trauma, burnout, compassion fatigue, and a decrease in the effectiveness of client care after experiencing the loss of a client to suicide (Aldrich & Cerel, 2020; Sherba et al., 2018). Dupre et al. (2014) supported the theory of an increased risk of developing burnout, compassion fatigue, and vicarious trauma in their study exploring the needs of counselor supervisees exposed to client suicidal ideation or action. The

consideration of client suicide attempts or suicide completion is important for this study as crisis counselors often work with individuals who are receiving crisis services due to suicide attempt, within an emergency room setting (Lloyd-Evans et al., 2019). Although I was unable to find support in the literature, my experience working in crisis involved several experiences of completed suicide by clients who were well-known within the crisis program.

The literature includes many supportive studies in arguing the need to further understand the negative psychological risk factors of working with suicidal clients (Cureton & Sheesley, 2017; Fruhbauerova & Comtois, 2019; Shannonhouse et al., 2018; Vattøe et al., 2019). However, no attempts have been made to understand the full risks of working with suicidal clients, those who have attempted suicide, and those expressing thoughts of self-harm on a regular basis, in addition to other mental health crises seen in the crisis counselor profession. My study is a foundational source of information exploring the perceived experience of crisis counselors who witness suicide and self-harm on a continuous basis.

Community and Direct Violence

An unfortunate world-wide phenomenon is mental health professionals' exposure to community violence and first-hand violence (Anderson & West, 2011; Bride et al., 2015; Ellison, 2019; Koritsas et al., 2010). Mental health professionals are often exposed to individuals who have harmed others, are thinking about harming others, have been the victim of acute violence—and, occasionally, mental health professionals themselves may be the direct victims of assault (Cross et al., 2014; Dupre et al., 2014; Kim & Kim, 2017).

Crisis counselors often respond to community events in which they are exposed to violent content or even direct contact with the offender and/or victim of domestic violence (Cross et al., 2014; Dupre et al., 2014; Kim & Kim, 2017). Additionally, when crisis counselors are the victim of client assault, the potential outcome includes both work-related secondary psychological injury and first-hand psychological injury (Ellison, 2019). The literature includes a plethora of studies indicating that exposure to violence is common among every branch and subfield of mental health (Anderson & West, 2011; Bride et al., 2015; Ellison, 2019; Kagan, M., 2021; Koritsas et al., 2010). Although the extant research lacks any information about the specific effect of violence exposure on crisis counselors, there are many studies showing a connection between exposure to violence and mental health professional wellness from a variety of disciplines (Anderson & West, 2011; Bride et al., 2015; Ellison, 2019; Kagan, M., 2021; Koritsas et al., 2010; Ogińska-Bulik et al., 2020). The researchers suggest a significant chance of developing burnout, posttraumatic stress injury, posttraumatic stress disorder, vicarious trauma, and compassion fatigue when mental health professionals are exposed to community violence and first-hand violence (Beckerman & Wozniak, 2018; Crnkovic et al., 2000; Ellison, 2019; Kagan, 2021; Koritsas et al., 2010). However, Ogińska-Bulik et al. (2020) and Kagan (2021) completed studies sharing positive psychological implications of working with victims of domestic violence; their studies focused on resiliency and posttraumatic growth. Therefore, it is essential to consider the exposure to community violence as an important factor of the overall potential psychological implications of crisis response.

Severe Substance Use and Abuse

Another area of crisis work involves regular exposure to individuals with severe substance abuse disorders or those experiencing the effects of acute overuse of substances (Cosden et al., 2016; Kim & Kim, 2017; Lloyd-Evans et al., 2019). Crisis counselors work with a variety of substance-related crises including chronic substance use, acute substance events, unintentional overdoses, and intentional overdoses (Bahorik et al., 2018; Cosden et al., 2016; Kim & Kim, 2017; Lloyd-Evans et al., 2019). When considering crisis counselors' exposure to intentional overdoses, it can be assumed that the psychological impacts mimic those of other suicidal acts. However, the psychological implications of exposure to other forms of substance abuse crises are yet to be determined. The available literature includes limited works on multiple studies focusing on the psychological implications of substance abuse counseling (Baldwin-White, 2014; Beitel et al., 2018). The authors showed that an increased risk of developing burnout was correlated with working as substance abuse counselors, working in an outpatient setting, and working with those who struggle with substance use and abuse. Unfortunately, the available research on the psychological implications of counselors' exposure to substance use crises is non-existent with a similar outcome for information on the psychological implications of full-time crisis counselors' exposure to the variety of substance use crises. Therefore, a focus on the factor of exposure to substance use crises is an essential component of my research.

Disaster

Disaster is an area of mental health professional experience that is addressed by an exciting variety of available literature. Disaster response is an area of mental health treatment that came to fruition in the early 1900s after worldwide emergency management systems recognized the extensive need for human support in times of both man-made and natural disasters (Brooks et al., 2017; Loo et al., 2015; Pulido, 2012; Southwick et al., 2016). The counseling community became more involved with disaster response after recognizing the overwhelming mental health needs arising from Hurricane Katrina and the September 11 attacks (Lowe et al., 2020; Pulido, 2012). Having identified the social need among the Federal Emergency Management Association's (FEMA) observation of human struggle, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) altered its education standards to include required training on disaster response within counselor education standards throughout the nation (Lanier & Carney, 2019). Today, most counseling-based crisis management courses focus heavily on disaster response (Lanier & Carney, 2019). Although most crisis counselors would not include disaster response in their job description, the related research supports my research in highlighting the need to further understand the psychological implications of exposure to various crises.

Crisis counselors are expected to respond to a variety of crises, which may include local disasters or troubling events (Kim & Kim, 2017; Lloyd-Evans et al., 2019). Therefore, using the available research on disaster response mental health implications adds to the factors of exploring all potential outcomes of working in crisis. The depth of

available research supports the theory that exposure to disaster situations and post-disaster response increases the likelihood of developing psychological injuries such as vicarious trauma, burnout, compassion fatigue, and first-hand posttraumatic stress (Brooks et al., 2017; Loo et al., 2015; Meltzer et al., 2020; Pulido, 2012; Sakuma et al., 2020). The identified factors for developing the various psychological injuries associated with first-hand and second-hand exposure to disaster events include prior condition of mental health, level of exposure, level of both personal and occupational support, and perception of disaster (Brooks et al., 2017; Loo et al., 2015; Meltzer et al., 2020; Pulido, 2012; Sakuma et al., 2020). Southwick et al. (2016) and Brooks et al. (2017) both stress the need to further develop programs for mental health professionals to receive preventative training in response to study outcomes, showing a correlation between preparedness training and the development of psychological injuries.

An additional point of support from the literature includes the theory of the positive psychological implications resulting from disaster exposure (Brooks et al., 2017; Southwick et al., 2016; Tominaga et al., 2019). Brooks et al. (2017) completed a study showing that both personal and occupational factors of resiliency appear to reduce the risk of developing psychological injuries and improve the odds of developing posttraumatic growth. Therefore, a crucial component of my research considers the development of posttraumatic growth and the related potential factors of development.

Counselor Wellness

Counselor wellness is a popular topic within the counseling field (Bryant, 2020).

Advancements in counseling research increasingly suggest that counselor wellness is a

core component of individual wellness, counselor competency, and effective client care

(Bryant, 2020; Craig & Sprang, 2010; Donmezler et al., 2021). Studies show that helping

professionals are at an increased risk of developing psychological injuries when wellness

is negatively affected by work-experience (Bryant, 2020; Mullen et al., 2021). The

consequences of injured counselor wellness include diminished work productivity and

effectiveness (Bryant, 2020; Cieslak et al., 2014; Ray et al., 2013). Years of research and

analysis support the need to further study wellness and to identify the most effective ways

to develop as well as protect counselor wellness (Bryant, 2020; Craig & Sprang, 2010;

Donmezler et al., 2021). Therefore, when considering the psychological implications

involved with crisis work, the role of wellness is central. What follows is a review of the

available research on the factors of counselor wellness that relate to what I will explore in

my study.

Burnout

Burnout is a condition in which an individual experiences psychological

exhaustion because of working in situations that demand constant physical, emotional, or

psychological effort—or any combination thereof (Bakker et al., 2006; Lee et al., 2019;

Mullen et al., 2017). Research supports the theory that helping professionals are at an

increased risk of developing burnout compared to other non-helping professions (Bryant,

2020; Lee et al., 2019; Yang & Hayes, 2020). Burnout can present in a variety of ways,

depending on multiple factors (Harrichand et al., 2021; Mullen et al., 2017; Yang & Hayes, 2020). The common psychological symptoms of burnout include a lack of motivation, decreased empathy, increased anxiety, increased depression, feelings of overwhelm, feelings of resentment towards work environment or co-workers, and detachment (Bakker et al., 2006; Craig & Sprang, 2010; Yang & Hayes, 2020). Some common physiological symptoms of burnout include headaches, insomnia, overall fatigue, and difficulty concentrating (Bakker et al., 2006; Craig & Sprang, 2010; Yang & Hayes, 2020). Researchers have proposed a plethora of contributing factors that determine how burnout presents in an individual, all of which call for further exploration (Bryant, 2020; Mullen et al., 2017; Sodeke-Gregson et al., 2013). An exploration into the factors driving burnout in the crisis subfield is an addition to the ongoing attempt to fully understand the condition.

The significance of burnout in the counseling field was highlighted as a concern when the ACA created the Taskforce on Counselor Wellness and Impairment in 1991 (ACA, 2021), which was a project focusing on the potential negative harm to the mental health of counselors and clients alike. The task force used research outcomes to put focus on the potential impairment stemming from the work experience of counseling professionals (ACA, 2021). The development of the taskforce gave the counseling community the necessary support to increase the promotion of burnout awareness, prevention, assessment, and intervention needs within the profession (ACA, 2021). Although the current available literature on the topic of burnout involves an impressive volume of research, there is more to learn, as the condition of burnout is shown to involve

many influencing components that are dependent on a substantial and growing number of variables (Bakker et al., 2006; Bryant, 2020; Craig & Sprang, 2010; Mullen et al., 2017; Yang & Hayes, 2020). Therefore, my research is another step toward understanding burnout, especially as it pertains to crisis work.

Compassion Fatigue

Like burnout, compassion fatigue is another condition that is backed by extensive research (Bardhoshi et al., 2019; Craig & Sprang, 2010; Hasan, 2012; Wade, 2017). Compassion fatigue has been defined as a condition in which an individual experiences a decrease in empathetic thinking and behavior due to frequent and consistent exposure to others who are suffering from psychological or physical injury or stressors (Craig & Sprang, 2010; Singer et al., 2019; Zhang et al., 2021). Research shows that compassion fatigue affects the emotional, cognitive and behavior factors, resulting in possible symptoms of depression, irritation, mood changes, overwhelm, disconnect, and lack of concentration (Craig & Sprang, 2010; Hasan, 2010; Singer et al., 2019; Zhang et al., 2021).

For many reasons, compassion fatigue is a concern in the helping profession. The development of compassion fatigue is associated with an increased risk of diminished treatment effectiveness among counselors (Bardhoshi et al., 2019; Wade, 2017; Zhang et al., 2021). The decreased effectiveness in the treatment of clients comes from the diminished presence of empathy in counselors who experience compassion fatigue (Bardhoshi et al., 2019; Wade, 2017; Zhang et al., 2021). Voth Scrag (2021) and Wade (2017) suggested the increased risk of developing compassion fatigue in work

environments with those affected by traumatic experiences. Additionally, various

researchers support the theory that there is an increased risk in the prevalence of

compassion fatigue for helping professionals who do not feel that they can effect positive

change within a work environment (Donmezler et al., 2021; Hasan, 2012; Ray et al.,

2013; Singer et al., 2019). Therefore, with crisis counselors' regular exposure to

traumatic content and challenging cases, it is essential to consider the prevalence and

perceived experience of compassion fatigue as a core component of understanding the

potential psychological implications of crisis work.

Workplace Influences on Wellness

During my exploration of the potential factors that may influence the

psychological implications of crisis work, it was important to include the potential

workplace components that may influence the perceptions of study participants. Among

these, work environment is shown to influence the psychological wellness of helping

professionals (Blount et al., 2016; Randick et al., 2018; Rogers et al., 2018). For this

study, factors of work environment will include both the physical environment and the

social environment. Rogers et al. (2018) highlighted the influence of physical work

environment on wellness, showing the connection between positive perceptions of

workplace environment and job satisfaction. Workplace environment is important to my

study due to the continuously changing work environments of crisis work. Additionally,

the available research supports the need to consider social environment; specifically,

evidence indicates decreased wellness in helping professionals who do not have positive

work relationships or effective supervision (Blount et al, 2016; Donmezler et al., 2021;

Lee et al., 2019; Mullen et al., 2021). As such, considering workplace influences will add depth to the exploration of crisis worker experiences and understanding the potential psychological implications of crisis work.

Individual Influences on Wellness

A foundational level of my research is to consider the perceived factors of wellness among the crisis counselor population. Because my method of data collection involved collecting the first-hand experiences of crisis counselors, the individual influences of those experiences served as an overarching theme in my study. As such, the consideration of the individual influences on wellness is a significant core component of my exploration. The current literature supports the need to consider personal factors of wellness as unavoidable influences on wellness (Craigie et al., 2016; Cummings et al., 2018; Gutierrez et al., 2019; Thompson et al., 2014). Thompson et al. (2014) found that personal and contextual factors have a significant influence on the development of compassion fatigue and burnout. The results of their study support the notion that an individual's worldview, experiences, and cultural identity influence the way in which they perceive their risks and protections against psychological injuries (Thompson et al., 2014). Other researchers' studies suggested the perceptual influences of self-efficacy, self-compassion, emotional intelligence, resiliency, morality, and personality as additional significant predictors of the development of psychological injuries (Bakker et al., 2006; Craigie et al., 2016; Gutierrez et al., 2019; Hasan, 2012; Moore et al., 2020; Nelson et al., 2017; Thompson et al., 2014). However, level and type of influence from the studies vary by individual, workplace environment, client population, and

professional discipline (Bakker et al., 2006; Craigie et al., 2016; Gutierrez et al., 2019; Hasan, 2012; Moore et al., 2020; Nelson et al., 2017; Thompson et al., 2014). Therefore, the unique perceptions of each interviewed crisis counselor provide a rich exploration into the influencing factors of crisis work on counselor wellness.

