Vicarious Trauma: A Phenomenological Qualitative Study of School Counselors and Self-Care

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The purpose of this phenomenological study was to understand school counselors' lived experiences of vicarious trauma and explore self-care strategies. School counselors are often exposed to vicarious trauma while working with children who encounter trauma. The theories used to guide this study were constructivist self-development theory and the theory of self-care. These theories explained the nature of understanding the psychological, interpersonal, and transpersonal influence of trauma work on counselors. There were two research questions that guided this study: (a) How do school counselors describe their experience of vicarious trauma? (b) What coping strategies do school counselors implement to cope with vicarious trauma? The study used purposeful sampling to select 10 school counselors from various schools. The data collection was achieved using interviews. The data were analyzed using Braun and Clarke's (2006) thematic analysis and coded through NVivo processing software. Seven themes were generated from the data analysis that described the lived experiences of vicarious trauma of school counselors and the self-care strategies used to cope with this issue. This research aimed to bring awareness on the influence of vicarious trauma on school counselors and intervention practices of self-care. The vicarious trauma of school counselors is a prominent issue that needs investigation due to implications for adverse outcomes for both counselors and the students they counsel.

Keywords: trauma, vicarious trauma, school counselors, self-care

Dedication

As a school counselor, I understand that the profession is not just a job but a ministry. School counselors help and advocate for children who may not be able to speak for themselves. Granted, it is imperative that school counselors always maintain self-awareness and take time out to de-stress themselves. Self-care has been hugely beneficial and has truly saved my life. As a part of my self-care, I try to incorporate my relationship with God, self, and family.

God has truly blessed me to be a blessing to the students and staff that I have met throughout my time in this profession. Without God as a center of my life, I am not sure where I would be today. I spent countless hours in worship and prayer seeking direction on how to go about the various tasks that were necessary to complete this dissertation. I am forever grateful for the process of my journey.

In maintaining my career, I had to take time for self-exploration. Through this journey, I was able to learn more about myself as I overcame so many unforeseen situations. My greatest victory was completing this dissertation and living a life of resiliency. It is necessary to go back to understand that the purpose surpasses the obstacles faced during the journey.

Family is truly my lifeline. Being able to stand as a member of the Leon and Remo families, I know I can call on them during my time of need. You all have taught me the importance of self-care and doing whatever it takes to keep living in my purpose. I dedicate this manuscript to my family. Thank you, Annie B., Cheryl, Jarrot, Alvin, Henry, Cordero, Jaymee, Jarrina, Jana, Jarrot Jr., Joselyn, Jarell, and my Love (Trenten).

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I want to honor God for choosing me as a living vessel to carry out my purpose in life. When I did not know where I wanted to go or what I should have been doing, God has been there every step of the way guiding and leading me towards my path. At times, I felt overwhelmed with the different lived experiences that I went through. As a survivor of two hurricanes, a flood, and Covid19, God has been my personal GPS and has re-routed me so many times, especially when I wanted to take control of my life.

I would like to give special thanks to my grandmother (Annie B. Leon), parents (Jarrot Sr. and Cheryl Remo), my godparents (Alvin Leon and Natasha McHenry). As the saying goes, it takes a village to raise a child. I believe that these individuals have been very instrumental in motivating me to push far and beyond. I would also like to thank Dr. Anya Miller and my John J. Johnson II Elementary Panther family for their patience and understanding throughout this process. I would like to recognize my liberty friends, Dr. Neressa Darroux and Dr. Karen Harden for their love and support.

Finally, I would like to acknowledge those who spent many hours reviewing my work and providing feedback to perfect this manuscript, Dr. Tracy Baker (Committee Chair), Dr. Bridgette Hester (Committee Reader), and Dr. Neressa Darroux (Editor). Without the help, guidance, support, and encouragement of my committee, I would not have completed this study in a spirit of excellence, therefore, I am forever thankful.

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List of Abbreviations

American School Counselors Association (ASCA)

Compassion Fatigue (CF)

Constructivist Self-Development Theory (CSDT)

Louisiana Counseling Association (LCA)

Mindfulness Based Interventions (MBIs)

Secondary Traumatic Stress (STS)

The Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Vicarious Trauma (VT)

CHAPTER ONE: INTRODUCTION

Overview

This phenomenological study aimed to understand school counselors' lived experiences of vicarious trauma and describe self-care strategies used to improve their sense of well-being. The researcher explored school counselors' awareness of vicarious trauma and documented their insights on interventive practices of self-care. This chapter outlined background information on the historical, social, and theoretical contextual problems that existed, which revealed the purpose of the study. Additionally, the situation to self, purpose statement, the significance of the study and research questions were discussed. To conclude the chapter, a definition of terms was presented, as well as a summary.

Background

McCann and Pearlman (1990) defined vicarious trauma as a normal reaction to stressful events, which in turn can have a traumatizing effect on those working with victims. Pearlman and Saakvitne (1995) defined the term as "a process through which the therapist's inner experience is negatively transformed through empathic engagement with clients' trauma material" (p. 279). Further, Pearlman and Saakvitne (1995) interpreted vicarious trauma as a "cumulative transformative effect upon the trauma therapist working with survivors of traumatic life events" (p. 31). Vicarious trauma originated from observing how clinicians working with clients experiencing trauma were affected (Bradford & Chaimowitz, 2020). Vicarious trauma derived from clients' disclosures of traumatic information can create harmful changes, negatively altering professionals' view of themselves, others, and the world (Parker & Henfield, 2012). Professionals working with trauma can respond to ongoing challenges to their beliefs and values; however, the harmful changes that can occur from vicarious trauma may leave them feeling

unmotivated, with the propensity for decreased empathy and confidence in providing care. Because school counselors often work with students dealing with trauma, oftentimes they become vulnerable to experiencing the phenomenon known as vicarious trauma. Becker-Haimer et al. (2022) noted school counselors are subject to vicarious trauma because of continuous empathic engagement with trauma material disclosed by students.

Vicarious trauma is a form of trauma derived from empathic engagement with students who have experienced trauma (Long, 2020). While working with students' trauma, vicarious trauma can happen through indirect exposure of simply listening to the personal accounts of others, as such school counselors may experience becoming overly emotional, bystander guilt, shame, and self-doubt (Long, 2020; Paige, 2015).

Pearlman and Saakvitne (1995) expressed that vicarious traumatization is not an event but a process that may create feelings associated with over-identifying with students, having thoughts that may consume one's daily function outside of work, and the inability to maintain professional boundaries. As a result of vicarious trauma, counselors may experience counselor impairment, leading to burnout. It is pertinent that school counselors working with trauma separate themselves mentally from the exposed trauma while providing care. Being able to separate work and home may be beneficial in alleviating some of the symptoms of vicarious trauma (Parker & Henfield, 2012). While providing care to students with trauma, school counselors are guided to establish professional boundaries and implement self-care strategies that may help overcome vicarious trauma, promote job satisfaction, and possibly increase longevity in the helping profession (Rich et al., 2020).

In the United States, by the age of 17 there is a significantly high chance of trauma exposure for children (Minne & Gorelik, 2021). Since the pandemic, about 76% of staff have

expressed that there is an increase in students displaying symptoms, such as depression, trauma, or anxiety (Meckler, 2022). School counselors provide trauma care to students across various age groups, from early childhood to young adults, while working collaboratively with parents and faculty to promote the academic social-emotional development of students (Levkovich & Ricon, 2020).

Typically, counselors tend to absorb the pain of their counselees (Sosin & Thomas, 2011). Because school counselors often absorb pain from others, vicarious trauma may be a gateway to other professional impairments (Quitangon, 2019). Professional impairment can occur because of occupational hazards, which may also influence mental health concerns (Tyre et al., 2016). The occupational hazards of therapeutic work include countertransference and burnout, leading to counselors' reaction to therapeutic work as traumatic, interactional, and situational (Sosin & Thomas, 2011). Traumatic reactions are often exhibited as shock, anxiety, feeling overwhelmed or destabilized (Sosin & Thomas, 2011). Counselors who display interactional reactions may exhibit being overly emotionally invested, feeling helpless, and being manipulated. Situational reactions may include an increased sense of responsibility and rumination.

For school counselors working with children experiencing trauma, vicarious trauma is unavoidable and contributes to counselors' unresolved psychological issues (Pearlman & Saakvitne, 1995). Long-term exposure to trauma may contribute to counselors experiencing emotional distress and compassion fatigue (Malinowski & Lim, 2015; Tyre et al., 2016). Sosin and Thomas (2011) mentioned that emotional, physical, mental, and spiritual exhaustion may result from caring for hurt people; others may also "feel depleted, chronically tired, helpless,

hopeless and even cynical" (p. 77).

In the educational field, first-year teachers are given books on the foundations of teaching, tips for being an effective teacher, and other professional training resources; however, these materials are not necessarily provided to school counselors at the beginning of their careers. The journey of a school counselor begins when a student walks through the school entrance, not when they walk through the door of the counseling office. Some counselors can learn from textbooks, while others learn from lived experiences encountered through real-time case studies. There is a need to understand the school counselor's roles, warnings of hazards that may manifest in the profession, and valuable ways of combating the hazards of working as a school counselor (Shree, 2020). The reactions to the constant demand for assistance in the school setting and the high demand for other duties may lead to a school counselor feeling overwhelmed. Generally, school counselors provide services for the school setting, however they also have multiple additional duties, that call for them to act in roles unrelated to counseling, such as testing coordinator, curriculum coordinator, data analysis administrator, disciplinarian, or teacher (Rust, 2019).

While exploring the effects of counselors working with trauma survivors, Schauben and Frazier (1995) discovered that a large population of survivors experienced disrupted beliefs, posttraumatic stress, and self-reported vicarious trauma. Consequently, school counselors working with trauma survivors may undergo disturbances in the basic schemas and beliefs they hold about the world. Padmanabhanunni (2020) indicated that some counselors feel emotional distress and belief changes, such as diminished trust; however, Gingrich (2020) noted that creating developmental strategies related to self-care could reduce the rate of counselors seeking another profession. Counselors may implement active coping strategies, such as creating action

plans for solutions and seeking social support (Crumb et al., 2021). Lonn and Haiyasoso (2016) indicated that many strategies counselors use with their clients may be beneficial for themselves, including self-care and nutritional changes, exercising, mediation, self-expression, and problem-solving. Conversely, students may benefit from counselors with well-established experience, resilience from experience, and abilities in applying their knowledge towards helping their trauma survivors (Ken, 2017).

The counselors' levels of experience and support may play a vital role in the severity of the traumatic experience (Holman et al., 2019; Knight, 2019). Lack of experience was detrimental to novice counselors, placing them at greater risk of experiencing vicarious trauma (Parker & Henfield, 2012). Inexperienced school counselors are often unaware of future challenges, increasing susceptibility to vicarious trauma. Other factors contributing to a counselor experiencing vicarious trauma include age and gender (Knight, 2019). School counselors negotiate with parents of children who have experienced trauma; in the process feelings may get entangled (Fixsen et al., 2019). The development of emotional attachments, a sense of responsibility for children dealing with trauma, and the desire to create happiness for a person in the counselor's care can create the opportunity for vicarious trauma.

Historical

In the United States, there is a growing concern regarding vicarious trauma and the wellness of professionals that deal with trauma (Rodgers & Furcron, 2019). Vicarious trauma is a process that occurs in trauma therapy. While providing trauma-related help to troubled individuals, counselors' motivation to help can occasionally lead to stress and changes to normal behaviors due to empathetic changes in inner lived experiences (Figley, 2002). The problem is that counselors are not aware of this phenomenon, which can be debilitating and present

emotional risks over time (Pearlman & Saakvitne, 1995).

Historically, there has been a lack of research regarding school counselors and vicarious trauma (van Dernoot Lipsky, 2010; Parker & Henfield, 2012; Sartorius, 2020). Pirelli et al. (2020) described vicarious trauma as a process that counselors experience after being exposed to a client's recapping of a traumatic event that they experienced. Traumatic accounts are told by students who have experienced a variety of trauma, including child abuse, neglect, poverty, and violence, rendering school counselors at risk of internalizing the emotions of these traumatized students (Parker & Henfield, 2012). Exposure to these types of traumas creates a vulnerability wherein school counselors themselves can become traumatized, as such there is a need to understand preventative measures that professionals can use when dealing with trauma (Pirelli et al., 2020). When working with trauma, vicarious trauma is often viewed as being inevitable, altering the helper's schemes and worldview (Pearlman & Saakvitne, 1995; Pirelli et al., 2020).

Social

There are many school counselors in the United States who are affected by vicarious trauma. Therefore, development of vicarious trauma awareness in the school setting is vital if school counselors are to combat exposure and build resilience through self-care (Ravi et al., 2021). School counselors will need to recognize vicarious trauma and acquire tools to help them develop resilience and rebuild confidence once they have experienced vicarious trauma. Some of the ways in which school counselors can address issues related to vicarious trauma are through professional development, supervision, and self-care strategies. (Cureton et al., 2019).

Professional development is the opportunity for school counselors to enhance skills, attitudes, cognitive capacities, emotional and interpersonal functioning, and a professional identity (Ronnestad et al., 2019). Through professional development, counselors can create a

process that shapes their self-concept for a lifelong journey (Johnson, 2020). School counselors can also utilize supervision to build self-awareness and consultation for building their professional development (Lupton-Smith et al., 2021). Through supervision, school counselors may seek professional guidance and education on counseling skills and ways to handle specific situations (La Guardia, 2021). Supervision enables them to assess skills, competencies, preparedness, and a theoretical understanding of the supervisory process. Diversity concerns can also be addressed through the tool of supervision.

In school counselors' professional growth and development, peer supervision helps to further competence and confidence (Brott et al., 2021). Partnering with other mental health professionals provides the opportunity to organize a peer supervision group with individuals within a similar demographic. Recent studies revealed that supervision increased school counselors' ability to engage in best practices, which enhanced efficacy within the profession. (Abassary & Goodrich, 2014; Tang, 2019).

Theoretical

When exploring school counselors' lived experiences of vicarious trauma, two theories guided the research: constructivist self-development theory and Orem's theory of self-care. The two approaches are relevant because each provided a solid foundation for a specific area of study. The constructivist self-development theory is a core theory of psychology that may be instrumental in defining a coping mechanism for trauma and highlights how traumatic events can produce both positive and negative experiences, which may alter the belief and schemas related to the self (Andrews et al., 2020; Edwards & Miller, 2019; Zhang, 2018).

According to Edwards and Miller (2019), those individuals who formulate their realities based on their interactions with real-life situations and trauma can alter how they view

themselves and the world. Counselors may achieve self-discovery through fieldwork exposure with clients dealing with trauma. The meanings of self and information about the world could be achieved through automatic functions related to learners' perceptions and their explanations of self, which are created by social interaction through work (Freire & Branco, 2019). Social practice and interaction display one's capabilities to discover the relevancy of psychological changes and human development through interpretation, which can adjust over time. Ideally, individuals can integrate their knowledge while utilizing previous experience to learn how to thrive (Branson, 2019).

The second theory used in the creation of this study's theoretical foundation is Dorothea Orem's theory of self-care. Orem (2001) mentioned that self-care could be associated with any action taken related to the continuation of life, health, and well-being. Many school counselors and mental health professionals learn the importance of incorporating self-care, yet some view self-care as selfish in nature because the focus is on the counselor as opposed to the client or community (Bright, 2022). Engaging in self-care may have protective factors towards professionals' mental and emotional elements and is considered best practices (Miller et al., 2020). The significance of this theory concerning the study is that it facilitates details of school counselors' idea of self-care in relation to vicarious trauma.

Situation to Self

I am an elementary school counselor and a member of my school district's western crisis team. I have been working for my current school district for more than five years and have been employed in the school system for over 15 years. For this study, I wanted to explore the lived experiences of my fellow school counselors to see if they had encountered vicarious trauma at any time during their careers, and discover the methods used to obtain resilience. By obtaining

the perspectives of other counselors and their lived experiences, better solutions could be created for future counselors. Ultimately, I want to create a self-guiding tool that all school counselors can utilize to build professional competence, awareness, and achieve success in their careers.

Within qualitative research, philosophical assumptions were essential. The axiological, ontological, and epistemological assumptions guided my research and assisted in developing the theories that were chosen for my study. I utilized the ontological philosophical assumptions to document the explanations from the participants to gain insight into the phenomenon (Creswell & Poth, 2018). The epistemological assumptions allowed me to work collaboratively with the participants as an insider and gain close access to the participants being studied (Creswell & Poth, 2018). As I became more familiar with the participants, I implemented the axiological assumption, which highlighted the value-laden nature of the study (Creswell & Poth, 2018).

For this study, I sought to explore the lived experiences of school counselors to gain ontological insight with a view to spreading awareness about vicarious trauma and mentoring future school counselors in this regard. I sought to present the lived experience of the participants as it existed absent of prejudgment or any preconceived notions. I aimed to interpret the perspectives of the participants' lived experiences through a social constructivist view, as I obtained knowledge through my interactions and gathered data that represented perspectives, instead of absolute truth. The paradigm focus for the study was based on social constructivism. According to Creswell and Poth (2018), social constructivism provides an understanding of the world. I utilized the perspectives of school counselors to understand vicarious trauma.

Problem Statement

Uncertainty persists in the literature and in the researchers' and school counselors' minds regarding vicarious trauma and interventive practices, such as self-care. The problem addressed

by this study is understanding school counselors' lived experiences of vicarious trauma and interventive practices, such as self-care. The knowledge and lived experiences of school counselors can be a vital factor in the interventive practices of self-care. With vicarious trauma, there is a plethora of research available on professionals, including social workers, police, judges, and professionals in the medical field (Maguire & Byrne, 2017; Miller et al., 2010; Muehlhausen, 2021). However, there is a lack of research on the lived experiences of school counselors' vicarious trauma. The lack of research on school counselors' lived experiences with this phenomenon conflicts with the valid account of those in this profession; therefore, one must construct a consensus from other professionals who encounter individuals who have experienced trauma (Hernandez-Wolfe et al., 2015).

School counselors work and must engage in empathic responses daily with students who have suffered adverse childhood experiences. Engaging in continuous empathic interactions may create the opportunity for school counselors to be vulnerable to vicarious trauma (Hernandez-Wolfe et al., 2015). There is a relationship between providing trauma care to students and the development of vicarious trauma in school counselors (Cohen & Collen, 2013; Foreman, 2018). The psychological effects resulting from the exposure of others' traumatic experiences can result in school counselors experiencing vicarious trauma and other related traumas, such as compassion fatigue and secondary traumatic stress (Figley, 2002; McCann & Pearlman, 1990). Research has increased awareness regarding the negative impact on professionals who work with children of abuse and neglect and their families (Kalergis & Anderson, 2020). With the information obtained concerning professional experiences with children who were abused and neglected, the focus on what could be done to alleviate the stressors due to overexposure to these

traumatized clients seems to be minimal (Mendoza & Bradley, 2021).

Focus should be shifted towards being a healthy individual, which consists of getting adequate sleep, eating healthy, and engaging in self-care (Orem, 2001). A healthy individual's role is critical because school counselors typically engage in empathetic interactions with students who have experienced trauma; therefore, engaging in self-care may combat the negative outcomes that ensue. Self-care is a tool for alleviating professional burnout, work-related stress, vicarious or secondary trauma, and other adverse employment circumstances (Miller et al., 2020).

Based on the stated problem, there was a need to research the lived experiences of school counselors experience with vicarious trauma. There is an abundance of literature tailored around trauma, secondary traumatization, and self-care. However, there is a lack of research studying vicarious traumas experienced by school counselors. Some gaps may exist due to the lack of understanding and management of vicarious trauma, which creates a new category or an associated disorder, but the implementation of proactive measures to resolve future occurrences may result in solutions to address vicarious trauma (Evces & Quitangon, 2015). Understanding more about the influence of vicarious trauma on school counselors may lead to a better comprehension of best practices that can increase job satisfaction and promote professional longevity.

Purpose Statement

The purpose of this descriptive phenomenological study was to understand the lived experiences of vicarious trauma of school counselors in southwest Louisiana and the interventive practice of self-care used to promote their sense of well-being. The findings of this study produced valuable information for school counselors and professionals working with students

who have experienced trauma. School counselors encounter a variety of traumatic issues when working with students, and often these shared traumatic experiences influenced counselors' abilities to help students with trauma over time (Rumsey et al., 2020). Vicarious trauma has been defined as "persons who work with victims who may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with the traumatized person" (McCann & Pearlman, 1990, p. 133). The theories guiding this study were the constructivist self-development theory (CSDT) and Orem's theory of self-care. According to the constructivist self-development theory, an individual develops cognitive schemas to interpret the experiences of their life (Pearlman & Saakvitne, 1995). The relationship between CSDT and vicarious trauma was used to explore the lived experiences of school counselors working with trauma to gain insight into the school counselors' perspective and attitudes regarding vicarious trauma. Orem (2001) stated that self-care was essential as it ensured individuals maintained some form of independence and function in wellness.

Significance of the Study

There was a need to explore school counselors' lived experiences of vicarious trauma while counseling students with past experiences of trauma. This study is significant for school counselors and other stakeholders in the school system, and researchers who are studying the phenomenon of vicarious trauma. Seeing that studies on vicarious trauma of school counselors are limited, this study will help to fill the gap in the literature. The information obtained may benefit new school counselors as they seek awareness and become more familiar with the effects of vicarious trauma. Counseling professionals exist to help those unable to find the appropriate coping strategies to overcome struggles; however, the healer is often caught in the crossfire of the trauma of those they counsel. It was important to recognize the role that school counselors

have in clients' recovery with a focus on the potential adverse effects of secondary exposure, which is detrimental to school counselors' mental health and wellness. The research provided in this study helped explore school counselors' lived experiences involving vicarious trauma and interventive practices, such as self-care, along with recognizing symptoms and signs of vicarious trauma and utilizing research-based coping skills. The best avenues for managing exposure to vicarious trauma and the adversity that comes with the helping profession was explored.

This study provided a foundation of knowledge that can help school counselors understand vicarious trauma while promoting awareness of this phenomenon to colleagues and school administrators. Due to lack of training, many school counselors must learn about vicarious trauma through personal experience unless supervision or a mentor is appointed. Also, coping strategies and self-care are based on the professionals' discretion, yet the lack of social support and self-actualization or awareness can prohibit progress towards resilience. This study contributed to existing research and exposed the influence of vicarious trauma, ways to combat vicarious trauma, and the development of ways to increase job satisfaction and longevity while engaging in interventive practices, such as self-care.

There was a lack of research regarding school counselors and their experiences with vicarious trauma due to the focus of vicarious trauma on social workers and health care professionals (Chatters & Liu, 2020; Tunc et al., 2022). Some research supported the idea that on-the-job training may decrease school counselors' vulnerability to experiencing such traumas (Grimes, 2020). This study helped school counselors develop effective ways of enabling stability after excessive exposure to vicarious trauma, decreasing work-related stress and increasing job satisfaction and confidence through self-care. Exposing school counselors to trauma triggers during professional development for counseling was an essential part of a school trauma-

informed program (Crosby et al., 2018). School counselors are instrumental in providing trauma-informed services because of their knowledge in caring for traumatized populations; however, excessive exposure to trauma may increase their vulnerability to vicarious trauma (Appling et al., 2020).

Research Questions

To explore the challenges related to vicarious trauma experienced by school counselors, the following research questions guided the study:

1. How do school counselors describe their lived experience of vicarious trauma?

This question aligns with Creswell and Creswell's (2018) belief that phenomenological questions should be broadly stated without reference to any existing literature, which helps focus on the single phenomenon or concept. McCann and Pearlman (1990) discussed the four constructs of frames of reference, self-capacities, ego resources, and psychological needs to explain the influence that vicarious trauma (VT) can have on one's own and others' worldviews. In the discussion of vicarious trauma, there had been reports of school counselors feeling overwhelmed and distressed (Chatters & Liu, 2020; McCormack & Adams, 2016; Parker & Henfield, 2012; Rumsey et al., 2020). The research questions' goal is to describe and capture the individuals' lived experiences to obtain a theme that represents the responses of a specific population (Creswell & Poth, 2018). This question deals with the phenomenon and captures school counselors' views on VT.

2. What coping strategies do school counselors implement to cope with vicarious trauma?

Creswell and Poth (2018) stated that phenomenological questions shape the study's essence. This question defines ways that school counselors can build resilience to the phenomenon. The response to this question may help to understand best practices to employ in

building not just resiliency in the school counseling profession but to also increase confidence as a counselor. This question determined if there were any positive coping related methods implemented to assist school counselors with their symptoms. This question helps to address effective strategies that may enhance the well-being of individuals who are dealing with the phenomenon of vicarious trauma (Lewis & King, 2019; Manning et al., 2018; Thompson et al., 2018).

Definitions

1. *Burnout* - Burnout is a syndrome conceptualized as the result of psychological strain experienced from working with difficult populations (McCann & Pearlman, 1990).
2. *Cognitive Schemas* - Cognitive schemas are the mental frameworks that help in understanding experiences and consist of beliefs, expectations, and assumptions regarding self and world (McCann & Pearlman, 1990).
3. *Constructivist Self-Development Theory* - Constructivist self-development theory is the theoretical model used to comprehend psychological process of victimization by constructing one's view of reality from previous experiences, perceptions, and individuality (McCann & Pearlman, 1990).
4. *Compassion Fatigue* - The empathic engagement with clients' emotional pain and suffering without exposure to information pertaining to the traumatic details of an event (Pirelli et al., 2020).
5. *Countertransference* - The conscious and unconscious response the counselors have towards the client (Pearlman & Saakvitne, 1995).
6. *Empathy* - The ability to connect, understand, and emotionally experience another's feelings without losing focus in those feelings (Bohecker & Horn, 2016; Hunt et al.,

2019).

