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The Experience of Compassion Fatigue in School Counselors

Melissa Lynn Manganaro
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Walden University

College of Psychology and Community Services

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Melissa Lynn Manganaro

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

The Experience of Compassion Fatigue in School Counselors

by

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MA, Walden University, 2019

MA, Ottawa University, 2010

MA, Northern Arizona University, 2004

BS, Arizona State University, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Psychology

Walden University

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Abstract

School counselors play a crucial role in U.S. education. In recent years, their student caseloads have increased as more students are diagnosed with a mental health disorder. With additional stressors from providing social/emotional counseling, school counselors are vulnerable to secondary traumatic stress, vicarious trauma, and compassion fatigue; however, research was limited on counselors' experiences of these conditions. The purpose of this qualitative study was to gain understanding of school counselors' experiences of compassion fatigue and strategies for coping. Ten school counselors from public schools in Arizona, who had scored in the moderate- to high-risk range on the Compassion Fatigue Self-Test, were interviewed about their experiences with compassion fatigue. From these interviews, four themes were identified: symptoms of compassion fatigue, sources of compassion fatigue, value of support from colleagues, and coping mechanisms. All participants reported experiencing symptoms of compassion fatigue. Participants tended to have a larger list of self-care strategies than maladaptive coping skills. All participants indicated that difficult student issues and lack of institutional support, not personal attributes and work/life balance issues, were primary sources of compassion fatigue. Participants suggested some strategies (e.g., smaller caseloads, professional development opportunities, supportive leadership, and training for administrators) that school district leaders could implement to address the compassion fatigue issue among school counselors. These changes could lead to positive social change by helping counselors to cope with and even avoid compassion fatigue, which might allow them to enjoy greater longevity in their student-serving roles.

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Dedication

I dedicate this dissertation to my son, Ryan, who inspires me, and to my parents, family, friends, and my partner, Landy, for giving me endless support and unconditional love, which provided me with motivation, confidence, and courage to accomplish this significant achievement.

I further dedicate this dissertation to my aunt, Carol, who always provided guidance and encouragement for my education.

And finally, I dedicate this dissertation to school counselors for their dedication, time, care, and love to the children they serve.

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Chapter 1: Introduction to the Study

School counselors play a crucial role in education. The position of school counselors traditionally has been focused primarily on helping students within an academic context. However, increasingly, their jobs have expanded to include the role of social/emotional counselor (Blake, 2020). With this change in the scope of their work, as well as an inadequate or incomplete job description, school counselors are often uncertain about their role (Polini & Topdemir, 2013). Most concerning, the scope of their work has expanded, in some cases, to include noncounseling responsibilities. In addition, their student caseloads are nearly double, 430:1, of a recommended 250:1 student-to-counselor ratio (American School Counselor Association [ASCA], 2019; Polini & Topdemir, 2013).

With this lack of clarity concerning their role, coupled with increased responsibility, school counselors are often overextended in their jobs, which not only affects them but often means that students do not have the access they need to a school counselor (ASCA, 2019). Thus, school counselors face many challenges: uncertain job title, increased student load, and added responsibility to provide noncounselor services and social/emotional counseling (O'Dea et al., 2017; Pincus et al., 2020; Ziomek-Daigel, 2016). Research is warranted to understand these challenges, as well as to identify ways to better prepare and support school counselors to cope with these challenges.

One especially challenging area is taking on the role of social/emotional counselor. Students today more often present with psychological disorders. A recent study showed that approximately 1 in 7 children worldwide are diagnosed with a mental

health disorder (Radez et al., 2021). Further, 50%–75% of these mental health disorders have their onset or are first diagnosed between the ages of 15 and 18 (Radez et al., 2021). These disorders for which children and adolescents may require treatment from a mental health provider include adverse social, health, and academic outcomes; suicidal ideation and behavior; self-harm; and drug and alcohol use. Many students do not receive professional counseling, and as such, school counselors are often need to provide short-term counseling and work with many other stakeholders (e.g., teachers, parents, outside professionals, school administrators) to meet the needs of these children (ASCA, 2020).

With this added role and added stressor of providing social/emotional support, school counselors may become more vulnerable to experiencing secondary traumatic stress, vicarious trauma, and compassion fatigue (Ercevik, 2019; Estacio, 2019). School counselors may benefit from learning how to cope with these conditions (Estacio, 2019). For future school counselors, training and curriculum that is focused on these phenomena may be beneficial. For those who are already in the profession, access to courses and trainings may allow them to better educate themselves in these areas. In short, school counselors need to be aware of and be prepared to manage experiences or states they may encounter in their role.

Given proper training, school counselors who experience secondary trauma, vicarious trauma, and compassion fatigue may be able to know that what they are experiencing is real and not a mere figment of their imagination (Ercevik, 2019). They will also know that they are not alone in how they are feeling. In addition, they may be better prepared and equipped with resources to cope with these phenomena. Ultimately,

the hope is that they will decide to stay in their jobs rather than quitting because of the stressful environment they work and the many challenges they will inevitably face in their jobs. They may be able to identify when they begin to experience any of these states and may have the tools needed to navigate and sustain their own well-being and equilibrium.

I conducted this study to explore school counselors' experiences of compassion fatigue and strategies for coping with it. In Chapter 1, I provide an overview of this study, which includes background information on the subject, the problem statement, and the purpose of the study, as well as guiding research questions (RQs) and the theoretical framework. I discuss the nature of the study and provide pertinent definitions. The chapter also includes discussion of the research assumptions, scope and delimitations, limitations, and significance of the study.

Background

Secondary traumatic stress, vicarious trauma, and compassion fatigue have similar characteristics and etiologies (Ercevik, 2019; Estacio, 2019), and thus, it may not be possible to single out one for study without discussing the other two when discussing the literature. Nonetheless, this dissertation will be primarily focused on compassion fatigue. Compassion fatigue has been studied extensively among those in the helping professions (e.g., educators, teachers, nurses, mental health professionals); however, little research has been conducted on how school counselors experience compassion fatigue (Elliott et al., 2018; Koenig et al., 2018). There is limited information available on how to best support school counselors who suffer from compassion fatigue (Todd & Chehaib,

2019). To address this gap, I explored the experience of compassion fatigue among school counselors with a focus on identifying contributing factors as well as coping strategies for mitigating compassion fatigue and its effects on one's personal and professional life.

Compassion fatigue can be described as the physical, mental, emotional, behavioral, and cognitive distress of an individual who is continually exposed to the traumatic experiences of others (Berzoff & Kita, 2010; Figley, 2002a). Compassion fatigue is the aftereffect of vicarious trauma and is defined as the impaired ability to be empathic toward the individuals one works with (Adams et al., 2008; Figley, 2002a, 2002b). Although people in the helping professions can experience a great deal of gratification and satisfaction in their work when helping others in need, they are also especially vulnerable to compassion fatigue. When working with traumatized individuals or those in the midst of a crisis, counselors often need to talk about and process their trauma, sometimes in great detail, in empathic interactions with another individual such as a mental health professional. For the receptive empathic person, being the one hearing about the trauma of another can lead to conflicting emotional responses (Adams et al., 2008). In some instances, the helping professional experiences secondary traumatic stress, which is a type of this vicarious trauma. The helping professional may also experience secondary trauma, which occurs when the helping professional reexperiences the traumatic event (Boscarino et al., 2004). When this occurs, the helping professional will wish to avoid any further contact with the traumatized individual (Boscarino et al., 2004).

There are two aspects to compassion fatigue. The first is concerned with the helping professional's reactions to the trauma, which may include frustration, exhaustion, anger, and depression as it relates to burnout (Adams et al., 2008). The second aspect is concerned with secondary traumatic stress, which relates to the negative feelings that are driven by work-related trauma and fear. This work-related trauma can be experienced as primary (direct) or secondary (indirect). The degree to which the helping professional is affected by the interaction with the traumatized individual will be influenced by the severity of the traumatic event or crisis (Adams et al., 2008). Compassion fatigue among school counselors is an intriguing and multifaceted phenomenon.

Problem Statement

Since the 1960's, a school counselor's position has been expanded to include the role of social/emotional counselor (Gysberg, 2010). The ASCA National Model was first published in 2003, which is an outcome of this expansion (ASCA, 2019). Along with providing school support and program planning, school counselors utilize their time, skills, and energy to service all students directly and indirectly (ASCA, 2019). School counselors are trained to utilize empathy and compassion when working with students in crisis (Beaumont et al., 2016). However, with increased responsibilities, a higher caseload, and more students having mental health disorders and seeking help from the school counselor when in crisis, the demands are often more than what one individual can comfortably handle (Adams et al., 2008).

School counselors do receive training, albeit limited, in working with students in crisis or who have been traumatized. This training also briefly touches on the potential

impact on the counselors themselves when working with students in crisis (Ahlers et al., 2016). However, it is not clear whether this training is adequate, especially in preparing counselors to be able to identify and then manage compassion fatigue.

Further, compassion fatigue may reduce one's interest or ability to bear the suffering of others; in other words, the counselor may lose the ability to utilize empathy and compassion when working with students in crisis (Figley, 2002). Counselors dealing with students in crisis become vulnerable to secondary traumatic stress, which may cause a state of preoccupation with the traumatized individual. This then makes school counselors vulnerable to experiencing psychological distress such as secondary traumatic stress disorder (Adams et al., 2008).

Figley (1995) introduced the concept of compassion fatigue and labeled it as the "cost of caring" (p. 1). Professionals who work with those who have experienced trauma or are in crisis and listen to their recounting of the traumatic event or crisis become vulnerable to taking on or experiencing some of the suffering, pain, and fear that they are bearing witness to (Figley, 1995). Moreover, those who have a larger capacity for empathy are at the greatest risk of being impacted by the traumatic events experienced by others that they are bearing witness to. In their desire to relieve their students of their emotional suffering, they may absorb the suffering (Elliott et al., 2018). This may then cause the counselor to experience depression, anxiety, sadness, or other forms of suffering that can be linked to their student's crisis or trauma (Figley, 2002). In time, compassion fatigue can reduce empathy, change a person's style of communication, and

alter one's ability to concentrate or pay attention to detail (van Dernoot Lipsky et al., 2009).

Purpose of the Study

The purpose of this study was to improve understanding of the challenges school counselors face that may result in compassion fatigue and how to overcome it. School counselors' experiences with students in crisis may affect their own mental health and lead to compassion fatigue (van Dernoot Lipsky & Burk, 2009). To address the gap in the literature on how counselors can overcome compassion fatigue, I used a qualitative approach (see Braun & Clarke, 2006). This qualitative approach involved semistructured, open-ended interviews with 10 school counselors. These interviews allowed an in-depth examination of participants' personal experiences as they related to compassion fatigue. I thematically analyzed the interview transcripts of the participants' personal accounts, looking for common patterns and themes regarding how compassion fatigue affects school counselors and what strategies they find most helpful in mitigating its effects (see Braun & Clarke, 2006).

Research Questions

I sought to answer the following four RQs in this study:

RQ1: How does the experience of compassion fatigue manifest in the lives of school counselors?

RQ2: What are the primary and secondary sources of compassion fatigue for school counselors?

RQ3: What coping strategies do school counselors use to address compassion fatigue?

RQ4: What can leaders do to proactively support school counselors to reduce the incidents of compassion fatigue and provide support when compassion fatigue is present?

Conceptual Framework

The conceptual framework that informed the study was Figley's (1995) model of compassion fatigue. In developing the concept of compassion fatigue, Figley was particularly focused on mental health professionals' and trauma workers' experience with vicarious trauma and their exposure to the emotional content of the people they engage with who have been through a traumatic event or crisis. Figley found that professionals in the helping professions who work with traumatized individuals and maintain an empathetic mindset are especially vulnerable to compassion fatigue.

School counselors may lack sufficient awareness of their vulnerability to compassion fatigue, which then puts them at a higher risk of experiencing it and the deleterious impact of this phenomenon on their professional and personal lives (Ahlers et al., 2016). Compassion fatigue may reduce one's interest or ability to bear others' suffering, which leaves school counselors susceptible to their own adverse psychological outcomes such as depression, anxiety, substance abuse, and insomnia (Figley, 2002). I drew from Figley's (1995) model of compassion fatigue in examining school counselors' experiences with compassion fatigue. The RQs allowed me to investigate the challenges school counselors face with compassion fatigue and what strategies can be implemented

to address compassion fatigue. More details of Figley's (1995) model of compassion fatigue are presented in Chapter 2.

Nature of the Study

For this qualitative study, I recruited 10 school counselors from public school districts in Arizona. Those who scored in the moderate- to high-risk range on the Compassion Fatigue Self-Test (CFST) qualified for the study. I then conducted semistructured and open-ended interviews with them. The data were analyzed using thematic analysis, which allowed me to identify common themes as they pertained to the RQs: how compassion fatigue manifests in school counselors; the sources of compassion fatigue; how school counselors cope with compassion fatigue (Kiger & Varpio, 2020); and, last, what leaders can do to proactively support school counselors to reduce their compassion fatigue. I used the method of thematic analysis because it offered a means of identifying themes (Kiger & Varpio, 2020). It is a “method for identifying, analyzing, organizing, describing, and reporting themes found within a data set (Braun & Clarke, 2006, as cited in Nowell et al., 2017, p. 2). The rich and detailed data allowed for insight into the ways school counselors experience and cope with compassion fatigue (see Kiger & Varpio, 2020).

Definitions

American School Counselor Association (ASCA): An organization whose mission it is to provide support for school counselors so that they can be effective in their role of providing the students with valuable guidance with respect to “their academic, career, and social/emotional development so they achieve success in school and are prepared to lead

fulfilling lives as responsible members of society” (ASCA, n.d.-a, para. 1). The support that ASCA provides to school counselors includes opportunities for professional development, publications, and other resources, as well as research and advocacy.