Summary

My review of the current literature on various aspects of occupational influence and experiences on psychological wellness revealed an exciting opportunity to advance understanding within that field by exploring the individual experiences of crisis counselors. Although the literature review provided a clear view of the purpose of this study by considering the potential effects of working with various mental health crises, it is important to note that none of the previous studies targeted the specific population of those who work with a collective exposure to a variety of mental health crises. The evidence is alarming: crisis counselors are at significantly higher risk of psychological injury compared to other helping professions. This fact alone is a powerful argument in favor of beginning to explore the potential psychological implications of crisis counselors, and it is made stronger still when considering the implications for overall quality and effectiveness of client care, to which crisis counselors—a unique population of mental health professionals—are essential.

Chapter 3: Research Method

The purpose of this hermeneutic qualitative phenomenological study was to explore crisis counselors' lived experiences to shed light on the potential psychological implications of full-time exposure to mental health emergencies. The exploration of crisis counselors' lived experiences may create further understanding and insight into the potential consequences of working in the subfield of counseling. The lack of recent research targeting my identified population (i.e., crisis counselors) highlighted the need to explore the phenomenon as a crucial step toward better preparation and support for those embarking on a career in crisis counseling.

This chapter contains descriptions of the methodological components of my study. The sections proceed in the following order: research design and rationale, research question, central phenomenon, research tradition and rationale, role of the researcher, researcher bias, ethical concerns, and planned methodology. The details of my planned methodology comprise identified population and criteria, sampling strategy, method of participant selection, review of the relationship between sample size and saturation, and a description of the intended data collection instruments and data sources. Afterwards, the chapter addresses the trustworthiness of my study via assessments of credibility, transferability, dependability, confirmability, intra- and inter-coder reliability, and ethical procedures. Finally, the chapter concludes with a summary.

Research Design and Rationale

Research Question

What are the lived experiences of crisis counselors who are exposed to a variety of mental health crises?

Central Phenomenon

The central phenomenon of interest was the lived experiences of crisis counselors who have full-time exposure to a variety of client mental health emergencies with the intention of exploring the related psychological implications. The targeted phenomenon included the positive and negative experiences related to being a crisis counselor and the associated exposure to clients' mental health emergencies. The central phenomenon also included elements of counselor wellness centering on experiences of burnout, compassion fatigue, vicarious trauma, and posttraumatic growth. As Butler et al. (2017) explained, there is an accepted phenomenon among all helping professions that exposure to client struggles often leads to an influence of individual perceptions of self and the world. With consideration of factors within counselor wellness, this study focused on the central phenomenon with an approach that allowed for an exploration leading to rich understanding, which derives from the consideration of personal factors of lived experiences within personal and environmental contexts, leading to a holistic exploration of the central phenomenon. The exploration of the central phenomenon allowed for a foundational look into the ways in which the counselor education community can prepare and support those who seek a career in crisis counseling.

Research Tradition and Rationale

I used a hermeneutic approach as a supported method of exploring crisis counselors' personal experiences. The hermeneutic phenomenological design guided the exploration of crisis counselor experiences, which valued firsthand perceptions to understand the targeted phenomenon (see Dowling & Cooney, 2012; Heidegger, 1962; Sloan & Bowe, 2013). The collected data of a hermeneutic study include the stories told to a researcher by participants with shared experiences of a phenomenon (Mason, 2010; Patton, 2015; Sloan & Bowe, 2013). My chosen approach highlighted the *life world*, a term Husserl (1989) used to describe the unique view into a phenomenon through the conscious perceptions of individuals and their experiences of that phenomenon. Hermeneutic phenomenology has a historical foundation in the theories of Husserl, whose basic premise was adherence to the notion that experience should be transcended to discover reality (Dowling & Cooney, 2012; Sloan & Bowe, 2013). Husserl's phenomenological approach is popular among qualitative researchers who focus on the descriptive presentation of data that describe a phenomenon (Dowling & Cooney, 2012; Sloan & Bowe, 2013). One of Husserl's phenomenology students, Heidegger, challenged this idea by theorizing that a phenomenon is better understood through the process of understanding the experience rather than through the experience itself (Dowling & Cooling, 2012; Sloan & Bowe, 2013).

Hermeneutics is a theory of interpretation that centers on exploring personal experience by asking questions about lived experiences of a targeted phenomenon (Dowling & Cooney, 2012; Heidegger, 1962; Sloan & Bowe, 2013; Suddick et al., 2020).

In the hermeneutic approach, the primary questions address what it is like to experience the phenomenon and what its meaning is (Heidegger, 1962; Suddick et al., 2020). However, it is crucial to consider Heidegger's contribution to hermeneutics as a necessary component to my chosen approach in asking the identified questions with consideration of the context of the world (see Heidegger, 1962; Suddick et al., 2020). Heidegger (1962) added to the hermeneutic approach by arguing that context was an unavoidable and influential core element of the individual perception of a phenomenon. In my study, I went a step beyond describing the essence of the experienced phenomenon by considering the context in which the phenomenon is experienced. For the purposes of my research, it was essential to consider the context in which crisis counselors work, including time, location, societal influences, and cultural ideations.

Data collection for this study, which began in the spring of 2022, required the consideration of what it is like to be a crisis counselor during a global pandemic. The pandemic was an unavoidable piece of context that may have heavily influenced crisis counselors' lived career experiences. As Sun et al. (2021) stated, the pandemic's influence on all health care workers is undeniable; their study placed a heavy focus on the negative psychological implications. Although the effects of working in a helping field during a pandemic have yet to be fully explored, preliminary research has shown significant struggle among helping professionals, including vicarious trauma, burnout, and compassion fatigue (Sun et al., 2021). Therefore, considering the context in which crisis counselors were interviewed for the current study, the pandemic was a crucial element in understanding crisis counselor perceptions.

Another contextual element considered in my study was the geographical location of the interviewed crisis counselors. Due to the need to identify crisis counselors who work with a variety of clients and mental health emergencies, there was a need to identify geographical locations that employ individuals who do such work. Considering my background of working for a Maine-based mobile crisis program that follows a model that fit the description of the targeted client population and crisis counselor job description, I interviewed Maine crisis counselors for my study. My choice to interview only those who work as crisis counselors in Maine arose from the fact that not all states have mobile crisis programs or offer a program that provides crisis stabilization services (see Kim & Kim, 2017; Lloyd-Evans et al., 2019). Additionally, the state of Maine uses the same training for all crisis workers across all mobile crisis teams (Center for Learning, n.d.), which allowed for a shared and standard basis of training and state-based cultural aspect of crisis counselor experiences among participants. The influence of living in Maine was considered a contextual component of participant experiences along with the societal expectations and individual cultural influences.

With the hermeneutic approach and influence of Heidegger's theory, I gained insight into the central phenomenon by using the co-construction between individual perception and the world in which it is experienced. I gathered the richer meaning in the experiences of crisis counselors to further the understanding of how those within the subfield experience their work and develop resiliency to their significant exposure to diverse mental health emergencies. My goal was to find meaning through understanding rather than merely describing the collected data.

Role of Researcher

As a qualitative researcher, I was the instrument for my study by conducting semi-structured interviews of the recruited participants. The use of the researcher as an instrument is the standard procedure for conducting a qualitative study (Mason, 2010; Patton, 2015; Sloan & Bowe, 2017). In hermeneutic research, the researcher's main goal is to collect data from the participants in a constructivist manner to ensure the most accurate interpretations that reflect the participants' meanings and themes (Heidegger, 1962; Suddick et al., 2020). To increase my effectiveness as an instrument, I referred to an interview guide to assist in the process of interviewing each participant to ensure an organized process; qualitative researchers use interview guides as tools to increase the effectiveness of the interview process and guarantee data saturation (Mason, 2010; Patton, 2015). It is common for qualitative researchers using the phenomenological approach to employ a semi-structured interview data collection method in which the researchers use open-ended questions (Mason, 2010; Patton, 2015; Smith et al., 2009). Open-ended questions allow for collecting targeted information without limiting the participants in expressing their thoughts and experiences (Mason, 2010; Patton, 2015; J. A. Smith et al., 2009). My interview guide included questions designed to encourage the participants to share their thoughts on the culture of crisis response work and their reactions to being exposed to the variety of mental health emergencies. I ensured that each participant was fully aware of my role in the use of their stories.

An important consideration of my role as the instrument in my study was to consider my role as a crisis supervisor. I have in-depth knowledge of what it is to work as

a crisis counselor and of the influences that exist in the field. My work in crisis had changed since the beginning of the pandemic, and I used my position and experience to consider the richness of the context for my study as a unique representation of the targeted phenomenon.

Researcher Bias

One of the most important steps of being a responsible and effective instrument in a qualitative study is to explore, identify, and disclose any biases (Letiche, 2017; Mason, 2010; Patton, 2015; Sloan & Bowe, 2017; Smith et al., 2009). Researcher reflexivity, which is defined as being able to identify and disclose biases, demonstrated my competence in being open to experiences or ideas that did not align with my own (see Letiche, 2017). It was essential for me to use self-reflection to identify and disclose any biases that may have interfered with my interpretation of the data.

Positionality

My role as the researcher for this study included a personal connection to the counseling subfield of crisis response. As a former crisis counselor of 4 years and a current supervisor of a team of crisis counselors, my passion for studying the lived experiences of those within the crisis response subfield was of personal interest. Furthermore, having worked in the field for 9 years, I had a keen awareness of the lack of effective education and training to prevent psychological injuries and support wellness among those within the occupation. In conducting this research, I had the opportunity to work with those with whom I had personal and professional relationships. However, I took every possible step to prevent the influence of bias in my research. I used techniques

of self-evaluation, peer review, and member checking to ensure that every phase of my

project was free from influential bias.

Considering my role as a crisis supervisor during the pandemic, it was also

necessary to consider my experience in the context of working crisis while navigating the

context of COVID-19. It would have been irresponsible to ignore my experience as a

crisis counselor professional during the pandemic as a potential source of bias in

collecting and analyzing the data. Due to the influence of the pandemic on crisis work, I

had experienced increased stress and burnout, which I had to address. I had taken steps to

manage my well-being during the pandemic, and I engaged in continuous self-reflection

while completing my study to ensure that the data accurately reflected the participants'

experiences.

Ethical Issues

The first step I took to avoid any ethical concerns was to develop and provide a

comprehensive informed consent form. Informed consent is a necessary process when

working with study participants to ensure that they are aware of the potential risks

involved with being in the study and to allow them to make an informed decision about

their participation (Creswell, 2014; Sloan & Bowe, 2013; J. A. Smith et al., 2009). An

ethical concern for my participants was the risk of exposing them to any form of

psychological stress while being interviewed. I was mindful of the fact that participants

would be discussing content that they might perceive to be traumatic or upsetting, which

may have caused them to experience psychological discomfort or injury. Therefore, I

provided information on the risks of reviewing traumatic content within the informed

consent form and provided information about local mental health resources if a participant identified as being negatively affected by their participation.

The other ethical concerns that may have occurred involved the handling of data and protecting the confidentiality of the participants. The first step I took in reducing ethical concerns was to assign a pseudonym to each participant so that their identities would be known only to me. I gathered audio recordings of all interviews, which required a method of data integrity (Creswell, 2014; Sloan & Bowe, 2013). I used a recording program on my laptop that was password-protected in hardware and software. Upon completion of the study, I transferred all raw data onto an encrypted and password-protected flash drive that will remain in a fireproof safe for a minimum of 5 years. After 5 years, if the data are no longer needed, I will delete all information from the flash drive. I shared my procedures with the participants and addressed their concerns.

Methodology

Population

The first step I took in the recruitment process was to work with Walden University's institutional review board (IRB) to ensure an ethically guided process of recruiting and working with participants. The IRB approval number for this study is 04-11-22-0183358. My targeted group of participants included those who identified as crisis counselors in the state of Maine and had worked in the position of a crisis counselor in the state of Maine for at least 6 months. The first inclusion criterion for my study involved the need for participants to be full-time crisis counselors with either conditional or full licensure within the state of Maine. To ensure that participants were licensed

counselors, I collected license numbers and verified them with the state of Maine's counseling license provider database. The second inclusion criterion was the requirement that participants have at least 6 months of experience in the subfield of crisis response to ensure rich levels of perceived content. Because my chosen approach was qualitative, I used a purposive sampling method, which is a popular and effective qualitative research method used in phenomenological studies (see Guest et al., 2006; Lewis, 2015).

General qualitative researchers recommend using a range of five to twenty-five participants (Creswell, 2014; Mason, 2010; Patton, 2015). However, Guest et al. (2006) suggested, through the support of a study on methodology, that an effective sample size is no more than ten and no fewer than six. Guest et al. (2006) suggested the limit of ten as researchers identified redundancy in the data with additional interviews. Therefore, I recruited seven participants for my study while paying close attention to data saturation by looking for redundancy in the data or codes. In line with the hermeneutic approach (Sloan & Bowe, 2013), my consideration included continuous evaluation of the content and ongoing adjustments of sample size.

For the proposed study, I reached out to crisis leaders in my state to ask for their help in recruiting participants. I shared a summarized explanation of my intended study to allow for an understanding of why I planned to speak with their supervisees, what I planned to ask them, and how I would use that information. With the approval of the crisis leaders, I asked them to forward an email to their supervisees including my introductory letter and presentation of the intended study, with a request for any interested parties to contact me by either email or phone.

Exclusion Criteria

Study exclusions included participants who would not agree to sign an informed consent. Additionally, other study exclusions included non-English-speaking or non-licensed counselors. Lastly, my study exclusions included those with no experience in working as crisis counselors as that profession is defined in my study.