7. *Frame of Reference* - A set of criteria that provides meaning and interpretation of events and the world (McCann & Pearlman, 1992).
8. *Psychological Needs* - A state that motivates one's behaviors and shapes relationships. The content of the psychological needs includes safety, dependency, trust, esteem, intimacy, management, and frame of reference (Pearlman & Saakvitne, 1995).
9. *Secondary Traumatic Stress* - The counselor's reactive response to trauma from indirect exposure to client's trauma (Bride, 2007).
10. *Trauma* - The lasting influence an event has on an individual's cognitions, which can negatively reshape one's thinking and ability to cope (Briere & Scott, 2015; Paige, 2015).
11. *Vicarious Trauma*- The altering of one's thoughts or distortion of one's belief over time, which can contribute to disruptive and pain due to empathic engagement from listening to traumatic events told by clients with trauma (Foreman, 2018; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

Summary

School counselors assist students with adverse life experiences, such as poverty, abuse, neglect, illness, and natural disasters (Foreman, 2018; Grimes, 2020). It is essential to understand school counselors' lived experiences of vicarious trauma and interventive practices, such as self-care. By increasing awareness of vicarious trauma, school counselors may be proactive in their empathetic interactions versus being reactive when the vicarious trauma experience becomes unbearable. The research questions connect to the statement of the purpose because the questions enable the school counselor to reflect on possible vicarious trauma experiences and may redefine their perspectives regarding the phenomenon while encouraging them to move forward towards

understanding interventive practices, such as self-care.

When school counselors are aware of the effects of dealing with trauma therapy and how it may reshape their perception of their own identity, they may be able to seek the appropriate treatment for healing effectively. The American Counseling Association's (2014) code of ethics stated that counselors should monitor their impairment and the impairments of colleagues and supervisees and refrain from providing services when impaired to prevent further harm to their clients. This research could foster awareness of vicarious trauma, which may increase the ability of school counselors to build their wellness within their profession. This study aimed to understand school counselors' lived experiences regarding vicarious trauma and self-care practices employed to promote their sense of well-being. By understanding vicarious trauma, school counselors can benefit from programs, such as workshops, supervision, peer support, and self-care, to alleviate exposures and promote wellness through self-awareness.

CHAPTER TWO: LITERATURE REVIEW

Overview

This chapter provided an overview of the theoretical framework as well as related literature. The theoretical framework for the study was the constructivist self-development theory and Orem's theory of self-care. The literature discussed includes the role of school counselors, definitions of vicarious trauma and other forms of trauma, and the influences of vicarious trauma. Other literature highlighted in this chapter focused on the effects of coping-related strategies, their influence on wellness, and strategies that promoted resiliency towards longevity as a school counselor. There is a significant gap in the literature that deals with school counselors' lived experiences of vicarious trauma. This chapter consists of four major sections: an overview, theoretical framework, related literature, and a summary.

Theoretical Framework

This study is guided by the theoretical framework of constructivist self-development theory (McCann & Pearlman, 1990) and Orem's theory of self-care (Orem, 2001). Constructivist self-development theory (CSDT) helped in providing a foundation that explains the factors of vicarious trauma, while Orem's theory of self-care provided the context for understanding how self-care can mitigate some of the negative outcomes of vicarious trauma. School counselors can develop vicarious trauma while counseling youth who have had traumatic experiences, which can in turn affect their confidence. This experience may also predicate characteristics of counselor impairment over time (Aydin & Odaci, 2020). The research finding by (Tunc et al. 2022) suggested that over time school counselors working with trauma can lose confidence in their ability to provide care. School counselors working with students dealing with trauma are at risk for vicarious trauma, which may negatively influence their ability to provide adequate care

to their students (Berger & Gelkopf, 2011; Tunc et al., 2022). In previous research on vicarious trauma, many researchers focused on constructivist self-development theory (Roberts et al., 2022)

Constructivist Self-Development Theory

Constructivist self-development theory (CSDT) describes how an individual's perceptions can become altered due to direct or indirect exposure to traumatic events, thereby precipitating an adaptation to the traumatic experience (Pearlman & McCann, 1992; Saakvitne et al., 1998). Connecting oneself to the trauma experienced by another person may result from empathetic interactions with a client who is dealing with trauma (McCann & Pearlman, 1990). Saakvitne and Pearlman (1997) noted that using the CSDT approach showed how symptoms related to the exposure of traumatic events were adaptations that were triggering the vicarious trauma responses of counselors. Pearlman and McCann (1992) also mentioned how understanding CSDT helps identify how trauma impacts the victim and creates vicarious trauma in those actively engaged with the victims.

Foreman (2018) suggested that CSDT was created to help others understand the psychological nature of clients being treated for trauma. Constructivist self-development theory relates to understanding the core being of self, belief system, and schemas that create perceptions (Saakvitne et al. 1998) and is often used to explain vicarious traumatic experiences. School counselors' experience with students dealing with trauma may change how they view the world, themselves, and others (Bassett & Taberski, 2020; McCann & Pearlman, 1990; Middleton et al., 2022). An understanding of CSDT can help to distinguish between individuals who develop vicarious trauma and those who do not. Constructivist self-development theory provides a framework for understanding how past and current experiences of empathetic engagement with

trauma survivors may influence one's perception and interaction with future traumatic events (Evans & Graves, 2018; McCann & Pearlman, 1990; Roberts et al., 2022). The five domains of constructivist self-development theory are self- capacities, ego resources, frame of references, psychological needs and cognitive schemas, memory, and perception (Berthold & Ruch, 2014; McCann & Pearlman, 1990). Some underlying characteristics of vicarious trauma include changes in identity, worldview, interpersonal relationships, and sense of self in the world (Pearlman & Saakvitne, 1995). As Lipsky (2010) mentioned, exploring, and evaluating these domains promotes awareness of personal and professional challenges that require urgent attention.

Self-capacities enabled individuals to preserve a sense of identity, and any distortions found in the belief system were protected (McNeillie & Rose, 2021). Saakvitne and Pearlman (1997) discussed how self-capacities creates the self-regulation of feelings, self-awareness and feeling like one is deserving of love. Some counselors may experience challenges separating from client trauma and detaching from their work, thereby increasing their vulnerability to experiencing vicarious trauma and other interpersonal issues (Bassett & Taberski, 2020).

Ego resources refer to one's ability to self-evaluate and observe while using cognitive and social skills to develop relationships as a safety mechanism (Saakvitne et al., 1998). A person's frame of reference is their understanding of the world and themselves. When the frame of reference encounters disruptions, it can cause a deficit in creating cognitive processing and coding of information. This disruption can lead to distorted thinking which may harm the therapeutic relationship (McCann & Pearlman, 1990).

Psychological needs include safety, trust, esteem, intimacy, and control (Pearlman & Saakvitne et al., 1995). Branson (2019) also expressed that as the individual thrives, he or she

could learn through new experiences. Xu (2019) affirmed that this theory is integrative clinically and based on a holistic approach. CSDT focuses on various aspects of the self-concept, especially during a traumatic experience (Devilly et al., 2009; Lee, 2017; Xu, 2019). In the educational setting, some may argue that the counselor is known as the person who organizes, guides, and promotes the instrumentation of the learning process.

The learning process can also occur through social interaction (Fox, 2001). Saakvitne et al. (1998) suggested that cognitive schemas involve the perceptual and memory systems, which biologically create adaptive and sensory experiences. School counselors can apply CSDT toward building resistance through past experiences with vicarious trauma. The social aspect of CSDT involves counselors learning through interaction with students and faculty and their surroundings and understanding how trauma work impacts their lives (Saakvitne and Pearlman, 1997).

In the constructivist self-development theory, the memory and perception aspects are influential in shaping one's worldview. The dynamic memory function defines one's ability to comprehend events and that, when called upon to recollect them, tries to recreate the original episode using every relevant data at its disposal. In some circumstances, new information might be coded into the memory for recall (McCann & Pearlman, 1992). The verbal aspect of this concept consists of the narrative of what has occurred whether past, present, or future (McCann & Pearlman, 1992). According to McCann and Pearlman (1992), imagery pertains to how an individual visualizes the traumatic event that has happened, which affects their emotional response to the specific traumatic event. Oftentimes, one can experience somatic episodes in

which the body responds to the trauma. Interpersonally, an individual's behaviors can represent past trauma with abusive and traumatic relationships following exposure to trauma.

Orem's Theory of Self-Care

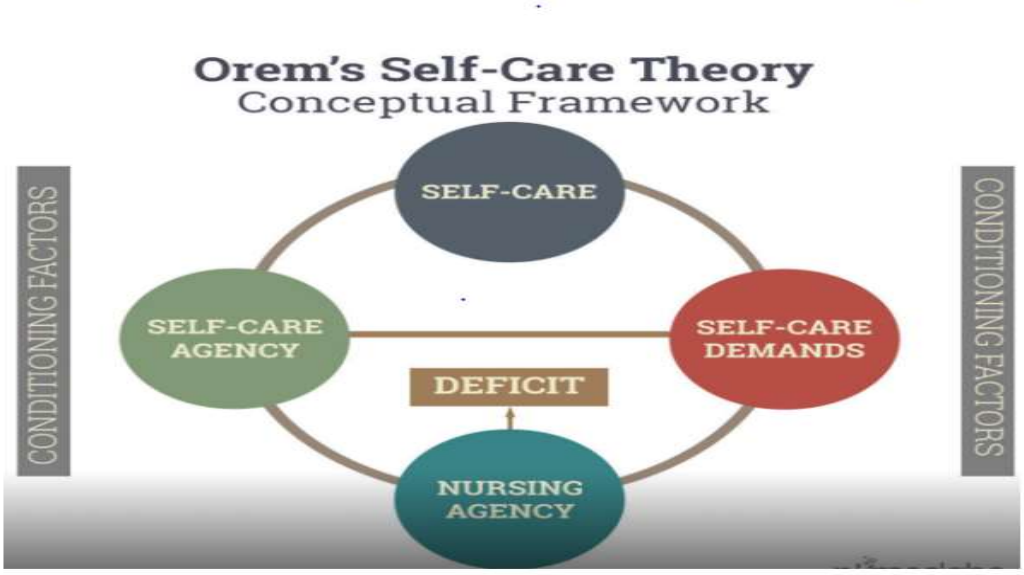
Another theory that provided a foundation for this study is Orem's theory of self-care. This theory was developed by Dorothea Orem who is an American theorist and also a nurse (Orem, 2001). Most of Orem's work was geared toward professionals in the medical field, particularly nurses, with an emphasis on their ability to implement self-care to improve the independence and wellness of their patients (Gonzalo, 2021; Orem, 1991, 1995, 2001). According to Gonzalo (2021), Orem's theory of self-care focuses on the practice of activities that individuals initiate and perform without assistance, to maintain normalcy and wellness. For this study, Orem's theory of self-care was investigated to understand the effect of self-care on school counselors who had experienced vicarious trauma.

Self-care practices are often used by school counselors as a preventative measure toward managing stress and maintaining wellness (Şimşir Gökalp, 2022). Şimşir Gökalp (2022) examined the self-care protocol of 15 middle school counselors in Turkey. The study's findings revealed four themes: self-care practices, improved wellness, increased productivity, and barriers to self-care (Şimşir Gökalp, 2022). Research has shown that with the intentional implementation of self-care, there can be an increase in the holistic functioning of school counselors (Butler et al., 2019; Guler & Ceyhan, 2020; Nelson et al., 2017; Şimşir Gökalp, 2022). Orem (2001) believed that their theory highlighted the acts and engagement of self-care and how individuals handled themselves in situations to maintain health and wellness. There are four components within Orem's theory: self-care, self-care agency, self-care requisites, and therapeutic self-care demands (Orem, 1995; Orem, 2001). Self-care is any action taken to preserve mental, physical,

and emotional wellness (Orem, 2001). Yip (2021) stated that an individual's ability to conduct self-care actions is called self-care agency. Self-care requisites are actions required for a person to achieve self-care holistically (Denyes et al., 2001; Yip, 2021). The final component of Orem's Theory of Self-Care is therapeutic self-care demands. Therapeutic self-care is recognized as any self-care action required to maintain health and wellness. Therapeutic self-care has also been identified and devised as a design within systems used daily for individuals and families (Denyes et al., 2001). Orem's theory of self-care. When an individual becomes impaired and unable to participate in self-care activities, a self-care deficit is present and interventions must be implemented (Orem, 2001). Figure 1 below shows the components of Orem's theory of self-care.

Figure 1

Orem's Theory of Self-Care



Note. From Dorothea Orem: Self-Care Deficit Theory by A. Gonzalo, 2021, NursesLabs (https://nurseslabs.com/dorothea-orems-self-care-theory/#theory_of_selfcare), retrieved September 18, 2022. Used with permission (see Appendix D).

Related Literature

This section contains a synthesis of literature on the following areas: role of a school counselor, vicarious trauma, influences of vicarious trauma, and interventions. Understanding the variables involved in school counselors providing care to students dealing with trauma is imperative. The CSDT (McCann & Pearlman, 1990) has a foundational construct that can help school counselors build resilience and resistance to experiencing vicarious trauma while providing care in the school setting.

There is a gap in the research regarding school counselors' lived experiences of vicarious trauma. Many sources on vicarious trauma highlight other professionals' lived experiences of the phenomenon however, there are limited studies that focus on school counselors. When discussing vicarious trauma in literature, it is necessary to articulate how this experience differs from other traumas observed when providing trauma care in general.

Role of School Counselor

School counselors are professionals that work with a vulnerable population of individuals, children. In many cases, by the time children enter the school system they have already dealt with a multitude of trauma (Honsinger, 2018). Trauma can impact students in ways that can influence their social, emotional, and academic development. Parents, faculty, and students expect school counselors to assist during challenging times that may arise in the classroom (Honsinger, 2018). School counselors work to develop rapport and provide support by employing empathy, listening skills, and working with students that have experienced trauma, (Honsinger, 2018). The American School Counseling Association (ASCA) National Model (2021) is a framework that defines school counselor expectations. School counselors provide early counseling interventions and assist students with various aspects of their academic and

social-emotional development (ASCA, 2021). As school culture evolves, school counselors face various demands (Rock & Curry, 2021). Honsinger (2018) mentioned that school counselors have a professional and ethical responsibility to promote the wellness of students while assisting with their several needs. These multi-faceted demands have caused school counselors to rethink their roles (Amatea & Clark, 2005).

According to O'Conner (2018), school counselors also provide a wealth of knowledge and resources to support various student issues. Based on their background which includes training in mental health issues, school counselors can also work with students to foster a school culture that promotes learning, growth, and social-emotional development (O'Conner, 2018). McGowan (2021) studied the role of school counselors in an effort to understand the perceived role of practicing high school counselors. The findings of this study revealed that role ambiguity was a primary concern for the participants, as counselors oftentimes functioned in multiple roles. McGowan (2021) suggested that observing the duration and depth of counseling in the school counselor-student relationship may be beneficial due to the ambiguous role of high school counselors.

School counselors are adaptive in meeting the needs of students (Rust, 2019). The American School Counseling Association has helped school counselors develop, implement, and assess their school counseling programs to improve student outcomes (ASCA, 2021). School counselors can follow the American School Counseling Association's National Model, which can help to improve their competencies in four major areas: leadership, advocacy, collaboration, and systematic change (ASCA, 2021, Holman et al., 2019). Leadership often involves communicating with various stakeholders within the school system. Advocacy can be viewed as the proactive approach to all students' educational needs and opportunities. School counselors

are essential in collaborating with the educational community and bridging the gap between school, home, and community (Rust, 2019).

The interventions of school counselors can be utilized to drive systemic change that can lead to change school-wide and promote social-emotional growth and academic achievement. Fye et al. (2022) discovered a positive relationship between school counselors that implemented the ASCA model and job satisfaction. The themes of the ASCA helped school counselors build competency and counseling skills through experiences that are influential in providing care to themselves (ASCA, 2021; Baker et al., 2021; Blake, 2020; Fye et al., 2022).

The American School Counselor Association (ASCA) National Model is the framework that structures the role of a school counselor. The ASCA model states that school counselors' responsibility is to assist in students' academic, career, and social-emotional development and ensure college/career readiness for all students (ASCA, 2021; Blake, 2020). According to Moeder-Chandler (2018), school counselors are viewed as the key sources of leadership who can interpret and meet the needs of the students by acting in an advisory role and also providing social-emotional support to help them achieve their goals. School counselors are essential for bridging the gap between communication among parents and schools through intervention programs such as Positive Behavior Intervention Support (Moeder-Chandler, 2018). School counselors may make use of an interdependency and relational connection during a crisis with the community in providing mental health support and resources (Crumb et al., 2021).

In a study by Martinez et al. (2019), school counselors in a trauma-sensitive comprehensive school counseling program were observed. The role of school counselors and their approach to providing trauma care to students was examined, especially students in foster care. Youth in foster care experience trauma at a rate of 82%, with the likelihood of experiencing

mental health symptoms at a higher rate than youth not in foster care (Martinez et al., 2019). Because of the severity of trauma experienced by this youth population, Multi-Tiered Systems of Support (MTSS) was suggested as an intervention to assist youths in foster care who had experienced trauma. According to Martinez et al. (2019), the Multi-Tiered Systems of Support (MTSS) provided wrap-around services to responsive youth in foster care to help meet their learning and social-emotional needs.

In providing mental health support, the school counselor may be designated to provide emotional support and resources to families and assist in student interventions (Pow & Cashwell, 2017). The McKinney-Vento Homeless Assistance Act program allows school counselors to offer help to families who may be displaced during a crisis. The McKinney-Vento program provides for those who may experience financial hardship and those who are displaced because of damage to their homes. Through this program, school counselors can connect students and families to resources for clothing, shelter, and food (Crumb et al., 2021), and other community-based services. Collaboration, which is one of the themes of the ASCA model, gives school counselors the chance to become immersed in community-based resources and increase knowledge that can be used to build competency. Competency is vital because it influences the school counselors' sense of fulfillment (Baker et al., 2021).

School counselors may come across a student at some point in their job who challenges their capacity to give empathetic counseling. The school counselor and student will then work together to build the therapeutic alliance and move beyond the presenting challenges. When the trauma and therapeutic relationship goes beyond the school counselors' scope of practice, they may refer students to another mental health professional. In the school setting, the process of

referring a student to an outside counseling agency may be the best option in meeting the needs of the student and also the counselor, who may be experiencing vicarious trauma.

Seminal Research on Vicarious Trauma

In 1990, Lisa McCann and Laurie Pearlman coined the term vicarious trauma. Vicarious Trauma (VT) is trauma that individuals in the helping professions are prone to experiencing, especially those who show continuous empathy over time without administering self-care protocols (McCann & Pearlman, 1990). There are negative psychological consequences for counselors who experience vicarious trauma. School counselors are the direct listeners of those individuals who have experienced trauma and can empathize with the victims and tune into the detailed account of the events that transpired; however, this may trigger negative emotions in the counselor as they ruminate on what they have just heard (McCormack & Adams, 2016; Yazdani et al., 2016).

In recent years, counseling research has focused more on school counselor burnout and its detrimental effects on their professional and personal well-being. Findings showed that school counselors are likely to face particular work-related difficulties that make them particularly susceptible to workplace stress and vicarious trauma. According to Berger and Samuel (2020), the needs of school counselors in terms of training, support, and experiences related to student trauma have not been the subject of any recognized study. Also, little was known about trauma processes and frameworks in schools and how school counselors collaborate with and inform or support other school employees.

According to Friedman, (2018) trauma occurs because of the exposure to situations that cause one to experience threat, physical harm, natural disasters, financial hardships, or witness death (Friedman, 2018). Shukoor (2015) stated that reactions and responses to trauma can differ

among individuals. Research indicated that working with students who have experienced trauma can affect the school counselor's emotional, physical, and behavioral functions (Naghavi & Salimi, 2018). School counselors may encounter vicarious trauma differently. The development of vicarious trauma affects 40-85% of individuals working in mental health professions (Mathieu, 2012). Oftentimes, vicarious trauma is misidentified as compassion fatigue because they share similar characteristics (Naghavi & Salimi, 2018).

For new school counselors, it is essential that they establish boundaries within their professional scope of practice. Setting boundaries allows the school counselor to form a protective screen against vicarious trauma. There is a correlation between life experience and being an effective counselor, which may be crucial in staving off VT symptomology (Parker & Henfield, 2012). Denial has played a detrimental role in the counselor's ability to avoid VT, especially with the lack of understanding regarding support for individuals affected by trauma (Fox, 2019; Peled-Avran, 2017).

For counselors and other helping professionals, working with students dealing with trauma and also their families, the act of listening to ongoing stories of trauma may cause emotional distress which could lead to problems related to counseling impairment. The quality of the counselor's professional life may tend to worsen over time. It is therefore the counselors' responsibility to ensure that there is an action plan to increase awareness of direct or indirect exposure to trauma so they can protect themselves from vicarious trauma and provide quality care to all students as needed.

The National Child Traumatic Stress Network (2011) indicated that up to 50% of professionals involved in the counseling profession had an increased chance of experiencing vicarious trauma. The influences of vicarious trauma are often associated with cognitive

distortions, avoidance, withdrawal, aggression, and stress (Masson, 2019). Pearlman and Saakvitne (1995) described counselors with vicarious trauma as having similar responses to clients with trauma, such as sensitivity, fear, anger, changes in confidence, and pessimism. Dealing with trauma from others can cause a professional to question their perceptions and beliefs regarding life (Masson, 2019, Peled-Avran, 2017). Various trauma exposures can influence an individual's well-being in all areas of their life. Influences are usually measured by level of exposure to trauma and the coping skills used to handle the stress of the trauma (Bennett, 2016). While dealing with an occurrence of vicarious trauma the counselor's level of experience may serve as a means of resiliency.

Vicarious trauma can be a predictor for an individual experiencing burnout and compassion fatigue (Hazen et al., 2020). According to Hazen et al. (2020), other signs of vicarious trauma include the loss of motivation, interpersonal distancing, and stress-related medical concerns. Working with trauma-related situations, counselors may be in close contact with survivors of previous extreme exposures to trauma. These exposures may vary, from dealing with torture to emotional abuse (Hernandez-Wolf et al., 2015). In helping students, school counselors must understand the importance of therapeutic relationships. The therapeutic relationship is developed through an empathic bond (Hernandez-Wolf et al., 2015). Through the empathic bond, school counselors assist students in coping with traumatic experiences (Cole, 2019). Students are able to build trust through positive rapport with the counselor and utilize their relationship as an avenue of support after a crisis (Cole, 2019).

Symptoms of Vicarious Trauma

Vicarious trauma is an experience that can be detrimental to the personal and professional lives of school counselors. Ravi et al. (2021) conducted a study that explored case studies of

professionals dealing with vicarious trauma which resulted from working with individuals dealing with trauma. It was found that the trauma from vicarious trauma created excessive worrying, delayed completion of tasks at work, overrating of unexpected environmental noises, visual distortions, and difficulty finding enjoyment in desirable activities (Ravi et al., 2021). Interestingly, these symptoms of vicarious trauma are very similar to those of posttraumatic stress disorder which is characterized by "intrusive thoughts, avoidant behaviors and alterations in arousal" (Ravi et al., 2021, p. 570).

Cummings et al. (2021) confirmed that the symptoms of vicarious trauma also involve "reduced motivation, efficacy, empathy, self-esteem, self-perception, intimacy, safety and trust" (p. 9). Burnout, secondary traumatic stress, and vicarious trauma were observed to examine the relationship between compassion satisfaction and burnout. The findings revealed a positive correlation between perceptions of work and secondary traumatic stress; burnout and compassion satisfaction had a negative correlation (Cummings et al., 2021).

In a study conducted by Pryce et al. (2021), vicarious trauma in African Americans and their attitudes after the trauma events were explored. There were 77 participants in the study and data was collected using interviews. The aim of this study was to determine if there was a decline in the relationship between the community and police personnel after confrontations had taken place between the two parties. The results showed that subjective experiences and social media created negative perceptions, especially the vicarious experiences of relatives and friends who had endured police harassment and brutality. The transmission of trauma resulted from adapting to the negative experiences of the people in their environment (Pryce et al., 2021). Vicarious transmissions resembled "anger, anxiety, and resentment within the Black community," both cumulative and internalized. Although this study focused on a specific ethnic group, vicarious

trauma had the same influence on people in general regardless of profession, race, age, or ethnicity (Pearlman and Saakvitne, 1995).

American School Counseling Association (ASCA) mentioned that school counselors are responsible for their welfare. As such, school counselors must monitor personal growth, address emotional and physical needs, and seek support (Tunc, 2020). Professionals who have experienced vicarious trauma shared similar reactions as clients with trauma. Many school counselors endured feelings of fear, sensitivity, reduced confidence, anger, and pessimism (Pearlman & Saakvitne, 1995). Hazanov et al. (2020) believed that counselor expectations were predicated on prior successes and professional competency. Self-esteem, growth, and personal development influence decision-making and work satisfaction through results and work processes.