School counselor: A professional who works with students in kindergarten to 12th grade with responsibilities for advising students with their academics, planning for graduation and their future, and assisting with social and emotional needs (ASCA, 2019, Blake, 2020). To achieve these responsibilities, school counselors collaborate with teachers, administrators, school staff, and community stakeholders (ASCA, 2019). In order to become a school counselor, one must obtain a master’s degree, or higher, from an accredited institution in guidance and counseling or in a related field (ASCA, 2022).

Secondary traumatic stress: A term that refers to the emotional constraint that may occur when one learns about the firsthand trauma experiences of another person (Figley, 1995).

Trauma: The emotional response of an individual who has experienced a terrible event, such as violence, threatened or actual death, sudden loss, serious illness, or natural disasters (American Psychiatric Association, 2013; Kleber, 2019).

Vicarious trauma: The emotional response of an individual who has had extensive and/or ongoing exposure to traumatized individuals (Figley & Ludick, 2017). This is a particular risk for people working in the helping fields (Figley & Ludick, 2017).

Assumptions

I assumed that the research participants accessed through the online school counseling websites were representative sample of school counselors and that the data

were generalizable to all counselors in the United States. I also assumed that the participants appreciated the value of this study and its contribution to the literature, and as such, took time to honestly and thoughtfully respond to the questionnaire, the CFST, and the interview questions. Additionally, I assumed that the participants were candid with me and divulged their personal information throughout their participation as it related to the study topic. Ultimately, the validity of this study was dependent upon the honest and thoughtful participation of the participants.

Scope and Delimitations

I recruited the participants of this study from the websites of school counselors in Arizona. The participants scored in the moderate, high, or extremely high range for risk of compassion fatigue on the CFST. This study did not include counselors outside of this specific geographic area. The participants ($N = 10$) were a small sample of school counselors in this geographical area.

The interview questions were centered around the participants' experience of compassion fatigue and their ideas of how best to cope with it, as well as what school districts and educational programs can do to better prepare this population for compassion fatigue, as, according to Cetrano et al. (2017), this population is at risk for developing compassion fatigue when working with traumatized students.

The transferability of the study's findings may be beneficial to other school counselors. Transferability occurs when research findings can be implemented in other situations (Forero et al., 2018; Lemon & Hayes, 2020, Lincoln & Guba, 1985).

Identifying school counselors' experiences with compassion fatigue in Arizona can be relevant to those experiences of school counselors that work in other states.

Limitations

The study was dependent upon the participants' honest and thoughtful answers to the RQs. To the extent possible, I recruited school counselors who were as objective as possible as they are stakeholders in the study itself. A major challenge of a qualitative study using in-depth interviews as the main data collection tool is to avoid personal biases on both the interviewee's part and the interviewer's part. Bias may occur at any point of the research process and includes any aspect of the interview or analysis of the interview that may result in impartial views of a RQ (Pannucci & Wilkins, 2010).

Selection bias can occur when choosing participants for the study. This was best avoided by choosing participants from the same general population, such as school counselors, as well as having a well-designed study and interview questions. Interviewer bias can also occur, which can be mitigated by standardizing the interactions with participants. In addition, as I have personal experience with compassion fatigue, additional strategies were employed to limit or avoid any biases.

Significance

School counselors play an important, yet demanding, role in U.S. schools. They are tasked with ensuring that students are provided with a safe and caring environment, while also supporting their academic development, attitudes, knowledge, and skills to prepare them for success once they graduate (ASCA, 2012). In their jobs, school counselors are frequently exposed to ongoing trauma and crises of students, which can

negatively affect their own mental health, and in turn, their work with others (DuBois & Mistretta, 2020). Therefore, it is important to better understand the strategies and resources these counselors can draw upon to help mitigate against compassion fatigue and its consequences. Further, the ASCA Ethical Standards for School Counselors (ASCA, 2016) states that it is a school counselor's ethical responsibility to practice wellness and oversee their own physical and emotional health to maintain effective professionalism. This suggests that school counselors should pursue mental health support, if necessary, to uphold professional competency.

The present study is unique as it addresses an underresearched area and understudied population—specifically, examining compassion fatigue among school counselors, and what school counselors do to manage/overcome it (Todd & Chehaib, 2019; Levkovick, & Ricon, 2020). The study increases understanding of the practices and strategies used by school counselors that help them work through compassion fatigue to be more effective in their everyday counseling duties. Insights from this study may also aid educational leaders and other stakeholders in developing school counseling programs and trainings aimed at helping school counselors better manage compassion fatigue.

Summary

In this chapter, I presented the foundation of this study, including a discussion of the problem and the background of the problem. The purpose of the study, the theoretical framework, the RQs, and the nature of the study were presented. Key definitions were then provided for the ASCA, as well as compassion fatigue, trauma, vicarious trauma, and secondary traumatic stress. The chapter ended with discussion of the assumptions,

scope and delimitations, limitations, and significance of the study. The literature search and the conceptual framework are presented next.

Chapter 2: Literature Review

Introduction

In this dissertation, I explored the experience of compassion fatigue among school counselors. As compassion fatigue is closely related to vicarious or secondary trauma, these conditions will also be discussed in this literature review. This issue is especially important as the presence of compassion fatigue may interfere with school counselors' ability to be effective in their daily counseling duties (Ahlers et al., 2016). Compassion fatigue among helping professionals is not new; however, there are few studies that have looked at compassion fatigue among school counselors. As such, in this literature review I will include some studies that have been conducted on the relationship between compassion fatigue and other helping fields.

This literature review will begin with a discussion of the theoretical foundation of compassion fatigue. Next, I will discuss the roles and responsibilities of the school counselor, followed by the many challenges facing school counselors and how these challenges influence their ability to effectively perform their work. Finally, vicarious trauma and secondary traumatic stress will be defined and discussed. Although school counseling roles and responsibilities have been studied in the United States, little research has been performed related to counselors' vulnerability to compassion fatigue. Thus, the use of sources in this literature review from other countries in which researchers have conducted studies on school counseling roles and compassion fatigue was warranted. In addition, studies on vicarious trauma, secondary traumatic stress, and compassion fatigue in other helping fields are also included in this literature review.

Literature Search Strategy

I consulted the following databases to identify relevant sources for this literature review: PsychINFO, PyscTESTS, Health and Psychosocial Instruments, SAGE journals, Education Source, ERIC, and Walden University's Thoreau multidatabase search tool. The key words searched were *compassion fatigue*, *school counselors*, *vicarious trauma*, *secondary traumatic stress*, *high school students*, *elementary students*, *middle school students*, *students*, *crisis*, and *trauma*. This search resulted in 45 articles, three being specifically related to school counselors and compassion fatigue. These sources are discussed in this literature review.

Conceptual Framework

Johnson (1992) coined the term *compassion fatigue* to describe nurses who were mentally and physically exhausted by the stress of dealing with daily emergencies. Lachman (2016) noted that compassion fatigue causes those suffering from it to lose the ability to nurture. Since its conceptualization in the early 1990s, compassion fatigue has become associated with many other helping professionals (e.g., social workers, firefighters, police officers, teachers). At the same time, there has been an increased effort to understand the effects of compassion fatigue and how to cope with compassion fatigue or recover from the deleterious effects of it.

Definition of Compassion Fatigue

Compassion fatigue may occur when one is in the position of continuously experiencing the suffering or traumatic experiences of others (Figley, 2002a). Compassion fatigue may develop on many levels: physical, mental, emotional,

behavioral, and cognitive (Berzoff & Kita, 2010; Figley, 2002a; Figley & Ludick, 2017). Figley and Ludick (2017) wrote that the individual may experience physical and mental exhaustion stemming from the demands of compassion stress and being empathetic to those who are having a difficult time or dealing with traumatic events. Berzoff and Kita (2010) described how compassion fatigue manifests on emotional, behavioral, and cognitive levels. Emotionally, the helping professional may struggle with fear, rage, guilt, depression, survivor's guilt, and/or powerlessness. Behaviorally, they may experience moodiness, impatience, sadness, irritation, and sleep disturbances. Cognitively, the helping professional may experience apathy, decreased self-esteem, negativity, preoccupation with the trauma, and lowered concentration. In time, compassion fatigue may have an extensive impact on the individual's personal life, professional identity, and experiential stance.

Compassion fatigue can be broken down into two elements: compassion and fatigue. First, feelings of compassion may manifest as stress, which develops when there is a demand or wish to be empathetic, compassionate, and effective when providing help to another who has experienced trauma (Figley & Ludick, 2017). Fatigue, also referred to as *mental exhaustion*, develops when one is working with the physical and emotional pain of others over time, especially when it is part of their job description to offer succor or guidance and they become acutely aware of another person's suffering (Figley & Ludick, 2017).

One factor that leads to compassion fatigue is that the person hearing about another's traumatic experience wishes to alleviate the other person's suffering (Figley &

Ludick, 2017). When compassion fatigue sets in, however, the overwhelmed helping professional begins to disengage from their clients, and they begin to feel little or no compassion or empathy towards those they are working with (Levkovich & Ricon, 2020). The emergence of compassion fatigue may lead to the inability to provide appropriate care (Levkovich & Ricon, 2020).

Symptoms of, and Risk Factors for, Compassion Fatigue

Compassion fatigue is viewed as an occupational hazard of the helping fields (Cetrano et al., 2017). That is, the demands of professionals in the helping fields may put them at risk for developing compassion fatigue, especially when they experience emotional strain from working with traumatized clients over an extended period (Cetrano et al., 2017; Thompson et al., 2014). The symptoms of compassion fatigue may parallel the common signs of posttraumatic stress disorder (PTSD; Figley & Ludick, 2017), which include avoidance, negative cognition alterations, mood changes, and changes in reactivity (American Psychiatric Association, 2013). However, even though the symptoms of compassion fatigue may be similar to those who have experienced trauma, they are triggered not by their own trauma, but rather indirectly by hearing about the trauma experienced by others. Individuals experiencing compassion fatigue may be at higher risk to make poor decisions and may have poor perceptions (Bride et al., 2007; Eng et al., 2020; Figley, 1995).

Literature Review Related to Key Variables and/or Concepts

Roles and Responsibilities of the School Counselor

The role of school counselor in U.S. education can be traced back to the beginning of the 20th century, although at the beginning of the century, no organizational structure existed for vocational guidance (Gysbers, 2010). However, by the 1920s, with the influence of child study movements and the philosophy of mental hygiene, the role of the school counselor began to take form, using a more clinical approach. During the 1930s, pupil personnel services were created in the United States, and guidance services were also developed. The creation and development of these services also led to the hiring, training, and job descriptions of school counselors. But only in recent years has a clear description been offered of this important role, which appeared in the 2002 publication of the American School Counselor Association National Model (ASCA, n.d.c).

Key Focal Areas

The ASCA developed a national model for school counselors that includes a comprehensive and standardized description or framework of this profession (Mau et al., 2016). This model is especially helpful as it also specifies the requirements needed to qualify to be a school counselor. This national model is made up of four components: (a) foundation, (b) management, (c) delivery, and (d) accountability.

Foundation. School counselors conceptualize and develop a comprehensive school counseling program that addresses the needs of all students. Effective school counseling programs focus on three domains: academic, career, and personal/social

development (these domains are described next). School counselors maintain a professional practice that is ethical and aligns with their school's mission statement (ASCA, n.d.b).

Management. School counselors identify, assess, and manage resources to address the needs of the students in their pursuit of academic and career goals. These resources and assessments include the school counselor's self-evaluation of their strengths and areas in which they could improve upon their individual skills, as well as an assessment of the program as a whole and what improvements could be made to improve upon its efficacy. In addition, assessments are conducted on use-of-time to identify the amount of time spent in each area of direct and indirect services. The school counselors then utilize this data to determine how to best help the students to prepare for their postgraduation goals, whether they are pursuing a career upon graduation or planning on attending college. A final goal under the management category is to implement interventions and prevention strategies that measure student competencies with respect to their behavior, attendance, and achievement (ASCA, n.d.b).

Delivery. School counselors provide direct and in-direct services to students, school staff, and parents. The in-person direct services school counselors offer students are individual student planning, school counseling curriculum, and responsive services, as needed. The indirect services school counselors offer students are in collaborating and consulting with stakeholders, such as administration, parents, teachers, and community members (ASCA, n.d.b).

Accountability. School counselors evaluate data to determine the effectiveness of the school counseling program vis-à-vis student behavior, achievement, and attendance. The school counselor's individual performance is evaluated based on the effective implementation of a comprehensive school counseling program (ASCA, n.d.b).

Areas of Responsibility

The ASCA also identified four major areas within which school counselors' responsibilities lie: (a) academic counseling, (b) social and emotional counseling, (c) general counseling responsibilities, and (d) other responsibilities.

Academic and Career Counseling. ASCA specifies that the school counselor should spend 80% of their time with academic counseling responsibilities. These responsibilities are many, and they include (a) counseling students on what courses to take, (b) helping students to register for their courses, (c) dealing with academic issues such as when a student is failing a class ((DeKruyf et al., 2013; Pincus et al., 2020), (d) helping students with learning disabilities (Reese, 2021), (e) advising and guiding students through the college and scholarship application process (ASCA, 2019), (f) helping students to complete their education and career action plans, (g) helping students explore their interests and career options, (h) advising students on the military and workforce opportunities, (i) writing letters of recommendation, (j) dealing with attendance issues, and (k) communicating with teachers and parents (ASCA, 2019).

Social and Emotional Counseling. This area of responsibility often includes addressing very difficult problems and situations, such as when students are in crisis (Pincus et al., 2020). The nature of the crisis may be suicide or suicidal ideation, self-

harm, eating disorders, gender identity issues, loss of a loved one, or homelessness (ASCA, 2019). Counseling responsibilities also include working with students who have been traumatized (e.g., domestic abuse, sexual abuse, witnessing abuse or violence, loss of a loved one due to accident or violence). Children who are especially susceptible to being exposed to trauma are children in foster care or group homes. Notably, school counselors are not trained to treat many of these types of situations; however, they do receive training that allows them to provide short-term counseling or small group counseling around a particular issue (Pincus et al., 2020). In a few instances, the school counselor may also provide long-term psychological counseling to students because they may be the only school staff with any mental health training (Lambie et al., 2019; Pincus et al., 2020).