Sampling

I used both purposive sampling and snowball sampling for my study. Purposive sampling is a method of participant recruitment that is selective and of a non-probability design (Creswell, 2014; Smith et al., 2009). Because my target population required that unique criteria be met, it was essential for me to be subjective in my selection to ensure that participants met the targeted criteria. I also used snowball sampling, which is a method of participant recruitment that wherein researchers may ask participants for assistance in locating other individuals who meet the criteria to become additional participants (Creswell, 2014; Smith et al., 2009). I used both sampling methods to pursue potential participants that work for, or have worked for, any of the state crisis mobile teams. My intention was to find some variety of individuals that fit the criteria while also providing a diverse background in personality and experience. As Creswell (2014) shared, an effective sample size is one in which the quantity and structure provide a clear representation of the targeted phenomenon. Therefore, I selected participants in a way that provided a balance of both uniformity and diversity to support a rich and thorough interpretation of data.

Purposive Sampling

My approach to purposive sampling included the use of the identified population criteria to select participants who fit within the definitions of my study. Purposive sampling incorporated sampling bias as a necessary element of ensuring that my study would be replicable for any future studies (Creswell, 2014; Patton, 2015; Smith et al., 2009). Replicability ensures that other researchers can verify or add to my findings (Creswell, 2014; Patton, 2015; Smith et al., 2009). However, using a purposive sampling technique might have provided a challenge in recruiting enough participants to reach saturation, which is why I chose to use snowball sampling as well.

Snowball Sampling

My approach to snowball sampling included communicating to my participants and leadership within the crisis field that I was seeking additional participants who met my identified criteria. Snowball sampling increased the possibility of reaching saturation by recruiting enough participants to fulfill the supported, effective sample size to get an accurate representation of the targeted phenomenon (Creswell, 2014; Patton, 2015; Smith et al., 2009). Snowball sampling was a necessary choice for my study due to the rural geographic locale and unique participant criteria.

Procedures for Recruitment, Participation, and Data Collection

The procedure I followed to recruit participants was to write and send emails to crisis team leaders throughout the state that described my study and provided the necessary criteria for participants. I provided the contact information that interested potential participants could use to contact me. Additionally, after participants had

completed their interview, I told them of my interest in finding more participants and provided a detailed explanation of my inclusion criteria as well as my contact information. The inclusion criteria for participants included (a) being a licensed mental health counselor in the state of Maine (b) being a current or past employee of a crisis team in the state of Maine that has worked in the role within the past ten years (c) having at least six months of experience working full-time as a crisis counselor.

I used 60-minute semi-structured interviews to collect data from participants as a supported method of qualitative data collection (Creswell, 2014; Patton, 2015; Smith et al., 2009). My method included in-person meetings with a participant option of virtual interviews (using Zoom) due to pandemic-related concerns that participants might have about face-to-face contact. The first step in my process was to reach out to each participant, go through the details of the study, and explain informed consent. Through email communication, I collected informed consent by asking each participant to respond to the email with "I consent." Once a participant had completed the informed consent, I used my interview protocol (See Appendix A) to lead the interview. The interview guide comprises the predetermined and open-ended questions that I used to guide the participants to provide information related to the targeted phenomenon without restricting the participant from sharing their experiences with their unique perceptions and meaning. Semi-structured questions are a common qualitative research data collection tool because it aligns with the goals of the methodology (Creswell, 2014; Patton, 2015; Smith et al., 2009). Semi-structured interviews are important in the hermeneutic research process as an effective method of collecting participants' perceptions of a phenomenon with the

objective of gathering personalized ideas on a specific topic (Heidegger, 1962; Patton, 2015). I used the interview method with each participant, taking notes on the ways that participants interpreted each question and chose to respond. I advised participants that the entire interview process was voluntary and that they had the option to withdraw at any time with no adverse consequences.

I set up interview sessions with each participant with the intention to make the process as convenient to the participant as possible. All interviews took place through Zoom. I suggested that participants pick a place to meet that is safe and comfortable to them and ensured that they were aware of my location and the steps that I took to ensure confidentiality. The interviews lasted 60 minutes with a 90-minute limitation on time. Although I recorded only the audio content of the interviews, I took notes on my observations of body language and behavior to gather any reactions that added to the interpretations of data. The use of visual observation is a supported method in qualitative research as an approach to add elements of depth and richness to support a more thorough interpretation of participant meaning (Creswell, 2014; Sloan & Bowe, 2013; Smith et al., 2009). After the interviews were completed, I debriefed the participants by sharing my intended process and explaining the reason for the study again. I also provided them with information about the potential for further interviews or member-checking.

Once all interviews were completed, I listened to the interviews again and took further notes. I asked participants for clarification of content through email-based member-checking to ensure credibility. I then hired a company to transcribe each

interview. Throughout the entire process, I kept all notes, media, and transcripts protected and free from any public access to ensure confidentiality.

Data Analysis Plan

The key elements of data analysis for my research study involved the collection of data from participants that I added to a literature review as well as the overall consideration of context to interpret the data and find meaning within the perceived phenomenon. As Heidegger described, the perception of a phenomenon relates to the factors that create the context (Dowling & Cooney, 2012; Patton, 2015; Sloan & Bowe, 2014; Smith et al., 2009). I used the hermeneutic approach due to the interest in considering what factors create the context in which full-time crisis counselors experience the phenomena of both positive and negative outcomes. The collected data were transcribed and coded which allowed for an additional layer of interpretation from a unique viewpoint of the data (Alase, 2017; Miller et al., 2018; Rubin & Rubin, 2005; Smith et al., 2009). I approached the data analysis process with aspects of interpretive phenomenology to facilitate the process of coding. My guiding method of analysis was IPA, which I used to explore the raw data in a manner that allowed for themes to emerge rather than utilizing a pre-coding structure.

It is common for researchers using a hermeneutic approach to employ an IPA method of data analysis because it allows for a flexible analysis design that supports the cyclical and subjective nature of hermeneutics (Alase, 2017; Miller et al., 2018; Patton, 2015; Smith et al., 2009). The IPA process involved five steps, namely: reading and re-reading, noting, identifying themes, identifying theme connections, and repeating steps

with each participant (Alase, 2017; Miller et al., 2018; Smith et al., 2009). I used the five steps of the IPA process with consideration to the hermeneutic circle to allow for deeper analysis and, in turn, richer interpretation of the data.

As I identified themes, I used the hermeneutic circle as a guide in my analysis process to incorporate contextual elements (Heidegger, 1962; Patton, 2015; Suddick et al., 2020). I repeated the review of themes several times while considering the identified layers of context as they emerged through analysis. I continued to repeat the cyclic analysis process until themes of interpretation showed replication. Although the use of the hermeneutic circle does not have a definite stopping point, researchers can use their interpretation to decide when the peak of richness has been reached (Heidegger, 1962; Suddick et al., 2020). Therefore, I used ongoing judgment to determine when I reached a satisfactory level of analysis and interpretation.

Trustworthiness

Quality is an important part of research. Therefore, it is essential to consider and ensure the components of quality research. The elements involved in the quality of qualitative research are credibility, transferability, dependability, and confirmability (Morse, 2015; Walby & Luscombe, 2016). Each element is part of a layer that supports quality of research and requires a plan of attention.

Credibility

Credibility refers to the researcher's ability to accurately represent the targeted phenomenon (Morse, 2015), and it is often thought of as the most important component of quality (Walby & Luscombe, 2016). One of the ways to ensure credibility is to use

triangulation, which involves the use of multiple methods, data sources, theories, observers, or theories to provide a complete representation of the targeted phenomenon (Creswell, 2014; Patton, 2015). Researchers can choose either methods triangulation, triangulation of sources, analyst triangulation, and theoretical triangulation (Creswell, 2014; Patton, 2015). I used methods triangulation to ensure the credibility of my research by using interviews, literature review, and journaling. Another important component of credibility I used is member-checking, which is the practice of checking the credibility of the data and analysis with the participants to ensure accuracy (Patton, 2015). Therefore, with triangulation and member-checking, I increased the credibility of my research.

Transferability

Transferability is another part of quality research. Transferability is a researcher's ability to apply their study to another context or setting that will produce credible results (Walby & Luscombe, 2016). With successful transferability, a researcher knows that their work is generalizable and valid (Walby & Luscombe, 2016). Researchers increase transferability through the presentation of rich descriptions of context and of the phenomenon (Walby & Luscombe, 2016). Considering my approach of hermeneutics, the need for thick descriptions of context and data collection serves multiple purposes that support transferability.

Dependability

The dependability of qualitative research refers to how stable the data remain over time (Creswell, 2014; Patton, 2015). Researchers deem a research study dependable when their work is replicable, and they ensure dependability through a detailed presentation of

the steps of their research (Creswell, 2014; Patton, 2015). Researchers can increase the dependability of their research by using easy-to-understand and effective procedures (Creswell, 2014; Patton, 2015). Therefore, I carefully documented every step of my research to highlight all the steps necessary to replicate my research.

Confirmability

Confirmability is the attempt to show that other researchers have the ability to confirm or corroborate a study (Treharne & Riggs, 2015). Confirmability is an important component of quality due to the concern that researchers may approach their research with a unique perspective that reduces the quality of the research (Treharne & Riggs, 2015). Therefore, it is important for researchers to continuously evaluate bias while conducting research. I used evaluation, peer review, member-checking, and detailed presentations of research.

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Ethical Procedures

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Ethical procedures were a crucial requirement in my study. The first step in my ethical procedures was to provide all study information to participants, including contact information so they could ask questions or express concerns. The initial email that I provided to participants included my contact information, detailed information about the nature of my study, an explanation of the importance of my study, the details of data collection methods, the associated risks of being a participant, resources for mental health support in the event of study-related psychological disturbance or injury, and a clear indication that participants could withdraw from the study at any time. I interviewed only those participants who voluntarily signed the informed consent and met the inclusion

criteria of the study. Another ethical practice was the use of pseudonyms to identify participants; these were not shared with anyone.

To ensure confidential preservation of data, I am keeping all information on password-protected devices and will continue to be the sole user of said devices. The raw data will be kept for a maximum of five years, after which the data will be destroyed if it is no longer needed. Additionally, I will ensure that all shared information goes to the correctly identified recipients, and I intend to conduct continuous evaluation of my ethical practices to make certain that participant privacy is protected.

Summary

This chapter covered the various steps that I took to conduct the study with details about my chosen methodological practices. The research question centers on inquiring about the lived experiences of crisis counselors to explore related psychological implications. The outcomes of this study included information that supports increased insight and understanding of the targeted phenomenon of what it is to experience crisis counseling. This chapter covered my plans on how I recruited participants and what methods I used to both collect and analyze data. I also covered the importance of trustworthiness by highlighting the ways in which I will ensure credibility, transferability, dependability, confirmability, and ethical procedures. My organized approach to my study is leading to gained insight and understanding that informs the counseling community about the influencing factors of counselor wellness when working in the unique subfield of crisis counseling. Chapter 4 will be a review of the results from the completed interviews and an interpretive analysis of the data.

Chapter 4: Results

In this chapter, I present the findings of this qualitative hermeneutic phenomenological study exploring the lived experiences of crisis counselors. This chapter highlights the backgrounds of the participants, enumerates the themes discovered through the analysis, and offers an in-depth presentation of data that supports the analysis. I also describe the data collection procedures, providing details on sample size, time frames of data collection, method of transcription, and variations in data collection or processing that were discussed in Chapter 3. I summarize any issues of trustworthiness by discussing credibility, dependability, transferability, confirmability, and ethical procedures of participant treatment and data collection. The chapter concludes with a summary of my findings.

Purpose and Research Question

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of full-time crisis counselors with consideration of the recent literature and the context in which the counselors experienced the phenomenon so the counselor education community can understand how to best prepare and support counselors working in specialized fields. The research question for this study is: *What are the lived experiences of crisis counselors who are exposed to a variety of mental health crises?*

Setting

Participants' experiences were inevitably influenced by state-wide budget cuts to Maine's crisis programs, which six participants cited as an influencing factor on their lived experience. Budget cuts to Maine's state-run crisis programs were an unexpected

yet significant influence on whether participants were still working as crisis clinicians at the time of their interviews as well as their overall work experience as such. This influence may have, in turn, influenced the findings of this study.

Another previously mentioned potential influence was the recent pandemic. However, none of the participants mentioned the pandemic as an element in their experience as a crisis counselor. Although the pandemic can be considered a part of the context of being a crisis counselor in 2022, my study did not focus on pandemic-related questions, and pandemic-related content did not emerge as a theme.

Demographics

To protect the identities of the participants, each participant was assigned a participant letter (A, B, C, D, E, F, G) for identification. The participant letter assignments were not shared with anyone to avoid unintended exposure. I used the participant letters throughout the presentation and summary of findings.

Participant A

Participant A holds a conditional counselor licensure in Maine. Participant A graduated with their master's degree in counseling 2 years ago and immediately was hired as a full-time crisis worker—a job they held for more than 1 year before transitioning into another subfield of counseling. They started in crisis services with a history of working with individuals in health care, and they also had extensive professional experience in team sports.

Participant B

Participant B holds an independent counseling license in the state of Maine, where they spent roughly 5 years working in crisis for two separate crisis teams that cover different regions of Maine. They have experience working in a variety of settings through crisis and other counseling agency-based positions. Participant B also has work experience as a transportation professional and has served in the military.

Participant C

Participant C holds an independent counseling license in the state of Maine, where they have worked in crisis services for more than a decade as both a crisis counselor and a supervisor to other crisis counselors. They continue to offer on-call supervision to a state crisis team. Participant C started their Maine crisis career with experience in crisis services from another state.

Participant D

Participant D holds an independent counseling license in the state of Maine, where they worked in crisis services for more than 6 years. Participant D no longer works for crisis services, and they have extensive history working in a variety of settings through crisis services and other agency-based mental health settings. Participant D entered the crisis field with military service experience.