Research indicated that professionals may be unable to work at their total capacity when dealing with counselor impairment (Gibson et al., 2021). As previously mentioned, counselor impairment consisted of professional occurrences that compromise client care with a potential risk of harm because of a significant negative influence in the counseling setting (Levin et al., 2021). Counselor impairment can inhibit the therapeutic relationship and hinder the healing process of those seeking assistance. Levin et al. (2021) shared that vulnerability to vicarious trauma was linked to a lack of self-awareness and decreased competency. In overcoming the influences of vicarious trauma, it is essential to recognize the role that interventions play in promoting wellness. It is prudent to mention that all school counselors who work with students who have been traumatized experience vicarious trauma; however, there are risk and protective factors that contribute to the development of vicarious trauma (Honsinger, 2018). Becoming

familiar with trauma literature and staying updated on current information can be a preventive measure for vicarious trauma.

Factors related to Vicarious Trauma

Stress

According to Bekkouche et al. (2022), stress is frequently accentuated by emotions like loneliness, feeling caught in a high-stakes game, feeling disappointed that reality is not like a dream, and, for overseas students, culture shock. An individuals' mental health may be gradually impacted by this type of stress, wearing them down and depriving them of the social or psychological tools they need to handle life's inevitable problems (Bekkouche et al., 2022).

When dealing with stress, one must address the stressful situation in a relaxed state. Singer et al. (2020) explored the technique of grounding which involves having one relax their body in an attempt to achieve stability through utilizing the five senses. A relaxed body is the most effective way that an individual can ensure that the therapeutic work does not encode stress as trauma but as a memory (Lagrosen & Lagrosen, 2020). A better sense of control is activated once one can recognize the trigger and effectively defuse stress at any given time (Lagrosen & Lagrosen, 2020). During a state of potential crisis, one must be able to determine if the situation is a natural or perceived threat (Singer et al., 2020). When the body feels a severe sense of threat, typically, it will trigger a fight or flight response as a mechanism of control (Singer et al., 2020). Weik et al. (2010) mentioned that stress can be linked to a lack of social support, social exclusion, and adverse mental and physical health. It was determined that women were more susceptible to the triggers of stress-related health disturbances; both genders, however, can be

influenced psychosocially and experience unfavorable health outcomes due to the hypothalamus-pituitary adrenocortical axis (Weik et al., 2010).

Some stress can date back to a personal history of trauma that can lead to the development of vicarious trauma (Benuto et al., 2018; Cummings et al., 2021; Singer et al., 2020; Uziel et al., 2019). According to McCann and Pearlman (1990), therapists' personal history of trauma could be a trigger factor in the personalization of traumatic events experienced by the client. Cummings et al. (2021) suggested that having at least one traumatic event, lack of social support and a higher number of years of experience working with trauma are high-risk factors for developing vicarious trauma. There is reasonable evidence that supported personal trauma history, yet there is no connection with secondary traumatic stress syndrome (Benuto et al., 2018). Although many victims report that personal history with trauma was a contributing factor to vicarious trauma, victims viewed their work as healing and beneficial (Benuto et al., 2018).

Fight or Flight Response

According to Barnett et al. (2019), fight or flight is a dual response of diametrically opposing behavioral responses. Individuals under stress typically respond either physiological or behavioral, which is described as fight or flight (Taylor et al., 2000). According to Taylor et al. (2000), the stress reaction varied across genders, and women had a behavioral pattern of "tend" and "befriend." Taylor et al. (2000) expressed that the tending portion of the behavior was centered on nurturing as a form of protection for self and offspring. Furthermore, it was noted that tending promoted safety and decreased any form of distress experienced by self or offspring

(Taylor et al., 2000). The befriending portion involved establishing and maintaining social interaction to aid or request help in times of need (Taylor et al., 2000).

With a fight or flight response, the body's sympathetic nervous system is triggered by the release of hormones due to stimulation of the adrenal glands (O'Halloran, 2020). Ota (2018) stated that when an individual enters fight mode, the duration of the flight response decreases. During the responses, only one mode can be activated at a time. Fatigue is described as negatively influencing actions involving escape responses (Ota, 2018). In critical situations where survival was threatened, males' response to stress in fight or flight mode was more reserved when compared to that of females who were more expressive (Ota, 2018).

Secondary Traumatic Stress

This type of stress involves witnessing or interacting with someone who has experienced trauma or suffering (D'Arcangelo, 2021). Listening to the narratives of students who have experienced trauma may often place professionals at risk of secondary traumatic stress. According to D'Arcangelo (2021), the symptoms of secondary traumatic stress may mimic posttraumatic stress disorder, especially intrusion and avoidance. Secondary traumatic stress may be an ongoing, gradual situation; however, the accumulation of experiences may not be noticeable to those exposed (D'Arcangelo, 2021). The key to dealing with this type of stress is typically behavioral modifications or solutions that may promote resiliency (D'Arcangelo, 2021).

Working with traumatized clients has both positive and negative effects on the counselor. Sodeke-Gregson et al. (2013) conducted a study to assess the professional quality of life of counselors who were observed with negative factors such as secondary traumatic stress. Sodeke-Gregson (2013) concluded that, secondary traumatic stress was an "acute reaction that developed suddenly, and symptoms were nearly identical to those of clients suffering from posttraumatic

stress disorder (p. 1).” The findings revealed that 70 % of the counselors were at substantial risk of developing secondary traumatic stress. However, exposure to trauma stories was not predicated to STS unless other distressing factors were observed.

Compassion Fatigue

In a study focusing on secondary trauma, compassion fatigue was determined to be an emotional consequence developed from working with trauma (Haik et al., 2016). Due to over-exposure to trauma, stress, and traumatic situations, counselors may eventually be unable to care about clients’ circumstantial dispositions of trauma (Haik et al., 2016). Research indicates that feeling empathy throughout can positively or negatively influence the empathizer (Hansen et al., 2018). Empathy is being able to understand, share and care about the feelings of others (Depow et al., 2020). Empathy is the most influential tool used in communication between living things; empathy involves stepping outside of emotions and relating beyond personal circumstances (Benzel, 2019; Hunt et al., 2019). Heyes (2018) describes empathy as a critical component necessary for healthcare, social justice, and international relations that contribute to associative learning. Empathy has a positive relationship with producing pro-social behaviors and building quality interpersonal relationships with others (Babik & Gardner, 2021).

In a descriptive correlation study by Mottaghi et al. (2020), the purpose was to examine the relationship between empathy and compassion by helping professionals affected by feelings of guilt and secondary traumatic stress over time. There were 300 counselors in the study from various locations. Of the participants, 77% experienced compassion fatigue because of feeling a sense of guilt and secondary traumatic stress. The proactive approach to reducing secondary

traumatic stress and guilt involved implementing interventions and training programs tailored to reduce stress, effectively decreasing compassion fatigue in the counselors (Mottaghi et al., 2020).

Feeling the emotions of others can lead to distress and result in compassion fatigue (McCormack & Adams, 2016). Compassion fatigue may contribute to emotional exhaustion, and the empathizer may feel sad, ineffective, and overwhelmed (Merriman, 2015). At times, the counselor may feel disappointed and concerned about not being able to provide quality care for those suffering from trauma (Blount & Mullen, 2015). Aish (2020) mentioned that counselors who experience compassion fatigue may receive limited emotional support in the working environment and often may not implement self-care strategies. Some health care professionals often experience various levels of stressful cases in their lifetime, they may also be dealing with challenges in both personal and professional lives (Foreman, 2018). Working in the helping profession, professional school counselors may endure long hours in preparation for testing, conducting research on effective strategies, and taking part in community-related functions while helping those who cannot help themselves (Gemeay et al., 2016).

From a professional standpoint the quality of life of the counselor can be broken down into two sectors (Hyatt, 2019). According to Hyatt (2019), these sectors are total opposites and can be the dividing factor in determining longevity in the profession. These sectors include compassion satisfaction and compassion fatigue. School counselors may experience compassion fatigue over time; thus, that variable may directly influence the quality of life within the profession (Molnar et al., 2021). Compassion fatigue may lead to school counselors seeking

career changes, violating boundaries, engaging in unethical situations with clients, and professional impairment in their decision making (Merriman, 2015).

School counselors working with students from diverse backgrounds may face difficulties in providing care that is appropriate to their culture, beliefs, and background. Being compassionate to students over time, school counselors may encounter significant stressors associated with compassion fatigue (Hunsaker et al., 2015). Compassion fatigue results from the stress accumulated over time from school counselors helping students with various circumstances (Hunsaker et al., 2015). CF may influence the counselors' professional functioning. According to Coetzee and Klopper (2010), some symptoms associated with compassion fatigue may include apathy, fatigue, irritability, decreased productivity, boredom, diminished performance, an emotionally overwhelmed state, poor judgment, callousness, and desensitization to the needs of the students.

Countertransference

The school counselors' emotional responses to specific traumatic experiences addressed by the client can influence the occurrence of countertransference. This experience can also influence the flow of the therapeutic relationship between students and school counselors. Countertransference involves displacement of unconscious processing based on the school counselors' reactions emotionally towards students seeking services. In establishing a therapeutic relationship and alliance in the workplace, attitudes, whether unconscious or conscious, may play a role in building rapport with students (Hayes et al., 2018). Often, these unconscious displacements are triggered by the school counselors' present interaction during therapeutic sessions. Hill (2017) describes countertransference as a reaction in which the occurrences of the

projections are projected from the counselor to the client, which can be implicit and non-conscious occurrences.

During the 20th century, Sigmund Freud was prominent for focusing on an individual's unconscious self and also the development of the concept of countertransference (Mume, 2017). Through his work, he helped individuals construct an understanding related to their views of childhood, memory, and personality through therapy (Birksted-Breen, 2019). Birksted-Breen (2019) addressed how these factors may play into the countertransference of counselors that lack self-awareness. The Freudian Theory stated that the unconscious mind rules a person's behavior (Herschkopf, 2021). Freud viewed countertransference as a personal problem and felt that counselors should be aware of those feelings to decrease occurrences (Sayers, 2021).

Countertransference may occur in the therapeutic process due to a lack of boundaries and self-awareness (Hill, 2017). Hill (2017) mentioned that some features of countertransference that could be displayed are feelings of boredom, annoyance, irritability, or uncomfortable feelings beyond the irregularities associated with during the therapeutic sessions (Hill, 2017). Pearlman and Saakvitne (1995) claimed that the critical elements of treatment stem from the school counselors' internal processing and developing feelings manifested through countertransference. Countertransference and vicarious trauma tend to originate from school counselors' feelings, and each provides a unique explanation of the experiences of the school counselors (Di Virgilio et al., 2021).

According to McCann and Pearlman (1990), the complexity of vicarious trauma in correlation with countertransference can make many professionals feel burned out due to the job expectations, even the minor tasks. Mees (2017) stated that when working with children countertransference may allow school counselors to better understand the matters experienced by

their young clients; it also provides the school counselors with the opportunity to reflect on things from the child's perspective.

The school counselors' reactions to the client may be exposed through countertransference, whereas vicarious trauma is the outcome of the school counselors' lived experiences working with various clients who have experienced trauma. Vicarious trauma can be viewed as a collective and long-term influence from working with clients dealing with trauma over time and has an overall influence on school counselors (Pearlman & Saakvitne, 1995). Research has also shown that countertransference may help promote self-awareness of the school counselors' empathy towards clients, trust, and increasing a positive working alliance (Hayes et al., 2018). In reducing substantial risks of countertransference in a school counseling setting, counselors are expected to have a continuous evaluation of themselves to work through those unresolved personal issues that may influence their professional development.

Burnout

Vicarious trauma impacts school counselor burnout, it is often linked to school counselor-client interactions and may explain the decrease in understanding of this type of trauma (Uziel et al., 2019). Studies related to vicarious trauma show that the prevalence of burnout can range between 26- 40 % of symptom reactions in the profession (Winblad et al., 2018). With the experience of burnout, school counselors' professional quality of life is characterized by dissatisfaction and fatigue (Mullen & Gutierrez, 2016). The influence of burnout leads to professionals experiencing a loss of productivity, which leads to either early retirement, or high turnover in the helping profession (Mahmoud & Rothenberger, 2019).

Professionalism can be compromised for individuals who encounter more fatigue (Waegemakers Schiff, 2019).

School counselors are valuable to the school culture because they address students' academic and social-emotional needs; however, superior levels of chronic stress and role ambiguity can result in burnout over time (Holman et al., 2019; McGowan, 2021). Stressors are commonly experienced among mental health counselors and counselors-in-training. Those who experience burnout may experience feelings of helplessness, hopelessness, disenchantment, and overwhelm (Lee et al., 2017). These stressors may however contribute to counselors experiencing post-traumatic growth and resilience (Gutierrez et al., 2019). A striking correlation was discovered between years of counseling experience and feelings related to burnout (Fye et al., 2020). Burnout is related to the complexity of experiences, whether physiological or psychological, in response to work-related stressors (Slater & Edwards, 2020).

Burnout is a result of accumulated stress in the work environment. The work-related stress influences individuals to feel a sense of depersonalization, which causes them to feel a disconnection from the environment and disinterested in previous affairs of interest (Nunn & Isaacs, 2019; West et al., 2018). Challenges in dealing with emotional conflicts due to lack of support have been shown to negatively influence mental health professionals thereby leading them to experience burnout (Roberts et al., 2018). The quality of care can be negatively influenced when counselors encounter impairments, as such they may neglect the client's needs (Carrola et al., 2016). Without trauma-specific causation, mental health professionals can exhibit exhaustion due to large caseloads, demanding deadlines, and other work-related factors; these factors can contribute to burnout (Bridger et al., 2020). The effects of burnout may cause some to feel ineffective in task completion and can lead to potential malpractice in the profession. Severe

burnout associated with the working environment may be a gateway to depression. Burnout is described as a work-related condition that causes the professional to be emotionally overwhelmed, feel a sense of lost identity, and a lack of fulfillment in their profession (West et al., 2018). West et al. (2018) also mentioned that the rate of burnout varies across genders and typically affects clients, colleagues, as well as physical health.

Interventions

Interventions are the strategies that an individual implements to address a certain issue. Regarding mental health, professionals use interventions to help others to overcome psychological and emotional challenges in efforts to improve their well-being. A study focusing on preventative and interventive practices for counselors suggested that the implementation of interventions had beneficial factors in helping professionals who were exposed to secondary traumatization (Merriman & Joseph, 2018). The study further emphasized lack of experience could be a contributing factor in professionals' vulnerability to secondary traumatization (Merriman & Joseph, 2018). According to Merriman and Joseph (2018), resiliency was attainable through incorporating resources such as acquiring coping skills and becoming more efficient in counseling efficacy. Similarly, research indicates that moral neutrality decreases vulnerability to vicarious trauma (Silveira & Boyer, 2015). School counselors that encounter numerous traumatic experiences and crises from working with their students developed and used resources that interactively aided them in their ability to cope (Hart et al., 2014; Merriman & Joseph, 2018; Rich et al., 2020; Silveira & Boyer, 2015).

In being proactive regarding vicarious trauma, school counselors need to create a checklist for maintaining self-awareness and building stability and resiliency (Litam et al., 2021; Nguyen et al., 2021). A study conducted by Erdem et al. (2018) utilized the Bowen theory of

differentiation to establish and implement therapeutic boundaries in an attempt to build emotional maturity in the profession. According to Erdem et al. (2018), the Bowen theory of differentiation recommended that the family be viewed as a unit and was governed by rules that establish a natural system of functioning. Bowen (2021) proposed that the family, as a unit of analysis, is governed by similar rules of other "natural systems" and thus is quite like groups of nonhuman animals and other species. Jakimowicz et al. (2021) stated that Bowen's theory empowered individuals, decreased blame, and promoted proactive responses in professionals. Counseling workshops and continuing education programs provided counselors with reflective information and clarity about the profession (Sultan, 2018). Professional development enhanced counselors' ability to provide care to others, and one could gain a better sense of self within the profession (Sultan, 2018). Life review writing and self-reflection provided school counselors with a sense of empowerment and allowed them to detach from past personal traumatic experiences (Hyatt, 2019).

D'Arcangelo (2021) mentioned that dealing with stress may be easier for some than for others. During a crisis, stress accumulates to one's breaking point, which triggers the fight or flight response (D'Arcangelo, 2021). When dealing with stress, there are various interventions and techniques that professionals can utilize to eliminate or decrease exposure to stress-related trauma (D'Arcangelo, 2021). If one could simply just relax his or her body, it may enhance their ability to promote wellness in times of distress (Butler et al., 2017). D'Arcangelo (2021) stated that it may be challenging to be stressed in a relaxed body or state, causing one to shut down his or her threat response to gain stability.

Continuing education on the concepts of resilience and stress, understanding neurobiology on resilience, and implementations of interventions have helped create a realm for

true resiliency in clients and those providing care (Hornor, 2017). Preventative measures for interventions include addressing things during the preliminary stages by modeling expectations, implementing a mentorship system, and providing resources on stress management strategies to decrease stress, vicarious trauma, burnout, and other issues (Mahmoud & Rothenberger, 2019). Mahmoud and Rothenberger (2019) reported that for professionals providing care, burnout is often triggered by emotional exhaustion, depersonalization, and depression. It was also noted that interventions and observations are vital in evaluating the progress of burnout. Mahmoud and Rothenberger (2019) concluded that interventions promote wellness and resilience, improve productivity, and reduce resultant errors.

There is a need for graduate school training in school counseling to connect more with the responsibilities and activities that take place within the profession (O'Conner, 2018). Research indicates that there may be a discrepancy in the content covered in the graduate school training of school counselors (Gay & Swank, 2021; Mullen et al., 2021). Blount and Mullen (2015) state that many counseling education programs often neglect or rarely implement discussions on self-care. With perceived gaps in counselor training, research indicates that counselor educators should highlight the demands within the field and the severity of career and college readiness support (Brown et al., 2018). Observing the counselors' cases and their influence on resiliency as a measure may define the profession (Winblad et al., 2018).

When focusing on interventions to cope with work-related stress, some ideas were to decrease stress manifested in professional life. Butler et al. (2017) conducted a study to explore the influence of trauma-related content, stress, and self-care on trainees in an intervention program. The participants in this study were 195 school counseling graduate students. One area of the study explored potential risks and also protective factors associated with the school

counseling profession. The graduate students in this study acknowledged that there was some exposure to trauma throughout the program. Butler et al. (2017) noted that graduate students experienced trauma exposure in their coursework and field experiences. The study also showed that the clinical training in trauma that the graduate students received helped to decrease their level of distress. It was therefore determined that learning trauma-informed techniques in the clinical setting would benefit not only the clients but also the clinicians (Butler et al., 2017).

Self-Awareness

Self-awareness is the ability to be in tune with self and to utilize cognitive processes objectively. School counselors are strongly encouraged to develop self-awareness; some of the ways in which they can learn this skill are through personal counseling, consultation, and supervision, as well as support from colleagues, supervisors, and peers (Litam et al., 2021). Through support, counselors can obtain validation and clarity for challenging professional situations (Litam et al., 2021).

Research indicates that self-awareness may enhance one's quality of life. Individuals working in the mental health field are encouraged to participate in seeking self-care to enhance self-awareness, which in turn can help in decreasing vicarious trauma and secondary trauma (Beauchemin & Beauchemin, 2018). One study indicates that the lack of self-awareness can contribute to work-related risk associated with self-harm and cognitive impairments (Mailloux, 2014). A similar study discusses how the lack of self-awareness and self-reflection can create challenges in teaching courses on trauma, grief, and loss (Stella, 2016). Personal growth can be achieved by promoting self-awareness (Ziaei, 2017).

One study by Sevilla et al. (2018) showed that when school counseling interns understood stereotypes, generalizations, and assumptions their ability to self-reflect on

discussions and activities was improved, they were also better able to understand the influences of their clients' trauma (Sevilla et al., 2018). A similar study implemented a 28-day curriculum to explore the dynamics of exposing counselors to understanding the importance of self-awareness (Enos, 2018).

Self-awareness enhances professional growth in mental health professionals. (Pearson, 2020). Extensive measures such as counseling workshops and continuing education programs provide counselors with well-rounded content that may provide a greater understanding of the profession and a better sense of self within the profession (Sultan, 2018). Life review writing and self-reflection provide school counselors with a sense of empowerment and allow them to detach from past personal traumatic experiences (Hyatt, 2019).

Self-Care

Self-care relates to professionals caring for themselves to increase wellness. With self-care, it is essential that the activities are established as purposeful and pleasure-provoking (Butler et al., 2019). Self-care is not designed as a one-size-fits-all measure. When exploring self-care methods, one should venture towards coping skills that best fit their personal situation. One must be determined to commit to enhancing oneself (Butler et al., 2019). According to Lewis and King (2019), incorporating self-care strategies such as deep breathing and grounding techniques in school counselors' practices may effectively decrease compassion fatigue, burnout, and vicarious trauma. Engaging in these self-care practices can enhance professionalism. (Lewis & King, 2019).

Thompson et al. (2018) indicated that yoga is a helpful self-care strategy, and which can increase social connectedness. Furthermore, peer consultation, colleague collaboration, supervision, and self-awareness in conjunction with yoga promoted wellness in professionals

(Thompson et al., 2018). The reduction of countertransference and personal issues may be addressed through peer consultation, supervision, and self-exploration: all best-practice self-care strategies for mitigating vicarious trauma and compassion fatigue (Briere & Scott, 2015).

Professional counselors are often faced with managing trauma and pain while maintaining compassion and connection with their clients (Warren et al., 2010). As previously mentioned, counselors encounter countless stories from clients expressing their life experiences related to loneliness, fear, abuse, and anger. The experience of these stories from clients with trauma and the ongoing reaction of compassion may cause professionals to suffer from burnout, compassion fatigue, and vicarious trauma. Work experiences have positive and negative influences on the counselor. Self-reflection is proposed to be beneficial in improving the well-being of counselors and this tool can also serve as a preventative self-care measure to decrease symptoms of burnout (Evans et al., 2021).

To enhance self-care, school counselors should participate in physical activities, have regular wellness checkups, and eat a healthy diet (Guler & Ceyhan, 2020). Research has shown that mindfulness is essential in promoting self-care. By exploring the effectiveness of meditative practices, one can develop openness to the experience and awareness of cognitions and the development of emotional sensations without being judgmental in one's approach to care (Peace & Smith-Adcock, 2018). The American Counseling Association advises counselors to engage in self-care to effectively provide clients care and also to be cautious of media and social media (Robino, 2019). Educating counselors on the importance of self-compassion can have a causal effect on the implementation of self-care (Nelson et al., 2017). The influence of peers and colleagues can also help create support for the counselor, which means that it is necessary to connect with others in similar positions. The discovery of similar experiences may ensure a sense

of comfort and authenticity amongst peers, which may contribute to self-care (Manning et al., 2018).

When a counselor fails to recognize triggers and responds to situations with negative responses, it can negatively impact the counselor's performance and effectiveness (Alexander et al., 2022; Compton et al., 2022). During a crisis, the school counselors, along with administrators, are the main lines of contact for the school setting (Alexander et al., 2022). The inability to effectively react to a crisis, when dealing with students experiencing trauma, can be detrimental to the school counselor personally and professionally if he or she is not adequately carrying out self-care (Alexander et al., 2022; Compton et al., 2022). Working mindfully, engaging in self-care, and highlighting daily tasks may increase personal wellness and self-awareness (Abassary & Goodrich, 2014).

When dealing with trauma, there is no one-size-fits-all strategy for identifying or predicting the various issues that the counselor may encounter. Counselors must incorporate self-care strategies to help to mitigate the effects of working with students' trauma on an ongoing basis. In a study involving creative writing for counselors, everyday issues that were present related to hurt, loneliness, despair, as well as feelings of betrayal (Warren et al., 2010). These issues can be commonplace in many of the cases that counselors work with. Vicarious trauma exposure can go undetected which can cause a professional counselor to feel burnout, fatigue, depression, and illness.

Spirituality

One may believe that finding balance and creating self-awareness in all areas of one's life is essential to decrease the effects of exposure to trauma. Holistic wellness can be achieved by integrating spirituality into counseling (Garner et al., 2017). Although religion and spirituality

are not often mentioned in the profession, it is perceived as relevant to being relational (Anekstein et al., 2018). It is necessary to understand that religious practices can assist in self-healing and also promote a close connection between mind, body, and spirit, personally and professionally (Praveeniah et al., 2021). The counselor cannot lead from their head when assisting students in developing a spiritual connection; they must lead from a place of experience, which leads to deeper understanding, comprehension, and perspective from the inside out (Cashwell & Young, 2011).

Spirituality can be explored as an effective alternative for coping with work and social stress (Philip et al., 2019). The exploration of diversity related to spiritual expression among professionals in the workplace makes challenges evident regarding differentiation of spirituality from religion. Nevertheless, the nature of both elements is often missed as an opportunity for wellness (Bester & M., 2017). The mental health professional's apprehension can influence the therapeutic alliance established in counseling (Coaston, 2017). Tisdell (2008) described spirituality as related to sacred and intimate experiences that an individual can experience at any given moment. Religion is further explored by comparing how it pertains to how others may use it to dictate standards and expectations. Spirituality derives from a person's exploration of self in times of adversity and life events.