General Counseling. General counseling responsibilities include (a) attending meetings, such as individualized education plan and 504 meetings, to advocate for students (Reese, 2021); (b) setting up and/or attending parent nights; (c) attending professional learning development and district meetings (DeKruyf et al., 2013); (d) consulting with stakeholders to identify and address student needs; (e) interpreting student records; and (f) orienting new students (ASCA, 2019).

Other Noncounseling Duties. These final areas of responsibilities are also extensive, which illustrates the extent to which a school counselor can be overly taxed in their role, as well as the many jobs in a school that can arbitrarily be assigned to the school counselor. These noncounseling responsibilities include (a) attending to advanced placement and standardized testing (DeKruyf et al., 2013; Wilder, 2019), (b) dealing with

discipline issues, (c) being put on lunch and/or bus duty, (d) substituting for absent teachers, (e) building the master schedule, (f) being tasked with new student paperwork and data entry, (g) keeping clerical records, (h) coordinating schoolwide individual action plans, (i) developing 504 plans (Reese, 2021), (j) putting together student intervention teams, and (k) assisting with various administration duties (ASCA, 2019, DeKruyf et al., 2013).

Using the ASCA model, a comprehensive school counseling program was developed to help school counselors be effective in their roles (ASCA, 2019). The overall goal of a comprehensive school counseling program is to advocate for all students and provide them with opportunities to ensure or optimize their academic achievement, mental health, and ability to make healthy emotional choices. The national model stipulates that school counselors are “uniquely qualified to address all students’ academic, career and personal/social development needs by designing, implementing, evaluating, and enhancing a comprehensive school counseling program that promotes and enhance student success” (ASCA, 2019, p. 1).

However, although the ASCA model was designed to create a national standard for school counselors’ roles, the actuality of their practices may show some inconsistencies (Mau et al., 2016). Moreover, I will argue that the breadth of responsibilities ascribed to school counselors is overly broad, as will be shown in the ensuing sections of this literature review on the many challenges school counselors face, as well as their susceptibility to compassion fatigue and secondary trauma.

Goals of the School Counselor

Mau et al. (2016) conducted a study in the United States on the main goals of a counseling program. The researchers used a database of 852 lead counselor participants from 900 public and private schools across the United States. Not surprisingly, the participants reported that the main goals of their counseling program were to help students with their academics and professional endeavors (what the model above suggested the counselors should spend 80% of their time doing) (Mau et al., 2016). Within this general finding, their number one goal was to prepare students for postsecondary schooling. The second most important goal, they reported, was to help students improve their high school achievement level. These two goals were followed by personal growth and development help (third goal) and helping students prepare for the working field after graduation (fourth goal). Overall, participants indicated that their experience was consistent with their counseling goals. The participants reported spending little time on noncounseling activities (Mau et al., 2016). It is noteworthy that these results showed that more than half of the participants prioritized postsecondary education preparation for students over academic achievement and personal growth.

Challenges of School Counselors

School counselors are tasked with many responsibilities (e.g., academic counseling, social and emotional counseling, general counseling duties, and other noncounseling duties) – all significant as they may determine whether a child is successful in school and ultimately in life; whether a child's real-time needs are being addressed (such as dealing with stress at home or effects of trauma). When schools are

understaffed and underfunded – which is probably more often the case than not – if other school staff are unable to deal with an issue that needs to be addressed or a task that needs to be accomplished, it may fall to the school counselor. In other words, anything that cannot be addressed by other school staff are invariably given to the school counselor. In this section, I describe eight issues common to a school counselor's experience: (a) too much time required for noncounseling responsibilities, (b) no clear description of their job responsibilities, (c) shifting roles and responsibilities, (d) increase in mental health issues among children, (e) caseload significantly over recommended school counselor-to-student ratio, (f), few school counselors in proportion to overall school staff, (g), difficulty of finding time to work with students early to ensure their success, and (h) insufficient support.

Issue 1: Too Much Time Required for Noncounseling Responsibilities

Importantly, both models specify that the primary aim of the school counselor is to spend most of their time focused on students' academic success; that is, to directly serve students in the areas of curriculum, responsive services, and individual student planning to ensure student success (Paolini & Topdemir, 2013). According to ASCA (2019), 80% of school counselors' time should focus on student services, and only 20% of their time should be spent on other counseling and noncounseling duties. In their study, Paolini and Topdemir (2013) found that most of the counselors' time was spent on serving students directly and indirectly, leaving very little time (i.e., far less than 20%) left to spend on the multitude of other responsibilities that they are expected to fulfil. In fact, school counselors have stated that their noncounseling duties disrupt their primary

task of student services. Moreover, these ad hoc duties that fall outside of a counseling program (e.g., standardized testing, discipline duties, morning/lunch/bus duty) cause role confusion among school counselors. Counselors may also be unduly stressed by these noncounseling duties, which may include administrative duties, excessive paperwork, school discipline, scheduling, and test coordination (Frye et al., 2020).

Issue 2: No Clear Description of Their Job Responsibilities

Descriptions of the roles and responsibilities of the school counselor in the United States have been provided by the ASCA. However, school counselors may experience some uncertainties or conflicts about their role because they have not received a clear description of their job responsibilities – or a description that actually corresponds to the responsibilities that they are asked to perform at their respective school (Blake, 2020). Research studies presented in this literature review also bear this out. That is, while school counselors are trained to work with students and stakeholders to help students achieve their full potential, many counselors are asked to perform duties outside of the ASCA model, with the role conflicts that inevitably occur (Randick et al., 2019).

Issue 3: Shifting Roles and Responsibilities

Prioritization of school counselor roles and responsibilities may shift or change. One primary example of this is that school counselors have been asked to help students in crisis or who have mental health issues, which have been on the rise in recent years and will be addressed under issue #4. These types of interventions take the school counselor away from their primary responsibilities for which they are already stretched thin with their workloads and their many other various and ad hoc responsibilities.

Issue 4: Increase in Mental Health Issues Among Children

In recent years, issues around mental health concerns among school-aged children have been on the rise across the globe (Lamie et al., 2019). Notably, half of the mental health issues that are seen with school-aged children develop or are reported before the age of 14, and 20% of school-aged children have received a mental health disorder diagnosis. These diagnoses include behavioral disorders (e.g., ADHD), mood disorders (e.g., depression, anxiety), developmental disorders (e.g., autism spectrum), and substance abuse. Garcia-Carrion et al. (2019) reported similar data. Also concerning, many of these children are not receiving the specialized mental health care that they require, which should be provided by mental health professionals. And within the school environment, only mental health interventions – that is, not treatment – can occur (e.g., social skills development, learning outcomes, and socioemotional competencies).

Often, these interventions are expected to be implemented by the school counselor, most of whom have the basic necessary training for these interventions (although not the training to provide mental health counseling services). According to the ASCA model (ASCA, 2019), the school counselor's role includes crisis management, primary prevention, and small group and short-term individual counseling services, as well as counseling students around disciplinary issues.

Issue 5: Caseload Significantly Over Recommended School Counselor-to-Student Ratio

The ASCA (2019) recommends a 250:1 student-to-counselor ratio. One could argue that this ratio is woefully inadequate, resulting in many students not having access

to a school counselor for their academic or nonacademic needs. For many schools, the school counselor is assigned many more than 250 students. As a result, despite school counselors' critical role in supporting students, with such a ratio, they are often unable to fulfill their primary responsibility of providing counseling and guidance to the entire student body (Lambie et al., 2019).

Issue 6: Few School Counselors in Proportion to Overall School Staff

As shown in the following statistics, school counselors are but a small minority of school staffs. According to Lambie et al. (2019), public schools in the United States have approximately 49.2 million students and employ 3.2 million teachers, 90,400 school administrators, and only 114,350 school counselors, putting the national student-to-counselor ratio at 464:1 (ASCA, 2019), which is far above the recommended ratio. Undoubtedly, some school ratios are much higher than others.

Issue 7: Difficulty of Finding Time to Work With Students Early to Ensure Their Success

The transition from middle school/junior high to high school may bring challenges (e.g., socialization, class sizes, number of classes) to students that could impact their academic success (Shi & Brown, 2020). For example, failing classes in the 9th grade can be a predictor of a decline in graduation and increase of dropout rates. Thus, it behooves school counselors to work with students early on to help them recover credits and stay on track for graduation. Yet, with the high student-to-counselor ratio and the many other responsibilities school counselors are given, it may be difficult for them

to find time to meet with incoming freshman students or all of the students who may be in jeopardy of failing their classes (Shi & Brown, 2020).

Issue 8: Insufficient Support

Other factors that add stress to the jobs of school counselors include limited resources for clinical supervision (Todd & Chehaib, 2019). Support in the workplace contributes to overall job satisfaction and decrease work stressors, which can help decrease the turnover rate of school counselors (Norling & Chopik, 2020).

The Potentially Deleterious Effects of Being in the Helping Profession

Many professions fall under the umbrella of helping professions. They include public health, criminal justice, education, and human and social services – which is where the school counselor position falls. Although working in the helping field may be a fulfilling career, helping people that suffer from trauma can be exhausting and wear on the most experienced professionals (Johnson, 1992). In order to do their job, helping professionals are routinely exposed to the suffering and pain of others, and as part of their job, they must attempt to understand their clients' emotional needs (Ercevik, 2019; Figley & Ludick, 2017). Being the recipient of someone else's stories of trauma – that is, being exposed to the trauma experienced by another person – can make an individual susceptible to vicarious trauma or secondary trauma (Ercevik, 2019). Further, when it is part of the individual's job to help the person experiencing trauma, or even if they feel a need to help someone else who has been traumatized, that person who is trying to help becomes susceptible to compassion fatigue, which Figley and Ludick (2017) defined as

the mental exhaustion that may be experienced from working with the physical and emotional pain of others.

In the following sections, vicarious trauma, secondary traumatic stress, and compassion fatigue are discussed. Vicarious trauma and secondary traumatic stress are included in this literature review because they are closely linked to compassion fatigue. Compassion fatigue, which is the subject of this dissertation, will also be discussed in greater detail. In addition to defining compassion fatigue and how it manifests, studies conducted on other helping professions will be reviewed, and the section will end with a more detailed discussion of the three articles I found that specifically studied school counselors and their experience of compassion fatigue. These articles are Ercevik (2019), Estacio (2019), and Levkovich and Ricon (2020).

Vicarious Trauma and Secondary Traumatic Stress

This section is focused on vicarious trauma and secondary traumatic stress. However, before defining and discussing these two phenomena, the definition of trauma is warranted. Trauma is a deeply distressing or disturbing experience. The American Psychiatric Association (2013) defined a traumatic event as an experience with a threatened or actual death, injury, or act of sexual violence. Acts of violence, sudden loss, natural disasters, and serious illness all have the potential to be a traumatic event (Kleber, 2019). In the United States, one out of four children will be involved in some type of trauma within their childhood or adolescence (Levkovich & Ricon, 2020). The most common sources of childhood trauma are incest and other forms of sexual abuse, physical

abuse and other forms of violence, and witnessing domestic violence (Levkovich & Ricon, 2020).

People respond to trauma in different ways. Some may feel helpless and question their life expectations (Kleber, 2019). In children, traumatic exposure (i.e., witnessing) or experiencing trauma directly may have a number of adverse outcomes. These include negative effects on cognitive functioning, academic performance, and memory, having attention issues including a reduced ability to focus and process information, attendance issues, and engaging in negative or risky behaviors. These outcomes can have a lasting impact on children (Maynard et al., 2019). There are also many different ways in which trauma is manifested. These signs include changes in eating and sleeping, anxiety, depression, impulsive behavior, being easily startled, exhibiting aggressive or sexualized behavior, and having social issues and/or physical issues (e.g., frequent headaches or stomachaches) (Maynard et al., 2019).

Definitions of Vicarious Trauma and Secondary Traumatic Stress

Vicarious trauma is used as a framework to understand the multitude of symptoms that comes from working with others' traumatic events (Figley & Ludick, 2017). Figley and Ludick (2017) noted that vicarious trauma is impacted by the cognitive makeup of the helping professional, especially their interpersonal perceptions. Pearlman and Saakvitne (1995) defined vicarious trauma as the inner endurance that therapists take on from working with client's trauma. The effects of trauma exposure can be permanent and impact a therapist's personal and professional life.

Figley (1995) described secondary traumatic stress as “natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other (or client) and the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 7). Notably, stress is the weight of something demanding an action (Fahy, 2007). Fahy (2007) emphasized that it is not an aggregated response; rather it can occur from an isolated interaction and often corresponds to compassion fatigue.

The Manifestation of Vicarious Trauma and Secondary Traumatic Stress

These two phenomena, vicarious trauma and secondary traumatic stress, have been referred to as the cost of caring (Figley & Ludick, 2017). In other words, professionals in the helping fields who are trying to help others are at risk themselves of being traumatized (Figley & Ludick, 2017). Although many of the effects of doing empathic work with trauma have been chronicled, often, symptoms of vicarious or secondary traumatic stress may be difficult to identify in an individual case. Yet, many symptoms have been observed, and they include emotional numbing, avoidance, invasive thoughts, hypervigilance, and hyperarousal (Figley, 1995). Gradually, after prolonged exposure to trauma, the helping professional may develop symptoms similar to PTSD, as well as exhaustion and changes in their social functioning (Fahy, 2007; Rauvola et al., 2019).