Participant E

Participant E holds an independent counseling license in the state of Maine, where they worked in crisis services for about a year. Participant E no longer works for crisis services. However, Participant E continues to work with populations who experience

crisis and work with crisis regularly. Participant E started their crisis career with experience working with youths in a variety of settings, including homelessness.

Participant F

Participant F holds an independent counseling license in the state of Maine, where they worked in crisis services for about 3 years. Participant F no longer works for crisis services. Participant F started in the crisis field with experience in criminal justice education and public safety.

Participant G

Participant G holds an independent counseling license in the state of Maine, where they worked in crisis services for more than 10 years. They continue to work full time as a crisis counselor and have gained experience working in a variety of settings and with a variety of populations in three Maine counties. Participant G has a history of working in public safety in a variety of settings.

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Data Collection

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I identified seven participants for this study using a flyer sent by email to crisis teams across Maine and to a Facebook group page for Maine crisis workers, as well as through snowball sampling. All communication with participants was through email and social media. Once participants expressed interest, I sent them a follow-up email with the informed consent document, further information on how to move forward with participation, and my contact information.

Sample Size

During the recruitment process, nine potential respondents expressed interest. However, two did not meet the criteria upon further questioning. The remaining seven participants moved forward with the process after qualifying to participate in the study. I continued the recruitment process while conducting interviews until data saturation was achieved. The seven participants willingly signed the informed consent form by returning an email to me with the words "I consent." Upon receiving the consent emails, I asked each participant for scheduling options that would be most convenient for them, and I picked a time from their options and followed up to confirm the time.

Collection Details

Each participant committed to one 60-minute interview along with a follow-up member-checking email that included a summary of the interview and a prompt for the participant to provide any additional comments, clarifications, modifications, corrections, or other information. I collected data in the form of semi-structured interviews that were conducted over Zoom and audio-recorded by a stand-alone digital recording device. While conducting each interview, I was alone in a home office with the door locked and a sound machine running in the background. Each participant shared that they were in a location that was safe and private during the interviews. The audio recordings were transferred into a password-protected folder and saved under the corresponding participant letter with no identifying information. The original audio recordings were then deleted from the stand-alone digital audio recording device. The gathered emails from the participants were saved in a separate password-protected folder.

Transcription

I hired a professional transcriptionist to transcribe each interview. The transcriptionist was known for their familiarity with, and experience in, working with researchers and dissertations. They were emailed a confidentiality agreement, which was signed and returned within 24 hours. The audio recordings were then uploaded to the transcriptionist's HIPAA-compliant and confidential website to an encrypted file transfer location. The completed transcripts were then sent via encrypted email to my university email. The gathered data were transcribed verbatim by the hired service and returned to me within 2 weeks of each interview. Upon receiving each transcription, I read through the entirety of each transcription within 5 days while listening to the corresponding audio recording to ensure accuracy and to mark moments of nonverbal communication. Each interview transcript was saved on my personal computer in a password-protected file under the assigned participant letter, along with the saved audio recordings, and was immediately deleted from my university email.

Variations in Data Collection and Unusual Circumstances During Data Collection

There were no variations to the data collection procedures I described in Chapter 3. The only unusual occurrence during data collection was when Participant G had to stop in the middle of the interview because their dog's uncontrollable barking interfered with my ability to hear what Participant G was saying. The interview was paused long enough for them to remove the dog from the room, and then the interview continued. The moments during the experience with the dog were not included in the transcription

because I alerted the transcriptionist to the event and informed them that it could be omitted from the finalized document.

Terms and Definitions

Participants were given a list of terms and definitions to help them understand the questions that they were answering in the interviews. The terms and definitions listed in Chapter 1 were referenced throughout the analysis process to ensure correct data interpretation.

Data Analysis

I used IPA with the lens of the CSDT to analyze the collected data. The IPA process involves spending considerable time with the transcriptions to become familiar with the data before starting the process of identifying themes and discerning commonalities between data sets (Alase, 2017). As J. A. Smith (2017) explained, it is important for researchers using IPA to use an open-minded process and repetitive analysis to ensure a rich interpretation. I used the guide of the seven IPA steps to ensure a holistic approach to understanding and interpreting the experiences of each participant. I chose to manually code the data out of personal preference. The process of manual coding was lengthy. However, I feel the process of manual coding allowed me to feel more connected to, and observant of, emergent themes. I used inductive coding, consistent with qualitative and hermeneutic styles, to approach the targeted phenomenon with an exploratory lens (see Alase, 2017; J. A. Smith, 2017). The open approach allowed me to identify a variety of themes.

As I entered the coding stage, I used the guidance of the CSDT in the theme development process. McCann and Pearlman (1992) highlighted the importance of considering an individual's sense of self through elements of self-capacities, schemas, and frames of reference to understand how an individual perceives their experiences when exposed to trauma. Therefore, the CSDT was an essential element in identifying themes with consideration to context.

The first two steps of the IPA involved reading through each transcript and listening to the corresponding audio six times while making continuous notations on the nonverbal data and any notable words or phrases that appeared significant (see J. A. Smith et al., 2009). The next three steps in the IPA process were to identify and analyze themes, which started the coding process (see J. A. Smith et al., 2009). Initially, I looked for emerging themes categorized by the predetermined interview questions. I used the general themes from the interview questions as the parent codes to assign aligning phrases, terms, and nonverbal observations. Once I completed the first cycle of base coding, I put away my work and started a second cycle to ensure I gathered all observed general themes. The results of the second cycle were similar to those of the first, albeit with one additional theme being identified.

Once the general themes from each participant were identified, I moved onto the sixth step in the IPA process by expanding the coding with the use of subthemes. I identified the subthemes by focusing on the differences and similarities in the participants' answers that provided more of a contextual understanding of each participant's perception and interpretation of the interview questions. I completed three

independent and isolated cycles of exploring and developing subcodes to ensure a rich and thorough analysis of the data.

Once I completed the coding of data, I organized the data through a process of clustering the coding with similar themes; this clustering supported the main themes of the targeted phenomenon. After the organization process was completed, I chose to remove two codes that were mentioned only once apiece by each participant.

Evidence of Trustworthiness

It is essential for qualitative researchers to consider trustworthiness with consideration of credibility, transferability, dependability, and confirmability (Lewis, 2015). Without trustworthiness, a researcher risks disgrace, and the completed work suffers a lack of quality and integrity that can be detrimental to the knowledge base and to other researchers (Creswell, 2014; Lewis, 2015). I used several strategies to ensure trustworthiness in my study.

Credibility

My first strategy in ensuring credibility was to approach the study using empirically supported methods. I recruited seven participants, which was within the range of the appropriate number of participants to reach saturation in a hermeneutic qualitative study (see Mason, 2010). I used another strategy of approaching the entire study with an open mind. As Creswell (2014) shared, it is essential for researchers to use research reflexivity to reduce any influence of researcher assumptions on research data. I was in continuous self-reflection throughout the research process, using a reflexive journal to

reduce any bias, preconceived ideas, or study expectations as I progressed through the data collection and coding process.

I also ensured credibility within my study by using member-checking, which involved emailing each participant a copy of a written summary of the interview to confirm the accuracy of my interpretations. I invited each participant to share any comments, corrections, or clarifications to the provided interpretations. Mason (2010) posited that sharing interpretations with the participants is a necessary step in developing accurate results. All seven participants emailed responses that confirmed the accuracy of my written summaries.

Transferability

Transferability is the ability for the findings of a study to be applied to another study or in another context (Dowling & Cooney, 2012). Transferability is achieved in qualitative research by using rich descriptions and clear language so that other individuals and researchers can gather a deep understanding of the content and transfer the same concepts to a larger or different population (Creswell, 2014; Dowling & Cooney, 2012). Although my study focuses on a unique occupational population within the state of Maine, the concepts are broad and generalized, which allows for transferability. The presentation of my study's results was designed to elicit interest and emotional responses among readers that will resonate with any similar lived experience—especially in those who have an interest in crisis work.

Dependability

The best way to ensure dependability within qualitative research is to follow the guidance of predetermined and empirically supported strategies (Lewis, 2015). I used IPA and the hermeneutic approach to safeguard the consistency of my process as compared to other researchers using the same style and approach. Using the seven steps of the IPA process and the hermeneutic circle assisted me in gathering an in-depth view and analysis of the data while also continuing to use a process of reflexivity to reduce research influence. Additionally, I used the lens of the CSDT to guide me in the interpretation of the interview data with a heavy consideration of participants' sense of self, including components of psychological needs, cognitive schemas, memory and perception, ego resources, self-capacities, and frames of reference (McCann & Pearlman, 1992). The use of IPA, hermeneutics, and CSDT were essential in simplifying the research process with effective procedures leading to rich findings.

Confirmability

Confirmability is the endeavor to show that other researchers can confirm or corroborate a study (Treharne & Riggs, 2015). I used a variety of strategies to ensure confirmability in my study. The first strategy was to use purposive and snowball sampling to guide a bias-free method of data collection. The result was a variety of participants from different crisis teams throughout the state of Maine, which yielded a richness to the data by providing a diversity of experiences based on differences in workplace culture. The diversity of workplace culture added a richness to emerging themes that solidified the influences of both crisis experience and workplace satisfaction,

despite the differences. Although my own professional experience in crisis services created a potential for researcher bias or influence, the variability of experience and work diversity among participants compelled me to put aside all that I knew about working in crisis services so that I could impartially consider the differences among the various teams and crisis practices represented in the data.

Results: Emerging Themes

The following themes represent the organized interpretation of interview data through an in-depth process of repetitive analysis, member-checking, and coding. The resultant data generated two main themes and ten emergent subthemes: (1) negative implications of crisis work, with the subthemes of (a) burnout, (b) compassion fatigue, (c) struggle with self-care, (d) limitation of client resources, (e) unfair compensation; and (2) positive implications of crisis work with the subthemes of (a) work satisfaction, (b) professional growth, (c) sense of purpose, (d) work-based support, and (e) resiliency.

Table 1

Themes Experienced by Crisis Counselor Participants

Main theme	Subtheme	Number of participant responses
Negative implications of crisis work	Burnout	7
	Compassion fatigue	5
	Struggle with self-care	7
	Limitation of client resources	6
	Unfair compensation	3
Positive implications of crisis work	Work satisfaction	7
	Professional growth	7
	Sense of purpose	5
	Work-based support	7
	Resiliency	7

Negative Implications of Crisis Work

All seven participants reporting having negative experiences due to crisis work. Although I used semi-structured interview questions and provided terms and definitions that could have predetermined general themes, I employed an inductive approach to identify emerging themes while considering participant perception. All seven participants used the word "burnout" to explain their negative experiences from crisis work, while four participants additionally used the term "compassion fatigue"; only one participant used the term "vicarious trauma."

Burnout

The experience of burnout was the most salient theme of negative experiences for all participants. It was a challenge to identify the subcodes for burnout because each participant added a layer of unique complexity to their individual experience of burnout. I initially created a long list of subcodes, but it became clear that the terms and non-verbal observations could all fall under burnout. I started with subcodes of "tiredness," "reduced presence with friends and family," "pressured," and "busy" to identify phrases and terms that expressed burnout. The term "busy" and mentions of being less present with friends and family was present for all seven participants when talking about the negative aspects of crisis work. Participant B shared that the "bad days" of crisis service involved "times when it definitely impacted me negatively, especially when the days and weeks got busy. If I was doing several shifts in a row and I would just be back-to-back-to-back assessments." Participant A shared their thoughts on burnout:

It was burnout. I would put so much into the work. I wouldn't have anything for my family or friends and that ended up hurting me a lot, because I take a lot of pride in being that person in my social life as well as my work. And so, if you don't have that balance, and you have trouble figuring out how best to balance that, it's going to start bleeding over into the other areas your life, and that's when it can become a big issue.

Participant G agreed by sharing "I notice that I get to points, when crisis is busy, where I just have nothing left for the other parts of my life. It is not hard to tell when I am burnt out and it happens more than I would like." All the participants highlighted the struggle of working crisis shifts when there was no time to process the hard calls and that there was pressure to move on to the next call. Participant F shared how burnout led them to leave the crisis profession:

Yeah. I mean, I think that the constant feeling of being on, I also think that the constant feeling of always having to make decisions, always having to do things, I was really at that point of compassion fatigue and burnout I really was at the point where I kind of hate my job, hate my life. I was just miserable all the way around.

In each interview, while participants focused on content related to burnout, six of the participants incorporated sighs into their language when talking about how tired they were. The prevalence of sighs was added as a subcode to the parent code of burnout as a negative implication of crisis work.

Compassion Fatigue

Four participants used the term "compassion fatigue" in their interviews, but five participants expressed themes related to compassion fatigue. The subcodes given to compassion fatigue, in addition to using the term, are "reduced caring of client care," "loss of passion," and "reduction of empathy." Participant C shared: "I would say that I may have experienced some compassion fatigue. But I don't think that I, like really… the fatigue came from me, or the anxiety came from me, it was from the system. You know, having to navigate the system." Participant E shared: "So I just, I fell out of that, like, passionate piece where you're like, 'we need to be like, trying to do what we can.' I was just like, 'I just can't, you know, I just can't do it anymore.'" Participant G shared: "It's so hard to find that empathy and caring when you haven't had a chance to use the bathroom or get a bite to eat because calls are stacking up and you have to just…keep going." Participant F shared how it felt "immoral to get to that point on not caring about what's on the other end…you just want the phone to stop ringing so you can take a break." Therefore, compassion fatigue as a negative implication of crisis work was a strong theme in this study.

Struggle With Self-Care

All seven participants attributed their development of burnout to their struggle with self-care. The reasons behind their struggles with self-care were varied, but it was clear that the struggle with self-care was the common emerging theme behind the development of both burnout and compassion fatigue. It was challenging to develop the sub-codes for struggle with self-care because six participants talked about their struggle

with self-care by sharing the positive experience of recognizing the need to improve self-care, and effectively taking that action, due to their experience of negative implications. The most used sub-code was "taking action to improve self-care to reduce negative experiences."