The integration of holistic practices, such as spirituality, was considered a strengthening mechanism and was viewed as a contribution to great self-empowerment (Sturm et al., 2022). There is a link to spirituality in the areas of connectedness, transcendence, peace, and meaning in life. Anything that gives a person's life purpose and acts as a personal resource can be referred to as spirituality. Spirituality is more inclusive than religion. Social activity, self-efficacy, and

spirituality are all related to what patients can do on their own to improve their personal well-being.

Mindfulness

Mindfulness is defined as discovering awareness in the present moment, where one is open and has an attitude of acceptance (Khoury et al., 2015; Fendel et al., 2019). Interventions such as mindfulness are non-invasive, self-directed, and easily implemented into daily life (Fendel et al., 2019). This intervention is alluring to professionals with limited leisure time due to workloads. Fendel et al. (2019) also mentioned that there are predictive factors associated with mindfulness as it pertains to emotional exhaustion and burnout. The baseline of their study indicated that those who experienced greater levels of emotional exhaustion had benefited from mindfulness-based interventions. Fletcher et al. (2022) conducted a similar study that examined the experiences of counselor trainees' learning and usage of mindfulness. According to participants, learning mindfulness resulted in a significant shift in how they interacted with the world and themselves (Fletcher et al., 2022). The importance of trainers understanding the tremendous impact and difficulty that learning mindfulness provides was underscored by the results (Fletcher et al., 2022). Utilizing the coping strategy of writing can increase professional awareness through these mindfulness techniques.

McCabe and Day (2022) explored the experiences of five counselors and the integration of mindfulness into their treatment for depression and anxiety. The participants who engaged in personal mindfulness practices were more conscious of their own phenomenology, which increased their understanding of their clients' suffering in order to help them. Based on the data obtained, meditation was found to be beneficial in helping participants maintain a state of full awareness with their clients and notice any physical reactions happening during the session. A

counselor's level of mindfulness training and expertise has a significant role in how well mindfulness works as a clinical intervention, which supports the argument for the adoption of a framework for mindfulness competencies for counseling trainees, including a requirement for a minimum amount of personal practice to improve consistency and accountability in the application of mindfulness techniques in the clinical setting (McCabe & Day, 2022).

Research has proposed that mindfulness is essential in promoting self-care. Exploring the effectiveness of meditative practices, one can develop openness to experience and awareness of cognitions and emotional sensations without judgment, in one's approach to rendering care (Peace & Smith-Adcock, 2018). Through mindfulness, individuals can establish a connection to the mind, body, and emotion to ensure that he or she is present in the moment (Decker et al., 2019). Many counselors who practice mindfulness have noted that this tool is beneficial in helping with burnout, compassion fatigue, work engagement, and empathy (Silver et al., 2018). According to Silver et al. (2018), mindfulness with genetic counselors to determine the professional and clinical benefits that may support its efficacy was explored. Mindfulness was very helpful with retention issues and also promoting professional wellness and the satisfaction of patient outcomes based on the study's results. Although genetic counselors experience tension, the demand for genetic counseling experiences tends to increase because of demand. It was concluded that mindfulness is beneficial and should be implemented in counselor training programs and counseling education.

Resilience

Resilience is often recognized as a dynamic concept that involves overcoming some form of stress or environmental risk (Hornor, 2017; Isaacs, 2018). Through the lens of the counselor resilience can be seen as the act of bouncing back from traumatization which developed by

listening to trauma being recounted over a period of time (Edelkott et al., 2016). According to Vercio et al. (2021), having a resilient mindset acknowledges the inevitable adversity individuals face in their life and work, opening the discussion in a more open and honest manner about the tensions and flexibility between the different aspects of life. In spite of this, emphasizing personal resiliency without considering organizational resiliency may leave those in helping professions feeling alienated or marginalized from the support and resources that organizations can provide and should provide to them (Vercio et al., 2021). According to Isaacs (2018), the term resilience relates to coping with adversity and having the ability to learn in the process.

Resilience is positive adaptive behavior to adverse situations (Richards & Dixon, 2020). The constructs associated with resilience are inevitably related to vicarious posttraumatic growth (Frey et al., 2017). Resilience is described as overcoming challenges that may disrupt daily living and positively adapting to presenting changes (Walsh, 2016). According to Walsh (2016), the findings affirmed that trauma victims can also recover and grow by using their strengths and available resources to promote wellness. Individuals working in health care and mental health need to build resilience. Isaacs (2018) describes how some individuals have more of a natural ability to be resilient to situations than others. Because of the increased pressures experienced by counselors, many thrive on resilience as an adaptive measure for increasing wellness (McEwen et al., 2018).

Resilience is associated with emotional regulation that enables one to cope with inconvenient situations encountered in one's life (Nuttman-Shwartz, 2015). Winwood et al. (2013) discussed changes in cognition, attitude, self-reflection, planning, and habituation that promoted resiliency. It has been shown that workers in the 21st century were likely to become more competent in their field because of costly professional development and being at risk of

losing their jobs (Winwood et al., 2013). Resilience is necessary for individuals working as counselors. According to Winwood et al. (2013), organizations consider counselors to be assets due to their ability to regain and maintain essential resilience by adapting to the demands of their work environments.

Hart et al. (2014) explored resilience among professionals dealing with trauma clients and tried to define how one obtains such a skill. Resilience is an individual's ability to bounce back or cope with an adverse situation (Hart et al., 2014). Hart et al. (2014) conducted a study to explore how modern-day issues influence one's ability to remain resilient. In the context of trauma counseling, issues such as difficult workplaces, feeling empty/drained physically, imbalance, dissonance, and issues related to the workplace were considered to be influential factors towards resilience (Hart et al., 2014). Cognitive reframing, grounding, reconciliation, and work-life balance are effective strategies to help professionals gain a sense of comfort and build resilience in hectic work environments (Padmanabhanunni, 2020). Hart et al. (2014) also concluded that awareness of contributing factors could help retain and recruit more professionals in the field of counseling.

According to Robertson & Cooper (2013), resilience can be psychological or behavioral. Psychologically, individuals can maintain their mental capabilities and wellbeing in times of adversity. How individuals react to extreme stress and adversity often varies; however, these reactions may result from an imbalance between neurochemical, genetic, and epigenetic processes (Osório et al., 2017). After experiencing certain stressors some individuals may develop posttraumatic stress disorder (PTSD) or major depressive disorders, others may improve and display stress-resiliency (Osório et al., 2017).

Resilience involves adapting effectively to an uncontrollable situation that inflicts trauma or significant threat (Horn & Feder, 2018). Research has shown that an underlying genomic and neurobiological component influences one's ability to sustain resilience in different situations. Horn and Feder (2018) suggested that ongoing research on preventative interventions helps promote resilience and creates opportunities to understand how to identify modifiable protective factors. The behavioral aspect involves sustaining personal and professional lives while focusing on achieving tasks and goals (Horn & Feder, 2018).

Summary

This chapter discussed the theoretical framework of constructivist self-development theory and Orem's theory of self-care as well as details from previous literature on the role of school counselors, the phenomenon of vicarious trauma, risk factors related to vicarious trauma and interventions that may be used to mitigate the effects of vicarious trauma. McCann and Pearlman (1990) determined that vicarious traumatization refers to prolonged adverse trauma created due to empathetic engagement with someone who has experienced a traumatizing event. School counselors are often exposed to vicarious trauma in the workplace. Vicarious trauma occurs when the school counselor becomes emotionally and personally influenced by the narratives of students dealing with trauma. The effects of adverse trauma exposure can influence the school counselor both personally and professionally and can cause counselor impairment. As such it is imperative that vicarious trauma be studied, and awareness created on this issue. It was also noted that along with vicarious trauma the school counselor may also be at risk for other issues such as burnout, compassion fatigue, secondary traumatic stress, among others.

In an attempt to decrease the effect of these issues on the school counselor it is believed that several interventions and practices may prove beneficial. There are self-care strategies that

could potentially provide aid to school counselors in being proactive towards the exposure to trauma while working with students dealing with trauma. The school counselor must develop self-awareness and be able to recognize the symptoms of vicarious trauma. The researcher examined other intervention practices to decrease vulnerability, directing the school counselors towards building professional and personal wellness.

CHAPTER THREE: METHODS

Overview

This study aimed to explore school counselors' lived experiences of vicarious trauma. The counselors involved in this study were from various school levels. A qualitative approach was employed to conduct this study, specifically, a descriptive phenomenological design. A descriptive phenomenological approach relied more on the participants' lived experiences, separating the researcher from the narrative (Creswell et al., 2013). The method for this study was derived from the Husserlian phenomenological design approach. The Husserlian "descriptive" phenomenology is both a philosophy and research method used to explore and describe individuals' perspectives of lived experiences.

This phenomenological research explored school counselors' lived experiences. In carrying out a review of the literature it was found that there was substantial literature which focused on vicarious trauma experienced by individuals from other helping professions; however, as it relates to school counselors there is limited research. Descriptive phenomenology was appropriate for this research study because the focus was on the process and outcomes of vicarious trauma from the school counselors' perspective. Data collection was carried out using open-ended interview questions (Creswell et al., 2013). Participants' responses were coded and reviewed multiple times for emerging themes, following which NVivo software was used to analyze the data. The purpose of chapter three was to outline the design, research questions, setting, participants, and procedures, Additionally the researcher's role, data collection, data analysis, trustworthiness, and ethical considerations were discussed.

Design

Qualitative Research

Qualitative inquiry provided a method of capturing lived human experiences; a quantitative approach would not have accomplished this goal. (Moustakas, 1994). Qualitative research explored a problem that would not have been not easily assessed (Creswell et al., 2018) and offered a unique approach beyond quantitative measures and statistical analysis; it also helped to empower others by providing a complex detailed understanding of a situation (Creswell & Poth, 2018). Qualitative research allowed the researcher to gain an in depth understanding of human lived experiences by examining factors that influenced the personal and social perspectives, while proposing a variety of methodological approaches that created meaningful understanding of these experiences (Gelling, 2015). When the expectations of the findings of certain studies were unclear, qualitative research was utilized, as well as when the purpose of the inquiry was to explore lived experiences (Giorgi, 2012; Husserl, 1931; Moustakas, 1994).

Phenomenology Design

The phenomenological approach required being "detached from any personal presuppositions by eliminating interferences" (Moustakas, 1994, p. 74). This methodology was appropriate for this study as it was important for the researcher to examine the phenomenon in the natural setting of the participants (Creswell & Poth, 2018). This type of design was realistic and flexible when expressing the core of participants' lived experiences (Husserl, 1931). Using a qualitative descriptive phenomenological design allowed the data to represent the participants' lived experiences and enabled the researcher to identify thematic patterns that were common among the participants. Braun and Clark's (2006) thematic analysis was used to conduct data

analysis. This methodology consists of six phases that will be fully outlined in the data analysis section.

Research Questions

The following questions guided the research study:

1: How do school counselors describe their lived experience of vicarious trauma?

2: What coping strategies do school counselors implement to cope with vicarious trauma?

Setting

The study focused on the lived experiences of school counselors in various school settings in southwest Louisiana. Participants were recruited through personal and professional networking, which aligns with purposeful criterion sampling. This process enabled a safe and authentic interaction with the participants. This study used pseudonyms to ensure confidentiality and to protect the participants' identities and their employment location. In order to determine eligibility for the study prospective participants were asked to complete a 10-minute screening tool consisting of questions about their experiences in the school setting dealing with students who have experienced trauma and knowledge of adaptation of vicarious trauma after providing trauma counseling. This screening tool which was used to determine which participants would be most appropriate for the study was conducted using Qualtrics, an online survey software. The locations for the interviews were selected based on what was convenient for the participants, home, professional office, or school. The interview process should be socially constructed and natural to promote a unique interaction between the participants and the researcher (Pope & Mays, 2020). Despite various locations, the researcher used Zoom software as the communication source for the interviews.

Participants

The participants for this study consisted of school counselors employed in the school setting. The general population sample consisted of school counselors working at least two years with students K-12 in the United States. The target population for this study included individuals who were school counselors who had an equivalent of a master's degree or higher in counseling or a related field along with experience working in the school setting with students who had experienced trauma. The prequalifying screening tool that was used to determine eligibility consisted of five open-ended questions and concluded with consent to further participate in an interview. If participants did not meet the requirements listed on the screening tool they were thanked for their time and told that they did not meet the requirements to continue to the interview phase of the study. The study's volunteers were not excluded from participating based on their race, gender, sexuality, religious affiliation, or ethnicity. Purposeful criterion-based sampling was used in the selection of the participants. Of the individuals who met the criteria for the study 10 participants were chosen. Demographic data and vital information regarding the school counselors' experiences working with students who had experienced trauma was discussed and documented. School counselors who participated were from various levels of experience in the profession. These counselors work or had worked with a K-12 grade population of students and had interacted with students that had experienced trauma.

Procedures

After gaining approval from the Institutional Review Board (IRB), the participants were solicited through purposeful sampling. Using personal and professional contacts individuals were contacted via email to determine if they had an interest in participating in the study. The package that was sent out included a copy of the recruitment letter with instructions, informed consent

document, and the researcher's contact information After meeting the criteria on the screening tool, participants were invited to move on to the interview stage of the study. The participants received information about any possible risks of the study, assurance of anonymity, and intentional usage of the data collected. There was no financial compensation given for participation. Using the emailed DocuSign form, the participants were requested to sign an Informed Consent Form before data collection began (Creswell & Creswell, 2018). Throughout the study participants were informed that participation was voluntary and that they were free to withdraw at any time (Laycock et al., 2016). The target population was 10 participants.

Purposeful criterion sampling was used to select the participants. Creswell and Poth (2018) described this selection method as the first individuals who expressed an interest in participating in an interview and had worked with trauma and had "experienced the phenomenon" (p. 157). The participants had to meet the following criteria:

1. At least 23 years old
2. Have an equivalent of a master's degree in counseling
3. Be a licensed school counselors with at least two years of experience
4. Have working experience in a K-12 school setting as a counselor, assisting students that had experienced trauma

The participants completed a prequalifying screening tool and signed another informed consent DocuSign form before the interview was scheduled. The participants had the option of selecting time slots and the interview location. Upon receiving a response from all interested participants, each participant received an additional email with a preview of the interview questions.

The interview was scheduled a week after completing the prequalifying screening tool, informed consent, and confirmation of participation in a 60-minute interview. The interview included 20 open-ended questions related to experiences as a school counselor dealing with students who had experienced trauma. There were also questions about their professional development. Zoom software was used to conduct all interviews. During the interview, the research was discussed, and any questions participants had about the study were addressed. Demographic data was also collected. The demographic data included years of experience, degree, licensure, and certification. During the interviews, all participants were audio and video recorded using Zoom software.

Data collection was done over a period of six weeks from December 2022-January 2023. After completion of the interviews the researcher used Ottor.ai, a professional transcription service, to transcribe and store the audio recordings. After receiving the transcriptions from Ottor.ai., each participant was sent a copy of their transcript via email and asked to participate in a member checking review for accuracy. Participants had two weeks to review transcriptions before data was finalized. The final copies of the transcripts were run through NVivo software to determine themes. The finalized transcriptions were used to analyze meanings and statements to draw emerging themes (Creswell, 2013).

The Researcher's Role

This qualitative research aimed to describe the lived experiences of school counselors working with students who have experienced trauma. I am an elementary school counselor working in Louisiana. I have been working at my school site for six years. My school is a Title 1 school, defined as having a population of at least 68% of students receiving free or reduced lunch (Cardullo, 2019). Typically, these types of schools are classified as Title 1 schools because most

students come from low-income households (Cosgrove & Castille, 2018). Many of the students I have served come from high-poverty communities. When I meet with them, they share their life experiences of living in these types of neighborhoods. Some of the experiences of growing up in a high-poverty community includes daily witnessing of drug-related activity, abuse, and crime. I often find myself wanting to save them from their traumatic situations and feel overwhelmed by some of the shared experiences. I have a personal connection with this demographic of students because of my experiences of growing up in a similar environment. As a young African American woman, from a low socioeconomic background, I can relate to the experiences of my students. I am thankful however that the foundation of my Christian beliefs shaped my views on life so that I did not fall prey to the harsh conditions in my community.

Qualitative research aimed to explain a person's experiences without judgments and biases. Defining my role as a researcher was vital to ensuring that my perspective did not affect or dictate the essence of the study. I served as a human instrument throughout this study to develop a clear understanding of school counselors' lived experiences of vicarious trauma and interventive practices such as self-care. As a school counselor, I often experienced work-related traumatic situations derived from students' sharing their traumatic experiences with me on a daily basis. Although I have experienced this phenomenon, I remained neutral during this study and utilized reflexive journaling practices. In creating awareness for any potential bias regarding school counselors' experiences with vicarious trauma, I established a set protocol to be put in place, which involved having verbatim interview transcriptions, member-checking, and peer reviews.

As a researcher who has dealt with the phenomenon of vicarious trauma, I understood that it was critical for me to adopt a neutral stance and allow the participants' experiences to

inform the study. By implementing reflexive thinking in qualitative research, the researcher notated firsthand experiences encountered throughout the study (Creswell & Creswell, 2018). The use of reflexive thinking was incorporated by collecting personal notes (journaling) on what was taking place. In doing so, I was able to check myself, reflect on my experience as a school counselor who has experienced vicarious trauma, and refrained from personal bias or preconceived notions regarding the study of the phenomenon.

During the interview process, I set aside my personal views and focused on the lived experiences presented by the participants. By viewing the phenomenon from the participants' perspective, I was able to discover the meanings of their lived experiences of vicarious trauma. It was important to give each participant the opportunity to relate their story of vicarious trauma, seeing that this phenomenon affects individuals in different ways. I was intentional in my verbal and nonverbal communication with the participants during the interview. I was cautious not to influence the participants' responses during the interview (Patton, 2015). Past experiences of the researcher allowed for connectivity to the study, whether there was relation to the setting, demographics, or culture of what was being studied (Creswell & Creswell, 2018).

Data Collection

For this study, the data collection method was to elicit school counselors' narratives of their lived experiences working in the school setting with students who had experienced trauma. Although researchers should explore other evaluative measures of participants' experiences, the data collection for this study consisted of individual interviews (Creswell & Poth, 2018). The participants completed the prequalifying screening tool before participating in the interview. The essential part of phenomenological research was understanding living phenomena and

discovering the valuable meaning of a group or population of people (Creswell & Poth, 2018). The school counselors' narratives were vital in conducting this research.

Interviews

Interviews were the singular method of data collection for this qualitative phenomenological study. Broad questions that created deep and reflective descriptions of the participants' lived experiences were used to collect relevant information for understanding the nature of the phenomenon (Moustakas 1994). The interviews were conducted through the online platform Zoom, which allowed video sessions between two or more individuals. To avoid any interruptions during the interview process, the researcher upgraded her Zoom membership to ensure that sessions lasting longer than 40 minutes would be recorded in their entirety without any issues. As a tool of convenience, using virtual sessions allowed for more flexibility in conducting the study. Zoom also permitted the researcher to record and store sessions for later viewing, which was beneficial when sending the files to the transcription service. The participants were interviewed on their experiences of vicarious trauma while working with students who had experienced trauma. They also reported any self-care practices that they had engaged in. The interviews were 20-50 minutes and included 20 open-ended questions to expand the depth of understanding related to the phenomenon of the study. It was anticipated that the data from these interviews may yield a further understanding of how counselors experience vicarious trauma when working with students dealing with trauma.

The participants answered 20 semi-structured open-ended questions. In qualitative research, questions are ideally open-ended and nondirectional, capturing the essence of open dialogue and exploring the central phenomenon (Creswell & Poth, 2018). Each interview began with background and demographic questions which provided a designated time for building

positive rapport in a comfortable environment for the participants (Moustakas, 1994). The participants were informed that all interactions were virtual and would be recorded, and that they had the right to accept or decline participation throughout the study. Once the participant provided permission, the virtual session was recorded and later transcribed verbatim for analysis of the data. During the interview, the researcher took notes on the participants by notating observations such as attitudes and gestures displayed. Any additional thoughts about the participant and interview that came to the researcher during the session was also documented.

Interview Structure

Introduction

1. How many years have you been a school counselor and at what school level (i.e., elementary, middle, high school)?

2. What led you to pursue a career in school counseling?

3. What are your long-term goals as it pertains to school counseling?

4. What professional challenges have you faced as a school counseling working with trauma?

Vicarious Trauma

5. How do you define the concept of vicarious trauma?

6. Describe your experience with vicarious trauma in your work setting.

7. What are some of the emotions that you have felt when you experience vicarious trauma?

8. What are some of the ways that vicarious trauma has influenced your ability to provide care?

9. How do you maintain effective care when dealing with vicarious trauma?

10. Being a school counselor, how do you promote wellness of self and students when faced with vicarious trauma?

Experiences

11. Can you describe a traumatic experience that you have had from counseling students that have experienced trauma?

12. What are some of your challenges in providing trauma therapy and counseling?

13. On a scale from one to five, with one being very unaware and five being completely aware, how aware are you of your vicarious trauma?

14. What are your thoughts on vicarious trauma producing positive personal growth or change?

15. In what ways has training on trauma enhanced your school counseling program?

16. What personal and professional action plans do you have in place that would promote resilience?

Self-Care

17. As a school counselor, how do you define self-care?

18. What are some of the things that you have done or are currently doing to engage in self-care?

19. How would you describe the benefits of self-care?

20. We have covered a lot of ground in our conversation, and I appreciate the time you have given us for this. One final question… Is there anything else that we have not yet covered that you believe is pertinent to our discussion on vicarious trauma?

The researcher also used probes such as “Tell me more” and “Could you elaborate…” based on the responses of the participants. The interview questions are in Appendix C. The first four questions were referred to as knowledge questions, which allowed the researcher to build rapport with the participants and create an amiable environment for the entire interview process. These questions were designed to be straightforward, not intended to pose any threat to the

participants, and served to build positive rapport between participants and researcher (Patton, 2015).

Questions 5 through 12 were designed to question first-hand experiences with vicarious trauma and how it has influenced one's professional life. Enos (2018) believed it is pertinent that school counselors can reflect on their individual experiences with vicarious trauma and examine their level of awareness. Through the examination of awareness, the school counselors can have an ongoing analysis of their experiences and evaluate both personal and religious worldviews.

Questions 13 through 18 focused on the professional experiences of school counselor's exposure to vicarious trauma and how the trauma impacted the school counselor's ability to provide care to students. While examining this matter, it was important to continue to promote awareness of traumatic experiences that influence whether the professional can distinguish between the types of traumatic experiences (Sultan, 2018). Questions 19 through 20 allowed the participants to reflect on their professional worldview and interventive measures such as self-care. It may also be beneficial to reflect on how these practices can be complied with regarding self-fulfillment and self-help (Rubin & Rubin, 2012).

Data Analysis

Data analysis is one of the critical elements in descriptive phenomenological research. The descriptive phenomenological analysis was appropriate for capturing the lived experiences of school counselors experiencing vicarious trauma and the implementation of self-care. All interviews were transcribed by Otter.ai and housed on a password-protected drive. It was vital to accurately transcribe the files to include the minute details. (Creswell, 2014). This approach consisted of incorporating the ideas of Braun and Clark (2006) six phases of thematic analysis.

Data was analyzed using Braun and Clark (2006) thematic analysis which consisted of six phases. The first phase was becoming familiar with the data. This was done by the researcher immersing herself in the data through reading and rereading transcripts and making notations. Secondly, the initial coding for the study was generated, which involved systemically coding the data set efficiently (Braun & Clark, 2006, p. 87). This was carried out by using NVivo to organize and structure the data based on common words and statements that were used by the participants. While understanding the data obtained, the process involved chunking the information from the participants' interviews (Ahn et al., 2014; Giorgi, 2012; Mihalache, 2019). In the next step, the researcher looked to the coded data and shifted their focus to interpreting the data collectively. The codes were then reviewed and analyzed into meanings. The meanings were then grouped based on similarities into themes and subthemes. The researcher then interpreted the relationships among the codes developed to form a meaningful narrative.

According to Braun and Clarke (2017), it is critical that the pattern of codes and data items used in the research conveys meaningful items in order to provide answers to the research questions. The codes for the potential themes were reviewed for accuracy and clarity by creating a thematic map. The fourth step involved the researcher repeating the review of the potential themes that related to the codes individually and collectively. The research ruled out the themes that were not involved in creating meaningful interpretation of the data or answering the research questions. The fifth step involved conducting research, analyzing the thematic framework that the researcher had constructed in a clear and detailed manner. The research questions and collective data made a connection to each theme. Each theme was unique, cohesive, and reflected an internally consistent story of the data that cannot be told by the others. The last step in the thematic analysis was the producing of the report. In this step, the researcher maintained

live documentation of the codes and themes as they evolved throughout the process. In the report, these themes created a narrative of the data that was logical and meaningful.

Descriptive phenomenological research provided a fresh understanding of the studied phenomenon (Heppner et al., 2015). In descriptive phenomenology, the analysis process allowed for self-reflection prior to bracketing to avoid misconceptions and bias toward the study (Heppner et al., 2015; Mihalache, 2019). Limited information and distorted experiences can foster the development of bias (Heppner et al., 2015). While conducting this study the researcher engaged in bracketing and reflexive journaling in order to mitigate bias.