Studies on Other Helping Professionals

With the limited research on school counselors in the United States and their experience with compassion fatigue, studies of other helping professionals will be

discussed in this section. Alisic et al. (2012) conducted a study comprised of 765 elementary school teachers who had been exposed to their students' trauma. The researchers found three factors in particular that led to an increased risk of compassion fatigue: teachers with fewer years of experience, less trauma training, and teachers who had many students in their classes who had experienced trauma. Alisic et al., along with other researchers (Elliott et al., 2018; Levkovich & Gada, 2020), have stressed that school and district leaders must be cognizant of the fact that when more students have experienced trauma, teachers are at higher risk for developing compassion fatigue, and by addressing the effects of compassion fatigue on teachers.

Cetrano et al. (2017) conducted a study of Italian mental health professionals, looking at how compassion fatigue and burnout impacted their quality of life. With a participant pool of 416 staff members of three Italian mental health departments, they asked the participants to complete the Quality of Working Life Questionnaire and the Professional Quality of Life Scale, which measures compassion fatigue, compassion satisfaction, and burnout. The researchers found an association within participants' experience in ergonomic problems and perceived risks for the future, lower levels of trust, a higher impact of work on life and compassion fatigue and burnout (Cetrano et al., 2017). In their study, Cetrano et al. (2017) found that for mental health care professionals to provide sufficient care to clients, employers need to provide satisfactory ergonomic conditions, especially time constraints and training opportunities.

Teachers are most often the first point of contact with children dealing with trauma (Elliott et al., 2018; Levkovich & Gada, 2020). With increasing numbers of

trauma among school-aged students, teachers are often asked to implement trauma-informed instruction. However, most teachers do not have training in dealing with crises and trauma to effectively integrate specific trauma-informed instruction (Elliott et al., 2018). These expectations may overlook the influence that compassion fatigue has on teachers and their ability to maintain effective teaching strategies. In a study by Elliott et al. (2018), the researchers offered compassion fatigue awareness classes for teachers and then asked the teachers to a complete self-reported questionnaire, which were anonymous, on whether they felt that they were impacted by compassion fatigue. The results of this study showed that 64% of teachers, 80% of principals, and 56% of district administrators reported being affected by compassion fatigue. Researchers found that there is a direct correlation between an increase of students impacted by trauma and increase of administrators and teachers at risk for the development of compassion fatigue (Elliott et al., 2018).

Levkovic and Gada (2020) conducted a similar study in an Israeli preschool about teachers' awareness of compassion fatigue. Fifteen Israeli preschool teachers participated in the study, and they reported that they felt like they were "alone in the battle" and that they have a difficult time with work-life balance. The participants claimed that the Israeli Ministry of Education provides insufficient resources and support, and they expressed the hope that a more effective support system would be available to them in the future. In addition, the preschool teachers disclosed their concern that the Ministry of Education did not adequately understand their professional and personal lives.

In Levkovic and Gada's study (2020), as well as the study conducted by Elliott et al. (2018), the researchers found that an increased number of traumatized students had a direct correlation to the number of teachers developing compassion fatigue. Levkovich and Gada (2020) found that each preschool teacher had helped at least one child and/or their family deal with trauma. In Elliott et al.'s study (2018), the teacher participants reported that 67% of their students had experienced some type of trauma.

Studies on School Counselors

School counselors become vulnerable to developing compassion fatigue when they work with students who may be struggling from a traumatic event (ASCA, 2015, Levkovich & Ricon, 2020). Compassion fatigue may impact the school counselors' physical and mental health. Also, they may be especially vulnerable because they already have the stress of large caseloads (above the recommended student-counselor ratio), high program expectations, inadequate professional support, and the added stress of being assigned a number of noncounseling duties (Levkovich & Ricon, 2020). As with other helping professionals, school counselors are at risk for developing compassion fatigue when they are traumatized by trying to help others (Figley & Ludick, 2017). The following two studies are on school counselors but not on compassion fatigue. In the first study, the researchers were looking at secondary traumatic stress (Oginska-Bulik et al., 2021), and in the second study, the researchers were looking at burnout (Frye et al., 2020).

Studies on School Counselors, Secondary Traumatic Stress and Burnout

Oginska-Bulik et al. (2012) found that school counselors are increasingly vulnerable to secondary traumatic stress as the number of school-aged children who have experienced trauma has been on the rise over the last several years (also see Todd & Chehaib, 2019). Symptoms experienced by school counselors may include loss of hope, feelings of sadness or anger about a student's traumatic experience, becoming extremely emotional with the student, thinking about the student outside of the school day, trying to help the student outside of the realm of counseling duties, having bystander guilt, detaching, and avoiding students and stories of trauma, and overidentifying with the student (Oginska-Bulik et al., 2021).

Frye et al. (2020) conducted a study with 227 school counselors, focusing on the individual and organizational factors that may lead to burnout. The researchers found that demographic components as well as a composition of psychological factors can impact school counselors' performance. They stressed the importance of school counselors being conscious of the way they cope with stress and other factors that may impact their well-being, which includes their ability to process a challenging event and implement coping strategies.

Studies on School Counselors and Compassion Fatigue

Not many studies have been conducted on how school counselors are impacted by vicarious/secondary trauma, burnout, or compassion fatigue. Only three were identified for this review: "The Relationship Between Secondary Traumatic Stress and Social Problem-Solving Skills of School Counselors" by A. Ercevic (2019); "The Factors of

Compassion Fatigue Among Guidance Counsellors” by R.D. Estacio (2019); and “Understanding Compassion Fatigue, Optimism, and Emotional Distress Among Israeli School Counsellors” by I. Levkovich and T. Ricon (2020). Notably, these studies were conducted in Turkey, the Philippines, and Israel, respectively. In this section, these studies will be presented and discussed in detail.

These studies and others have shown that school counselors may become less effective in their work if they are consumed or preoccupied by stressors and do not take action to overcome them, such as practicing self-compassion or self-care (Todd & Chehaib, 2019). Todd and Chehaib (2019) also found that, for some counselors, negative emotional outcomes may be associated with compassion fatigue.

Ercevik’s (2019) study took place in Turkey, where the researcher was studying secondary traumatic stress rather than compassion fatigue – specifically, the association between school counselors’ social problem-solving levels and their experience of secondary traumatic stress. Ercevik’s concern was that school psychological counselors work with students who have dealt with traumatic experiences, and through the student sharing these experiences, they have learned detailed information about their traumas. This knowledge leaves school counselors at risk for developing secondary traumatic stress. Using snowball sampling, 268 (25% male, 75% female) school psychological counselors working with the Turkey Ministry of National Education in Amasya, Samsun, and Istanbul were recruited for the study. Ercevik utilized the Secondary Traumatic Stress Scale and Social Problem-Solving Inventory to gather data. Ercevik did find a correlation between secondary traumatic stress levels and the teacher’s ability for social

problem solving (adaptive skill utilized to solve everyday problems). In other words, school counselors who experience trauma are at risk for developing secondary traumatic stress. He stressed that this risk may be reduced if intervention, training, and supervision services are provided to school counselors to work through traumatic experiences.

Estacio's (2019) study was conducted with a participant pool of 92 school guidance counselors in Central Luzon, Philippines. The researcher was studying factors that led to compassion fatigue among guidance counselors, and he was especially looking at how "add-on" or work-related factors (e.g., salary, counselor-student ratio, type of employment, years of experience) impacted a counselor's risk of developing compassion fatigue, as well as personality traits (e.g., extraversion, agreeableness, conscientiousness, openness to experience, neuroticism). Notably, most counselors that participated in the study received the same pay as teachers in the Philippines, despite the requirement to have higher qualifications and education. Further, the counselor-student ratio is 1:1,000 in the Philippines, which is twice the recommended ratio set by the Commission of Higher Education (1:500). Based on his findings, Estacio recommended schools hire more guidance counselors to reduce the high counselor-student ratio. He also recommended mindfulness counseling practices and interventions to alleviate compassion fatigue possibilities.

Levkovich and Ricon (2020) conducted a study that examined compassion fatigue, perceived stress, emotional distress, and optimism among school counselors. Participants included 139 Israeli public-school counselors: two men and 137 women. The study methods were based on the cognitive model of coping with stressors. The

researchers were investigating the following questions: How are perceived stress, emotional distress and optimism related to compassion fatigue? What differences emerge in level of compassion fatigue among school counselors based on age, seniority in education counseling and school level (elementary, middle and high school)? What is the role of perceived stress in mediating between compassion fatigue and emotional distress? They hypothesized that they would find a correlation between compassion fatigue and emotional distress. They also hypothesized that older educational counselors with more experience would report lower levels of compassion fatigue than younger counselors with less experience and that high school counselors would report higher levels of compassion fatigue than counselors in middle school and elementary school. Their findings showed a relationship between high levels of burnout and secondary traumatic stress and high levels of perceived stress and emotional distress. The researchers concluded that school counselors' exposure to emotional distress and stress may impact their mental and physical well-being, satisfaction, and functioning.

Summary and Conclusions

This literature review first explored the roles and responsibilities of school counselors, revealing that the scope of their work is often much more than what should be expected of them. The review then discussed several topics with their positions, as well as the stress and risk factors for developing deleterious effects of their jobs. These risk factors and problems included the following: too much time required for noncounseling responsibilities, no clear description of their job responsibilities, roles and responsibilities shift or change, children's mental health crisis are on the rise, caseload significantly over

recommended school counselor to student ratio, school counselors are but a small minority of school staffs, it is best to work with students early but often cannot find the time, and do not receive sufficient support.

I then explored the phenomena of vicarious trauma, secondary traumatic stress, and compassion fatigue and how those in helping professions, including school counselors, are at risk for developing these problems, which can have a serious impact on their physical and mental health, quality of life, and ability to do their work well.

I was only able to find three studies on school counselors and compassion fatigue, which is the focus of this study. Clearly, more studies need to be carried out and more attention needs to be paid on the stresses of the school counselor, which put them at a high risk for developing compassion fatigue, as well as vicarious trauma, secondary traumatic stress, and burnout.

In Chapter 3, I will discuss the methods for this study. The results of the study may allow stakeholders to better understand the stresses of the school counselor and their experience of compassion fatigue, as well as provide some insight into how to ameliorate their job experience. The implementation of strategies to address the compassion fatigue experienced by school counselors may make it more likely that they can remain in their jobs and provide effective counseling for the students whom they serve.

Chapter 3: Research Method

Introduction

In this study, I explored the effects of compassion fatigue on school counselors. As shown in the literature review, there is a need for increased understanding of how such common issues as the effects of increased responsibility of social/emotional counseling, noncounseling responsibilities, high caseloads, and role conflict can put school counselors at higher risk for experiencing negative psychological outcomes, such as compassion fatigue, and how they can be better supported (Ahlers et al., 2016; Blake, 2020). With this in mind, the purpose of this study was to identify the daily challenges school counselors in public schools encounter based on the demands of their role as academic and social/emotional counselors, specifically as these demands relate to compassion fatigue (Blake, 2020). In addition, this study shed light on how school counselors cope with compassion fatigue and what schools can do to proactively support school counselors in order to minimize their experience of compassion fatigue.

In Chapter 2, I reviewed 45 articles about the challenges faced by school counselors and similar professions and the impact that compassion fatigue, vicarious trauma, and secondary trauma can have on their personal well-being and their professional performance. A number of topics were addressed, including the prevalence of unclear job descriptions, which may lead school counselors to question their overall role (Polini & Topdemir, 2013). The literature review revealed several problems.

First, the expectations of school counselors often go far beyond the scope of their job descriptions. These additional responsibilities include high caseloads (sometimes

nearly double the specified number of students in their job descriptions), engagement with students' mental health, and lack of sufficient support from the administration and others, as well as noncounseling responsibilities that may be only vaguely identified or that may be better directed towards other school staff. A second problem is that compassion fatigue, which many school counselors experience, can have serious deleterious effects that include physical and mental exhaustion, depression, survivor's guilt, anger, fear, apathy, lowered concentration, and decreased self-esteem. School counselors are not well prepared to recognize and/or deal with compassion fatigue.

This chapter begins with a discussion of the research design and rationale. Next, I discuss the role of the researcher and the components of the study. These components include participant qualifications and recruitment processes, the instruments used in the study, and the procedures for data collection and analysis. In addition, confidentiality concerns and protection of participants' rights as well as trustworthiness and ethical procedures are addressed.

Research Design and Rationale

As illustrated in Chapter 2's Literature Review section, more research is needed on school counselors, specifically with respect to their high caseloads, exposure to student trauma, and experience of compassion fatigue. To that end, I posed the following four RQs:

RQ1: How does compassion fatigue manifest in the lives of school counselors?

RQ2: What are the primary and secondary sources of compassion fatigue for school counselors?

RQ3: What coping strategies have been used by school counselors to address compassion fatigue?

RQ4: What can leaders do to proactively support school counselors to reduce compassion fatigue?

The qualitative method was appropriate because it allowed me to achieve a greater understanding of participants' thoughts and feelings (see Sutton & Austin, 2015). I explored school counselors' challenges, employing thematic analysis to analyze the data (see Braun & Clarke, 2006). Denzin and Lincoln (2011, as cited in Johnson et al., 2020) defined qualitative research as involving data collection (e.g., interviews, personal experiences, observations, text) that allows for an in-depth understanding of experiences or situations. Implementing relevant practices in qualitative research allows researchers to appropriately interpret the data from the participants (Johnson, et al., 2020). I determined that qualitative research was the best method for gaining understanding of how school counselors identify and work through compassion fatigue, which was the focus of this dissertation. I chose to use thematic analysis because it enabled the identification of themes as they pertain to the RQs: how compassion fatigue manifests in school counselors, the sources of compassion fatigue, how school counselors cope with compassion fatigue (Kiger & Varpio, 2020), and lastly, what leaders can do to proactively support school counselors to reduce their compassion fatigue.