Participant B shared:

> I also have learned where my limits are and what the things are that are likely to burn me out, which has had a positive effect in that I have had to learn self-care and a lot of those things that I've deferred with regard to my own pleasure and enjoyment. Being able to advocate for myself and set that limit and say, "I have to stop."

Participant C agreed:

> So as a clinician who's just starting out, I got a lot better at self-care and some of my colleagues because I really had to. but I think being more tuned in to what I need as I go through the processes in my own life and my fatigue level, paying closer attention to what I need and learning how to get that. And I do think there's a relationship between working in crisis in your own growth. Because I think if you don't deal with it, it will trip you up.

Part of the lack of self-care theme involved all seven participants expressing their lack of boundaries as the reason why they worked to the point of exhaustion. Therefore, "lack of boundaries" became another subcode within the struggle with self-care as a negative implication. Participant F shared that he went through an experience of self-awareness

where he discovered that the lack of boundaries was a central issue in how he was struggling to manage his crisis position:

> I think that I figured out probably healthier boundaries with some of that in terms of how can I still be a supportive friend or a supportive provider but not burn myself out by jumping on top of everything? So being able to figure out the balance of it a bit more.

Participant A agreed:

> I feel like I'm able to emotionally regulate even better now just because of that exposure. It makes me want to do better and be consistent with my own well-being. I kind of had a little bit of a revival of self-care when I entered Crisis.

Participant G also agreed, sharing that "It took me some time to smarten up, but this job forced me to learn how to take care of myself." Therefore, the struggle with self-care as a negative implication of crisis work was a strong theme that provided a rich understanding of participant experience.

Limitation of Client Resources

Six participants shared their frustration in not feeling that they could effectively do their jobs due to the limitation of resources and inaccessibility of treatment options. They all expressed that the limitations of resources and state of our mental health system are influential reasons causing experienced burnout or are a deciding factor in leaving the crisis field. The subcodes for limitations of resources included "frustration towards current mental health system" and "frustration towards lack of available mental health resources." Participant D expressed "I think I've learned a lot more about the system and

how we don't have enough resources." Participant C shared that the hardest part of their

crisis job and the biggest source of burnout is the current state of our mental health

system. They shared:

> The hard part is getting people out of the ER, getting people to… a crisis unit or
>
> to a psych hospital where they need to be and dealing with the hospital staff in the
>
> ER. That's the stressful part. That's the hardest part. … some of the hospitals are
>
> just awful and that they don't want to deal with the crisis patients.

Participant B became visibly and audibly upset during the interview when talking about

the frustrations of limited resources:

> I mean that's the bottom line. I want to be able to number one, do my job
>
> efficiently and I want people to be able to get the help they need. I still have this
>
> ideal where when someone asked for help, just get the help they need. Not enough
>
> hospital beds, not enough crisis beds, waiting list for individual counseling …
>
> ridiculous, not enough groups out there, not enough IOPs out there.

Participant G showed the most negative expression when talking about the limitations of

resources:

> The only thing that makes me want to leave my job is the current conditions. …
>
> most days I am spending more time battling the system than using my clinical
>
> skills. It's … heartbreaking … and maddening that … I am not allowed to do my
>
> job. My hands are tied. I have a client in front of me who is suffering. They need
>
> help … I want to give them help … but I'm not given the tools I need. We are
>
> talking about people who desperately need medication to have any quality of life

and I am the one to break the news that we can't find them a psychiatry

appointment for six months and they are not sick enough to go into a hospital. So

… you say sorry and send them home with … nothing. I mean, we give them

phone numbers and suggest coping skills and a therapist but come on … they

need bipolar disorder meds! But I'm not going to leave my job because they

already don't have all those things, I can't be a part of the problem.

Participant A shared that the lack of resources and current system were part of the reason

they left crisis work:

It is beyond frustrating to have a client that is putting everything they have out

there and is ready to make some changes in their life, but then … you're like

"well, there are no beds" or "oh, yeah we can get you into a psychiatrist or a

therapist, but it will be three months." It feels like a failure.

Therefore, the frustration over limitation of client resources is a strong element in the

negative experiences of crisis counselors.

Unfair Compensation

Three participants shared that an influencing part of their negative experience of

working in crisis involved dissatisfaction of work compensation. Subcodes of

compensation dissatisfaction included "dissatisfaction of pay." Participant A shared that

the lack of proper compensation is the only reason that they no longer work in the crisis

field:

It's so hard if they hadn't been in the field to realize the financial repercussions of

being a passion worker. Crisis workers are passion workers, plain and simple. I

know people who are extremely, extremely overqualified for their position and role in crisis, but they do it because they love it. They just absolutely love the work. And a big issue I have is having to sacrifice one for the other. Like, am I going to follow a passion work and struggle financially? Or do something completely different, just because the financial means are there?

Participant B similarity shared:

I feel like it's incredibly difficult work. And one way that an organization shows that they care about their employees is paying them well and giving us the resources that we need to do what we do. I think that's incredibly important because we do on the ground essential work. We help keep other employees safe. And so, it's a sign of feeling valued, I think by a company or an organization.

Participant G shared:

I guess the other part that makes me think about a different career track is the pay. I hate that this is a problem that a lot of people are experiencing lately, but mental health folks don't get paid enough. Crisis is definitely no exception. If I didn't love my job so much and have the flexibility of schedule, I am not sure I could afford this job. My schedule allows for me to have another job … although that probably doesn't help the burnout situation. But … yeah. I know that it's not my employer's fault since we are state-funded, and they say what the budgeting will be. But it's clear that the state doesn't think that what we do is all that valuable. It sucks.

As such, the sense of compensation dissatisfaction was a clear influence on the development of the negative implications of crisis work.

Positive Implications of Crisis Work

All seven participants shared positive experiences of crisis work. Six participants spent more time and offered more content on the positive experiences of crisis work than on the negative experiences of crisis work. The themes of positive experience include work satisfaction as a positive implication of crisis work, professional growth as a positive implication of crisis work, and developing a sense of purpose as a positive implication of crisis work.

Work Satisfaction

All seven of the participants shared how much they enjoyed working with clients in crisis and the nature of their work. The participants provided a complexity of themes that supported their expressed affection for crisis work. The subcodes were "challenge" (as a positive term), "variety of work," "interesting cases and presentations," "autonomy," and "excitement." It was clear that the participants all enjoy or enjoyed crisis work. Every participant smiled when first talking about their experience in being a crisis counselor. Participants E and B shared an affinity for the exciting aspects of crisis work and the ability to meet a diverse population of people. Participant C expressed "I don't mind the work at all. I love the work, you know, it's exhilarating." Participant D shared:

> I worry I'd be bored in another setting because I like things to be interesting.
>
> working in crisis, we see quicker stabilization or destabilization. We kind of get to

be right in the trenches. And I think I enjoy that piece of it. And I feel a little bit

like it's a badge, I'm in the trenches, and I'm proud of it. And it is part of who I

am that I'm not afraid to be up close and personal with real people who are

struggling. I can do things that are difficult and interesting and that not everybody

else is doing.

Participant A shared their experience of enjoying the excitement of crisis so much that it

interfered with their ability to find enjoyment in transitioning to individual counseling.

Participant A added:

And crisis isn't like that and that's what I loved about it so much. It's just like,

when you walk in, it's something new or something different every time you go

in. And then of course, you get the adrenaline aspect of it too, which just solidifies

that much more.

Participant F shared that even though they don't think they will ever work in crisis again,

they miss the nature of the work: "I think the thing that I loved about crisis was the quick

change, solving problems, try[ing] to think outside of the box, and pulling other people

together, those were my favorite roles in crisis." Participant G agreed, sharing "I love the

fact that I have no idea what I will be doing on any given shift, and I know that I will face

situations that won't be easy. I love it." Therefore, work satisfaction is a significant

positive implication for crisis counselors.

Professional Growth

All seven participants shared a positive experience of professional growth in their

experience working in crisis. Five participants talked longer and in more detail about

their professional growth as a positive implication than any other theme. Professional growth was another theme that included a long list of subcodes that were condensed. The ending subcodes were "increased clinical skill," "increased cultural competency," "increased awareness of professional self," "reduction of biases," "increased confidence," and "increased comfortability with acute client presentations." Participant D shared her experience of growth and mentions her improved clinical skill, cultural competency, and increased sense of compassion towards her clients:

> And I think the other piece of that, too, is that I got more comfortable quicker with doing suicide assessments, homicidal assessments. I got to experience some pretty intense diagnoses, which was really great experience to make me more comfortable with some pretty complicated, severe mental illness early in my career. But I think the biggest difference it made, especially really early in working in crisis, was that … the guy that people see on the corner that they might label as a junkie, or a loser, or a deadbeat could be struggling with any number of historical traumas, or ongoing trauma and trust, and not have the ability to do the things that other people think they "should" be able to do. So, recognizing and just continuing to develop that level of compassion for folks who are dealing with things that most people can't even imagine.

Participant B expressed a similar experience in gaining a sense of increased compassion and a reduction of biases through the exposure to diverse populations while working in crisis services. They shared that they were able to both gain insight in identifying hidden biases and correcting their sense of judgment through crisis work:

Yeah, yeah, because I had a lot of uncomfortable zones that—you know, so talk

about—we talk about white privilege but just talk about any kind of privilege at

all where we simply don't have to—where the problems of other people don't

even enter in our minds because we either don't know or don't care or whatever.

Participant C shared their increase in both confidence and comfort level in crisis work

"I'm proud of what I've accomplished. I find it easier to do than I used to, partly because

of the experience. I find it, it's easier for me to ask hard questions than it used to be."

Participant G supports the idea that crisis work helps to develop clinical skill:

I've said it once and I will say it again. There is no better way to develop clinical

skill then to work crisis. Nothing can prepare you better or faster. I didn't need to

study for my clinical exam to gain independent licensure, I just worked crisis and

only got a couple questions wrong.

Participant A shared a similar experience:

Crisis is really, really critical, and important for developing as a person. I'm not

the person I was two years ago and I'm not the person– I'm definitely not the

person I was five years ago. When you go, and you challenge yourself, and you

put yourself in an uncomfortable situation, which crisis forces you to do all the

time and be on your toes and be mentally flexible, you're going to be forced to

grow, or you're going to not succeed at the job that you're trying to do. And I

think that's—and luckily, you have people to help you grow in that atmosphere of

crisis, the people are keeping you on track. So, if they see you, like starting to slip

the other way, they can help pull you back and kind of keep you aligned. But

yeah, just that that growth is, it's incredible to see, honestly. That's why I push

people in the mental health field to go for it if they have the chance to.

As such, these findings show that a significant positive implication of crisis work is professional growth.

Sense of Purpose

Five participants mentioned purpose or sense of purpose to be a positive

implication of being a crisis counselor. The participants clearly expressed the role of

having meaning or purpose when talking about what crisis work has positively done for

them. The subcodes for purpose include "mention being meaningful," "mention having

purpose," and "being a part of the greater good." Participant C shared:

But when—all of the negative aspects of crisis work, the institutional barriers,

those hard days, those really, really tough shifts, all of that for me is greatly

mitigated by two things. Number one, just my just strong desire to help people.

It's meaningful.

Participant D shared:

I get to do things and see things and be involved in care that my colleagues don't

always get to do and treating mental illness and suicidality and taking care of

people who really need it. And I think that gives me meaning. I mean, I think

that's part of why we can continue to do the work is that we do get something out

of it. And I think using my skills, and making a difference, and leaving a footprint

is important to me.

Participant G shared:

> There is something about crisis work that can make you feel like a superhero… it
> can also make you feel like the biggest failure some days, but being able to use
> your creativity, your clinical skills, and advocating for your client to get someone
> the help they need is…there's nothing better. It's hard to deny that it gives you a
> … sense of purpose.

Therefore, developing a sense of purpose is a positive implication of working in crisis.

Contributing Factors of Positive Experiences

All seven participants shared detailed information on their belief of what
influenced the positive experiences of crisis work. I noted throughout my analysis that
each participant showed both physical and audio clues of joy when talking about the
positive aspects of their experience in crisis services that I will explain in more detail
through the contributing factors of positive experiences themes. The general themes of
the contributing factors of positive experience include importance of work-based support
as an influencing factor of positive crisis work experience and personal elements of
resiliency as an influencing factor of positive crisis work experience.

Work-Based Support

All seven participants talked about the influence of support as a strong influence
of positive experience while working in crisis. Because the participants generally put
team support and supervisor support within the same influence, they were both included
under the theme. However, it is important to note that I learned through various
participants that most supervision was in the form of group supervision with the entire

crisis team. The subcodes for support include "team support," "supervision support," and "consultative support while out in the field." Participant C shared her experience of using phone-based consultation with supervisors and peers:

> Having a strong team, for sure. Yeah … it was a hard job, and you know, you'd come out of the hospital, so a doctor bitching at you and you know, the nurses looking at you, like you're not doing your job because you can't find a bed. And then there's always somebody from the team that's on the other end of the phone that you can talk to. And you know, I could be just so tense from being in the ER, and there will be a kind voice on the other end of the phone.

Participant D provided similar thoughts around receiving non-judgmental support while dealing with challenging cases:

> And the importance of supervision and support. I think that is something I've relied on much more heavily than maybe some of my colleagues because I think it's so important in the work that we're doing. To know that if I wasn't sure what to do or where to go … that I had supervision I can rely on to help me figure out where to go next or what to do. And having that non-judgmental supervision. You know, I think as counselors, we forget that in other sectors of the world, there's like, "Oh, you should know what you're doing, and you shouldn't have to ask for help." But our culture is meant to support each other unconditionally on for support when we need it, and we all need it sometimes. So, I think that acceptance of … when you need help, you ask for it, and we show up.

Participant E shared:

> I think one of the biggest things is the team piece. Definitely feeling that
>
> interconnected piece … that team portion, it taught me a lot of things. So, when
>
> the supervisory support was really good, then I felt pretty good about things. And
>
> so, I think my mental health was pretty good. But when things were not going
>
> well in that department, then things were not going well for me.