Trustworthiness

Trustworthiness refers to the integrity of qualitative research. According to Guba (1981), there are four components of trustworthiness: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability. The interpretations of the data often justify the validity of the study. Pratt et al. (2020) referred to trustworthiness as the extent to which the reader can judge if the researchers were truthful in how the research was conducted and reasonable in their findings. According to Pratt et al. (2020), management researchers should use tremendous caution when promoting the same types of reproducibility and transparency that apply in quantitative research.

With trustworthiness, the reader interprets the written data and grasp a sense of confidence in what has been reported (Stahl & King, 2020). In this study, data analysis, member checks, audit trails, and detailed descriptions were carried out to ensure trustworthiness (Creswell & Creswell, 2018; Schwandt, 2015). According to Creswell (2013), the analysis details provided a sense of trustworthiness in a study from the detailed description used in other studies. In obtaining trustworthiness, the information was identified and conveyed the facts from

a holistic viewpoint. According to Creswell and Poth (2018), this viewpoint involved implementing accurate information from the researcher's perspective, participants, readers, and reviews.

Credibility

The credibility of the study was validated through member checks, increasing the transcriptions' legitimacy (Creswell & Creswell, 2018; Schwandt, 2015). The participants received a copy of the written analysis based on their interview and potential findings. One must understand that the "interpretation unmasks what is hidden behind the objective phenomena" (Moustakas, 1994, p. 10). Participants did not view raw data, but the textual and structural descriptions of the phenomenon gleaned from the initial analysis (Creswell, 2013; Heppner et al., 2015). Member checking guaranteed the validity of participants' quotes, all individuals involved in the study can give feedback and confirm the research data collected (Roger et al., 2018).

The credibility of the data is maintained by repeated questioning that must occur as one discovers the meaning of the results (Mihalache, 2019). The researcher also demonstrated credibility by triangulation from the literature review, transcriptions, and member checks. During the member checking, the participants can investigate the accuracy of their transcribed account of their experiences (Mihalache, 2019).

Dependability and Confirmability

Dependability is an essential component of qualitative research. As Moustakas (1994) noted, the qualitative study is based on a first-hand account of a lived experience. Dependability is key to maintaining fidelity (Gates et al., 2020). In this study, audit trails were used to ensure dependability and conformability (Heppner et al., 2015; Schwandt, 2015). External audits and peer reviews were accessible to support the research finding (Creswell & Poth, 2018). Yin

(2018) mentioned that it is necessary to present the findings in a manner that is concerned coherent and meaningful to resolve any contractions or disconfirming information presented in the data. To increase dependability, the interviews and transcriptions were recorded as supportive documentation of evidence. According to Shenton (2004), in-depth coverage is a mechanism used to eliminate concerns related to replications of studies. In-depth coverage involves providing extensive details on navigating through the study (Gates et al., 2020). The steps taken in this study were documented in segments for quality purposes and reviewed by a third-party examiner. The third-party examiner was able to follow the necessary steps and protocol used to conduct the study, observe the theoretical framework implemented towards shaping the study and view any data for accuracy (Creswell & Creswell, 2018; Schwandt, 2015). The third-party examiner audited the study for authenticity and validated findings against sourced documents (Creswell & Poth, 2018).

Confirmability referred to the actions used to ensure that the findings are "results of the experiences and ideas of the informants, rather than the researcher's preferences" (Shenton, 2004, p. 72). To increase confirmability in the study, evidence such as transcriptions and audio and video recording sessions was utilized, which provided documentation of data collected during the interviews. The participants are accurately represented when the complete transcription from the interviews is provided (Creswell & Poth, 2016). The coding books in the data analysis process were used to understand how to develop coding schemas from documented interviews, transcriptions, and observations.

Transferability

Transferability provides detailed descriptors that can be transferred across numerous studies as a means for evidence, especially when the studies had similarities (Creswell & Poth, 2018). According to Moustakas (1994), the nature and meaning of an experience are exposed when the descriptions of thematic qualities are detailed and thick. This method provided adequate, grounded, and consistent information to ensure the study has transferability for the reader. Because of the descriptions, the trends are acknowledged and transferred from those characteristics to another setting, thus creating transferability (Schwandt, 2015). The sampling sufficiency of both sample size and appropriateness can promote a more inclusive insight into the phenomenon. The information obtained through the descriptors should provide the readers with a sense of compatibility with participants, themes, and the study setting (Creswell & Poth, 2018). If any information can be transferable in any fashion, a determination can be made based on the data.

Ethical Considerations

Maintaining the confidentiality of the participant is a critical component of research (Creswell & Creswell, 2018). There were several steps that were followed and upheld throughout the study to ensure ethical consideration. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978) mentioned the ethical principles that researchers must uphold. These principles include respect for persons, beneficence, and justice. The participants had autonomy and had control of their involvement in the study (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). The beneficence of the participants was always sustained. The Belmont Principles mentioned “do not harm” and how the limitations to the risk of harm in the study must be

ensured (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). The Belmont principles also discussed the importance of respect for a person, nonmaleficence, and beneficence.

Respect for Person

Respect for a person is considered a significant ethical concern in conducting a study using human participation. The term encompassed the treatment of people and their involvement in research. Evidence of measures regarding privacy, clear communication, and the participant's right to discontinue their involvement in the study without judgment must be provided (Creswell & Poth, 2016). Honesty and the building trust throughout the study without deception while discussing the intent of the purpose of the study, and the data must be implemented (Creswell & Creswell, 2018; Creswell & Poth, 2016). In carrying out a study the researcher should be mindful of potential power imbalance in the interview process. The participants may share sensitive information, which could put the participants in an uncomfortable position, thus creating a potential imbalance between the data collector and participants (Creswell & Poth, 2016). When conducting a study, the researcher must anticipate the information that could be harmful and intimate during data collection. To protect the participants, the researcher must inform them of their rights and safety (Creswell & Poth, 2016).

Nonmaleficence and Beneficence

Ethical standards highlighted the importance of protecting the participants and ensuring the volunteers' rights (Moustakas, 1994). Nonmaleficence is the principle associated with no harm to the participants (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). The IRB committee ensured that research studies are designed with minimal risks to the participants. Beneficence is a principle that all

professionals must uphold, which involves acts of kindness and doing what is always considered morally appropriate.

Informed Consent

Before enlisting participants for the study, the IRB approval must be received, solidifying that no harm would occur. The participants received information regarding the study, potential risks, and a contingency plan for any challenges (Laycock et al., 2016). According to Laycock et al. (2016), "Documentation given to a participant should be easy to understand. Participants could read this and raise concerns or withdraw from the study" (p. 108). Before the interview process, the participants must submit an informed consent before scheduling an interview. To ensure that the environment is a natural setting, it is necessary to be careful not to disturb or disrupt the typical workday of the participants as research was conducted.

Confidentiality

Confidentiality is a critical element of this study. With confidentiality, the protection of the participants' identity must not be revealed or be traceable. For dissertation purposes, anonymized data should be used, and written records should be stored in a secured location (Laycock et al., 2016). Data and consent forms were secured digitally with password-protected technology. The data was saved in a discrete documented file on a private laptop and stored on a private OneDrive cloud secured by the Liberty University security database. For the protection of the participant's identity and location, the use of pseudonyms was implemented. Pseudonyms were used in all data collection, such as written documentation and audio/video recordings. Data and materials were stored in a secured location for up to five years (APA, 2010).

Summary

The purpose of this chapter was to describe the methodology used to carry out the study. Since the aim of this research was to examine the lived experiences of vicarious trauma of school counselors and explore self-care practices that they have engaged in to cope with this issue it was appropriate to use a qualitative phenomenological design. Phenomenology allowed the participants to provide narratives for their experiences without input from the researcher. By using open-ended interview questions with probes and follow up questions as necessary the researcher was able to document the participants' experiences which was subsequently transcribed by a professional transcription service. Other areas in this chapter include restating the research questions and a description of the virtual setting for the study using Zoom video platform. To analyze the data Braun and Clark (2006) thematic analysis which consisted of six phases was used. The researcher was then able to utilize NVivo software to generate themes and codes which was used to construct a narrative of the commonality of the school counselors' lived experience of vicarious trauma and their self-care practices. The final section of this chapter discussed trustworthiness and ethical considerations including confidentiality and informed consent.

In chapter four the results of the study will be presented. The participants provided detailed descriptions that were relevant to the phenomenon that was studied. The themes generated from the data were used to answer the research questions.

CHAPTER FOUR: FINDINGS

Overview

In this chapter the findings of the research are presented, along with an introduction to the participants of the study. This first section provides a descriptive summary of the study participants, with information obtained from the demographic data section of the interview. The following section discussed the participants' lived experiences with vicarious trauma and interventive practices such as self-care used to mitigate the effects of this issue. The themes that emerged from the interviews, and excerpts from the narratives presented by the school counselors are also outlined.

This study aimed to understand and create awareness of the vicarious trauma that school counselors experience while providing trauma counseling to students. Due to the implications for counselor impairment and other adverse effects to themselves and the students that they serve, this issue needed to be investigated. This study was significant to professional school counselors and future school counselors as it can provide an understanding of the vicarious trauma experienced by school counselors in order for treatment and interventions to be better structured to meet their needs.

Participants

This section describes everyone who participated in the study. Each participant selected a pseudonym as an identifier to maintain their confidentiality. All participants met the inclusion criteria for this study; they were at least 23 years of age, had a master's degree in counseling, were licensed K-12 school counselors with at least two years of trauma counseling experience, and was working or had worked with students that have experienced trauma.

All participants were female, with an average age of 43 (60%). The ethnicity of the

women was broken down as follows; five African American/Black (50%), and five European/White (50%). While five participants were in the age range of 31-40 (50%), three were in the 41-50 (30%) range, one was in the 51-60 (10%) bracket, and one was in the 61+ (10%) category. Eight of the participants indicated they were married, and two were single. At the time of the interview the participants had the following levels of education: eight had master's degrees (80%), and two had master's plus 30-degree education (20%). The years of experience as a school counselor working with students who had experienced trauma ranged from 6-28 years. The demographic data for the participants is outlined in Table 1.

Table 1

Participants' Demographic Information

Participants	Age	Educational Level	Ethnicity	Years as SC	Marital Status	Region
Jasmine	33	Master's	African American	6	Married	Southwest
Kim	43	Master's	African American	6	Married	Southwest
Sarah	51	Master's	Caucasian	12	Married	Southwest
Bethany	40	Master's	African American	8	Married	Southwest
Delores	62	Master's +30	African American	22	Married	Southwest
Klaire	45	Master's	African American	12	Single	Southwest
Linda	49	Master's +30	African American	28	Married	Southwest
Robin	36	Master's	Caucasian	8	Married	Southwest
Brice	40	Master's	Caucasian	16	Married	Southwest
Jaime	34	Master's	Caucasian	9	Single	Southwest

Note. Participants demographic information chart.

After the interview, transcription was done by a transcription service Otter.ai. Once the

transcriptions were completed, each participant received an email copy of their transcriptions for member checking, and five participants followed up on the confirmation email. Table 2 provides descriptive information related to the interviews recorded for the study, including the participant's identifier, the length of the interview, and the total number of pages per interview. There were 10 completed interviews, the average length of the transcribed interviews was 7.6 pages.

Table 2

Participants' Descriptive Interview Information

Participants	Length of Interview	Total # of pages per interview
Jasmine	14:54	6
Kim	19:47	7
Sarah	44:03	12
Bethany	19:16	7
Delores	17:26	6
Klaire	19:55	7
Linda	22:16	7
Robin	26:33	8
Brice	32:33	10
Jaime	13:31	6

Note. Participants' descriptive interview information chart.

Jasmine

Jasmine is a 33-year-old African American woman. She has been a school counselor for six years and services students from kindergarten through fifth grade. The students at her school are mostly African American, from low-income families. Jasmine has always wanted to work with children yet was unsure of a specific setting. After taking school counseling courses in college, she enjoyed learning about school counseling and continued following that path. Her long-term goal involves molding her students to be functioning citizens in society. She shared

that some professional challenges she faced were a lack of parental involvement and a scarcity of resources.

Kim

Kim is a 43-year-old African American woman. She has been an elementary school counselor for six years. Her early experiences with counseling involved working with a home counseling agency. While working with home counseling, she wanted to explore working with children. She felt that working with children at an earlier age and in schools would provide students with another supportive person. She also wanted to create a cohesive support system for the students, thus creating a family unit. With this idea, she pursued becoming a school counselor.

Her long-term goals are to be the best counselor she can be by being open and supportive of her students. Kim desires to help students in various capacities, whether putting a smile on their faces, donating clothing, or providing family support. Her goal is to leave a good impression on her students and family. Kim discussed her professional challenges of working with trauma as "Not always having or knowing the right answers or what to say." The specific trauma she mentioned involved grief and how she struggled to find the words that would help students who had lost a loved one.

Sarah

Sarah is a 51-year-old Caucasian woman. She started her career as a primary elementary school teacher and later became a school counselor. After experiencing personal trauma, she quit her job as a teacher and relocated to another state with her family, Sarah decided to return to school to complete her master's degree in counseling so that she could become a licensed professional counselor. While completing her internship, she transitioned into a school

counseling position and has worked in that role for 12 years. As a teacher, she was always interested in being a school counselor but worked for a counseling agency. She was uncertain about the position until she came across the school counselor of her child, who was passionate and advocated for one of her children.

Sarah mentioned not having any long-term goals outside of school counseling and aspiring to continue as a counselor. Sarah shared that some of her professional challenges when working with trauma included "trial by fire," especially in the beginning years as a school counselor. She expressed how she had to rely on a mentor to guide her through some of her most complex cases with her students. Sarah discussed how she had begun to experience trauma from the shared experiences of her students who had encountered trauma. Moreover, not knowing how life turned out for those students once they had moved on from her school was also very difficult for her.

Bethany

Bethany is a 40-year-old African American woman. She is a professional school counselor with a provisional license and national certification. She has been an elementary school counselor for eight years, although she interned for one semester at the local high school. She expressed how she always wanted to be the school counselor she never had. Growing up, she shared how her school counselors were not interactive with students and did not teach guidance lessons. Her long-term goals are to create a continuous school counseling curriculum that could be used annually, and to develop a set school schedule to counsel students and teach guidance lessons. Bethany's professional challenges in working with trauma stemmed from system support and advocacy. She shared how school counselors are often viewed as glorified administrative assistants. Bethany also stated that many students are exposed to substantial risk

with trauma and have multiple needs, yet there was not enough professional development in trauma.

Klaire

Klaire is a 45-year-old African American woman. She has been a high school counselor for 16 years, after receiving her master's degree in school counseling. She has always been an educator, and she has nine years of teaching experience. Growing up, Klaire always wanted to pursue a career in computer science. She shared an unpleasant experience with her school counselor in high school, whom she recalled was not helpful and did not assist her in pursuing a computer science career. However, she continued to follow her initial desire for computer science in college. Her grades declined which caused her to change her path from wanting to work in a classroom to outside the classroom. Despite having the goal of working in the computer field she also had a desire to help children, as such she became a school counselor. Her long-term goals consist of retiring within the next five years. Klaire shared her desire to be just a counselor without the hassle of paperwork and testing. Some of the challenges that Klaire acknowledged were parental cooperation and self-criticism.

Jaime

Jaime is a 34-year-old Caucasian woman. She received her master's degree in counseling and has been a kindergarten through fifth-grade elementary school counselor for nine years. Becoming a school counselor was not her original career plan but during school she developed an interest in counseling. With an educational background in psychology and sociology, Jaime had the support of her father to help her to continue her schooling. As such, she was able to obtain her master's degree in school counseling. Having nine years of experience as a school counselor, she plans to continue the path as a school counselor to get better professionally every

day. Some of Jaime's professional challenges initially involved offering her students outside resources; however, she is currently working on locating more resources to support them.

Delores

Delores is a 62-year-old African American woman. She has been an elementary school counselor for 22 years. She started her career as a high school mathematics teacher. While teaching, she discovered that many of her students were dealing with problems at home. She expressed how students would come and meet her during her lunch break to talk. She discovered that she enjoyed talking and listening to them. Those mini-counseling sessions as a high school teacher inspired her to become a professional school counselor. She expressed how she initially wanted to become a licensed private practice counselor; however, she enjoys being a school counselor. Her long-term goal consisted of staying in the position until she was ready to retire from the school counseling profession. Some of the professional challenges she faced working with students were dealing with trauma, and lack of training. She mentioned how attending professional development and resources provided by the school district gave her more information on recognizing and dealing with trauma. Also, she shared that her lack of experience created some challenges working with students with past traumatic experiences, however she found support from her peers.

Robin

Robin is a 36-year-old Caucasian woman. She has been working for eight years as a high school counselor. She was inspired by her life experiences to become a school counselor and mentioned the impression that her middle school counselor had on her. After completing a career-based project in high school, she wanted to explore the Department of Children and Family Services pathway in child protection services. She experienced challenges with getting

into the program and became an instructor teaching parenting class. Teaching those classes helped to shift her career path into counseling. Her long-term goal is to obtain her credentials to become an administrator in the school setting and move up the school district's professional ladder. Robin explained how school counselors are mandated reporters, and some challenges center around reporting an undetermined outcome. She shared how during counseling sessions students report trauma, abuse, and neglect. She explained how there are loopholes in the reporting system. Another challenge she faces is "trying to convince a child to talk" and the possibility of negative repercussions beyond the counselor's control.

Brice

Brice is a 40-year-old Caucasian woman. She has been working in education for 16 years and as a school counselor for 11 years. Brice mentioned that she has worked in middle school; however, her current school level is elementary. She shared that she had a good relationship with her high school counselor, which led her to pursue a career in school counseling. She said her long-term goal in school counseling is to retire at year 20 and venture into the private sector. Brice shared that earlier in her career, the lack of professional development opportunities to learn how to work with trauma was one of her professional challenges. Brice noted that there needs to be more opportunities created for school counselors to receive professional development. She also stated that within the last few years the state and district level have shifted their focus to understanding social-emotional aspects of kids' needs. She expressed that she would like to see more professional development opportunities that focus on the needs of children in a more wholistic manner.

Linda

Linda is a 49-year-old African American woman. She has been a school counselor for 28 years and has worked at all school levels throughout her career. She shared that she is currently a high school counselor. She chose to pursue a career in school counseling because she always wanted to help make a difference in the lives of youth. Linda said reaching the youth at an early age or while in school can help them become responsible citizens. Her long-term goals include retiring in the next two years, although she mentioned continuing to serve children in other areas outside of school. Linda shared that some of her professional challenges included a lack of understanding from the administration, school policies, limitations to counseling, and lack of time.

Results

The findings from the participants' lived experiences of vicarious trauma and self-care are presented in this section under the headings Theme Development and Research Question Responses. The Theme Development section describes the data analysis steps and the themes that were generated from the data and The Research Questions Responses section presents the research questions and the corresponding themes that answered these questions. Following the presentation of results, the chapter will conclude with a summary.

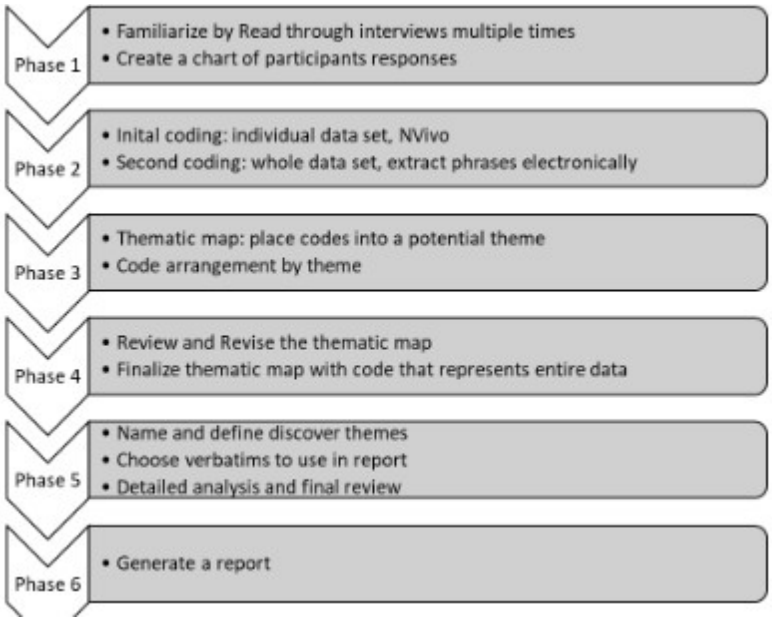
Braun and Clarke's (2006) thematic analysis which consist of six phases was utilized to analyze the interviews with participants. This thematic analysis was used to explore the lived experiences of school counselors and vicarious trauma and also self-care strategies employed to help them cope with vicarious trauma. The six phases for Braun and Clark's (2006) thematic analysis included: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, refining themes, and writing up the analysis.

Theme Development

In developing the themes for the study thematic analysis was used. Thematic analysis is a method for analyzing and understanding qualitative data and spotting significant patterns (Clarke & Braun, 2017). Figure 2 illustrates the six phases involved in the thematic analysis which was used to generate themes pertinent to the lived experiences of vicarious trauma of school counselors and also their self-care practices used to mitigate the effects of vicarious trauma. An inductive approach was used to drive the process of thematic analysis. The data was coded without trying to insert any pre-existing theories or logical assumptions from the researcher (Braun & Clarke, 2006).

Figure 2

Six Phases of the Thematic Analysis



Note. From "Using thematic analysis in psychology," by V. Braun and V. Clark, 2006, Qualitative research in psychology, *3*(2), p. 87 (https://doi.org/10.1191/1478088706qp063oa).

Familiarizing Yourself with the Data

The researcher spent the first phase of the analysis process getting acquainted with the data obtained from the participant interviews. The researcher listened to all the recorded interviews again to ensure that the transcriptions accurately reflected the participants' experiences with vicarious trauma. The researcher recorded their reflections and ideas in a reflective researcher journal throughout the interview process. (See Appendix E; Carcary, 2020). The researcher read all the interview files, continuing to make notes about common issues repeated throughout the data, and was completely immersed in the data to better comprehend the participants' accounts of their lived experiences with vicarious trauma.

After ensuring the accuracy of all transcribed data and performing member checks with all participants for greater credibility and trustworthiness, the researcher completed all the interview files (Braun & Clarke, 2006). When the participant's descriptions of their lived experiences with vicarious trauma contained any intriguing text passages, the researcher made a note of them and started manually coding each file. The researcher simultaneously and thoroughly documented the substantive components included in all interview recordings using labels and different highlight tools directly within the NVivo software application while continuing to make notes in a separate detailed audit trail file (Clarke & Braun, 2017). Using the NVivo program and audit trail notes, the researcher examined the data pertinent to both research questions.

Generating Initial Codes

The researcher coded the participants' reports of their lived experiences with vicarious trauma using deductive and inductive methods. The deductive or theoretical analysis involved entering the data with some prior conceptions about the motifs that were anticipated

would be replicated, based on theory, or previously held beliefs, according to Braun and Clarke (2006). The current research study analyzed the participants' reports of their experiences with vicarious trauma using Pearlman & McCann's (1992) constructivist self-development theory. This study provided deductive support for the three psychological aspects of the traumatized person: the self, traumatic memories, psychological needs, and associated cognitive schemas. The themes were determined by inductive analysis, which used the data from the participants' actual experiences with vicarious trauma (Braun & Clarke, 2006). The codes and themes were generated by deductive and inductive data analysis, which is a component of every qualitative research study (Braun & Clarke, 2006).

The interview data was then entered into NVivo software by the researcher. In reviewing the participant descriptions based on their experiences with vicarious trauma, the researcher engaged in conceptual and semantic coding using NVivo (Braun & Clarke, 2006; Clarke & Braun, 2017). First, using NVivo software, the researcher manually entered memo remarks regarding the participants' lived experiences with vicarious trauma. The researcher constructed codes by observing the recurrence of concepts in the typed text. Eventually, the researcher created a general color-coding scheme that made it possible to visually identify codes that were frequently used or comparable ideas (Braun & Clarke, 2006).

Searching for Themes

In determining major themes, the researcher compiled and refined a comprehensive list of codes to use in future iterations of the coding review. According to Braun & Clarke (2006), the researcher continued to review all interview data using the comprehensive list of codes created in the Codebook (see Appendix H). A lexical search of identified terms commonly mentioned throughout the interviews was used to aid in discovering emerging concepts (see Appendix I).

After the completion of the comprehensive list of codes and a review of the audit trails, the researcher reviewed all the data notes, Pearlman & McCann's (1992) constructivist self-development theory and Orem's theory of self-care to determine which components of the comprehensive list of codes applied to the deductively supported themes developed and how it aligned with the theoretical frameworks.

The researcher also concluded that the ideas inductively created emerging topics and understandings associated with theoretical reasoning. The researcher grouped the codes into categories. The researcher discovered commonalities referenced from the interview questions section, producing the categories. These categories were named: vicarious trauma experiences, coping, and self-care. In discovering themes that aligned with Braun and Clarke's (2006) thematic analysis, the researcher identified which codes were appropriate to the inductively newly generated themes and which codes were deductive themes affirming the theoretical framework of both Orem's (2001) theory of self-care and Pearlman and McCann's (1992) constructivist self-development theory.