Role of the Researcher

In a qualitative study, a researcher's role is to provide context to more fully understand participants' thoughts and feelings (Sutton & Austin, 2015). It is imperative in

conducting qualitative research that researchers do not ignore or overlook their own biases. Complete objectivity is not possible, and subjectivity may be unavoidable at times (Sutton & Austin, 2015). As such, areas that may lead to researcher biases should be clearly identified and stated before the study begins. It is the researcher's responsibility to reflect on their own personal biases and viewpoints, as these steps will ensure the greatest degree of objectivity. Furthermore, the analysis of and conclusions drawn from the data can be viewed with these potential biases in mind.

Because of my own background as a public high school counselor who has personally experienced compassion fatigue in that role, I recognize that I am not impartial about this topic and that my role in this study may have resulted in researcher bias. In fact, this study was inspired by the challenges I have faced working with students in crisis. I addressed these biases to minimize any skewing of the data collection and analysis process. However, it should be noted that I am also an experienced interviewer and have been trained to conduct bias-free interviews. I used several strategies to reduce researcher bias in this study.

Bracketing

Bracketing is a method that is implemented to alleviate potentially detrimental biases and beliefs that may impede the research process (Tufford & Newman, 2010). Bracketing is a self-reflective process whereby the researcher attempts to be honest as well as attentive to their own perspectives, perceptions, and beliefs while collecting and analyzing the data. In so doing, the researcher is attempting to understand the source of their own biases and beliefs while also maintaining an open mind and focusing on the

participants' perspectives. The goal of bracketing is for the researcher to "suspend or hold in abeyance his or her presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon" (Gearing, 2004, as cited in Tufford & Newman, 2010, p. 83). Other researchers have stressed that the researcher should identify their biases at the onset of the research, reflecting on "the social, cultural, and historical forces that shape their interpretation" (Creswell & Miller, 2000, as cited in Tufford & Newman, 2010, p. 83). Bracketing may allow researchers the opportunity to immerse themselves deeper in the research process without bias.

Note-taking and Maintaining Records

Careful planning and implementation are important in the data collection process. In addition, clear communication between the researcher and the participants is also paramount to the data collection (Schreier et al., 2006). For the data analysis, both the researcher and the peer reviewers should agree on the interpretation of the results. These results are determined in large part by the interview transcript, but another important component to the ultimate data analysis is the researcher's note-taking, either during the interview or immediately following. These notes include impressions the researcher may have had as well as any meaningful insights and observations that allow the researcher to better grasp and understand the interview material.

Quality Reporting

The goal of qualitative research is to attain a deeper understanding of a specific phenomenon. However, meaningful results must be conveyed through quality reporting (Nowell et al., 2017). This requires that the results be well organized, accurate, concise,

and clearly communicated (Johnson et al., 2020). Bracketing is one example of quality reporting as it ensures that researchers avoid using subjective language that would communicate their own opinion (Tufford & Newman, 2010). In addition, obtaining in-depth and rich descriptions also ensure quality and trustworthy reporting (Johnson et al., 2020). These in-depth descriptions and interpretations of the data encompass detailed, observed behavior/emotions and contextual information that are often obtained through note-taking and add to a meaningful understanding of the study's participants.

Methodology

Participant Selection Logic

I recruited 10 school counselors from public school districts in Arizona to participate in this study, which allowed for the acquisition of rich information and a purposive in-depth analysis (Vasileiou et al., 2018). Arizona public schools serve students ranging from kindergarteners to 12th graders. Appendix A contains the email invitation that was sent to potential participants. To qualify, participants must have worked as a school counselor; however, number of years of experience as a school counselor was not a factor for participation. The second qualification was that participants score in the moderate, high, or extremely high range for risk of compassion fatigue on the CFST.

Instrumentation

The instrument contained an informational/demographic questionnaire, the CFST, and semistructured interview questions.

Informational/Demographic Questionnaire

An informational questionnaire (see Appendix B) was emailed to those who expressed interest in participating in the study. This questionnaire asked for the following information: gender, age, race, ethnicity, relationship status, number of years of experience in education and as a school counselor, number of students enrolled in your school, as well number of counselors. Data were collected automatically using the Google Form platform.

Compassion Fatigue Self-Test

Drawing from clinical experience, Figley developed the CFST in 1995 to measure compassion fatigue and burnout. It is the most commonly used instrument to measure compassion fatigue, in part because it was the first measure developed for this purpose. The CFST is a 40-item questionnaire divided into two subscales: compassion fatigue (23 items) and burnout (17 items). The test uses a Likert scale: 1 = *rarely or never*, 2 = *at times*, 3 = *not sure*, 4 = *often*, 5 = *very often*. The test taker is asked to respond to each item to assess themselves or their situation (Figley, 1995). On the compassion fatigue subscale, scores of 26 or below suggests extremely low risk, scores between 27 and 30 suggest low risk, scores between 31 and 35 suggest moderate risk, scores between 36 and 40 indicate high risk, and scores of 41 or more indicate extremely high risk of compassion fatigue (Figley, 1995).

Internal consistency alphas ranged from .86 to .94 (Figley, 1995). Factor analysis proposed one stable factor, which reflected depressed mood towards work, along with feelings of worthlessness, disillusionments, and fatigue. Adams et al. (2006) examined

the reliability and validity of the CFST in a random selection of social workers in New York City. The CFST predicted psychological distress but did not have a correlation with exposure to stress or resource variables greater than .33 (Adams et al., 2006). The results of the study showed that compassion fatigue is particularly prevalent in caregiving professionals' workplace environment.

The CFST has been implemented with several types of groups, including healthcare (e.g., nurses and doctors), emergency (e.g., police officers and emergency medical technicians), and community service workers (e.g., social workers, disability service workers, and psychological counselors; Cocker & Joss, 2016). Since Figley first created the CFST in 1995, it has been revised and developed into different versions of assessments, which include compassion satisfaction (Stamm, 2005). Figley's (1995) original CFST was determined to be appropriate for this study because its main measurement is compassion fatigue, which is the study's focus.

Individual Interviews

I conducted open-ended and semistructured individual interviews either in-person, telephonically, or virtually, depending on participant preference. The interviews were recorded and took 20 to 35 min. After the interview had been completed, the recordings were transcribed verbatim and reviewed for accuracy before beginning the analysis. I then read the transcript along with the recording to further ensure the accuracy of the transcript.

I developed the interview questions based on the literature reviewed in Chapter 2 and input I received from my dissertation committee members. The content validity was

assessed via consultation with committee members. I asked the following interview questions:

1. What is your role as a school counselor? (RQ2)
2. Thinking about students who have dealt with trauma, without giving away specific student experiences or identifying information, what kinds of struggles and difficulties have you seen these students deal with? (RQ2)
3. Are you familiar with the term compassion fatigue? If so, how would you define it or describe it? [Discuss what compassion fatigue is.] (RQ1)
4. Without giving away specific student experiences or identifying information, has there ever been a time when you may have experienced compassion fatigue? (RQ1, RQ2)
5. What do you see as risks for compassion fatigue for school counselors? (RQ1, RQ2)
6. What actions, if any, have you taken to be proactive and prevent compassion fatigue for yourself? (RQ3, RQ4)
7. What actions, if any, have you taken to manage compassion fatigue? (RQ3, RQ4)
8. What similarities and differences do you see between compassion fatigue and burnout or work stress? (RQ2)
9. Does your district offer any resources to help prevent school counselors from experiencing compassion fatigue or measures for coping with it? If so, what

types of resources? If not, what resources do you believe would be beneficial to school counselors to prevent or cope with compassion fatigue? (RQ4)

10. What inspires you to continue working as a school counselor? (RQQ3)

11. If any, what advice do you have for other school counselors to address issues of compassion fatigue? (RQ3)

Procedures for Recruitment, Participation, and Data Collection

Before beginning the study, I obtained approval from Walden University's Institutional Review Board (IRB) to conduct the study. The participants were recruited for this study using purposive sampling, which is implemented when target samples are not easily accessible (Naderifar et al., 2017). In order to identify potential participants, I first identified school counselors by going to the schools' counseling websites of the school districts in Arizona. I then sent an email to these school counselors asking them to participate in the study. The email described the study, the goals of the study, and what their participation would involve (see Appendix A). This email also specified how their confidentiality would be maintained, as well as informing them that they could choose to withdraw from the study at any time for any reason. Those who showed interest in participating were asked to complete an informational questionnaire and the CFST (Figley, 1995), which were emailed to them. The participants were then chosen based on their responses to the CFST. Participants who scored in the moderate, high, or extremely high range for risk of compassion fatigue on the CFST were eligible to participate in the study. Participants were required to sign a consent form before they were given the

informational questionnaire and the CFST. Once the interested persons had completed the informational questionnaire and the CFST, the CFST was scored.

Data collection consisted primarily of open-ended, semistructured interviews. These interviews were scheduled either in person, telephonically, or remotely, based on the participants' preferences. For the interviews that were conducted in person, the interviewee's convenience and preference were prioritized. Only one interview was conducted in-person in the participant's home, which was chosen because it was secure, private, and quiet. One interview was conducted over the phone, and eight interviews were conducted via the Zoom videoconferencing platform, using a link to securely log in and join the interview. My role was to create a welcoming meeting space free of criticism and judgment for participants to share their personal experiences as a school counselor. Prior to the beginning of the interview, I explained the steps of the study to the participants and clarified any questions they had, and I thanked them for their participation in the study.

The interviews lasted about 20-35 min and were recorded. After each interview had been concluded, I took notes on impressions and observations. Each interview was then transcribed in Microsoft Word and reviewed for accuracy. The transcriptions were then converted to Microsoft Excel to be analyzed and coded. Participants were invited to review the transcriptions to check for accuracy.

Data Analysis Plan

I used Word dictation to transcribe the interviews. Each interview transcript was read multiple times. All data were analyzed using thematic analysis (Braun & Clarke,

2006) to identify common themes as they pertained to the RQs: how compassion fatigue manifests in school counselors, the sources of compassion fatigue, how school counselors cope with compassion fatigue (Kiger & Varpio, 2020), and lastly, what leaders can do to proactively support school counselors to reduce their compassion fatigue.

Thematic analysis entails identifying significant information from the data and then organizing it into patterns or themes (Braun & Clarke, 2006). The process of thematically analyzing the data for this study included several steps. After I had transcribed the interviews, I familiarized myself with the transcripts by reading and rereading them. Significant information from the transcripts was coded. I then arranged the emerging codes into possible themes and gathered relevant data for each possibility. I then reviewed the themes to ascertain that they were appropriate to the coded selections (Level 1), formed a consistent pattern across the entire data set (Level 2), and then examined the efficacy of individual themes as they related to the data set (Level 3). Next, I defined, named, and refined the details of each theme. Finally, I wrote up the results of the thematic analysis to provide adequate evidence and tell the logical story of the data across the themes to validate of findings.

Issues of Trustworthiness

Developing a clear conceptual framework is key to bias reduction and maintaining readers' trust in qualitative research (Johnson et al., 2020). Trustworthiness is an important factor in evaluating a qualitative study (Lemon & Hayes, 2020). Lincoln and Guba (1985) established four strategies to establish trustworthiness: credibility, transferability, dependability, and confirmability.

Credibility

Credibility focuses on the connection between participants' experiences and the researcher's representation of those experiences (Nowell et al., 2017). Credibility is established when the focus is correctly placed on the participants' experiences rather than on the researcher's experience. Lincoln and Guba (1985) recommended the following two strategies to ensure credibility: prolonged contact and data saturation. Prolonged contact allows participants to feel comfortable with the process and results of the study, as well as allowing researchers to identify their personal perspectives and increase their familiarity with the study (Forero et al., 2018). Reaching data saturation occurs when no new data emerges from data collection among participants (Johnson et al., 2020). Identifying an appropriate sample size for a study may be difficult at the beginning stages of planning. If needed, more participants will be recruited until saturation is met.

Transferability

Transferability refers to research findings that can be applied to other situations and contexts (Forero et al., 2018; Lemon & Hayes, 2020, Lincoln & Guba, 1985). In-depth descriptions and thematic analysis may be implemented to reach transferability in two ways. Research findings based on in-depth descriptions can show relevance to other circumstances (Forero et al., 2018; Korstjens & Moser, 2018). Using rich language and detailed descriptions often allow readers to relate research findings to other, often familiar situations. Familiar situations can also be identified when the researcher provides a rich description of the entire data set as a means to reveal and understand important themes (Braun & Clarke, 2006). In thematic analysis, the researcher identifies, analyzes,

describes, organizes, and reports “themes found within a data set” (Nowell et al., 2017, p. 2).

Dependability

Research findings achieve dependability by establishing a precise time and place and a consistent explanation across the data, so that the work could be replicated (Johnson et al., 2020; Lemon & Hayes, 2020). That is, should a researcher wish to duplicate a study, dependability assures that they will obtain similar results if they use similar data and the same methods. Dependability is achieved through triangulation and keeping an audit trail. Triangulation is a strategy using in qualitative research that identifies convergence of data from multiple sources (Johnson et al., 2020; Lemon & Hayes, 2020). Using triangulation, any deviations in patterns within research findings can be identified, thereby reducing systematic bias. Providing an audit trail entail maintaining documentation for each step of the data analysis. Such a data trail includes all raw data (e.g., verbatim transcripts of the interviews and the researcher’s journal and field notes). All of these elements of the research data are used by the researcher to systemize the data and present a rationale for decision-making. Moreover, this data trail is essential to the reporting of the research process (Nowell et al., 2017). In some instances, an inquiry audit is desired, which is the use of an outside source to analyze the research process in order to establish that the research results are consistent and could be duplicated (Forero et al., 2018).

Confirmability

Confirmability relates to the neutrality of research findings, which, as stressed by Lemon and Hayes (2020), are based on participants' responses and not on the researcher's personal biases. A researcher's use of reflexivity helps establish confirmability, assuring that research bias does not alter the analysis of participants' answers. Reflexivity is employed at the beginning stages of a research process, at which time the researcher seeks to become fully aware of their own biases and preconceptions (Forero et al., 2018; Johnson et al., 2020). Addressing these biases at the onset is the best defense against biases influencing any stage of the research process. An effective way to establish reflexivity is to utilize a reflexive journal as this gives researchers the opportunity to document personal reflections, along with research planning and decision-making (Nowell et al., 2017).