Participants A and B expressed the importance of having team support to know that if anything goes wrong, they had the ability to reach out and find some answers. Participant G shared their experience of finding inspiration and enjoyment through their team:

> I think a lot of my motivation and enjoyment of crisis comes from the team. I
>
> think my entire view of crisis work would be doom and gloom if I didn't have the
>
> support of a like-minded team who supported … and, inspired me on a daily
>
> basis. When we are out in the community dealing with scary situations, it doesn't
>
> really feel like you are alone, you know? If shit hits the fan, the team is going to
>
> be there. They are going to help you figure out everything and you know that you
>
> get to do the same for them. There's nothing like it.

Resiliency

All seven participants expressed having experiences and personality traits that led them to have positive experiences, skills, and interest in crisis work. Although I originally identified separate themes of influential experiences and influential personality characteristics to both positive and negative experiences to crisis work, I later realized that every participant's answer to the interview question "What about your background,

knowledge, or personality has influenced your experience?" followed a theme of unique

experiences and personality traits that supported their interest in crisis and why they

helped the participant to be both skillful and less likely to suffer the negative implications

of crisis work. Not one participant talked about an experience or personality trait that

caused a negative result while working crisis. The resulting subcodes of resiliency

include "personal experience in crisis," "experience in stressful or emergency-based work

environments," "having strong empathy," "liking challenging work," "having strong

adaptability," and "liking excitement." Participants B and D reported always having an

interest in challenging work, which they believe led them to both have experience in the

military and, eventually, crisis. Participant D also shared personal experience with crisis

that influenced a lot of career choices:

> But I think I also see skill and that ability to look at things that are difficult and
>
> not turn away. And I think I have spent a lot of time in my life in trauma response
>
> and so I'm not necessarily afraid to feel it, because I know what it's like, and I
>
> know what to do with it.

Participant F shared their experience in having a parent who worked in public safety and

started their academic career in criminal justice, which both supported their interest in

challenging situations and gave them the skills and resiliency to do crisis work. They also

mentioned a characteristic of having strong empathy:

> I think because I just sort of can take charge and jump in, I think that that makes
>
> me good at crisis work, if you guys follow the crisis work. I think that I connect
>
> well with others, which helps especially with collaborating with all the different

systems and people to support those in crisis. I think generally, I do a pretty good

job of connecting with others and helping them identify the short-term solutions

to help maintain or gain stability and go back to their outpatient provider's

support. As far as working in crisis, you learn to read people really well and sit in

this area of empathy that you don't really learn as a student.

Empathy was identified by all seven participants as a necessary skill and one that they

have naturally. Participant A shared their thoughts on having strong empathy along with a

history of experiencing crisis in their personal life:

…and this is kind of what got me into counseling in general, this is my general

like of it, ability to connect with people as a whole. And so, that ability to

connect, and you know, that … you almost, like, radiate empathy.

Participant G shared experiences of personal crisis and some experience working in

public safety that both inspired them to work in crisis and helped them to be comfortable

in crisis services:

I've always felt comfortable running towards emergency situations. It's probably

from personal trauma, but I worked in public safety as soon as I was old enough

and then … as soon as I realized that I was good at working with people on an

emotional level … it was easy to go into crisis. … I've always needed to work in

challenging work situations. I don't think I could ever survive a mundane job.

Summary

In this chapter, I presented the findings of my data collection and analysis process

for my qualitative hermeneutic phenomenological study on the lived experiences of crisis

counselors. The results supported findings that support the development of both negative and positive implications from working in crisis services. Based on the themes that emerged, crisis counselors experience negative implications of burnout and compassion fatigue that are influenced by lack of self-care, limitation of client resources, and compensation dissatisfaction; they also experience positive implications of work satisfaction, professional growth, and purpose that are influenced by support and personal elements of resiliency.

The findings of this research study provide answers to the main research question and will be discussed in Chapter 5, where I will interpret the findings of this study's data and analysis with the guidance of the hermeneutic circle and the lens of the CSDT. I conclude Chapter 5 with a description of the study's limitations, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this hermeneutic qualitative phenomenological study was to explore crisis counselors' lived experiences to explore both the negative and positive implications of working in crisis. I sought to understand the perceptions of crisis counselors by exploring lived experiences with consideration of context. I conducted this study to explore and understand the positive and negative elements of influence among crisis counselors. The findings may assist with filling a gap in the literature related to the subfield of crisis counseling and provide information to help the counselor education community to better prepare and support those who enter the field of crisis. The increased knowledge of crisis work sets a foundation to further explore elements of preparedness, education, training, and support among those who decide on a career of crisis counseling.

I completed this study using a qualitative hermeneutic phenomenological methodology with IPA to collect and analyze data from semi-structured interviews. I recruited seven crisis counselors throughout the state of Maine with varied work histories and crisis work experiences. The seven participants were all licensed counselors in the state of Maine with experience working full-time for a crisis team within the state for at least 6 months within the past 5 years. I used a qualitive interview process to collect data for this study. I used an interview guide with seven interview questions focused on inviting participants to share their lived experiences of working in crisis with the emphasis of their thoughts on their well-being. I hired a transcriptionist to transcribe the interviews and used a manual coding method to analyze the data. The resultant data generated two main themes and ten emergent subthemes: (a) negative implications of

crisis work, with subthemes of burnout, compassion fatigue, struggle with self-care, limitation of client resources, and unfair compensation; and (b) positive implications of crisis work with subthemes of work satisfaction, professional growth, sense of purpose, work-based support, and resiliency. This chapter includes an interpretation of the findings using guidance from the hermeneutic process and CSDT to describe the lived experiences of crisis counselors. I explain the targeted phenomenon through the lens of CSDT to provide a rich interpretation with consideration of context. Lastly, I summarize the limitations of this study, provide recommendations for future research, and explain the implications of my research.

Interpretation of Findings

The findings from my study produced a rich view of crisis counselor experiences. The use of the recent literature allowed for a deeper interpretation of the collected data. The findings' alignment with the recent literature reiterated the importance of research on counselor well-being while helping to highlight some of the unique elements of crisis work. In this section, I compare the study's results with the literature reviewed in Chapter 2.

Negative Implications

The central focus of my study was to explore the elements related to well-being when looking at the lived experiences of crisis counselors. The recent literature was a valuable resource for understanding what is known of the negative implications of working with individuals in various states of crisis. However, the recent literature did not provide any research on the collective experience of working with a variety of crises.

Therefore, I was forced to build the foundation for this study by reviewing the fragmented pieces of literature that related to this study's targeted phenomenon.

Burnout

Burnout is a mental and physical condition in which an individual experiences physical or psychological exhaustion from overexertion of mental and physical capacities, interfering with an individual's well-being effort (Bakker et al., 2006; Lee et al., 2019; Mullen et al., 2017). The recent literature supported the commonality of developing burnout in helping professions (Bakker et al., 2006; Bryant, 2020; Craig & Sprang, 2010; Mullen et al., 2017; Yang & Hayes, 2020). The development of burnout is prevalent among those who work in high-stress environments and those suffering from a variety of mental health emergencies (Bakker et al., 2006; Lee et al., 2019; Mullen et al., 2017). The findings of my study aligned with the recent literature.

All seven participants reported experiencing burnout while working in crisis. However, the participants varied in whether they developed the burnout from the acute cases or from the busyness of their shifts. Each participant went into detail about how their experience with burnout, regardless of cause, affected their quality of personal life. Participant D talked about the negative experience of working in crisis:

> Being really tired at the end of the day and recognizing it's potentially because of the triggering events of that sort of being in … that sort of heightened alert state. So being more hypervigilant throughout the day and turning to … fatigue at night. That was really a big impact.

Participant E shared their experience with the busyness of their shifts: "There was not a lot of downtime. And so, doing things for myself, I feel like a lot of the times got pushed back … I would work late hours because extra things would need to be done." Later, Participant E added:

> [N]ot a lot of sleep, not a lot of just doing things that make me happy, you know, because … life outside of work. … so, you do a really long day, you go home, you do the good thing … you be the wife and all those kinds of things and house stuff and doesn't leave a lot of room for things. So, I'd say … my mood probably was not always the greatest, a little bit more irritable than I'd like to be, a little bit more ... short. That kind of stuff.

It was clear that the participants agreed that the current busyness of crisis and the acute nature of the work leads to symptoms of burnout. Participant F added another consideration of context:

> It is definitely harder to stay away from burnout now than when I started on the team. The cases are harder … people are dealing with crises that were more rare back then, and now we see them … daily. We are definitely busier, and we have less people to do the work.

Participant F's explanation of the change in workload and cases highlighted the need to consider the context in the current state of crisis work. As Bellamy et al. (2019) and Shannonhouse (2018) shared, the need for crisis professionals is growing at an exponential rate due to increased acuity and rising rates of individuals willing to reach out for help when in a state of crisis. My findings show alignment with the potential for

an increased risk of burnout with the increased use of crisis services and increased acuity of client crisis cases.

Compassion Fatigue

Compassion fatigue is a condition in which an individual experiences a decrease in empathy due to the overuse of empathy (Bardhoshi et al., 2019; Craig & Sprang, 2010; Hasan, 2012; Wade, 2017). Five participants reported experiencing compassion fatigue from working in crisis. All five participants discussed symptoms of compassion fatigue being directly connected to their development of burnout. A similar effect was reported from studies focusing on the negative effects of counselors working with suicidal clients and those who work exclusively with clients affected by acute trauma (Thompson et al., 2014; Wade, 2017). Participant G shared "you get to a point of exhaustion where you just have nothing left in you and then you just … kinda stop caring, which isn't good for anyone."

Participant E shared their experience of losing interest in work with families after experiencing many busy shifts with family crises in which their symptoms showed the development of compassion fatigue after excessive episodes of burnout. Participant F also reported experiencing a loss of interest in doing crisis-related projects, which was something they initially enjoyed: "And finally when I hit that burnout point, when I hit that crisis, I just said no to everything." Therefore, the data suggests that untreated burnout can lead to the development of compassion fatigue among crisis counselors, which is significant considering that the biggest positive implication of crisis counseling is using empathy and caring about clients, as discussed later in this chapter.

Vicarious Trauma

Although vicarious trauma did not emerge as a theme in the current study, it was an important element that needed to be considered in the context of the phenomenon. Only one participant mentioned the development of vicarious trauma due to their work in crisis. Participant A shared that they suffered the symptoms of vicarious trauma after being "triggered" by a television clip that mirrored a crisis work experience he had. The lack of a vicarious trauma theme within the data was surprising, given the extent to which the recent literature supported the development of vicarious trauma as a result of exposure to a variety of crisis situations (see Aldrich & Cerel, 2020; Dupre et al., 2014; Sherba et al., 2018). I attributed the lack of a vicarious trauma theme to either the participants' disinterest in talking about any existing experiences of trauma or to the lack of the development of the condition due to the unique participant resiliency or team support structure of crisis counselors. More research is needed to explore the phenomenon of vicarious trauma in crisis work.

Positive Implications

Tedeschi and Calhoun (1998) were the first to observe that there is a positive aspect in working with those affected by trauma. The recent literature included a small yet important number of studies that suggested the presence of posttraumatic growth in helping professionals who have worked with a significant variety of crises and those who have experienced firsthand trauma (Manning-Jones et al., 2015; Taku et al., 2020; Tedeschi & Calhoun, 1998). Additionally, researchers suggested the prevalence of posttraumatic growth when helping professionals experience factors including job

satisfaction, purpose, support, and personal trauma experience (Killian et al., 2017; Long, 2019; Tedeschi & Calhoun, 1998; Veronese et al., 2017). The findings of my study align with the current research regarding positive experiences and symptoms of posttraumatic growth.

Work Satisfaction

The topic that appeared most prominently in the current study's data was the participants' work satisfaction. Work satisfaction included what the participants' liked about their basic job responsibilities of being a crisis counselor. All seven participants discussed how much they liked the nature of crisis work, including the excitement of the job, the variety of the work, the challenges of the work, and the ability to work with a diverse population of people. Every participant smiled as they talked about their affinity for the unique experience of crisis work. Participant G stated "crisis work is in my blood and in my heart. Yes, it's challenging, but there's nothing like it." Participant C smiled as they shared that they are proud of working in crisis and is proud to say that they are a crisis worker. Participant C shared 12 times throughout the interview how much they enjoyed working with people who are struggling with a crisis situation. Participant D shared that they feel that they get to wear a "badge of honor" for working in crisis. They also shared:

> I think it's what gives me energy and fuel to keep doing what I do. And I have learned in my own journey that finding ways in sort of how I am in the world to matter. It's one way that I'm really effective at leaving a footprint. And so, I think it's important to acknowledge that we get something out of it. And we don't just

give. I hope it doesn't sound too selfish, but it's true. I mean, I think that's part of

why we can continue to do the work is that we do get something out of it.

Participants A, B, C, and F shared their attraction to the challenge, variety, and

excitement of crisis work. Participants A, D, and F, who chose to no longer work for

crisis services, shared how much they liked the nature of the work. Participant A stated

"yeah, so working in crisis is, honestly, it was ... I still miss it right now. I think if the pay

aligned with the work, I think I'd be much more, I could still be in the field, honestly."

Participant F used the word "love" to talk about their affection for the basic nature of

crisis work. Participant D smiled as they started talking about their experience in crisis

work. They expressed "the stories, the people that I meet, they're incredible and

fascinating, and I ... they're just incredible." Participant B also smiled broadly when

talking about the people they have been able to work with in their crisis role:

> I've come to see it as really an honor to see people. For many of them, it's the
>
> worst day of their life or one of the worst days of their life and for people to tell
>
> me things that they've never told other people before.

It was clear that all participants had a positive response to the basic experience of being a

crisis clinician. The significant positive response to work satisfaction aligns with Bellamy

et al.'s (2019) study suggesting the development of satisfaction when working with those

who are perceived as suffering. Hasan et al. (2012) and Killian et al. (2017) also

suggested a significant development of compassion satisfaction and posttraumatic growth

in helping professionals who work with crisis situations, suggesting a deeper sense of

empathy and compassion in comparison to working with other populations. My study

suggests that a positive implication of working as a crisis counselor is the development of work satisfaction.