Reviewing Themes

The researcher simultaneously verified all data using the extensive set of codes, examined the initial codes from the participant interviews for accuracy, and kept Braun and Clarke's (2006) as the main emphasis of thematic analysis. The NVivo software was essential for keeping track of the codes generated during the coding process and for creating audit trails. The researcher referred to the participants' descriptions and took reflective notes to track any newly evolved thoughts and notions. To find other areas where the new notion would be useful, the researcher carefully reviewed the data and checked earlier written descriptions from the participants. Inductive and deductive analyses were used to review the codes and themes.

Inductive analysis was used when the codes and themes did not support the established theoretical frameworks, whereas deductive analysis was used when they did. According to the information discussed later in this chapter, the researcher inductively developed new themes. Despite the approach's diligence, the deductive themes were examined while the inductively emerging or innovative ideas were considered. Following this procedure, the "thematic map," depicted in (See Appendix J), was produced using the data.

Defining and Naming Themes

All the codes and themes were examined and assessed in the context of the participant descriptions and conceptual meaning found in the raw data while establishing the themes. After carefully rereading and analyzing the raw data, the researcher concluded that identifying and condensing codes facilitated the development of cognitions related to school counselors' lived experiences with vicarious trauma, deductively clustering new and existing codes into existing themes was also crucial to the process. The fresh perspectives allowed the researcher to construct a coherent understanding from the participants' descriptions (Braun & Clarke, 2006).

Producing the Report

The final and essential phase in the procedure was writing an analysis after completing the first five steps of Braun & Clarke's (2006) thematic analysis. The researcher made thorough notes on the audit trail as a guide for recording the thought process throughout the analysis of the participants' reports of their lived experiences with vicarious trauma to produce a cogent narrative (see Appendix G). The researcher cited the audit trail notes that provided an overview of the process, multiple lists of codes that were created and improved throughout, and the alignment of codes and themes with Pearlman & McCann's (1992) constructivist self-development theory and Orem's theory of self-care. The researcher provided a thorough

explanation of the data (Braun & Clarke, 2006). The decisive step comprised writing a report on the analysis that supported the conclusions reached with vivid examples (Braun & Clarke, 2006). The themes that were discovered through Braun and Clarke's (2006) thematic analysis are shown in Table 3.

Table 3

Themes

Themes
1. School counselors expressed how they received inadequate professional development on vicarious trauma.
2. School counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition).
3. School counselors expressed their lack of confidence in counseling efficacy.
4. School counselors explained how the school district mandated limited time for counseling.
5. School counselors reported a spectrum of emotional responses to their experience of vicarious trauma.
6. School counselors reported self-care strategies used to combat vicarious trauma.
7. School counselors shared the importance of peer support.

Note. The themes related to this study.

Research Question Responses

This section reviews the answers to the research questions that guided this study using the themes generated from the data analysis. The two research questions were: (a) How do school counselors describe their experience of vicarious trauma? (b) What coping strategies do school counselors implement to cope with vicarious trauma? The themes that correspond to the research questions are shown in Table 4.

Table 4

Research Questions Responses

Research Question	Themes
1) How do school counselors describe their experiences with vicarious trauma?	a. School counselors expressed how they received inadequate professional development on vicarious trauma. b. School counselors shared their inability to appropriately identify vicarious trauma ambiguity in conceptual recognition). c. School counselors expressed their lack of confidence in counseling efficacy. d. School counselors explained how the school district mandated limited time for counseling. e. School counselors reported a spectrum of emotional responses to their experience of vicarious trauma.
2) What coping strategies do school counselors implement to cope with vicarious trauma?	a. School counselors reported self-care strategies used to combat vicarious trauma. b. School counselors shared the importance of peer support.

Note. Research Questions and Correlating Themes.

Research Question One

The first research question explored how school counselors described their experience of vicarious trauma. The response to this question is addressed by the themes outlined below:

- School counselors expressed how they received inadequate professional development on vicarious trauma.
- School counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition)
- School counselors expressed their lack of confidence in counseling efficacy.
- School counselors explained how the school district mandated limited counseling time.
- School counselors reported a spectrum of emotional responses to their vicarious trauma experience.

Although the characteristics of vicarious trauma can vary from person to person, there are oftentimes commonalities among individuals who have experienced this phenomenon, as was shown by the narratives of the participants in this study. During the interviews, the participants reflected their experiences with vicarious trauma by identifying the challenges they faced and describing their level of self-awareness after exposure to vicarious trauma. They related several challenges that they faced as school counselors who are exposed to the trauma of students on a continuous basis.

School counselors expressed how they received inadequate professional development on vicarious trauma. For this theme participants reported that based on the level of training received they felt ill-equipped to appropriately address vicarious trauma. Professional development training can increase the professional skills of school counselors and help them to acquire knowledge on how to identify trauma and adhere to reporting protocols (Cureton et al., 2019; Johnson, 2020; Lupton-Smith et al., 2021; Ricks et al., 2022). This training can therefore be a potential avenue for improving outcomes for students that have experienced trauma (Ricks

et al., 2022). Participants noted that the inadequacy of professional development was a contributing factor to their not being able to identify and address vicarious trauma.

Five participants mentioned how a lack of training was at the center of the challenges related to providing trauma counseling in the school setting. Trauma counseling consists of several elements, counseling students with trauma, vicarious trauma, mandated reporting, and referral process (McCann &Pearlman, 1990). Of the five, one indicated that she did not learn about trauma in graduate school. She noted that the curriculum only provided surface-level content that did not detail what to expect once one became a school counselor. Brice stated, "There wasn't a whole lot of professional development opportunities that focused on school counselors who are at a school all day, and the ultimate goal of school is to get the kids an education."

Several of the participants expressed that they faced challenges of dealing with stressors and knowing how to handle residual trauma. Due to the lack of professional development on vicarious trauma, some participants were unfamiliar with some concepts and current best practices associated with promoting wellness for school counselors after exposure to vicarious trauma. Inadequate professional development was expressed as a contributing factor to the lived experiences of school counselors as it related to vicarious trauma. The interviews and data analysis highlighted the school counselors' need for more quality professional development on vicarious trauma. Many participants shared how important professional development was for building professional durability, especially when working with individuals dealing with trauma. The participants' feelings regarding professional development reflected the importance of being immersed in education on vicarious trauma.

School districts and school counseling programs can better identify the requirements of school counselors and offer them more specialized support and professional development based on data on their perspectives and knowledge (Wells, 2022). The participants shared how these situations inspired them to seek professional development in trauma counseling.

Bethany shared:

> I would say just more advocacy, more systems support. I feel like as counselors altogether we are some districts a little bit including this one. I feel like we are glorified administrative assistants. Um, so not a lot of professional development in areas of trauma, especially a school like my school, where we have children who are high risk, and have multiple needs.

Bethany continued:

> I would say, for me, I like the barriers. Yeah. Yeah. Oh, for myself and helping someone with trauma. Professional development. Professional development. I didn't learn a lot of that in grad school. Um, yeah, there's some, you know, there's some things that are free, like, if you get a TPN account, or whatever, but it's a lot of professional development. As far as school counseling goes. There's none provided in that area. Yes. There's the LCA conference, or connections count conference or whatever, but nothing specifically for the trauma. Correct, but I think more professional, I think more training is needed for school counselors.

Brice stated:

> I feel like early on, there was a lack of professional development opportunities to work with trauma. I think that, you know, we're taught band aid therapy, you know, fix it, and get him back in class, fix it, let the parents know. But not really fixing it, just covered up,

calm down, get it back in class. And there wasn't a whole lot of professional development opportunities that focus on school counselors who are at a school all day, and the ultimate goal of school is to get the kids in education. But in the last few years, I really found there's a focus at the state level, and at the district level of really tapping into the emotional needs and the social needs of the kids. So, there's been more not a great amount. But there have been more professional development opportunities to look at the whole child and to meet their needs so that they can you know that not every school counselor as a teacher first I was made any teacher not necessarily school counselor, because whenever you don't, I hate to say grow up, but you kind of grow to grow up fast and you become an educator. You're gonna say you got a Maslow before you can bloom. Yeah. And I really think some school counselors miss that opportunity because they come from a different angle. If they've never taught in the classroom, classroom teachers, however, I mean, they've got to wear so many different hats. And a common phrase is you got to Maslow before you believe in that just says, you got to meet the basic needs of the kids first before you can teach them. And I think we've kind of gotten away from that. And now we're circling back to it. Like, look, if the kids haven't trauma of any kind of crisis. We can't just put a band aid on it, put them back in class, we really got to meet their emotional and social needs. First, before we can teach them. Yeah. I don't know if that answers your question or not. Trauma, had lots of trauma. I don't always feel prepared for it. But I can tell you that I just love on the kids where they are at that moment.

Delores noted:

> Initially, the challenges that I had with working with and dealing with trauma was, to some extent, depending on the type of trauma, was lack of training. That was, that was years ago. Since then, though, the organizations and the professional development that I get from attending conferences, often fun sessions that will inform me, you know, to the type of traumas that children may face as well as given me some foresight as to how to handle it.

The data analysis of the interviews revealed that professional development was essential in the lived experiences of school counselors dealing with vicarious trauma. Participants shared how professional development in trauma counseling created cohesion in understanding how to handle empathetic interactions with students that have experienced trauma. Interestingly, some participants felt that participating in professional development on vicarious trauma would improve wellness, foster awareness of the phenomenon, and create opportunities to advocate for themselves and other school counselors.

School counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition). This theme showed that there was ambiguity as to what constitutes vicarious trauma and that participants were not sure how to identify this issue. Initially, the participants did not have a consistent definition of vicarious trauma, and they stated they were unsure and did not know much about it. Many participants in this study had to research the meaning of vicarious trauma to express an understanding of the term. Some of the participants had an idea of the concept yet had other ways of defining it, which showed vicarious trauma ambiguity.

Recognizing that defining and recognizing vicarious trauma was an issue for the participants, the researcher provided a definition of the term and further explained the nature of the study. The participants were then asked to define vicarious trauma in their own words and share their ideas as it relates to the phenomenon. Many of the participants seemed uncertain when asked to define the term vicarious trauma. Based on the participants' response, there was ambiguity in their definition of vicarious trauma. Bethany stated, "Um, vicarious trauma? Um, I would say that I don't know much of it." Providing a definition for vicarious trauma proved to be very helpful and allowed participants to relate their experiences in a meaningful way.

The study revealed that although school counselors had experienced vicarious trauma, they had difficulty appropriately identifying vicarious trauma which showed an ambiguity in conceptual recognition. The participants displayed ambiguity when the researcher asked them to define vicarious trauma. Overall, the participants had heard the term at some point in their careers, but some experienced challenges when asked to define it.

Bethany noted:

> I would say it's kind of um, like kind of like um, kind of like emotional residue that have exposure just to traumatic stories and experiences, maybe from seeing a murder or seeing a parent getting abused. Seeing I had one student in particular, he saw his brother get hit by a car and lay dead in the street.

Similarly, Linda and Klaire provided the same definition during their interviews. After analysis of the data, it was determined that these three participants had to research the term's meaning. Once the participants researched the term, they understood the nature of vicarious trauma and applied it to their professional and personal life experiences.

Jamie stated:

> Vicarious trauma, I guess, that would be a student who experiences trauma? And, um, how I would feel about that, I suppose that's how I would define vicarious trauma. Okay, their trauma projected on me, I guess, in a sense.

Kim stated that vicarious trauma was "Anyone who engages empathically with survivors of traumatic incidents relating to their trauma." Jasmine defined vicarious trauma as "Anyone who engages empathically with survivors of traumatic incidents relating to their trauma." Delores mentioned:

> Well, you know, I've never really thought about it by definition. I think I have an idea of what it is. So, in my own words, vicariously I think vicarious trauma would be that trauma that I hear about, through the lived experiences of others, correct? Yes. So, you asked me how I deal with it?

Brice noted:

> I think that is some, I don't know that waxes and wanes to me because I think some days like, you get desensitized to some trauma, because you've seen it so frequently. And that's of one. And like one example is like neglect. So, we see basic, I see basic neglect daily. And not that I don't feel for the kids any less. It's just kind of like, I'm just accustomed to it now. So, I don't carry that home with me. And I don't have internal pain from seeing that. Because I've just, I just say over, I'm just like, okay, well, this is, again, this kid came to school in the same clothes five days in a row, and they haven't bathed her, and she's covered in fleas. Like, no, like, I don't carry that home with me anymore. But there's some other things that the kids share with you. And I just have the hardest

> time wrapping my head around. Adults, they treat children like this. Yeah. Like I'm flabbergasted.

Jamie stated:

> I think it is something that's vicarious trauma would be something self-reflective, I need to look into myself and see how it's me the choices that I've made in this situation, did it affect me in my choice? Or did it? I mean, in my opinion, I feel like it's a positive thing for me, it forces me to look in to make better choices to refer in different directions.

Focusing on the ambiguity of defining vicarious can be observed as influential in the participant' lived experiences with vicarious trauma. Some of the participants addressed being unsure of the definition of the term vicarious trauma. When the researcher asked the participants about vicarious trauma, some seemed apprehensive about its meaning. The term was defined uniquely among the participants, and some used analogies to express their understanding of the terminology. During the interview with Brice, she expressed her understanding of the term. However, she mentioned experiencing desensitization to empathetic engagement with students. Many participants had to research vicarious trauma to understand the nature of the study. In contrast, others expressed the importance of attending professional development that explicitly addressed vicarious trauma of school counselors and best practices for personal and professional wellness after exposure to vicarious trauma.

Following these expressions of the challenges they faced in administering care to students, the researcher asked the participants to gauge their awareness and understanding of vicarious trauma. The levels ranged from one to five, with one indicating that an individual is entirely unaware and five being completely aware of the experiences of vicarious trauma. Two participants acknowledged that their level of awareness of their vicarious trauma was five, while

the other participants shared that their level of understanding was four. A summary of the participants' levels of awareness of vicarious trauma is provided in Table 5.

Table 5

Vicarious Trauma: Level of Awareness

Participant	Level of Awareness
Kim	5
Bethany	2
Jaime	3.5
Delores	5
Linda	4
Brice	4
Jasmine	4
Sarah	4
Robin	4
Klaire	3

Note. Level of Awareness to Vicarious Trauma

School counselors expressed their lack of confidence in counseling efficacy. This theme showed that school counselors were not always confident that they were making a difference in the lives of the students they counseled. Several participants expressed difficulty in knowing the right approach to adopt when working with certain types of traumas. All participants shared the difficulty in identifying the most appropriate words to say to students, especially in certain situations, for example when students had lost a loved one. It was reported that the uncertainty of whether they were using words that were helpful became burdensome at times causing them to doubt their efficacy. Linda expressed how she self-reflected following sessions and questioned herself after providing care to a student that experienced trauma. She stated, "Did I make the decision that I say the right things? Oh, yeah, yeah. So, some doubt feelings of doubt, some disappointment, some hurt, some regret."

School counselors must provide the client with the most appropriate information when providing trauma counseling. Many participants shared their apprehension about knowing how to communicate with their students to convey feelings of safety. The participants expressed their lack of confidence in counseling efficacy and reported concerns with providing trauma counseling to their students. On entering the school counseling profession, some participants expressed not knowing the right words to say or how to provide adequate care, because they were not current with best practices on trauma. Many participants described the right words as a challenge when dealing with trauma counseling which later created the experience of vicarious trauma. According to Pearlman and McCann (1990), vicarious trauma pertains to "persons who work with victims who may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons" (p. 134). During the interview, three participants shared their discomfort with addressing trauma counseling and their inability to provide the students with the appropriate comfort by saying the right words.

Kim stated:

> Not always having or knowing the right answers, or what to say? I guess the seven main difficulties I face when dealing with trauma is grief. Knowing the right words to help my students when they're dealing with grief, when it's the death of a parent or grandparent, it's hard. I mean, it's a struggle to find those words to help them because, you know, grief is grief, and you can't just bring somebody out of grief. So just knowing what the right thing to say to them to help them through that.

Linda noted:

> In those cases, where I have wondered, did I say the right thing? Did I do the right thing? Well in so when I experienced it again, or in a similar setting and situation, then I'm usually going to make sure that I say those things that I you know, had in my head and I was thinking about I shouldn't say it I should have done. And then too it encourages you to want to engage in more training with other people, from other people, see what other people are doing. What are some of you know, some of the best practices to utilize in these type cases?

Lack of confidence as it pertained to using language that would be meaningful and that would provide relief to students was a major theme throughout the interviews, as participants related their experiences of vicarious trauma. Some participants addressed not being sure about using the proper wording with students to ensure clarity and comfort during trauma counseling. Participants articulated that these experiences occurred particularly during their first few years of being a school counselor. However, some of the participants expressed how there is still some uncertainty regarding the selection of appropriate words used during trauma counseling. Additionally, participants' responses exhibited an evident awareness of the importance of professional development and years of experience as a measure of confidence in professional efficacy when addressing the needs of students who have experienced trauma.

School counselors explained how the school district mandated limited counseling time. This theme showed the difficulties participants experienced in providing adequate care to students while working within the confines of school policies. School districts have mandates that address the amount of time students are to be in class. With attendance policy in place, school counselors must be mindful of the amount of time students are out of class for non-crisis

counseling. The school district policy on attendance governs the amount of instruction time students need to receive credit for a course, as such school counselors must be mindful of students' instructional time. The participants mentioned the limitations they work with when conducting counseling sessions. When providing trauma counseling, the participants said there was not enough time allowed by the school schedule to provide adequate trauma care without making a referral. Some shared how school district policies emphasize the importance of student instructional time; thereby creating limitations on counseling sessions.

When students have experienced significant trauma beyond the school counselor's scope of practice, referring them to outside counseling agencies is the next best option. Participants noted that although this option was sometimes utilized there was no guarantee that students would get the help they needed because of a lack of parental support and issues with outside agencies. The participants noted that some parents did not follow through with outside counseling as they believed that the school counselor should provide care despite the student and school counselors' schedules, and the parameters within which they were working.

Two participants shared how challenging it was to assist when parents do not follow through with the referred agencies. For instance, a student may have experienced severe trauma and require additional counseling, however when the outside agency contacts the parents, sometimes they do not respond or provide the agency with the information needed to assist the student. As a result, the student never receives the necessary treatment for trauma. Linda articulated that some parents often did not follow through with outside agencies and preferred the school counselors to talk with the student instead. Parents' participation in getting the students the necessary treatment goes beyond the school counselors' control however these types of situations often contribute to the school counselors' emotional distress.

The theme school counselors explained how the school district mandated limited counseling time described the challenges experienced as a school counselor providing care to students. With the school district mandate on students' attendance policy, the amount of time necessary to provide care may not be feasible to conduct the necessary amount of trauma counseling for students, thus limiting school counselors on the quality of care that they can provide within these given parameters. These limitations make school counselors feel inadequate in providing care to students and can create a negative stigma on their confidence and their professional self-efficacy.

Some of the participants noted that school district mandates regulate the number of minutes students are supposed to be in class to obtain credit for a subject. However, these mandates can limit the amount of care that school counselors can provide within a certain period. Participants acknowledge the stress centered on making referrals to outside agencies to assist with the care of students. Some participants shared their frustration with parents not following through with referrals and how sometimes they are left with no choice but to refer students in the hope that they will receive the care that they were not able to provide due to the school district's mandate on students' instructional time.

Linda noted:

> Then to realizing that you may have limitations, and it's okay to refer, especially in a school setting, because of the lack of time that you have in a school setting, often, you can't really do all of the deep therapy that many students need.

Linda continued to express that "So referring them is okay. Sending them to another clinician is fine. If you cannot, you know, if you can serve, serve them for whatever can give them effective treatment, for whatever reason."

Robin discussed that "the aftercare of when something takes place, and they need mental health counseling that is something outside of what the school counseling realm can provide." Robin also mentioned the stress associated with referring students to organizations with flawed systems. She further explained that there are expectations that govern counseling objectives. In certain situations, involving severe encounters with traumatized students, school counselors are expected to make referral recommendations to outside agencies.

School district mandates of limitations on time for counseling was a major factor in the participants' experiences with vicarious trauma. Participants expressed that they understood the nature of the limitations. However, they expressed feeling restricted in their ability to provide adequate care to students that experienced extreme trauma. Some of the participants expressed that they were unable to make assurances to students after referring them to outside agencies, because of the issues associated with the agencies themselves and the lack of parental support. Despite these challenges, however, participants' responses demonstrated an evident awareness of working to the best of their capabilities, regardless of the limitations.

School counselors reported a spectrum of emotional responses to their vicarious trauma experiences. This theme showed the range of emotions that the participants experienced as they dealt with vicarious trauma. Pearlman and McCann (1990) mentioned how an individual might experience an array of disruptions in their psychological needs, such as dependency, safety, power, independence, esteem, intimacy, or frame of reference from the trauma. These schematic areas influence an individual's emotional responses, which has led to the next theme: school counselors reported a spectrum of emotional responses to their vicarious trauma experience. Some participants indicated various emotions, such as helplessness, anxiety, guilt, and anger. They noted that these emotions came about because they had done the best, they

could to ensure that students receive help but realized that they were unable to control the outcomes. The participants noted that they experienced sadness as they recognized that students would be adversely affected because of this lack of follow through from their parents and caregivers.

Although vicarious trauma can manifest differently for individuals, there were some similarities when the participants discussed the emotions related to their experience. Some participants shared how they began to bring experiences from work to their home and experienced difficulty disconnecting from work; however, some participants shared the importance of decompressing from work. Participants described various emotions and feelings connected to their exposure to vicarious trauma. A summary of these emotions is detailed in Table 6.

Table 6

Emotions/Feelings

Participant	Disappointment	Anger	Sadness	Helplessness	Guilt	Regret
Jasmine						
Sarah					x	
Bethany			x			
Linda	x				x	x
Robin		x				
Klaire		x		X		
Delores						
Brice		x				
Kim				X		
Jamie		X	x			

Note. The emotional responses of the participants due to vicarious trauma exposure.

Each participant noted that they experienced various emotions in response to the different situations related to students who had experienced trauma. The participants shared how the students' trauma experiences created disruptions and thus influenced some of the schemata areas

described by Pearlman and McCann (1990) such as safety, trust, esteem, to name a few. The participants were asked, “What other emotions have you felt when you have experienced vicarious trauma?” All ten participants expressed how influential vicarious trauma was on their emotional responses. Some responses highlighted key details that provided a more transparent view of the participants’ lived experiences.

Klaire shared:

> Helpless, like, I can’t do anything. And then sometimes it’s kind of like, you know, a little angry that the kid has to go through, you know, the different things and, um, yeah, I’m just sad, you know, sad that, you know, that you have to let you can’t, that you’re helpless.

Delores noted:

> Oh, my goodness, I am a very emotional person. And when I first became a counselor, that was difficult for me, because, you know, we’re not supposed to show our emotions, you know, we feel them. And we’re empathetic and everything, but I had to work really, really hard at holding back tears, and, you know, inappropriate emotions, when someone had disclosed something to me. So, but to manage them, I’ve gotten better I, you know, I don’t see it, I can hold back the tears and everything. And now I just pretty much, you know, I can go home, and I’ll take it with me home, but I know how to release it.

Linda explained:

> Disappointment? For sure. Just some, no, no anger or anything like that. Maybe some regret. Because, you know, just trying to feel like figure, you know, is there something else I could have done? Is there something else that I could have said, Yeah, you know, it was there ever a time that I communicated to this child that I was going to give up on

> them, you know, so you're always wondering, is there something else that I could have done? Or, you know, that kind of thing? Did I make the decision that I say the right things? Oh, yeah, yeah. So, some doubt feelings of doubt, some disappointment, some hurt, some regret.

Brice noted:

> I still feel sick to my stomach. Like, I would just love to, you know, rescue those kids. And then I also feel anger towards the mom and look single mom, three kids. This is the latest boyfriend. I'm sure she needs some kind of financial stability. And that's why she goes to these men but I'm also kind of angry at her like, why do you let these people in your house that only beat you up and beat your babies up? Yeah, yeah. So sick to my stomach that this happens that adults beat each other up. Because I know some women beat me up in this case it would he was beating her up and then a five-year-old baby like I have my own five-year-old. I think I would lose it if somebody hit my kids. Yeah. She said that's the kind of stuff I take home with me.

Participants expressed the idea that trauma counseling is a very challenging task that requires several skills, including understanding how to manage one's emotions, and maintain control when traumatic stories are shared during counseling. Although it is not always easy to achieve this goal, participants noted that they made efforts to adhere to school counseling ethics when conducting counseling sessions. From the responses given by the participants the researcher concluded that school counselors in this study demonstrated an awareness of the importance of emotional regulation during counseling.

Research Question Two

The second research question was what coping strategies do school counselors implement to cope with vicarious trauma? Two themes that answered this question are described below:

- School counselors reported self-care strategies used to combat vicarious trauma.
- School counselors shared the importance of peer support.

School counselors reported self-care strategies used to combat vicarious trauma. School counselors' duties should involve caring for their health so that they can provide high-quality services for the students they serve. The best method to maintain and improve the well-being of counselors is through self-care practices (Lewis & King, 2019: Masson, 2019; Nelson et al., 2018). All of the participants in the study noted that they engaged in some form of self-care. The terms self-care and self-indulgence are not interchangeable. Self-care does not equate to selfishness; it is a practice used to help one cope better with daily stressors. The American Counseling Association (2014) noted self-care as an ethical responsibility for school counselors as a mechanism for maintaining one's well-being. School counselors must practice self-care to maintain wellness, perform their work, help, and care for others, and finish all the needed daily tasks. Guler and Ceyhan (2020) shared that engaging in self-care practices was difficult for school counselors because of the personal and professional functions of their lives. However, self-care behavior is one of the most crucial protective factors.