Ethical Procedures

In devising the ethical procedures for this study, I heeded the American Psychological Association's (2016) code of conduct. In addition, I gained approval from Walden University's IRB before beginning participant recruitment and data collection (approval no. 10-25-22-0489557), per Walden University (2021) guidelines. The supporting documents from these entities also established the condition that all participants be treated fairly throughout the process (see Sutton & Austin, 2015).

Because ethical issues may arise in a qualitative study, it is imperative that trusting relationships are upheld during research, as maintaining this ethical conduct helps participants answer interview questions openly and honestly, which allows for

comprehensive data collection (Kang & Hwang, 2021). Adhering to the IRB guidelines reduces the risk of unethical practice, while completing the study. I practiced ethical principles during the study using several steps to mitigate possible ethical issues.

These steps include explaining the details of the study and associated risks to the participants. The participants were required to sign an informed consent agreeing to participate in the study prior to their participation. This consent form acknowledged the protection of their rights, which included their right to withdraw from the study at any time. I upheld the informed consent by assuring that participants understood the research details and their choice to withdraw from the study at any time (Kang & Hwang, 2021). In the event that participants did decide to withdraw from the study before completion, I assured them that I would uphold their informed consent and confidentiality and thank them for their time. Further, any information provided by those participants who had withdrawn midway through the study would not be used in the study. In this current study, no participants withdrew before the study was completed. In order to assure confidentiality, each participant was assigned a number to protect their identify. All study materials (data, notes, and recordings) were kept in a secure locked file cabinet only available to the researcher. The materials will be destroyed 5 years after the study has been completed.

Summary

In this chapter, I reviewed the purpose of the study and the RQs. In addition, it provided an overview of the process for research design, role of the researcher, participant qualifications and recruitment, instruments used in the recruitment and data

collection, procedures for data collection and data analysis, and confidentiality and protection of participant's rights, along with addressing issues of trustworthiness and ethical procedures. Chapter 4 includes the findings of this study.

Chapter 4: Results

Introduction

In this chapter, I review the setting for the study and the methods used to collect the data as well briefly describe of each of the 10 participants. The findings from the study are then presented. The purpose of this qualitative study was to explore school counselors' experience of compassion fatigue. The following RQs were explored:

RQ1: How does the experience of compassion fatigue manifest in the lives of school counselors?

RQ2: What are the primary and secondary sources of compassion fatigue for school counselors?

RQ3: What coping strategies do high school counselors use to address compassion fatigue?

RQ4: What can leaders do to proactively support school counselors to reduce the incidents of compassion fatigue and provide support when compassion fatigue is present?

I recruited the 10 school counselors who participated in this study from public schools in Arizona through purposive sampling. The participants were asked to complete a brief demographic questionnaire with questions about their gender, age, race, ethnicity, relationship status, number of years of experience in education and as a school counselor, number of students enrolled in their school, and number of counselors in their school. The participants were also asked to complete the CFST to identify their level of risk for developing compassion fatigue. After collecting these completed documents, I

interviewed each participant via Zoom, phone, or in person. I posed 11 interview questions (see Chapter 3's Instrumentation subsection) to participants:

Setting

I conducted this study over a 1-month period in the state of Arizona. Each participant was given a choice of how they would like to participate in the interview to accommodate their busy schedules: via telephone, via Zoom, or in person. Eight of the 10 interviews were conducted via Zoom; one interview was conducted in-person in participant's home, and one interview was conducted over the telephone. I used an Excel spreadsheet to record the participants' names, contact information, demographics, and answers to the CFST. To ensure their confidentiality, these spreadsheets were kept in a password-protected file in my personal computer; that is, both my computer and the file require passwords for access. After receiving the completed informational questionnaire and CFST, I determined whether the respondent qualified for a personal interview. To qualify for this study, the respondents were required to have worked as a school counselor and scored at a level of moderate, high, or extremely high risk on the CFST. Ten of the 15 respondents who met these criteria were then asked to participate in the study, and an interview was scheduled.

Demographics

Five of the 10 participants served as the sole school counselor on their campus, while the other five participants had one or more colleagues in their school counseling department. Their caseloads varied significantly, ranging from 22 students to 1,000 students. All 10 of the participants identified as female. With respect to their race and

ethnicity, one identified as Asian; three identified as Hispanic, Latina, or having Spanish origin; and six identified as White. The results of the CFST showed that one was at moderate risk for compassion fatigue, one was at high risk for compassion fatigue, and eight were at extremely high risk for compassion fatigue. Following are brief descriptions of the 10 participants:

- Participant 1 identified as White and was 45–54 years old. She worked in Maricopa County, Arizona, where her caseload was 485. She had had 10 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 2 identified as Hispanic, Latina, or Spanish origin and was 45–54 years old. She worked in Maricopa County, Arizona, where her caseload was 500. She had had 12 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 3 identified as White and was 18–24 years old. She worked in Coconino County, Arizona, where her caseload was 550. She had had 2 years of experience as a school counselor. She scored in the high-risk range on the CFST.
- Participant 4 identified as White and was 45–54 years old. She worked in Coconino County, Arizona, where her caseload was 550. She had had 10 years of experience as a school counselor. She scored in the moderate-risk range on the CFST.

- Participant 5 identified as White and was 45–54 years old. She worked in Maricopa County, Arizona, where her caseload was 340. She had had 19 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 6 identified as White and was 35–44 years old. She worked in Maricopa County, Arizona, where her caseload was 450. She had had 9 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 7 identified as Hispanic, Latina, or Spanish origin and was 25–34 years old. She worked in Yuma County, Arizona, where her caseload was 442. She had had 2 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 8 identified as Asian and was 55–64 years old. She worked in Yuma County, Arizona, where her caseload was 22. She had had 4 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 9 identified as Hispanic, Latina, or Spanish origin and was 25–34 years old. She worked in Yuma County, Arizona, where her caseload was 1,000. She had had 2 years of experience as a school counselor. She scored in the extremely high-risk range on the CFST.
- Participant 10 identified as White and was 35–44 years old. She worked in Yuma County, Arizona, where her caseload was 640. She had had 2 years of

experience as a school counselor. She scored in the extremely high-risk range on the CFST.

Data Collection

To recruit the participants, I sent all school districts in Arizona a request to conduct my study within their school district. From the approved school districts, I sent school counselors, from all grade levels, an invitation to participate in a qualitative study regarding the experiences of compassion fatigue in school counselors. Participants needed to be a public school counselor for grades kindergarten through 12th grade. Interested participants responded to the email invitation by clicking “continue” at the bottom of the email, which took them to the informed consent. By clicking “continue” on the informed consent page, they received access to the demographic questionnaire and CFST, which took participants approximately 30 to 45 min to complete. The 10 individuals who scored moderate, high, or extremely high risk on the CFST were asked to participate in an individual interview to gain a better understanding of their experience with compassion fatigue. All 10 participants agreed to the interviews being recorded to help with the transcription process. The interviews ranged in length from 20 min to 35 min. One interview was conducted in person at the participant’s home, one interview was conducted in a telephone call, and eight interviews were conducted using the Zoom platform. At the end of each interview, I gave participants the opportunity to ask any clarifying questions they may have had. All recordings from interviews were transcribed with Word dictation and edited to ensure accuracy. All interview data were coded on the Word document. The coding process took approximately 15 hr to complete. After the

data were coded, the codes were analyzed to identify themes and subthemes that emerged from the interviews.

Data Analysis

After the 10 interviews had been transcribed verbatim, I thoroughly reviewed them multiple times to identify excerpts from the interviews that were relevant to the study's RQs. I highlighted important passages of text and then created codes that precisely reflected what the participants were communicating. In total, 144 codes were identified, which were entered into an Excel document and grouped into the following four themes and eight subthemes: (a) symptoms of compassion fatigue, (b) sources of compassion fatigue (with four subthemes: difficulty of student issues, personal attributes, issues with work/life balance, and lack of support), (c) value of support from colleagues, and (d) coping mechanisms (with four subthemes: self-care, maladaptive coping, seeking professional help, and making changes). Table 1 shows the themes and subthemes that emerged from the data.

Table 1

Themes and Subthemes

Theme	Subtheme	No. of participants who endorsed the theme or subtheme
Theme 1: Symptoms of Compassion Fatigue		10
Theme 2: Sources of Compassion Fatigue	Subtheme 4A: Difficulty of Student Issues	10
	Subtheme 4B: Personal Attributes	6
	Subtheme 4C: Issues With Work/Life Balance	5
	Subtheme 4D: Lack of	10

	Support	
Theme 3: Value of Support From Colleagues		8
Theme 4: Coping Mechanisms	Subtheme 3A: Self-Care	9
	Subtheme 3B: Maladaptive Coping	4
	Subtheme 3C: Solicitation of Professional Help	3
	Subtheme 3D: Changes in Behavior	2

Theme 1: Symptoms of Compassion Fatigue

The first theme, symptoms of compassion fatigue, was endorsed by 10 participants. The symptoms the participants experienced in their time as a school counselor were many, and they included feeling hardened, being unable to show compassion, not wanting to hear any more, feeling mentally exhausted with physical repercussions, not being able to deal with people generally, lacking patience and empathy in one's personal life, getting anxious and stressed, feeling numb and disconnected. Some of their responses were as follows:

- “I feel hardened. When it comes to our emotional state, we’re expected to just deal with it. You do that so much that you start to get hard. You feel like you don’t care anymore” (Participant 1)
- “I feel like I’m actually getting hardened to the compassion. I don’t want to hear any more. It was wearing on me. I was tired. I was mentally exhausted, and it started affecting me physically” (Participant 2)
- “I got to a point where I wasn’t showing empathy, didn’t have it anymore. I couldn’t deal with people anymore” (Participant 4)

- “It got to a point where I started to have health-related problems. I was getting to a point that I was getting anxious and stressed” (Participant 7)
- “I start to sound a little cynical in my own head. I think what’s going on there, this isn’t normal for me. A month ago, I had a day where I felt numb and disconnected” (Participant 10)

Participant 6 responded,

I tend to have more patience and be more empathetic in my professional life, and I exhaust myself. I think I have a lack of patience and empathy in my personal life.

I’m giving so much of myself at work that I’m drained by the end of the day.

Following are the symptoms of compassion fatigue that the participants identified:

- getting hardened
- don’t care anymore
- loss of motivation
- avoid students and teachers
- loss of empathy at work and in personal life
- gets harder through the years
- burnout
- may miss something serious
- don’t want to go to work anymore
- done dealing with other peoples’ problems
- loss of excitement for job
- feels like depression

- losing will to work
- irritated easier
- less patient
- anxious
- stressed
- gets headaches
- incapable of helping
- sound cynical
- feel numb
- feel disconnected
- feels like PTSD
- exhausted
- drained at the end of the day
- dreading student coming in
- physical and emotional depletion
- resents profession, administration, and friends

Theme 2: Sources of Compassion Fatigue

The second theme, sources of compassion fatigue, was endorsed by 10 participants. Four subthemes emerged from this fourth theme: difficulty of student issues, personal attributes, issues with work/life balance, and lack of support.

Difficulty of Student Issues

In discussing this subtheme, counselors described avoiding students, students' struggles, such as abusive households, loss of family members, and seeking attention. One counselor described their experience this way: "I'm dodging this kid because I don't want to go through the whole thing of what they're dealing with now, because we get frequent flyers. I was like, oh gosh, here we go again" (Participant 2).

When asked about what kind of struggles and difficulties they have seen students deal with, three counselors' responses are noteworthy: "A lot of abusive households, sexual assault, and alcoholism in their family.... A big portion of our student population lives in poverty" (Participant 3). Said Participant 1: "They're just reaching out for some attention because they're not getting it at home, or they don't know how to deal with things. It's their way of talking to somebody and they just don't have those coping skills." Participant 4 said:

Our students have lost family members, grandparents, aunts, uncles, and parents to Covid. I deal with students who have experienced sexual trauma. Kids are just trying to survive, and so they come up with these maladaptive behaviors. A lot of sadness. A lot of depression and self-harm. Our suicide interventions, so suicide ideation, went up tremendously once students came back to school in-person. In our district alone last year, I think we had 140 plus suicide interventions.

Personal Attributes

The next subtheme, personal attributes, focused on the school counselors' personal traits that they believed put them at risk for experiencing compassion fatigue,

including setting boundaries and experiencing anxiety: “I think you’re really at high risk if you don’t know how to set boundaries. I used to be that person, kind of a people pleaser. It’s a tough balance” (Participant 5). “I’ve always had anxiety, and so I’m a worrier. I care about other people and their well-being. I take on the worry for that student” (Participant 6).

A lack of boundaries. That’s where I’m at right now. I want to help everybody at the same time, but I’m starting to realize that’s something that I can’t do. I have to start setting those boundaries. I think we forget about boundaries, and then we feel guilty. For example, when I started taking those 5-min breaks. I’ll feel guilty because I’m thinking I should be doing something else in that time. (Participant 7)

Issues With Work/Life Balance

In discussing the third subtheme, issues with work/life balance, counselors discussed their experiences with taking work home and sacrificing time. One counselor explained: “I don’t have much of a life. I carry a lot of what I do here home” (Participant 8). When asked what actions have been taken to be proactive and prevent compassion fatigue, another counselor shared:

That’s a really big area of weakness for me. I don’t do a ton. I have a really big problem with sacrificing my time and I know that about myself. I have a big family. When it’s family time, I give everything I’ve got to my kids. That’s super rewarding, and it feeds my heart. But it doesn’t take away me giving up my time. I’m going to watch my kid’s baseball game, go home and make dinner, and help my other kids with what they need. Then 9:00 o’clock is going to roll around, and

I'm going to get on my laptop. It's like I don't have this system of "just say no."