Professional Growth

Another surprising finding of this study was the theme of professional growth because of working in crisis services. Bakker et al. (2006) and Bellamy et al. (2019) suggested the importance of self-confidence and self-efficacy as factors of job satisfaction, which aligns with the current study. All seven participants discussed their growth as a significant positive effect of their experience in crisis services. The two main subthemes of professional growth were (a) growth of clinical skills and (b) increased insight and management of self-care.

Four participants shared their experience in gaining significant development of clinical skill due to the unique exposures of being a crisis counselor. Participant D shared their experience of feeling that they were able to gain confidence and knowledge with their clinical skills while working in crisis services that improved their ability to work as an individual counselor. Participant G highlighted the idea that crisis work provides clinical exposure that leads to significant growth of skill:

> There is no better way to develop clinical skill then to work crisis. Nothing can prepare you better or faster. I didn't need to study for my clinical exam to gain independent licensure, I just worked crisis and only got a couple questions wrong.

Participant A shared how they tell anyone working toward their clinical counseling license or degree that they should work in crisis to gain clinical skill and knowledge most efficiently:

> I was like, "you will be able to be move towards your degree, the most exposure you're going to get to all conditions, every single condition that you can think of, especially the more difficult ones that you're not going to see."

Additional gained clinical skills that participants shared were the development of cultural competency, flexibility of thinking, and reduction of biases through the exposure of working with a diverse population. Participant B emphasized their experience in the normalization of diverse client presentations with an increased level of compassion for those they once held bias toward:

> Different levels of diversity and to—as much as we have the ability to key in on those things, one of the biggest things that I learned just with my education were the different levels of cultural competency, right? And if I had been asked at the time, "I'm color-blind. I just don't see colored people are people, right?" And that comes from a good place. But I don't think color blindness is the way to go. I think the way to go is to notice and honor.

Participant A shared how they now recognize the "ignorance" of other people when they are judgmental toward various people who are behaving in certain ways because of their struggles and how they recognized their own level of growth from having the same ignorance before starting in the crisis field:

> And the vast majority of the public is not exposed to what we're exposed to in crisis, 99.9%. And so, that really kind of alters how you look at daily situations, looks at how you judge the situations that you're put in.

Participant C shared a similar experience when they expressed their growth in using

empathy with those who are normally judged by the public for their lifestyles. They shared:

> And you know, that just humbles me so much, and it just makes me, you know,
>
> some people don't understand it, and some people would. But to me, it's kind of
>
> like, I have no idea what that's like, and all I can do is feel empathy for this
>
> person.

Participant G shared:

> I am honored to sit face-to-face with people and see the beauty in them. The
>
> world judges them for being drug users or psychotic or…whatever. The world is
>
> scared of them. It's ridiculous. But I am lucky enough to have a job where I can
>
> connect with these people and see how amazing they are … how beautiful they
>
> are … and … I get to help them on their journey.

The strength of the emerged theme of growth among the participants showed a richness

in positive implications of crisis work. Three participants smiled when talking about how

they have developed compassion and understanding for people in crisis. The findings of

professional growth align with the current literature when focusing on elements of

posttraumatic growth. As Killian et al. (2017) and Veronese et al. (2017) suggested, the

exposure to working with those affected by trauma often elicits a deeper level of

compassion and work satisfaction in helping professionals.

All seven participants shared how their biggest area of professional and personal

growth was the ability to use boundaries while developing significant self-care. Smith

(2017) argued for the importance of treating self-care as a professional skill among those

that work within the helping profession. As Craigie et al. (2016), Gutierrez et al. (2019), and Thompson et al. (2014) emphasized, self-care is a large influence on mental health professional wellness that is directly connected to effective and ethical client care. All seven participants shared that they quickly learned about the need to manage self-care when working in crisis. The participants' shared how they experienced negative implications from the job, which forced them to evaluate their current self-care practices and make changes. Four participants shared the belief that their limited self-care practices were the main reason for developing burnout. Participant A stated, "I kind of had a little bit of a revival of self-care when I entered crisis." And continued to explain the changes he made:

> It makes me much more proactive in wanting to do these healthy things. And a lot of times those healthy habits that you do, whether eating healthy, staying mobile, a lot times those have direct implications on your mental health as well, because it's things that are making you feel good in a positive way. And it directly changes how your brain is functioning.

Participant F shared a similar experience:

> I think that I figured out probably healthier boundaries with some of that in terms of how can I still be a supportive friend or a supportive provider but not burn myself out by jumping on top of everything? So being able to figure out the balance of it a bit more, I think that has probably been a huge point of growth within the last 4 or 5 years.

Participant D shared their experience in learning how to be healthier through their crisis

role:

> I think being more tuned in to what I need as I go through the processes in my
>
> own life and my fatigue level, paying closer attention to what I need and learning
>
> how to get that. Setting really good, healthy boundaries and continuing to always
>
> revisit them and revise them. And the importance of supervision and support. I
>
> think that is something I've relied on much more heavily than maybe some of my
>
> colleagues because I think it's so important in the work that we're doing.

Participant G shared how they recognized their level of burnout and was motivated to

figure out how to manage their condition so they could continue to work in crisis:

> I didn't want to leave the job … because I love it. So, I had to figure out how to
>
> adapt to the job by taking better care of me. Honestly, it is probably one of the
>
> best things to happen to me. I was forced to care about myself as much as I cared
>
> about my clients. I am not sure it would have happened if I was doing outpatient
>
> therapy or other jobs.

Participant B shared:

> I also have learned where my limits are and what the things are that are likely to
>
> burn me out, which has had a positive effect in that I have had to learn self-care
>
> and a lot of those things that I've deferred with regard to my own pleasure and
>
> enjoyment.

The extent to which participants shared their level of professional growth suggested a

strong positive implication of crisis work. This study's findings align with the current

literature, suggesting that opportunities of professional growth relate to job satisfaction (Blount et al., 2016; Rogers et al., 2018). Therefore, this study indicates that a positive implication of working as a crisis counselor is the opportunities for professional and personal growth.

Purpose

Five participants shared that they positively experienced a sense of purpose due to their work in crisis. Participant D shared how they found meaning in working as a crisis counselor. They shared "It's one way that I'm really effective at leaving a footprint. And so, I think it's important to acknowledge that we get something out of it." Participant C shared the terms "fulfilled" and "sense of purpose" when discussing what they like about working in crisis services. Participant F shared how working in crisis helped them to feel like they were part of the community and the response to make things better for it. They also shared that they found meaning in the experience of being approached by former crisis clients, years after working with them, to find that they had been a significant part of those clients' ability to find positive change, stating "Those sorts of things…it's pretty amazing to get that …feedback and even years later." Participant B also shared a meaningful experience in which they ran into a former crisis client years after the assessment:

> She says, "You came to my house and assessed my daughter." This was actually
> during the crisis class. "You came into my house and assessed my daughter," and
> what I said was, "Well, I hope I did a good job," and she said, "You saved her

life." I was like, "Ahh." I don't remember anything about that assessment. I didn't

recognize her. I don't remember anything about that assessment.

Participant G shared a similar experience:

It's those moments when you run into people in the community … having no idea

who they are, by the way, because you can't possibly remember everyone you

work with … and having them run up to you with tears in their eyes … in the

produce section of the grocery store … to thank you about the work you did with

them months … years ago and find out that you saved their life or helped them get

on a better path and now, they're doing really well.

The theme of passion also aligns with the current literature as a component of job

satisfaction. Donmezler et al. (2021), Hasan (2012), and Ray et al. (2013) suggested the

increased likelihood of both the prevention of burnout and posttraumatic growth in those

helping professionals who feel a sense of purpose in their work. Therefore, this study

suggests that a positive implication of crisis counseling is the development of finding a

sense of purpose.

Influential Factors

An important piece of this study was to consider the context in which crisis

counselors experience their work. By using the IPA process and CSDT, I was able to find

influential themes of what crisis counselors believed had been behind the development of

both their positive and negative crisis work experiences. The emergent themes included

frustration over limitation of client resources as a negative influence of negative crisis

work experience, dissatisfaction with lack of fair compensation as a negative influence of

negative crisis work experience, developing a sense of purpose as a positive implication of crisis work, importance of work-based support as an influencing factor of positive crisis work experience, and personal elements of resiliency as an influencing factor of positive crisis work experience.

Struggle With Self-Care

Self-care was an influential factor in both the negative and positive implications of crisis counseling. All seven participants talked about how the lack of self-care resulted in their negative experiences. However, they also shared that the result of their struggle with self-care led to the development of stronger self-care, which was a positive experience related to professional growth. The findings of my study align with the current literature, with the topic of self-care being a significant influence on both counselor wellness and job satisfaction (Bryant, 2020; Cieslak et al., 2014; Lee et al., 2019; Mullen et al., 2017; Yang & Hayes, 2020). Therefore, the lack of proper self-care is a strong influence on whether a crisis counselor will develop burnout or compassion fatigue.

Frustration Over Limitation of Client Resources

Six participants shared that the biggest negative external influence of crisis work was the frustration at working within the limits of "the system." All six participants became visibly and audibly upset when talking about how frustrating it is to have limited access to essential treatments and resources for their crisis clients. Participant D stated "I think I've learned a lot more about the system and how we don't have enough resources." Participant C expressed their frustration at dealing with a lack of options for their clients and dealing with negative treatment from other professionals:

> The system and being part of the … having a sort of a negative attachment on me
> for the people that I was working with … some of the hospitals were just awful
> and that they didn't want to deal with the crisis patients. And I was there to get
> them out of there, "There weren't going to be any beds, so there she is again,
> wanting something, wanting some paperwork, and not doing anything at the end
> of the day."

Participant B agreed:

> On the other side of that same coin, some of the freaking BS that we have to deal
> with, with regards to the administrative stuff and the paperwork and all of that and
> then on top of that, just the lack of availability of services and just the big wide
> cracks there are between services aggravates me.

The common frustration of not having enough options to help clients aligns with the current research on the topic of moral injury. Moral injury is a condition in which an individual suffers a sense of negativity and frustration related to witnessing or perpetrating acts that do not align with personal morality (Griffin et al., 2019; Williamson et al., 2018). Recent research shows the development of moral injury in helping professionals who are motivated to help those who are suffering within a system that does not allow for effective treatment (Griffin et al., 2019; Williamson et al., 2018). Therefore, with the context of the current mental health system and the related resource shortages, this study suggests that a negative implication of being a crisis counselor is the frustration over limitation of client resources.

Compensation Dissatisfaction

Three participants reported negative experiences of working in crisis due to compensation dissatisfaction. Participant A shared that the lack of adequate compensation is the only reason why they no longer work in crisis, stating:

One of the most insulting things I've ever had happened was go into a job using my master's degree, working in it for a year … I think it's money that I could live off from ... but then applying for a position at a company, where I'm at right now, and entry level, not using my degree, making more money than I was with my master's degree. And it hurts to see, I know it's just business versus government funding.

Participant G also expressed frustration in needing to work an extra job to meet their financial needs. "I know it's not fair that I get paid less than many other people doing work with way less responsibility and demands and … it's stressful." Participant F explained their need to walk away from crisis due to the compensation of respected time off and balance of work expectations sharing:

And I do like crisis. It was in my blood. I could never—I couldn't leave and go do anything else. I had interviewed a couple of places, but I was just like, "I can't." I got a license. I got hired as a clinician and just over 9 years, before I finally got to the point of burnout and actual fatigue, and I had to walk away.

The negative influence of compensation dissatisfaction aligns with the current research with consideration to the importance of workplace satisfaction. The literature includes a plethora of studies suggesting that workplace dissatisfaction can negate all the positive

aspects of a job and lead to burnout, compassion fatigue, and vicarious trauma (Harrichand et al., 2021; Mullen et al., 2017; Randick et al., 2018; Rogers et al., 2018; Yang & Hayes, 2020). Additionally, Randick et al. (2018) and Rogers et al. (2018) suggested that workplace dissatisfaction is linked to a decrease in productivity and quality of care. Therefore, this study's findings suggest that a negative implication of crisis work relies on an individual's satisfaction with compensation.

Work Support

All seven participants shared their experience in the influence of work support. The first thing I noted in my analysis was the reported structure of support for the various crisis teams throughout the state of Maine. All participants worked within crisis programs where they were or are part of a team of crisis professionals and primarily received group supervision. Some participants reported a mixture of both individual and group supervision for their crisis work experience. All seven participants reported a positive experience with team and supervisory support and shared that they believed team support to be the primary influence on workplace satisfaction as well as a strong element in preventing the development of burnout and compassion fatigue. Participant D shared how the support of their team and supervisors was an essential part of being able to do her job:

> I think certainly, being having help available when I needed it, and knowing that I wasn't going to get left on out to dry. So not just physical health, like there's somebody around or whatever, but also knowing that my supervision and administration would back me up. And then I think working with people that were

fun, and lighten things up, and sometimes the humor gets dark, but that's what we

do to cope and navigate that.

Participant E shared "positives of working in crisis? I think one of the biggest things is

the team piece. Definitely feeling that interconnected piece, you know, that team portion,

it taught me a lot of things." Participant A agreed, saying "Oh, absolutely. Yeah, the team

in itself, if you don't have a good team around you, it's very, very difficult to succeed. I

think that's in all areas." Participant B shared how important a supportive team and

supervisor was to them:

> I adore everyone that I work—well, most everyone that I've worked with and that
>
> has been a very positive experience because people—because everybody
>
> understanding what the strengths and limitations just are systemically and then
>
> being able to collaborate with people just to find the best solution is the goodwill
>
> of the people in the agencies that I really like. That had a very positive impact on
>
> me. Then also the goodwill of the supervisors that I've had who have really cared
>
> about my own personal growth and who have not judged me when I have asked
>
> for supervision and said, you know, I think I really screwed this up and I'm at a
>
> loss here. I tell a supervisor what I did and then I asked, "What could I have done
>
> that would have been more effective?" Then having that conversation in a
>
> completely non-judgmental, collegial, friendly way that helped me do better the
>
> next time.