The participants were asked to reflect on the influences of vicarious trauma and then share the coping strategies they implemented to cope with this issue. The school counselors' experiences catapulted them towards self-improvement and created a desire to learn more efficient ways of handling trauma. The participants discussed how they implemented self-care strategies into their professional and personal lives. Six of the ten participants shared how their

relationship with God was a self-care mechanism that created work-life balance. Self-care interventions concentrate on the counselor as a person (Evans, 2022; Wagaman et al., 2015).

Many types of physical activity can help reduce symptoms associated with vicarious trauma. In addition to physical interventions, other self-care strategies that have been successful in reducing vicarious trauma include but are not limited to counseling, learning coping mechanisms, mindfulness, relaxation techniques, and social support (Chen et al., 2017; Merriman, 2015; Tunc et al., 2022; Wilski et al., 2015). Establishing a healthy work-life balance, in which the counselor believes they have given each area sufficient attention and are not prioritizing one area over the another, is another significant self-care intervention that was not previously highlighted (Dorociak et al., 2017).

Participants also shared that their spirituality was the key to maintaining their wellness. Linda expressed "My faith is my main intervention, the fact that I can pray, and I can see God, and I can talk to the Lord and all of this." Klaire shared how she has conversations with God prior to significant decisions. Participants reported that they relied heavily on their connection with God to provide them with strength and fortitude especially when dealing with students who were working through intense traumatic situations. Robin stated, "I've got a good church support system and my relationship with God." Robin further mentioned, "My personal relationship with God and, you know, praying and making sure that I understand that he's called me to this. So, he's, you know, he's gonna provide in the situations."

Brice, Bethany, and Sarah acknowledged how God helped them to deal with and overcome challenging situations. The participants also shared other self-care strategies that were essential to their wellness.

Bethany stated:

> I am on constant rotation with my massage therapist, my counselor, my esthetician, my beautician. I like the service industry, like I like getting pampered, I like that, that brings joy to me. Um, when it's not spending money, what I like doing is out. I like to read books, I like to play Nintendo Switch sometimes my daughter's video game, and to spend time with my family, laughing and cooking and eating. Spending time with my husband going for a ride and just hanging out. Those are all important to me. Oh, and some retail therapy, of course.

Kim mentioned:

> I like to read. So that's my go to when I can't do anything else. I like bubble baths. I love to travel. So, when I can take a little small weekend trip just to get away and not think about anything that's happening at school, you know, even in my personal life, that was the things I like to do. I just, hey, let me just plan a quick weekend trip to get away to decompress to have a good time. Back in combat refresh, those are the things that I like to do.

Brice noted:

> And for me, we like I love to read I read all the time. Sometimes I get in trouble because I read all right. We also love to travel; my family and I love to travel so we like, we like to plan travels. We like to like investigate where we go and what we're going to do. We have a based agenda, it's not like one of those itemized itineraries, like every minute it's going to be Yeah. When we get there, we definitely want to see this. And we want to see this, you know, kind of like bulleted list. So, I definitely like to read self-care. Just kind

> of reading for enjoyment, like science fiction books, but I also read a lot of like professional development books, that kind of stuff. And we also plan on traveling.

Many of the participants expressed a variety of ways in which they engaged in self-care practices. Jamie replied, “Any form of pampering, getting my hair done, getting my nails done going to the salon, spending time with my family, taking time to be in silence is self-care for me.” In contrast, Jasmine explained:

> I decompress about I try at least 15 to 20 minutes. When I get home from work, just silence. I don’t have my phone, I don’t have I’ll give my kids a snack, I’ll get them occupied. And I’ll just have like, 15-20 minutes to, you know, go through my thoughts. And this connects a little bit, you know, not bringing that stuff into my home. And on the weekends, just trying to do things for myself. If that means sitting out reading a book or watching a movie, or you know, just things where I’m taking care of myself, because I feel like we get so last into taking care of other people all the time.

All participants expressed the importance of implementing self-care practices and the need to incorporate more self-care routines into their daily routine to maintain a healthy work-life balance. Linda noted that self-care “Gives you the motivation, it gives you the spark that gives you whatever you need to keep going with helping other people and not internalizing all of this stuff.” Jamie described self-care as a “Benefit that makes me happy, healthy, and ready to tackle the day. Like a reset, you know, self-care to me is a reset.” Robin stated:

> Because when you don’t, and you operate in a deficit, you become resentful towards what you’re doing. You become, your emotions aren’t in check you, you’re going to be angry or it a flawed system, you’re going to be, you know, irritated or, you know, just irritable in, you know, just dealing with the situation all together, and all the emotions that go with

it. But you can't give from an empty cup. So, you're taking care of yourself.

Brice noted:

> The benefits of self-care, if I don't take care of myself, I can't take care of anyone else. And I describe that best by telling. I found my teachers have a lot of burnout. You know, my last school, I think they had burnout, which I just transferred schools this year. And this year, my teachers to see the same thing. So, I see it's a systemic issue with teacher burnout. Obviously, you can see that nationwide. But I tell them, like if you've ever flown in an airplane, and they're going over the stuff that you never want to listen to them, how to do your seatbelt, and all the exits of people, kind of tune them out. What do they tell you first about the oxygen mask on first before you can help anybody else? And that's how I view self-care. If I'm not taking care of myself, I can't help anybody else. And my whole goal in human services is to serve others. So, if I'm not good, I can't serve anybody else.

The most effective self-care techniques that school counselors utilized to help them with their vicarious trauma was having a relationship with God, spending quiet-quality time, and engaging in activities such as reading, journaling, mindfulness, and decompressing from work and life. Table 7 outlines several areas of self-care practices.

Table 7

Participants Self-Care Practices

	Prayer	Massage	Consult peers	Therapy	Travel	Family	Read	Eat	Rest
Linda	x	x	x	x					
Brice	x				x	x	x		
Robin	x		x					x	x
Delores						x			x
Klaire	x	x			x		x	x	x
Jamie		x		x		x			x
Bethany	x	x		x	x	x	x	x	
Kim					x		x		x
Sarah	x	x	x						x
Jasmine			x				x		x

Note. Coping strategies implemented by participants to cope with VT.

School counselors shared the importance of peer support. School counselors could benefit from a problem-solving environment, one that encourages the exploration of choices, and one that makes it possible to identify the best practices for school counselors when peer support is put in place during exposure to vicarious trauma. Some participants acknowledge their engagement with peer support to sustain self-awareness. Also, the participants expressed how peer support had beneficial factors related to the discovery of resiliency after exposure to vicarious trauma.

When peer support was put into place during exposure with vicarious trauma, school counselors experienced an environment for problem solving, fostered the exploration of options, and enabled the determination of best practices for school counselors. Having peer support school counselors can develop stability in the presence of vicarious trauma. During the interview, some of the participants shared how they consulted with other school counselors and counselors regarding different cases. Robin shared that she collaborates with other counselors

that can relate. She also expressed how it was beneficial to ask other school counselors for help. The implementation of a counseling network of peer support can facilitate problem-solving, encourage the examination of choices, and make it possible to identify the best practices for school counselors. There were five participants that acknowledged using peer support.

Robin stated:

> I tap into that just collaboration with other counselors who clearly are going through the same thing. So, you have to be willing to ask for help. Open up. Okay, the same thing we instruct our clients to do, we got to do pills, you know, they're no one is above counseling. And if I'm dealing with it, I got to seek the same help. I'm telling my clients that they need.

Jamie noted:

> Wellness for myself, I do my best to turn. Yes, self-care, you know, turn off what I have here and leave it here at the school and go home and be a mom, you know, if I feel like I'm in a situation where I can't turn it off, I seek outside help professional help from other counselors.

Linda explained:

> And then too it encourages you to want to engage in more training with other people, from other people see what other people are doing. What are some of you know, some of the best practices to utilize in these type cases? And then, you know, consulting with other professionals to see what are you doing? What have you done? What did you do in this situation? What do you think is the best thing?

Similarly, Bethany and Sarah reported consulting with their peers about situations involving trauma counseling cases and their ability to create solutions for themselves and their students.

Summary

This chapter discussed the findings of school counselors' lived experiences of vicarious trauma and self-care strategies employed to mitigate the effects of this issue. Each of the ten participants in this study self-identified as having experienced the phenomenon. The researcher used semi-structured open-ended interview questions to elicit the participants' responses. The data analysis revealed seven themes. The seven themes were:

1. School counselors expressed how they received inadequate professional development on vicarious trauma.
2. School counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition.)
3. School counselors expressed their lack of confidence in counseling efficacy.
4. School counselors explained how the school district mandated limited counseling time.
5. School counselors reported a spectrum of emotional responses to their vicarious trauma experience.
6. School counselors reported self-care strategies used to combat vicarious trauma.
7. School counselors shared the importance of peer support.

This chapter also explained how the two research questions were answered. Research question one was how do school counselors describe their lived experiences of vicarious trauma? This question was answered by the first five themes which addressed the areas of inadequate professional development, inability to appropriately identify vicarious trauma, lack of confidence, school district mandates and emotional responses. Research question two was what coping strategies do school counselors implement to cope with vicarious trauma? This question was answered by themes six and seven which addressed the areas of self-care and peer support.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this study was to understand and create awareness of vicarious trauma that school counselors experience and the self-care strategies implemented by them. This study informs current and future school counselors about coping strategies for vicarious trauma exposure. This chapter presents a summary of the findings related to the study. These findings are then discussed through existing literature and the theoretical framework of constructive self-development theory and self-care. The methodological and practical implications of the study are also addressed. The final sections of this chapter discuss the study's limitations and delimitations, along with future research recommendations.

Summary of Findings

This study focused on describing the lived experiences of school counselors relating to vicarious trauma and self-care. As discussed in chapter four, there were seven themes generated from the data analysis using Braun and Clarke's (2006) thematic analysis. These themes suggested that the participants had a shared experience of experiencing vicarious trauma when providing trauma counseling to students (see Table 2). The two research questions that guided this study were: (a) How do school counselors describe their lived experience of vicarious trauma, and (b) What coping strategies do school counselors implement to cope with vicarious trauma? The research questions were answered by the themes generated from the data analysis (see Table 2).

The first research question for this study explored how school counselors described their lived experiences of vicarious trauma. There were five themes that were generated from the data to answer this question; these are outlined below:

- School counselors expressed how they received inadequate professional development on vicarious trauma.
- School counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition).
- School counselors expressed their lack of confidence in counseling efficacy.
- School counselors explained how the school district mandated limited time for counseling.
- School counselors reported a spectrum of emotional responses to their experience of vicarious trauma.

For the theme school counselors expressed how they received inadequate professional development on vicarious trauma, participants noted that their lack of training contributed to them not understanding the implications of vicarious trauma and how to address this issue. Since vicarious trauma has the potential to contribute to counselor impairment and other negative issues it was believed that this was an issue that should have been addressed in professional development.

The second theme of school counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition) was closely linked to the first. Since they did not receive adequate training on vicarious trauma, the participants shared their inability to appropriately identify vicarious trauma, thus ambiguity in conceptual recognition was present. The third theme of school counselor expressed lack of confidence in counseling efficacy revealed the participants' apprehension concerning using the right words to students who were experiencing traumatic events. The participants were very concerned about ensuring that students were helped and not further traumatized by their responses.

The fourth theme dealt with how the school district mandated limited time for counseling. As a result, school counselors were often left with no choice than to refer students who have experienced trauma to outside agencies for continued care. The final theme that addressed research question one was school counselors reported a spectrum of emotional responses to their vicarious trauma. Because of the negative effect on their emotions some participants felt that after the workday was over it was extremely necessary to decompress on the journey home to regain control of their emotions and well-being after exposure to vicarious trauma. The participants also noted that they had a range of emotions related to vicarious trauma, such as anger, sadness, and disappointment, among others.

The second research question was, what coping strategies do school counselors implement to cope with vicarious trauma? This question was answered by two themes. The themes were school counselors reported self-care strategies used to combat vicarious trauma, and school counselors shared the importance of peer support.

Coping strategies can be utilized in promoting self-care, which can enhance the personal and professional well-being of school counselors. The theme of school counselors reported self-care strategies used to combat vicarious trauma showed the several modes of self-care that participants engaged in to promote wellness and to help them cope with vicarious trauma. Some of self-care practices that were used by the participants were reading, journaling, taking care of their health, improving nutrition, and praying. The seventh theme of school counselors shared the importance of peer support demonstrated the value that was derived from getting support from individuals who could understand and share their experiences firsthand. Through peer support, the participants were able to create an environment to discuss problems encountered in school

counseling. They also spoke with peers and colleagues about counseling skills related to trauma counseling.

Discussion

This section discusses the findings of the study in the context of the theoretical and empirical literature reviewed in Chapter Two. The study's findings help build upon the body of literature related to the vicarious trauma of school counselors and self-care strategies that may be helpful to them. This study validates the theory of constructivist self-development theory, seeing that because of participants' experience of working with traumatized students on a regular basis their perceptions and realities were being influenced by these interactions. As such they experienced negative emotions and questioned their professional self-efficacy. The study also revealed that participants engaged in self-care to maintain and improve their health which is the focus of Orem's theory of self-care.

After the completion of the study, it was discovered that the participants that were apprehensive about defining vicarious trauma and provided minimum coping strategies when asked about self-care were detrimentally influenced by vicarious trauma and other stressors from work-life situations. Three of the ten participants are currently out on medical sabbatical for the remainder of the school year, while the participants that provided an adequate amount of information on vicarious trauma and coping strategies implemented in daily life were nominated for end of the year awards and received recognition from the school district.

Empirical Literature

The themes from this study aligned with existing literature on vicarious trauma. The primary way vicarious trauma influences school counselors are psychological, including emotional, behavioral, and cognitive. Researchers agree that the vicarious trauma process

negatively shapes school counselors' perceptions because of empathic interaction while hearing about students' traumatic experiences (McNeillie & Rose, 2021; Nikischer, 2019; Tunc, 2022). With this experience, vicarious trauma resembles the primary trauma, and often, the symptoms resemble that of the survivors of trauma that they are counseling. Some individuals display symptoms include hypervigilance (Ravi, 2021), anxiety (Cummings et al., 2021; McCabe & Day, 2022; Meckler, 2022), difficulty sleeping (Gibson et al., 2021; Pryce et al., 2021), and concentrating (Levin et al., 2021), which coincides with some of the emotional responses described by the participants in this study. Bethany noted that she experienced challenges with understanding vicarious trauma and how she needed to engage in more self-care as she believed that it would reduce her anxiety, depression, and stress. According to Ravi (2021), personal history of trauma, poor coping skills, a lack of social support, instability in one's personal life unrelated to work, and working with patients who disproportionately experience trauma are all factors that raise one's risk for vicarious trauma. For instance, Kim noted that she had difficulty taking care of her family and her personal well-being because she was so consumed with taking care of the needs of her students.

There were seven themes identified in the study that described the lived experiences of vicarious trauma of school counselors and self-care strategies used to cope with the effects of this issue. These themes were consistent with existing literature. The first theme that answered research question one was school counselors expressed how they received inadequate professional development on vicarious trauma. Some of the ways in which school counselors can address issues related to vicarious trauma are through professional development, supervision, and self-care strategies (Cureton et al., 2019). Participants noted that there was a need for more professional development as a means of providing them with education relevant to their jobs as

school counselors. For instance, Bethany explained “I feel like we are glorified administrative assistants.” The fact that the school environment is an evolving one with students facing new challenges every day, it is imperative that school counselors are given the opportunity to receive professional development on vicarious trauma to better equip them to serve the students in their care. Delores reported “Initially, the challenges that I had with working with and dealing with trauma was, to some extent, depending on the type of trauma, was lack of training.”

The second theme was school counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition). Many graduate programs provide limited training on trauma and self-care, oftentimes training is tailored to adverse childhood experiences or recognitions of trauma in students and not so much the trauma that happens to the counselor (Wells, 2022). Some of the participants seemed uncertain when asked to define vicarious trauma. Generally, vicarious trauma was a subject that was not discussed often prior to the interviews and the participants seemed to focus limited attention on the phenomenon. For instance, Sarah was unsure of the term and did not define vicarious trauma at all. Jamie stated that “Vicarious trauma, I guess, that would be a student who experiences trauma? And, how I would feel about that, I suppose that's how I would define vicarious trauma. Okay, their trauma projected on me, I guess, in a sense.”

The third theme was school counselors expressed their lack of confidence in counseling efficacy. Over time, exposure to vicarious trauma can lead to school counselors questioning their ability to help their students. With overexposure to students’ trauma experiences, school counselors may experience being overly emotional, bystander guilt, shame, and self-doubt (Long, 2020). The participants acknowledged that lack of professional development on trauma counseling was influential in their inability to effectively address certain students’ traumatic

experiences. For example, Kim expressed “I’m always thinking about these kids, and I'm always worried about you know, did I say the right things that I helped them in the right way that I needed to that I reached them that day?” Delores stated, “I’ve learned a lot, but I still feel sometimes, like, I’m somewhat lacking in my training to be really effective.”

Theme four was school counselors explained how the school district mandated limited counseling time. Parker (2012) mentioned the importance of novice counselors creating a support system amongst colleagues, administrators, and others in their professional network. With the limitations in place, school counselors can utilize professional networks to aid in providing resources to students that have encountered severe trauma. Linda realized that there are limitations and that making referrals for students is a professional norm. Linda shared “Especially in a school setting, because of the lack of time that you have in a school setting, often, you can’t really do all of the deep therapy that many students need.”

The fifth theme was school counselors reported a spectrum of emotional responses to their experience of vicarious trauma. Vicarious trauma can cause a wide range of emotional responses (Pryce et al., 2021). Outside the initial symptoms experienced during the occurrence, anger, fear, grief, and guilt were some of the emotional responses that manifested in this study. Some of the participants found it challenging to recognize these emotions for various reasons. According to Schauban and Frazier (1995), professional reaction to intense feelings and somatic responses reflects having trouble carrying out their therapy work as they typically would, such as setting and upholding limits and building trust. Nevertheless, some of the participants in this study did not report experiencing extreme emotional responses to their vicarious trauma exposure, however, three of the participants have taken a medical sabbatical. According to Cohen and Collen (2013), “the emotional responses to trauma work seemed to occur both while

and after hearing the client's traumatic story" (p. 577). These events were associated with negative feelings, distress, and physical reactions defined in the context of secondary traumatic stress in the past (Figley, 2002).

Theme six was school counselors reported self-care strategies used to combat vicarious trauma. Vicarious trauma, which can result through exposure, can produce symptoms that are comparable to those of post-traumatic stress disorder (PTSD), such as emotional tiredness, diminished empathy, and a sense of hopelessness (Branson, 2019; Cole, 2019; Cummings et al., 2021). In general, self-care is a pertinent part of school counselors' vicarious trauma management. School counselors can better handle the stress and trauma they experience at work by prioritizing their physical and emotional well-being, creating boundaries, growing in self-awareness, developing social support, and cultivating resilience. Creating developmental coping strategies such as self-care could increase profession retention and motivate more opportunities for self-awareness and favorable resolution (Gingrich, 2020). For instance, Delores stated that she "Talk a lot about different types of coping skills. and then finding one that would work." She continued "So to take care of myself is vital in helping other people and self-care, you know, you do what you need to do for self-care."

The seventh theme was school counselors shared the importance of peer support. In building peer support, school counselors can build relationships and network with other helping professionals. Peer support can assist in giving school counselors a feeling of acceptance, validation, and emotional support. School counselors who consulted with other mental health professionals enhanced their counseling program, thus providing shared support for students and themselves (Appling et al., 2019). Robin expressed how she collaborates with other school counselors who work with diverse populations and who have had experiences similar to her.

Linda also noted “It encourages you to want to engage in more training with other people, from other people see what other people are doing? What are some of you know, some of the best practices to utilize in these type cases.”

Theoretical Literature

The theories that guided this study were constructivist self-development theory (Pearlman& McCann, 1990) and Orem’s (2001) theory of self-care. McLeod et al. (2020) proposed that cognitive schemas develop because of traumatic experience and suggested CSDT offers a framework for evaluating and treating trauma responses. According to McLeod et al. (2020), these schemas may be the focus of interventions to correct or swap out problematic ones that lead to risk-taking, impaired judgment, and disturbed wellbeing. Constructivism dictates that individuals construct and mold realities that are rooted in cognitive processes and shaped by their environment over the course of their lives (McLeod et al., 2020). As shown by the narratives of the participants they were impacted by vicarious trauma in different ways. For instance, Robin shared how it was difficult for her to set her emotions aside after she built rapport with students. Klaire expressed how she had challenges as a beginning school counselor with establishing boundaries with students, which impacted her ability to effectively provide care. In contrast, Jaime’s experiences with vicarious trauma motivated her to seek help for herself and the students that she served.

Some of the participants shared how their experiences altered their perception of their professional well-being at some point in their career. Participants also believed that the challenges of disconnecting from work and the negative consequences of students reporting abuse made them question themselves as to how effective they would be in handling future traumatic situations. Jasmine stated, “when I first started this job, it was very hard for me to

disconnect myself from trauma that was happening here with the kids." Similarly, Kim expressed "Biggest struggle is to leave work at work." This study showed that once school counselors were aware of vicarious trauma, they were able to identify some of their past experiences as vicarious trauma and could now plan on the necessary steps to take going forward that would help them to mitigate this issue and be more effective in their jobs. It was evident therefore that constructivist self-development theory provided the framework for school counselors acquiring an awareness to vicarious trauma which then highlighted the importance of coping strategies as a means of being proactive in providing trauma counseling.

Constructivist self-development theory provided a framework for comprehending the emotional toll that school counselors experience while providing trauma counseling to students. According to constructivist self-development theory, vicarious trauma reduces one's expectation and sense of security that specific psychological needs will be met, which results in emotional distress such as anger, guilt, fear, sadness, shame, impatience, and other signs of emotional dysregulation (Harvey, 2015). Harvey (2015) stated the idea briefly explained how trauma may have an influence on the following beliefs, presumptions, and expectations regarding one's psychological needs. This study supports existing research on constructivist self-development theory. Following the analysis of the data, the study revealed that the participants reflected at least one of the psychological needs discussed (see Table 8). For Robin, the psychological need was spirituality. She expressed "what I'm struggling with and whatnot, and then just my own personal relationship with God and, you know, praying and making sure that I am that I understand that he's called me to this. So, he's, you know, he's gonna provide in the situations."

Table 8

Significant Psychological Needs

Need	Description
Frame of Reference	Ability to view the world as just, meaningful, stable, and controllable
Safety	Feeling secure from harm
Intimacy/Trust	Feeling connected to and validated by others
Group affiliation	Belonging to a larger community or cultural group
Self-esteem	Having self-approval; valuing oneself
Power	Exerting control over others
Existential meaning	Articulating the purpose of one's life
Spirituality	Feeling connected to that which transcends secular experience

Note. Harvey, M. (2015). Reaping the benefits of vicarious trauma, International Journal of Interpreter Education (7)2, 3. https://tigerprints.clemson.edu/ijie/vol7/iss2/3.

This study also supports existing research on self-care as articulated by Orem's (2001) self-care theory. Although this theory was based on the lives of professional nurses, it can also be applied across other helping professions, such as school counselors. This theory focuses on one's ability to implement and perform self-care (Orem, 2001; Tanaka, 2022). Orem's philosophy is also based on the idea that everyone has the innate capacity, obligation, and right to care for themselves (2001). As a result, Orem's idea reflects that humans' maturation and development are accompanied by self-reliance, a desire to be self-directing, and a desire to inspire others to do the same. She focuses primarily on each person's capacity to practice self-care.

According to Orem (2001), self-care is a learned behavior that a person engages in to help sustain health, life, and well-being. The participants believed that self-care was vital in order to provide effective trauma counseling to students and to carry out the other duties that they have been assigned. All participants' perceptions were positively influenced when self-care routines were used in their daily life, such as being able to decompress after a workday or consulting with professional counselors and family members. Orem's (2001) theory of self-care

was also helpful in recognizing how peer support is a coping strategy that can create wellness. Participants noted how peer support helped them to have an ongoing connection with each other and also with their surroundings.

Implications

The findings of this study have implications for several groups of people. This study could be helpful to school counselors, researchers, medical personnel, and other mental health professionals. These implications were examined from various perspectives, including the theoretical, empirical, and practical.

Theoretical Implications

This study has theoretical implications for researchers exploring vicarious trauma in school counselors working with students who have experienced trauma. The constructivist self-development theory (CSDT) was appropriate for this study because it examined the three psychological elements of an individual who has experienced trauma. Focusing on the elements allows one to observe the self, any traumatic memories, and the psychological needs and cognitive schemas (McCann & Pearlman, 1992). Constructivist self-development theory can be described as the focus of trauma and its adaptation to the trauma (McCann & Pearlman, 1990). The findings of this study revealed that school counselors are affected by listening to the traumatic experiences of their students. For instance, Delores expressed “And we’re empathetic and everything, but I had to work really, really hard at holding back tears, and, you know, inappropriate emotions, when someone had disclosed something to me.” It was also shown how the effects of vicarious trauma caused participants to have apprehension as to how to approach future interactions with other students dealing with trauma. This idea speaks to traumatic memories which is one of the psychological elements observed in the constructivist self-

development theory.