That's a big weakness for me. (Participant 2)

Lack of Support

Many of the participants had something to say about the last subtheme, lack of support. They discussed feeling alone, giving up free time, and lacking district resources, which they believed was in itself a source of compassion fatigue. Regarding feeling alone, Participant 1 stated,

We feel like we're alone. There's nobody there for us, like we're there for everybody else. They expect us to fix things or to help them, yet there's no outlet for us. When I reach out to administration or a teacher, they look at me like I should be able to figure it out. You feel like you're alone.

Participant 2 noted giving up free time:

Definitely giving up all their time and working through their lunches. It's really easy to do this because we don't have a prep period. It's a 24-hr service. It's easy to get sucked into not having a lunch or break in the day.

When asked about what resources school districts made available to school counselors, one counselor stated: "I'm not a licensed therapist. We've asked for training on how to deal with the social emotional aspects of the kids today. That doesn't happen" (Participant 1). Another counselor elaborated:

I think that is probably the number one area any district is lacking. It's probably a rare gem that you find a school district that's really conscientious of that. You are there to do a job and you get it done. I think most administrators do not have an

understanding of what school counselors do. You might help a kid in crisis every now and again, but they don't see the big scope of all the things we have to do for one single kid. They don't really understand what we do, they don't understand that there's a need. How do you help us? Give us a small caseload. That's the only way to help me. My caseload is 466. (Participant 2)

Other participants also mentioned their caseloads, which were all above the recommended number by the ASCA:

- “ASCA recommends 250” [caseload]. (Participant 2)
- “I’m the only counselor for about 485 students in 9th through 12th grade.” (Participant 1)
- “We have over 1,100 students at our school and two counselors.” (Participant 3)
- “We have about 2,050 [students]. We are at four and a half [counselors].” (Participant 6)
- “It’s just me. There are 442 students.” (Participant 7)
- “It’s just me on my campus. I deal with 1,000 students.” (Participant 9)
- “We have 640 students. I’m the only counselor.” (Participant 10)

Theme 3: Value of Support From Colleagues

The third theme, value of support from colleagues, was endorsed by eight participants. The benefits of having the support of colleagues included being able to debrief with others as well as having a sense of community and positive relationships at

the workplace. Here are some noteworthy responses: “I think what’s keeping me is, I think, it’s the positivity of my team and the people I work with” (Participant 6).

The thing that made my last school really powerful, even though it was exhausting, was the team of counselors that I worked with. We had a really good system of decompression. We would deal with a crisis situation, and then we could talk to any given counselor on our team. Close the door and talk about what was going on. Cry if we needed to cry and have that counselor just be a support for us. We’re in the industry where we know there’s no solution. It’s just, let me verbally get this out. It was a really great support system. (Participant 2)

When one person is struggling or is going to be out, the other people are really good at picking up for that person. We get along really well.... You have the department that gets along, understands your struggles. You can laugh together, commiserate at some point.... We’re a really strong team. (Participant 4)

Yet Participant 10, when asked about risks for compassion fatigue for school counselors, responded:

Dangling in the wind by yourself. Not having another individual to really be able to interact with on that same level. I did really well when I had a team member. Having even just one other person I could trust that I could say, “Okay, this is what’s going on and this is how I’m feeling.” They could validate that feeling for me. (Participant 10)

Theme 4: Coping Mechanisms

The fourth theme, coping mechanisms, was endorsed by nine participants. Within Theme 4, four subthemes emerged: self-care, maladaptive coping, solicitation of professional help, and changes in behavior.

Self-Care

In this subtheme, the participants described the coping mechanisms they used in their own lives. These experiences included taking medication for anxiety, meditating, exercising, and maintaining a good routine. A few examples are provided here: “Working on your mental health. I take medication for anxiety. We go hiking. We go outdoors and get away from tablets and TVs, get away from technology” (Participant 6). “I meditate every morning before work. I exercise at least three times a week. I try to be consistent eating healthy. How I conduct my life outside of school is very strategic, so that I have enough energy” (Participant 5).

I stay in a good routine. I take it easy on the weekends where I don’t overschedule myself. I need the weekends to decompress. If I’m too busy on the weekends, I’m not really ready for the week mentally. I try to keep it low key in my personal life and that really helps me professionally. I’m definitely a routine person.

(Participant 4)

Maladaptive Coping

In the second subtheme, maladaptive coping, the participating counselors talked about how they had not been very successful in being proactive or preventing compassion fatigue. Participant 4 offered an example of maladaptive coping: “I was going home and

taking it out on my family. The fact that I was shut down at home, I couldn't deal with people anymore. I didn't want to talk to anybody." Participant 2 noted "muscling" her way through her emotions:

I honestly think it was like I had to work through it. I also recognize that your feelings are kind of an even flow. I don't want to say I muscled my way through it, but I kind of did. I knew that feeling wasn't going to last forever. I knew there was a reason that I was feeling this way. It's just like preserve, push through it. It's not necessarily the healthiest thing to do, but that's what I did. That's what helped me get through it.

Solicitation of Professional Help

Two participants said that they had sought professional help, either through psychotherapy or pharmacotherapy. Participant 3 explained what she has done to be proactive about preventing compassion fatigue for herself:

I think just having realistic mindset and knowing that not all days are going to be good. Accepting that radical philosophy. I'm also in therapy, so I talk about work a lot there and process through some of it. That's really important.

Another counselor chose pharmacotherapy to help her deal with stress and to prevent compassion fatigue: "I take medication for anxiety. That's another thing, working on your mental health" (Participant 6).

Changes in Behavior

A number of participants discussed having made changes in their lives to manage or prevent compassion fatigue, including making a career change and changing schools.

Participant 5 stated,

I made a career change because I was commuting about 45 min. One of the things I decided was to try to get a shorter commute to help give me more time in my day. That is a huge step I did because I wasn't sure if I'd be a good fit for the school close to me. When I weighed the compassion fatigue, I thought just getting rid of that commute was going to give me some time to take better care of myself.

Participant 4 took time off to manage feelings of compassion fatigue:

Yes, about 5 or 6 years ago [I experienced compassion fatigue]. I was the only counselor with 1,100 students. There was no other support. I got to a point where there were so many tasks thrown at me and so many expectations and responsibilities. I just couldn't do it anymore, and I quit. I stepped away from school counseling for a year. That was how I coped. Then I came back to it.

Similarly, Participant 2 transferred to a new district due to feelings of exhaustion:

I just went through it about a year ago actually. I was probably the closest that I've been to saying I'm leaving counseling. I started looking for other jobs. It was just wearing on me. I was tired. I was mentally exhausted, and it started affecting me physically. I thought I needed to do something else. I actually am brand new to this district as the head counselor. I transferred this year.

Evidence of Trustworthiness

Figley's (1995) CFST was chosen for this study because it has been found to be a reliable and valid instrument to measure compassion fatigue. I used the CFST to identify counselors who qualified for the study based on their risk level of experiencing compassion fatigue. Potential participants were asked to respond to each item in the CFST to assess themselves or their situation. Among the 10 participants that scored in the moderate risk, high risk, and extremely high risk, data saturation was achieved.

With my previous experience as a public high school counselor in Arizona, I purposely avoided working with past colleagues or acquaintances. Each of the interviews was recorded and transcribed, which were available to the study's participants. At the end of each interview question, I summarized the information to confirm that details were clear and concise. I utilized thematic analysis to identify, describe, and organize themes within the data. It is inadequate to make broad speculations about compassion fatigue among school counselors, as I only sampled ten participants in that state of Arizona. Although, this study does reflect a beginning to understanding how school counselors experience compassion fatigue.

I produced a trustworthy study by implementing a reliable instrument (CFST) and organized my research within Walden University's guidelines for qualitative research (Figley, 1995). I used reflexivity to establish confirmability to assure that research biases did not alter the interpretation of participants' answers. I limited the participants to school counselors I did not know. Therefore, the study was developed through a valid and reliable process.

Results

The data analysis revealed four themes and eight subthemes. The themes were as follows:

- Theme 1: Symptoms of Compassion Fatigue
- Theme 2: Sources of Compassion Fatigue
- Theme 3: Value of Support From Colleagues
- Theme 4: Coping Mechanisms

Theme 2 has four subthemes: difficulty of student issues, personal attributes, issues with work/life balance, and lack of support. Theme 4 also has four subthemes: self-care, maladaptive coping, solicitation of professional help, and changes in behavior. I present the findings for each theme and subtheme with supporting data as they relate to the four RQs.

Research Question 1

RQ1 was, How does the experience of compassion fatigue manifest in the lives of school counselors? To answer this question, I identified the codes that pertained to the experience of compassion fatigue that appeared most frequently in the interview transcripts. I then condensed the list of codes into the theme of symptoms of compassion fatigue. This step helped to highlight participants' experiences.

Symptoms of compassion fatigue manifested in the lives of all 10 participants, as shown in Table 1. Some counselors responded generally that they were done dealing with others' problems. Participant 9 talked about loss of empathy, saying, "Yes, I think we all have different kinds of triggers that make you be less self-aware. I've definitely

experienced a couple of times where I've caught myself thinking, 'I have to deal with this again.'" They added, "I think for me, I start to catch myself being in a bad mood on the way to work. Nothing has happened yet; I'm just dreading going to work. It's a red flag for me." Similarly, Participant 3 stated, "I feel it [compassion fatigue] pretty often.... I think the way you feel when you experience it, like the physical and emotional depletion, the loss of empathy, motivation, and excitement for your job."

Research Question 2

RQ2 was, What are the primary and secondary sources of compassion fatigue for school counselors? To answer this question, I condensed the list of original codes into the emerging list of themes and subthemes. I determined which codes were mentioned the most for sources of compassion fatigue, such as student trauma, lack of boundaries, sacrificing time, and high caseloads. This step helped me to identify the four subthemes of difficulty of student issues, personal attributes, issues with work/life balance, and lack of support. I referenced Table 1 to determine whether the two subthemes difficulty of student issues and lack of support had had an impact on the manifestation of compassion fatigue across all 10 participants. A prime example of this was offered by Participant 5, who explained:

Yes, absolutely. I'm in my 18th year in the field, so I absolutely go through it. I had been at my last school for 10 years, and I could feel it [compassion fatigue] often. The severity of what my students we're going through. I worked with refugee students from different countries. I worked with first-generation college

bound. Those kids were carrying a lot with them every day and so, I would sometimes feel it.

Research Question 3

RQ3 was, What coping strategies do school counselors use to address compassion fatigue? To answer this question, I referenced the emerging themes (see Table 1) to determine the themes that support this RQ. These were Theme 3: Value of Support From Colleagues and Theme 4: Coping Mechanisms. Eight participants found value in the support from their colleagues. For instance, Participant 1 stated,

I don't know what I would do without our social worker because there's just no way that I could do what I do on a daily plus deal with all the social emotional issues and the baggage that the kids are bringing to school.

Participant 9

I have my assistant principal. She was a school counselor at the high school level for a couple of years. I go to hear a lot, since she's been in my role. ...taking in all those kids' sad stories or how they're feeling, and they're big feelings. I'll go in there when I need to debrief.

Nine participants discussed coping mechanisms they implement in their lives to address compassion fatigue. These strategies clarified the subthemes for Theme 4, which were self-care, maladaptive coping, solicitation of professional help, and changes in behavior. Participants shared the actions they took to address compassion fatigue.

Participant 10 offered, "I try to keep surrounding myself with more positivity in my world when I'm out of here [work]." Making time for structure activities was important

for Participant 9, who stated, “I’ll try to schedule things for myself that are for me. Activities that don’t make me think a lot or make me think about work.” Participant 7 reinforced the importance of structured activities:

I started to walk or exercise or find coping strategies that help me, because I was getting to a point that I was getting kind of anxious or stressed. That's where I'm at right now. I changed my diet and I'm exercising.... I have to keep consistent with that. (Participant 7)

Research Question 4

RQ4 was, What can leaders do to proactively support school counselors to reduce the incidents of compassion fatigue and provide support when compassion fatigue is present? To answer this question, I referenced the original codes that were utilized to identify themes and subthemes, which included the following: support from colleagues, district-offered therapy sessions, high caseloads, issues with workload, feeling alone, and lack of district support. I then identified how many participants supported each theme and subtheme. All 10 participants addressed lacking support. When asked what resources would benefit school counselors and help prevent compassion fatigue, or at least, help them to cope with compassion fatigue, they gave the answers such as “have meetings where they’re talking about self-care, wellness, or maybe how to prevent compassion fatigue” (Participant 7). Participant 9 added,

I wish that we did have professional development opportunities. A lot of it is meant for teachers and not a lot are meant for school counselors. We sit in on a lot

of those and they don't really pertain to our focus. I wish they would incorporate more school counselor training for counselors.

Participant 5 offered this suggestion:

I would picture in clinical settings you have time to debrief with your colleagues on really intense cases or difficult circumstances. And we just don't have that built into our profession. I feel like that would help because all of us on my team, we get some really heavy things. We're trying to figure out how to help the student or the family. Having some kind of time for professional outlets. Maybe run things by a colleague, so it's not just weighing on one person's shoulders, how things are determined. I don't know what that would look like.

Summary

In this chapter, I presented the study results based on analysis of the participants' transcripts. I sought insight on participants' experience of compassion fatigue and their ideas for coping with and preventing compassion fatigue in the future. Using a thematic analysis framework, I identified common phrases and themes. As shown in Table 1, four themes and eight subthemes emerged from participants' responses.