Participant G shared:

> I think a lot of my motivation and enjoyment of crisis comes from the team. I
> think my entire view of crisis work would be doom and gloom if I didn't have the
> support of a … a like-minded team who supported and, inspired me on a daily
> basis.

Various researchers argue for the role of work support as an influential factor of job satisfaction and counselor wellness (Blount et al., 2016; Randick et al., 2018; Rogers et al., 2018). Mullen et al. (2021) suggested that mental health professionals without positive work relationships or supervisory support are more likely to develop burnout, compassion fatigue, and vicarious trauma. Therefore, this study's findings suggest that work support is an influence on both the negative and positive implications of working as a crisis counselor.

Personal Elements of Resiliency

A significant finding in this study was that, when all seven participants were asked "What about your background, knowledge, or personality has influenced your experience?", they all answered with a positive focus on the personal experiences and characteristics that supported their interest in crisis and why those attributed influences their resiliency and skill as crisis counselors. Not one participant referenced their experience, knowledge, or personality as a negative influence on their relationship to the crisis field. Participant B shared how their experience of personal crisis, work experience in high stress and autonomous situations, and their personality characteristics of interest in challenging work all helped them find an affinity for crisis and helped them to have

some natural skill and comfort with the challenging work. Their shared their experience in using what they had learned in their past roles, namely military and cargo transportation, as positive influences in crisis work:

> So those are many of the things that I brought in with me into the mental health field, particularly crisis work, because once you start your crisis shift, you're out in the community. You're in hospitals, schools, people's homes, and the way I conduct myself in the community not only is representative of the agency but also is a representative of the mental health field and wanting people to have a positive experience.

Participant D also shared how their previous work in military and natural interest of challenging work influenced positive experiences in crisis:

> I wanted to be in the VA for similar reasons. … it was interesting, and it was gritty, and it was something I felt like I could help and do and matter. And so, I got connected through colleagues with Crisis. And I thought, "Yeah, I want to be in that and see what it's like and learn more." So, it wasn't entirely like, "Oh, I want to do crisis." But once I got there, I knew that's what I liked, and I was good at it. And I thrive in that environment.

Participant A shared experiences of personal crises that influenced their interest in pursuing a crisis role. Participant E shared that they developed an interest in crisis work after a work experience involving a population of youth with behavioral issues and homelessness along with a natural interest in challenging work:

I worked with homeless teens, and so there were constantly crises that would

happen. And something that I've always wanted to do even since I was … a

teenager was to work in the field of therapy. So, working there kind of solidified

that for me, because there's so many kids that didn't have good experiences. But I

also really liked the fast pace … get in there, help folks when they need it, and

then move on.

Participant F shared a "natural" interest of working in public safety before becoming a

clinician, which influenced their decision to go into the crisis field after witnessing

another crisis counselor handle an acute case.

This study's findings show a connection between personal attributes and positive

experience of working in crisis. The results of this study align with the current research

with a focus on job satisfaction and posttraumatic growth. Thompson et al. (2014)

suggested that an individual's cultural identity, worldview, and experiences directly

influence their perceptions of risk and satisfaction within the helping community. Other

researchers suggest that perceptions of self-efficacy, emotional intelligence, resiliency,

and personality heavily influence the prevention as well as the development of

psychological injuries (Bakker et al., 2006; Craigie et al., 2016; Gutierrez et al., 2019;

Hasan, 2012; Moore et al., 2020; Nelson et al., 2017; Thompson et al., 2014). Therefore,

my study's findings suggest that past experiences of crisis situations and challenging

work experiences, as well as personality characteristics such as preferring challenging

work and natural empathy, influence positive experiences of working in crisis services.

Constructivist Self-Development Analysis

I used the constructivist self-development theory as the lens through which I analyzed and interpreted data. The CSDT is based on the premise that an individual's response to traumatic content is based on their perception of self and the world around them (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992; Roberts et al., 2022). McCann and Pearlman (1992) developed the theoretical framework when they found a diverse psychological response in those exposed to traumatic content, in which they found various influencing elements of self. The CSDT is broken down into three main aspect of self that are influencing factors in responding to trauma, namely including self-capacities, cognitive schemas or beliefs about self and the world, and traumatic memories (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992). The CSDT was an empirically supported choice for this study because it has been effectively used for similar explorations of lived experiences (Foreman et al., 2020; Hernandez-Wolfe et al., 2014; Roberts et al., 2022). As such, the CSDT added to the richness of this study's data interpretation.

Self-Capacities

Self-capacities are an individual's ideas of self that allow them to preserve a sense of identity, self-esteem, and connection (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992). Individuals use self-capacities to gain and sustain positive ideas of self and positive relationships (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992). If an individual struggles with self-capacities, they will likely struggle with self-esteem and interpersonal relationships (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992).

The consideration of self-capacities was present throughout this study, as all seven

participants expressed their positive ideas of self while explaining how they enjoy or

enjoyed crisis work and how they find value in positive team relationships. This study's

findings highlighted the positive ideas of self-capacities that all seven participants

expressed as an influential element of work satisfaction and resiliency to crisis work.

Participants A, B, C, D, and F all shared ideas that they have natural and high levels of

empathy or compassion that allowed for increased skill and comfort within their crisis

roles. Furthermore, all seven participants shared positive experiences in interpersonal

relationships within their crisis teams, which they all believed was a strong influencing

factor enabling them to do their jobs effectively and confidently. Additionally, all seven

participants attributed their identities, with consideration of past experiences and

personality traits, to be the biggest influence on their affinity for crisis work and their

level of comfort with emergency mental health situations. Therefore, this study's findings

align with the idea that positive self-capacities influence a protective reaction to traumatic

exposure.

Schemas

Schemas focus on an individual's most basic needs (Hernandez-Wolfe et al.,

2014; McCann & Pearlman, 1992). In CSDT, the importance of schemas relies on the

perceptions of control, trust, safety, esteem, and intimacy as influencing factors of

resilience to trauma (McCann & Pearlman, 1992). I used the consideration of schemas to

think about how each participant incorporated ideas of basic needs as an element in their

lived experiences of crisis work. I was surprised that zero participants talked about any

ideas of safety when talking about the negative implications of crisis work when a well-known part of crisis counseling is to be in potentially unsafe situations or environments. However, Participants B, D, E, F, and G reported the interest in liking the excitement of challenging environments and situations as an influencing element in work satisfaction. Therefore, my study's findings suggest that a personal characteristic of finding enjoyment in potentially unsafe situations could be a protective component of resiliency in traumatic situations.

Control, trust, esteem, and intimacy appeared as related elements within this study's data due to all participants expressing how they relied on team support while preferring an autonomous role. Participants A, B, C, D and G mentioned how a part of their work satisfaction came from the ability to work independently while knowing and trusting that they could reach out for help whenever they needed it. The crisis counseling structure is a unique situation in which control, trust, esteem, and intimacy are all able to work together, which was shown to be a positive implication of crisis work among the participants in this study.

Frame of Reference

Frame of reference refers to the context in which a person experiences their life (McCann & Pearlman, 1992). The frame of reference includes an individual's ideas of worldview, identity, and belief system (Hernandez-Wolfe et al., 2014; McCann & Pearlman, 1992). Frame of reference was a central component of the emergent themes within this study. All seven participants expressed how their experiences, identities, and worldviews provided a significantly positive and protective influence on their

effectiveness, resiliency, and satisfaction. All seven participants shared stories of past

work and personal experiences of crisis situations that they viewed as positive influences

on self and the ability to work in crisis situations comfortably and effectively. In fact, it

was surprising that the participants reported negative implications as coming exclusively

from workplace factors of dissatisfaction, including the amount or busyness of work,

client resource limitations, and insufficient compensation. All participants did report

experiencing burnout. However, each participant reported that the presence of burnout

was a result of the volume of work and insufficient self-care as opposed to the type of

work or exposure to traumatic content. In fact, all participants reported a positive

experience of personal growth and better self-care management after experiencing

burnout in crisis work.

Only one participant reported a negative experience due to traumatic exposure.

However, the same participant expressed that it was an easily corrected condition that did

not alter their affinity for crisis work and even reported it as a positive element of

professional and personal growth. Upon talking about how they left the crisis field, they

reported that financial compensation was the only reason to not return and stated that they

would "go back in a heartbeat" if financial compensation became adequate. Therefore,

my study's findings showed the significance of an optimist frame of reference as an

element of work satisfaction and resiliency for those who choose to work as crisis

counselors.

Limitations of the Study

The first consideration in the limitations of this study include the chosen design. I chose to explore the lived experiences of crisis counselors through phenomenological interviewing, which requires researcher interpretation. My chosen approach to this study has risks involving participant misinformation, researcher bias, and inaccurate interpretation or presentation of findings (Letiche, 2017; Mason, 2010; Patton, 2015; Sloan & Bowe, 2017; Smith et al., 2009). However, I used several strategies to certify the lowest risk of researcher bias and ensure an accurate interpretation of data. My first strategy was to use questions of clarification and reframing to solidify an accurate portrayal of participant experiences. I also used IPA and the lens of CSDT within each step of the analysis and interpretation process to reduce researcher bias. Lastly, I used a process of triangulation, through member-checking, which allowed the participants to clarify, correct, or comment on my interpretation of their answers.

Recommendations

The findings of this qualitative, phenomenological, hermeneutic study resulted in a rich exploration into crisis counselor experiences. This study provides the counseling community with an opportunity to understand the elements involved with the experience of working in the crisis counseling subfield. With the foundational exploration into the implications of full-time exposure to a variety of mental health emergencies, there are multiple opportunities for future research. With consideration to the current gap in the literature on crisis counseling, the results may inspire future studies on crisis counselor

preparedness, training and education, supervision, wellness practices, and work satisfaction.

Because I recruited crisis counselors only from the state of Maine, the findings may not be generalizable to similar populations in other geographical areas. Similarly, the participants in my study were all White and only one participant discussed elements of cultural background, which limited this study's potential to identify themes of cultural influence on crisis counselor experiences. In future related studies, it may be beneficial to ask additional questions to guide discussions of cultural influence.

Implications for Positive Social Change

This study's findings and results fill the knowledge gap on crisis work and will lead to more informed approaches in preparing and supporting those who choose to work in the crisis field. This study's findings show inspiring experiences of crisis work that suggest purpose, growth, and support in very difficult situations. With the addition of my study to the literature, there is a potential for the counseling field to recognize the influences of workplace satisfaction, team support, and self-care practices on resiliency and career satisfaction among counselors who work in challenging settings. The increased understanding could lead to positive social change in taking better care of counselors, which can, in turn, lead to an increase in client care—which is crucial when working with those suffering from mental health emergencies.

Recommendations for Practice

Although this study's findings highlight the need for further research, there is an identified significance to the influence of team support on crisis counselor experiences.

Based on the participants' collective responses, team support and supervisory support appear to influence positive perceptions of crisis counseling. Therefore, crisis service programs may benefit from evaluating their team support and supervision structure as a supportive measure to enhance crisis counselor wellness. Additionally, crisis service programs may benefit from providing training on self-care practices to support the overall wellness of crisis counselors.

Conclusion

The purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of crisis counselors exposed to a variety of mental health emergencies. I conducted this study to fill a significant gap in the current literature on the implications of working in crisis services. With an increased understanding of the implications of crisis work, the counseling community can better prepare and support those who choose to go into the challenging subfield of crisis counseling. I recruited and interviewed seven participants who all worked as full-time crisis counselors on a crisis team in the state of Maine for at least six months and within the past five years.

I collected data through a semi-structured qualitative interview process. I used a professional transcription service to transcribe all interviews and used a guided method of analysis to identify various themes of both positive and negative implications of crisis counseling along with the identification of additional themes of influential elements of experience. My manual coding procedure resulted in the development of two main themes and ten emergent subthemes, namely: (1) negative implications of crisis work, with subthemes of (a) burnout, (b) compassion fatigue, (c) struggle with self-care, (d)

limitation of client resources, (e) unfair compensation; and (2) positive implications of crisis work with subthemes of (a) work satisfaction, (b) professional growth, (c) sense of purpose, (d) work-based support, and (e) resiliency.

This chapter included an interpretation of this study's findings, using the current literature and CSDT as a lens to find rich meaning and context of crisis counselor experiences. I then discussed the limitations of my study and provided recommendations for future research and practice. Finally, I explained this study's implications of social change.

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Appendix A: Interview Protocol

My interviews with participants will begin with an explanation of the study and the definitions of *burnout*, *compassion fatigue*, *vicarious trauma*, and *posttraumatic growth*.

I will use the following definitions with each participant.

Burnout: Burnout is a perceived state of stress in which a person experiences common feelings of overwhelm, exhaustion, irritability, and sadness. Burnout is a condition generally related to an individual's work.

Compassion fatigue: Compassion fatigue is a condition in which an individual in the helping profession experiences a decreased sense of caring and investment in their work with others due to the demands of their occupation and a stressed usage of empathy.

Vicarious trauma: Vicarious trauma is a condition in which an individual in the helping profession develops symptoms of traumatic stress from secondary exposure to traumatic content.

Posttraumatic growth: Posttraumatic growth is a theory focusing on the belief that there are positive implications of being exposed to traumatic material in which an individual develops resiliency against conditions including burnout, compassion fatigue, and vicarious trauma.

1. Introduction and Preparations

   a. Explanation of the purpose of the study

   b. Definitions of key terms

   c. Informed consent

2. Central Question

   a. Considering the terms and definitions provided, how has it affected you to work as a crisis counselor?

3. Additional Interview Questions

   a. How has working as a crisis counselor affected your wellbeing?

   b. What about your background, knowledge, or personality has influenced your experience?

   c. Do you believe that any part of your identity or worldview has changed since starting your work in crisis?

   d. How would you describe your approach to working with those that are experiencing mental health emergencies?

   e. What lead to you working as a crisis counselor?

   f. Is there anything else that you would like to share?