All 10 participants discussed their symptoms of compassion fatigue, which included finding themselves getting hardened (i.e., less compassionate), losing excitement for their job, and experiencing emotional and physical depletion. In addition, they identified various sources of compassion fatigue; for example, dealing with difficult student issues (e.g., student trauma) as well as lack of support from the school and the administration (e.g., being assigned caseloads far above the recommended number for a

school counselor). With respect to how they coped with compassion fatigue, nine participants shared self-care coping techniques. Four participants shared that their coping mechanisms were maladaptive. Three participants had pursued professional help and three participants had made changes in their lives. All participants said that working with supportive colleagues was helpful in coping with compassion fatigue. In Chapter 5, these results will be interpreted along with the implications of the findings. In addition, limitations of the study and suggestions for future research are provided.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this qualitative study, I explored compassion fatigue through the experiences of school counselors. Ten school counselors with moderate, high, or extremely high-risk levels of compassion fatigue (as indicated by results on the CFST) were recruited through public schools in Arizona and interviewed about their experiences with compassion fatigue. From these interviews, four themes and eight subthemes emerged: (a) symptoms of compassion fatigue, (b) sources of compassion fatigue (with four subthemes: difficulty of student issues, personal attributes, issues with work/life balance, and lack of support), (c) value of support from colleagues, and (d) coping mechanisms (with four subthemes: self-care, maladaptive coping, seeking professional help, and making changes). In addition to describing their experiences with compassion fatigue, the participants also discussed their coping mechanisms.

Interpretation of the Findings

Theme 1: Symptoms of Compassion Fatigue

The participants' symptoms of compassion fatigue were many. Comparable to Berzoff and Kita's study (2010), this study's findings pointed to the impact compassion fatigue can have on school counselors' emotional, behavioral, and cognitive well-being, along with an extensive impact on their professional identity and personal life. For instance, Berzoff and Kita noted that helping professionals may struggle with depression, guilt, moodiness, impatience, sadness, sleep disturbances, apathy, negativity, and decreased self-esteem. The present study elaborated on this notion because it asked

participants to expand on their experiences with compassion fatigue. All 10 participants experienced symptoms of compassion fatigue (see Table 1). The following responses convey some participants' experiences:

- “I catch myself on the way to work to try and control my bad mood. I realize nothing has happened yet, but I dread going to work. That’s a red flag for me.” (Participant 9)
- “There's been times where I've been extremely exhausted, and I've been emotional about some things that I've seen.” (Participant 8).
- “I've always had anxiety and I’m a worrier. I care about other people and their well-being. I feel like my fatigue comes from the worry about others. I take on the worry for that student.” (Participant 6)

Ercevik (2019) and Figley and Ludick (2017) established that helping professionals are consistently exposed to the pain of suffering of others and it is their responsibility to attempt to understand the emotional needs of those they work with. School counselors fall under these expectations. Being exposed to students' trauma can make school counselors susceptible to compassion fatigue. One of the major findings of this study was that individuals experiencing compassion fatigue may lack the capability to be empathetic (six of the 10 participants endorsed this finding). These results were similar to Lachman's (2016) finding that those who suffer from compassion fatigue lose the ability to be nurturing. Participant 4 described her experience with her lack of empathy:

I just couldn't do it anymore. I quit. I stepped away from school counseling for a year. I didn't have empathy anymore. I was going home and taking it out on my family. I shut down at home. I didn't want to talk to anybody.

School-aged children's trauma experiences have increased over the last several years (Bulik et al., 2012 & Todd & Chehaib, 2019). With this increase, school counselors are vulnerable to experience symptoms such as sadness, anger, guilt, and avoiding students and their trauma.

Theme 2: Sources of Compassion Fatigue

Figley (1995) conceptualized compassion fatigue with a focus on helping professionals' exposure to traumatized individuals. Figley found that helping professionals who uphold an empathetic mindset are vulnerable to compassion fatigue. Cetrano et al. (2017) and Thompson et al. (2014) determined that the demands of helping professionals may put them at risk for enduring compassion fatigue, such as their experience of emotional distress from working with traumatized individuals for a long period of time. Both studies parallel this study, as all 10 participants emphasized that difficult student issues were sources of compassion fatigue. Two counselors' responses are significant:

It's been really interesting to see the different issues. I'm seeing a lot of mental health issues, suicidal ideation, depression, anxiety, panic attacks. Traumas, such as death of a family member, chronic illness. I have a student that is recovering from cancer. There's just a wide range of what we see day-to-day with the trauma.

I do feel like the mental health aspect is kind of front and center right now.

(Participant 5)

Mental health is first and foremost. I think that there was an uptick over the past couple of years. But this year it seems almost daily. Handful of mental health. I think in our population we are seeing a little bit more students without homes. We are getting more reports of abuse. I would say there are academic stressors. It's a lot of stress, anxiety, lack of coping skills to deal with things that don't go their way. I think students, if it's not an easy fix, they don't want to do it or they want the easy way out. Anything that is challenging or difficult, there's an avoidance.

(Participant 6)

These responses are pertinent as they confirm Figley's (1995) notion that helping professionals are at risk for experiencing compassion fatigue when working with traumatized individuals.

According to Ahlers et al. (2016), school counselors may not recognize their vulnerability to compassion fatigue, which then puts them at higher risk for experiencing it. Ahlers et al. found that the presence of compassion fatigue may affect an individual's ability to perform their job duties effectively. School counselors' responsibilities range from academic counseling to noncounseling duties (ASCA, 2019). Paolini and Topdemir (2013) found that counselors, after spending most of their time serving students, had little time left to spend on the extensive duties they are expected to fulfill. Paolini and Topdemir found that counselors described how noncounseling duties interfered with their time working directly with students. These findings align with the present study, as

participants described their experiences with other sources of compassion fatigue, which included lack of support (e.g., workload, unsupportive administration), their own personal attributes (e.g., lack of boundaries, anxiety) and work/life imbalance (e.g., carrying work home).

When counselors spoke about experiencing mental and/or physical exhaustion as compassion fatigue, they typically related their exhaustion to external sources (e.g., student trauma, high caseloads, no district professional development, extra duties, and feeling alone). Cetrano et al. (2017) found a correlation between ergonomic issues in the workplace and potential risks of compassion fatigue. For school counselors to provide sufficient care to their students, school districts need to provide satisfactory working conditions, especially training opportunities and addressing limitations of time to fulfill appropriate duties (Cetrano et al., 2017).

The ASCA (2019) recommends the student-to-counselor to be 250:1. According to Lambie et al. (2019), there are 49.2 million students and only 114,350 school counselors in public schools in the United States, putting the national student-to-counselor ratio at 464:1. Lambie et al. established that with such high caseloads, counselors are often unable to provide adequate counseling and guidance to the entire student body. The findings in this study align with the national student-to-counselor ratio. Nine out of 10 participants reported caseloads that are well above ASCA's recommended ratio.

Theme 3: Value of Support From Colleagues

Eight participants said that working with supportive colleagues helped them to cope with compassion fatigue (e.g., validate feelings and sense of community) (see Table 1). These results were comparable to the outcome reached in Norling and Chopik's (2020) study indicating that colleagues provide support and help cultivate a positive work environment. Colleagues can act as a confidant and offer support in difficult situations (Norling & Chopik, 2020). Participants shared the value of having colleagues they can rely on. For instance, Participant 5 stated, "My colleagues (help prevent compassion fatigue). We use a lot of humor. We connect really well. That helps us process things as they come up." Participant 1 added,

I don't know what I would do without our social worker. There is no way that I could do what I do daily plus deal with all of the social/emotional issues and the baggage the kids are bringing to school.

This type of support was not available to Participant 3, however:

I think having a really good team around you and support from administrators is important, a good school culture. There's a lack of that in my workplace and I think it would be easier to feel good if I felt very supported.

Support from colleagues may have valuable effects on school counselors' work environment and emotional well-being, which may lead to less experiences of compassion fatigue (Norling & Chopik, 2020).

Theme 4: Coping Mechanisms

Participants also provided a long list of coping mechanisms (see Table 1). Most talked about incorporating self-care into their lives (e.g., exercising, eating healthy, and meditating). Participants' responses validated the findings of Frye et al.'s (2020) study with 227 school counselors. Frye et al. established the relevance of school counselors being pro-active with the way they cope with situations that may impede their well-being. It is imperative that school counselors can process challenging events and implement productive coping strategies (Frye et al., 2020). Four counselors discussed maladaptive coping skills (e.g., drinking alcohol, taking their stress out on their family). These results are comparable to the research of Bride et al. (2007), Eng et al. (2020), and Figley (1995), which found that individuals experiencing compassion fatigue may exhibit impairments in perception and decision-making.

One counselor (Participant 1) described her maladaptive coping skills in the following way: "I don't think I've managed it at all. I drink. I eat. I close myself off. I don't want to feel." Three counselors sought out professional help and/or made changes in their lives. Participant 9 noted, for instance, "They (the school district) offer six free therapy sessions. It's not specific for school counselors, but I do use my sessions. If it's there, I'm going to use it." The findings in this study are supported by Anjanette and Hiba's (2019) research, which indicate that school counselors' work performance may become compromised if they are overtaken by stressors and do not implement strategies to overcome them, such as practicing self-care. Negative emotional outcomes may correlate with compassion fatigue (Anjanette & Hiba, 2019).

Discussion

Based on the results from this study and others before it, it is clear that many school counselors suffer from compassion fatigue. Compassion fatigue can have a major impact on one's professional and personal life. From a personal perspective, it is possible that fewer people will be drawn to the profession of school counselors because of the level of stress that this job entails. Those individuals who are employed as school counselors may choose to change careers or retire early.

Those who interact with school counselors—most notably, their students—are also affected by their compassion fatigue. There is ample evidence that students today experience a great deal of distress (e.g., a disturbingly high prevalence of depression and suicidality among students; ASCA, 2019)). They need more help, not less, and they need help from those in a position to provide meaningful support and guidance through difficult experiences and an often challenging time in their life. In short, it is imperative that these results not be taken lightly.

Limitations of the Study

I recruited 10 women for the study. No men were interviewed for the study which may represent a threat to the study's external validity since it is unclear whether the findings accurately represent the experience of compassion fatigue among men. Unanticipated adverse issues may arise because of sex-specific differences in the effects of compassion fatigue.

Because participants in the study were selected from public schools in Arizona, it is unclear the extent to which the findings can be generalized to other nonpublic

education settings or other states. The results are specifically related to school counselors in public schools in Arizona, whose experiences may differ from school counselors that work in private settings or in other states. That said, as noted in this chapter, the findings did parallel other studies in terms of the experiences of compassion fatigue in other helping professions.

Recommendations

Based on the limitations of my study, it would be best to include participants from nonpublic education institutions, as well as individuals from other states to identify if responses are similar or different depending on the educational institution or region. It would also be helpful to obtain responses from male school counselors to have a more extensive understanding of school counselors' experiences with compassion fatigue.

Implications

The participants gave many suggestions for how to effectively deal with compassion fatigue. They included keeping a consistent routine, communicating needs, setting boundaries, exercising, eating healthy, attending therapy, making necessary changes, and being kind to oneself. If leaders of school districts throughout the United States provided better resources for counselors to help them to cope with and even prevent compassion fatigue, they might realize increased longevity among school counselors remaining in their positions.

The participants proposed ideas to increase support for counselors, such as smaller caseloads, professional development for counselors (e.g., self-care strategies and understanding compassion fatigue), supportive leadership, and compassion fatigue

training for administrators so they know how to identify signs of compassion fatigue amongst their staff. One counselor (Participant 4) made this suggestion:

I would really love something more routine where it would come from my supervisor, the district, or from our principals. Some type of recognition or some celebration, maybe once a month. I don't know of all the things that are going on and being able to share with your colleagues would be really nice. (Participant 4)

School districts should also hire more school counselors so that they can decrease the caseloads to the recommended levels (no more than 250 students per counselor) (ASCA, 2019). In addition, more staff should be hired so that school counselors are not required to add other responsibilities to their already heavy schedules. Examples of these mentioned by participants included being required to supervise recess, perform administrative tasks such as leading meetings or handling student misconduct, or chaperoning dances.

Conclusion

If the prevalence and risk of compassion fatigue are seriously addressed, school counselors may once again be able to enjoy their positions. Under recommended guidelines, the work of school counselors can be both enjoyable and rewarding (ASCA, 2019). On a daily basis, these professionals have the opportunity to help budding young adults navigate challenging circumstances in their lives to emerge ready to lead successful and happy lives. Addressing compassion fatigue may support school counselors in the very meaningful work they perform and job sustainability.

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Appendix A: Email Invitation

Dear [Participant],

My name is Melissa Manganaro, and I am doctoral candidate at Walden University. For my dissertation study, I am researching the relationship between compassion fatigue and school counselors. To begin the data collection process, I am distributing a brief 11-item questionnaire and the 40-question CFST to all high school counselors in Arizona. From the gathered information, I will identify candidates who fit the criteria for an individual interview and extend an invitation to potential participants.

I know it is a very busy time of year and appreciate you taking the time to complete this anonymous questionnaire and compassion fatigue self-assessment. Your participation is very much appreciated.

Respectfully,

Melissa Manganaro

[telephone number redacted]

[email address redacted]

Appendix B: Informational Questionnaire

Thank you for participating in this research study about the relationship between compassion fatigue and school counselors. Based on your responses, you may be selected to participate in an individual interview where you will have the opportunity to share narrative responses.

Please answer all questions honestly. Your identity, work site, and responses will remain anonymous when the results are published as part of doctoral program requirements and the dissertation defense for Walden University.

Demographic Information

- | | |
|------------------------|--|
| 1. Gender | Male or Female |
| 2. Race | White, Black or African America, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, or Other (please specify) |
| 3. Ethnicity | Hispanic, Non-Hispanic |
| 4. Relationship Status | I reside with someone in a committed and/or married relationship. I do not reside with someone in a committed and/or married relationship. |
| 5. Age | What is your age? |
| 6. Educational Level | What educational background do you have? |

Professional Demographic Information

7. What is the student enrollment on your campus?
8. Including yourself, how many counselors are employed on your campus?
9. How many years (including this year) have you worked in education?
10. How many years (including this year) have you been a school counselor?
11. How many years (including this year) have you been in your current position?