The trauma's influence motivated the participants to further understand trauma counseling through professional development. The themes that emerged from the data analysis that corresponded with the concept of McCann and Pearlman's (1990) constructivist self-development theory affected how the participants saw themselves, the traumatic memories disclosed, and the psychological needs attached to those feelings. Orem's (2001) theory of self-care was suitable for this study. Although Orem's theory was geared towards nurses and their well-being, this concept can be utilized across other helping professions. Orem's (2001) self-care theory can be applied to school counselors and their willingness and capacity to include intervention in their daily routines to enhance wellness (Neelam, 2013).

Considering Orem's self-care theory, one can examine the participants' focus and initiative in the actions taken to maintain their health, well-being, and way of life. Individuals who implemented Orem's self-care program have increased their quality of life (Khademian et al., 2020). This intervention may promote health preservation, sickness prevention, or health restoration. Using constructive self-development theory and Orem's theory of self-care can provide school counselors with an understanding of vicarious trauma and the importance of adopting self-care strategies to help them decrease the effects of this issue.

Empirical Implications

There are also empirical implications for this study. For those researching vicarious trauma, this study explored the lived experiences of school counselors. It was discovered that individuals who experience vicarious trauma exhibited difficulty in emotional management. Based on school counselors' expectations, they shared a need for training on vicarious trauma. Due to the lack of awareness and training on vicarious trauma, they felt anger, helplessness, and

self-doubt, which influenced their professional perspective of the world and themselves. They felt uncertainty in saying the right words to students that had experienced trauma and questioned the process after reporting to the appropriate personnel. After building positive rapport with the students and obtaining information about their trauma, it was challenging not knowing what would happen next and not having control of the outcomes.

Although providing trauma counseling can be demanding, many found interventive practices of self-care a supportive system of self-rehabilitation. The participants felt that separating work from their personal life was important. The findings from this study help promote awareness of how school counselors' mental and emotional health can be adversely affected. Although school counselors encounter many issues, there are limited studies on their experiences with vicarious trauma and its influence on their well-being (Molnar et al., 2020; Newman et al., 2019; Pirelli et al., 2020). This study adds to the gap in the literature on vicarious trauma concerning school counselors.

Practical Implications

School counselors play an essential role in contributing to the development of students. This study has practical implications for counselor educators and school counselors by promoting awareness of vicarious trauma experienced by this population. An awareness of vicarious trauma will allow school counselors to implement strategies that are combative to its influences. The data gathered from this study may increase understanding and awareness of vicarious trauma among school counselors and future school counselors.

The study's findings may also help provide a framework for treatment, interventions, and education addressing this phenomenon. The phenomenon known as vicarious trauma is receiving increased attention in counseling literature (McNeillie & Rose, 2021; Peled-Avram, 2017;

Quitango, 2019). The findings indicated that school counselors were not confident in their competency of understanding and training about vicarious trauma. The study's conclusions also implied that learning more about the subject would benefit counselors, particularly those who work with trauma survivors. To raise awareness of vicarious trauma and other trauma-related problems, counselor educators should provide additional training in their counseling programs. School counselors in this study shared the importance of professional development in vicarious trauma and trauma counseling.

School counselors in training may benefit from trauma-related courses in graduate programs and supervision. Since supervision is used to track the level of performance and development of supervisees, it can also be a trustworthy source for vicarious trauma awareness (McCann & Pearlman, 1990). In this study, the counselors reported a desire for support in their workplace settings. Four participants noted how administrators view school counselors negatively and only view them as necessary in times of crisis. School administrators should foster collegial connections and encourage their colleagues within their working environments. Counselors may find peer groups, weekly case conferences, and consultations helpful for maintaining their well-being and preventing vicarious trauma (Wells, 2022). Linda believed in the importance of counseling, establishing support from coworkers, and consulting with other school counselors to regroup when feeling overwhelmed at work as methods of interventive practices. Brice shared how she consulted with her husband and established a wellness checklist system.

Self-care was viewed as the overarching practice implemented into their daily routine for sustaining personal and professional wellness. Education is necessary for increasing school counselors' competency in trauma counseling. Graduate school counseling programs must

implement more in-depth content on trauma counseling for individuals exposed to vicarious trauma in the school setting. School counselors are well-positioned to start supporting pupils in their learning environments since they are one of the first responders to the student's needs.

Delimitations and Limitations

The purpose of this study was to explore the lived experiences of vicarious trauma of school counselors and explore self-care strategies implemented to help them cope with the effects of this issue. This study aimed to discover and promote awareness of vicarious trauma among school counselors providing care to students who have encountered trauma. This section presents the delimitations and limitations of the study.

Delimitations are those deliberate choices the researcher makes regarding the scope of the investigation (Theofanidis & Fountouki, 2019). For this study, delimitations included participants had to be at least 23 years or older, have an equivalent of a master's degree in counseling, and have at least two years of experience as a licensed school counselor. Additionally, participants must have had experience as a counselor in a K-12 school setting, assisting students who have experienced trauma. In order to explore school counselors' lived experiences with vicarious trauma, participants had to be adults who could consent to providing personal information about their experiences while also understanding that taking part in the study may cause them to be emotionally triggered. One geographic location inside one school district served as another delimitation for this study. In order to comprehend how these experiences, affect this specific place, it was thought beneficial to include participants who were locals of the same area. The research strategy for this study was restricted to a phenomenological approach since it was thought that it would best capture the lived experiences of school counselors who had suffered vicarious trauma and needed self-care.

Limitations are those potential weaknesses of a study that are uncontrollable (Theofanidis & Fountouki, 2019). One of the limitations of this study was the sample size. The small sample allowed for in-depth interviews where participants could share rich details about their lived experiences; however, this limitation meant the results could not be generalized to the experiences of all school counselors. Future research must validate the results discovered in this study. Gender was another limitation, as only females participated in the study. A male perspective on vicarious trauma in school counselors and self-care was not explored and should be considered for future research.

Recommendations for Future Research

The current study focused on the vicarious trauma of 10 school counselors in Southwest Louisiana, and the interventive practices of self-care which was used to help them cope. The following suggestions for future research are proposed from the study data, the implications, delimitations, and limitations associated with the research. This study contributed valuable information to the body of literature on the vicarious trauma of school counselors. However, future research on this topic should be explored.

To increase the diversity of this study, quantitative research must be carried out. Research involving participants from other geographical regions, including male school counselors, would provide various perspectives on this issue since this study was restricted to only women in Southwest Louisiana. Research with participants from other regions may contain cultural and sociological perspectives that differ from those in Southwest Louisiana since practices, cultures, and customs can vary drastically. Future research should include other ethnicities, as participants in this study only included African American and Caucasian individuals. As a result, some of the unique cultural experiences may be missing. Future studies could also focus on Christian based

school counselors and observe their experiences with vicarious trauma and self-care practices. These topics offer a range of options for future studies on how vicarious trauma affects other types of school counselors.

Summary

This descriptive phenomenological study examined the lived experiences of school counselors in southwest Louisiana who have experienced vicarious trauma and engaged in self-care as a coping mechanism. The study also operated within the context of constructivist self-development theory and Orem's (2001) theory of self-care as it applied to the participants' experiences. The findings from this study showed that school counselors in southwest Louisiana experienced vicarious trauma in different yet similar capacities. Participants expressed that their views on vicarious trauma were influenced by lack of awareness. It was revealed that school counselors needed more professional development on vicarious trauma and also greater support from administration as they believe this will help them to provide more effective trauma care to students. There were seven themes that were identified in this study:

- School counselors expressed how they received inadequate professional development on vicarious trauma.
- School counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition).
- School counselors expressed their lack of confidence in counseling efficacy.
- School counselors explained how the school district mandated limited time for counseling.
- School counselors reported a spectrum of emotional responses to their experience of vicarious trauma.

- School counselors reported self-care strategies used to combat vicarious trauma.
- School counselors shared the importance of peer support.

The first research question was how do school counselors describe the lived experiences of vicarious trauma. This question was addressed by five themes, school counselors expressed how they received inadequate professional development on vicarious trauma, school counselors shared their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition), school counselors expressed their lack of confidence in counseling efficacy, school counselors explained how the school district mandated limited time for counseling, school counselors reported a spectrum of emotional responses to their experience of vicarious trauma.

The participants shared their experiences and challenges of providing care to students that had experienced or were experiencing trauma. It was revealed that there was inadequate professional development on vicarious trauma which created a void in the competence and abilities of the counselors to effectively carry out their duties. Since there was a high probability that school counselors would experience vicarious trauma in the normal course of their duties it was believed that priority should have been placed on ensuring that they received training in this area. The study also revealed that there was lack of awareness on vicarious trauma, which was shown in the participants inability to appropriately identify the meaning of vicarious trauma. This was evidenced in the interviews when participants were asked to define vicarious trauma and had difficulty doing so. Some participants had an idea of the phenomenon and used examples to provide a definition, however it was observed that there was ambiguity in conceptual recognition.

The participants also noted that there was a lack of confidence in their counseling skills, especially for novice school counselors. They noted how they questioned their ability to

adequately provide students that have experienced trauma with the appropriate comforting words. Some participants noted that there were certain situations which precipitated this self-doubt, such as when students were experiencing grief because of the death of a loved one. Participants mentioned school district regulations on limited time for counseling, thereby causing counselors to refer students to outside agencies. The focus of school administration is on instruction on learning so time for counseling is minimized. This is a very shortsighted way of looking at things because when students are doing well emotionally, they will not necessarily perform well in their studies. From the participants' experiences with vicarious trauma, emotional responses were recognized and described. Some of the emotional responses conveyed were sadness, disappointment, overwhelmed and helplessness. Participants also had difficulty in maintaining their composure when students were relating their traumatic accounts.

The second research question was what coping strategies do school counselors implement to cope with vicarious trauma. This question was answered by the themes school counselors reported self-care strategies used to combat vicarious trauma and school counselors shared the importance of peer support. The participants described various coping self-care strategies used in creating a presence of resilience following exposure to vicarious trauma. Participants recognized how coping strategies helped them to overcome the emotional responses endured from providing trauma counseling to students that have experienced trauma. The participants shared the importance of coping strategies in maintaining a healthy work-life balance.

Participants integrated self-care techniques that promoted self-assurance in counseling efficacy. The participants felt it was essential to understand how utilizing self-care increased their confidence and allowed them to educate administration about vicarious trauma and the negative outcomes that can emanate from this issue. Some of participants expressed the

importance of administrative support and how working with administration on students' trauma creates a supportive environment. With a supportive environment, school counselors can reduce a sense of feeling alone and feelings of being overwhelmed.

Within this theme, peer support and the benefits of peer support were defined. The participants described how peer support created an environment for problem solving, exploration of options, and determining the best course of action for school counselors. During the interview, some of the participants acknowledged how consulting with other school counselors was essential for professional and personal development. By consulting with other school counselors, participants were afforded the opportunity to connect with their peers and explore strategies for conflict resolution and other current best practices.

The implications of this study are for both school counselors and counselor educators. There is a need for graduate programs to educate school counselors on vicarious trauma and the risks of experiencing its effect within the profession. There is a lack of resources supporting the treatment of vicarious trauma for school counselors, which should be explored in future studies. Research that looks at how people deal with vicarious trauma symptoms may be helpful for counselors. A knowledge base developed from such a study could be helpful to those working in the counseling area in terms of aiding in reduction of the phenomenon. Future studies should concentrate on creating awareness on the phenomenon and discussion of protective factors as it pertains to school counselors, as research on vicarious trauma tends to concentrate on professionals such as mental health professionals, social workers, or trauma workers.

In order to prevent school counselors' burnout and provide a more positive workplace environment, school counselors and other stakeholders in the school environment must become aware of the psychological effects of vicarious trauma. The results of this study offer essential

information that emphasizes the necessity of raising awareness about vicarious trauma and how it affects the well-being of school counselors. The researcher expects that as awareness grows, there will be greater thrust in exploring interventive techniques like self-care.

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APPENDIX A.

Consent

Title of the Project: Vicarious Trauma: A Phenomenological Qualitative Study of School Counselors and Self-Care
Principal Investigator: Chernika Leon, Liberty University
Dr. Tracy Baker, Liberty University, Dissertation Chairperson

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be

1. At least 23 years and over
2. Have an equivalent of a master's degree in counseling
3. Licensed school counselors with at least two years of experience
4. Have working experience in a K-12 school setting as a counselor, assisting students that have experienced trauma

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to understand school counselors' lived experiences involving vicarious trauma and interventive practices such as self-care. In understanding vicarious trauma and the role that vicarious trauma awareness plays on school counselors working with students with trauma, school counselors may be able to implement appropriate interventive strategies to combat this phenomenon.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete 5 pre-screening tools (5-10 minutes).
2. If you are eligible (per pre-screening tool), you will proceed with the rest of the study procedures. I will email potential participants to let them know if they are eligible. I will discard the information of individuals that do not qualify to participate in the study.
3. Complete a phased interview procedure: (a) provide a written response to interview questions (15-20 minutes); (b) submit to an oral interview with audio and video recording for clarity and understanding (up to 60 minutes).
4. Review the transcription for accuracy (15-20 minutes).
5. Answer any follow-up questions or concerns that may need to be answered for clarification.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include providing an existing body of research that may advance our understanding of the world and may lead to practical applications in mental health and school counseling as it pertains to vicarious trauma of school counselors.

What risks might you experience from being in this study?

The risks involved in this study include mandatory reporting. The researcher, by law, is mandated to report any information related to child abuse, child neglect, elder abuse, or intent harm self or others. In the event mandatory reporting is required, the participant will be terminated from further participation in the study and all contributing information will be removed from the study. The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through pseudonyms. Interviews will be conducted where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.
- To maintain confidentiality, all information will be secured with pseudonyms usage, no focus groups will be used for this study to ensure confidentially is maintained on behave of the researcher.

How will you be compensated for being part of the study?

Participants **will not** be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from your studies?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Chernika Leon. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted]. You may also contact the researcher's faculty sponsor, Dr. Tracy Baker, at [redacted].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email me on irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) ensures that human subjects research will be conducted ethically as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

APPENDIX B.

Prequalifying Screening Tool

Study of School Counselors, Vicarious Trauma, and Self-Care

Welcome!

Thank you for your participation in this prequalifying screening tool. Data will be collected and kept confidential. Your feedback is important and will be used to enhance professional learning opportunities. Participation in this prequalifying screening is voluntary, and participants may withdraw from this activity at any time without penalty for non-participation by clicking out of the tool. If you have any questions or need more information, you can contact me at cleon3@liberty.edu.

1. Working as a school counselor, describe your experience with providing trauma therapy.

2. what ways, has providing trauma care to traumatize students has influenced your life?

3. As a school counselor, explain the ways in which you cope with day-to-day traumatic events told to you by your students.

4. Would you be interested in participating in a 45–60-minute research interview and focus group based on your response?

5. If you are interested in participating in a 45-minute virtual interview and group, please respond by listing your name (first & last) and email address.

APPENDIX C.

Interview Questions

Interview Questions

Introductory

1. How many years have you been a school counselor and at what school level (i.e., elementary, middle, high school)?
2. What led you to pursue a career in school counseling?
3. What are your long-term goals as it pertains to school counseling?
4. What professional challenges have you faced as a school counseling working with trauma?

Vicarious Trauma

5. How do you define the concept of vicarious trauma?
6. Describe your experience with vicarious trauma in your work setting.
7. What are some of the emotions that you have felt when you experience vicarious trauma?
8. What are some of the ways that vicarious trauma has influenced your ability to provide care?
9. How do you maintain providing effective care when dealing with vicarious trauma?
10. Being a school counselor, how do you promote wellness of self and students when faced with vicarious trauma?

Experiences

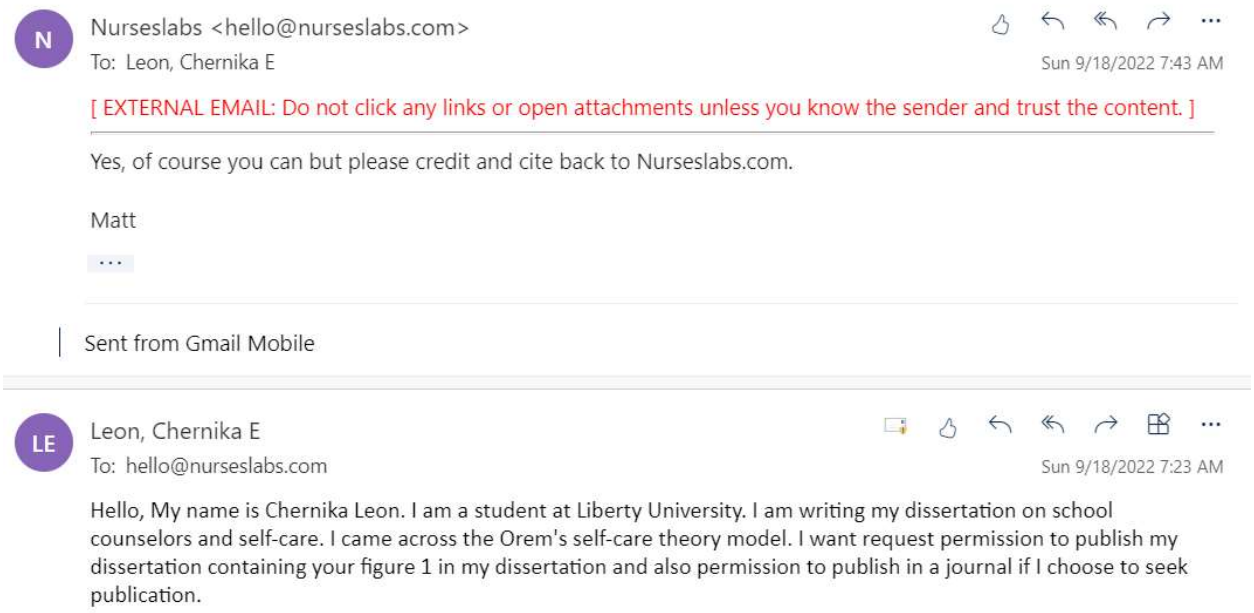
11. Can you describe a traumatic experience that you have had from counseling students that have experienced trauma?
12. What are some of your challenges in providing trauma therapy and counseling?
13. On a scale from one to five, with one being very unaware and five being completely aware, how aware are you of your vicarious trauma?
14. What are your thoughts on vicarious trauma producing positive personal growth or change?
15. In what ways Has training on trauma enhanced your school counseling program?
16. What personal and professional action plans do you have in place that would promote resilience?

Self-Care

17. As a school counselor, how do you define self-care?
18. What are some of the things that you have done or are currently doing to engage in self-care?
19. How would you describe the benefits of self-care?
20. We have covered a lot of ground in our conversation, and I so appreciate the time you have given us for this. One final question… Is there anything else that we have not yet?
covered that you believe is pertinent to our discussion on vicarious trauma?

APPENDIX D.

Permission for Usage



N

Nurseslabs <hello@nurseslabs.com>

To: Leon, Chernika E

Sun 9/18/2022 7:43 AM

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Yes, of course you can but please credit and cite back to Nurseslabs.com.

Matt

...

Sent from Gmail Mobile

LE

Leon, Chernika E

To: hello@nurseslabs.com

Sun 9/18/2022 7:23 AM

Hello, My name is Chernika Leon. I am a student at Liberty University. I am writing my dissertation on school counselors and self-care. I came across the Orem's self-care theory model. I want request permission to publish my dissertation containing your figure 1 in my dissertation and also permission to publish in a journal if I choose to seek publication.

APPENDIX E.

IRB Approval

[External] IRB-FY22-23-451 - Initial: Initial - Exempt

D do-not-reply@cayuse.com
To: Leon, Chernika E; Baker, Tracy (Community Care and Counseling)
Thu 12/8/2022 11:03 AM

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

December 8, 2022

Chernika Leon
Tracy Baker

Re: IRB Exemption - IRB-FY22-23-451 Vicarious Trauma: A Phenomenological Qualitative Study of School Counselors and Self-Care

Dear Chernika Leon, Tracy Baker,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

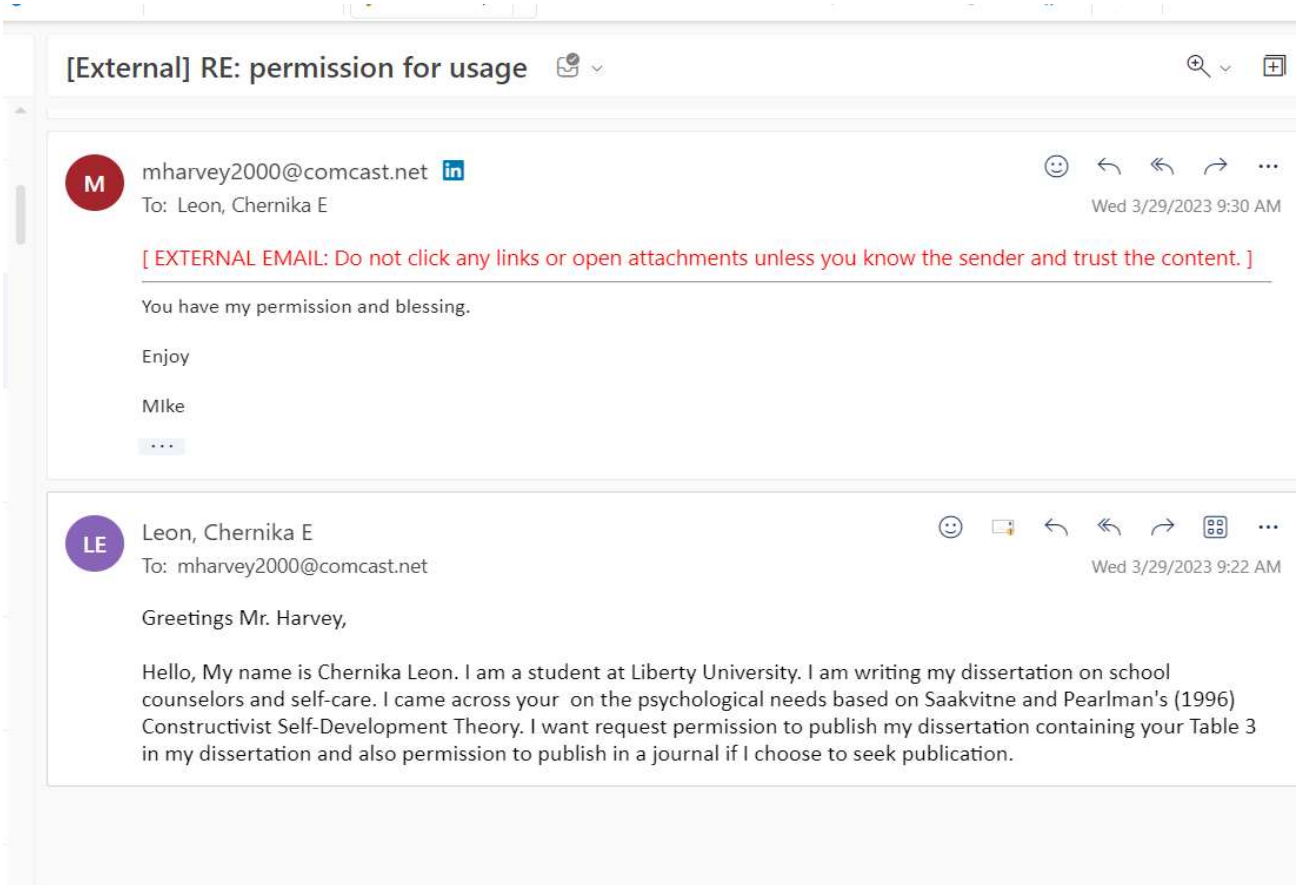
Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX F.

Permission for Usage of Content



[External] RE: permission for usage

M

mharvey2000@comcast.net

To: Leon, Chernika E

Wed 3/29/2023 9:30 AM

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

You have my permission and blessing.

Enjoy

MIke

...

LE

Leon, Chernika E

To: mharvey2000@comcast.net

Wed 3/29/2023 9:22 AM

Greetings Mr. Harvey,

Hello, My name is Chernika Leon. I am a student at Liberty University. I am writing my dissertation on school counselors and self-care. I came across your on the psychological needs based on Saakvitne and Pearlman's (1996) Constructivist Self-Development Theory. I want request permission to publish my dissertation containing your Table 3 in my dissertation and also permission to publish in a journal if I choose to seek publication.

APPENDIX G.

Excerpt from Researcher's Journal

December 13, 2022:

Kim experienced some impact before the interview from providing trauma counseling. She was excited to participate in this study. Although this is her first interview, I want to make sure that the interview is natural. Through questioning, my goal is minimize interrupting the participant as they share their experiences. I want to make sure that my own thoughts and feelings does not manifest during the interview.

December 13, 2022:

I am about to conduct an interview with Bethany. It is important that I make sure I listen to what she is saying without jumping to conclusion during the interviews. Because I am a school counselor, I must not involve my subjective experiences with that of the participants in this study. I am starting to get the hang of the interview process. While listening to Bethany, I want to ensure that I note any words that may emerge. As she describes her experiences with vicarious trauma, I want to avoid any biased influences that may result from my questioning methods.

December 13, 2022:

Jamie described her experiences with vicarious trauma and her need to integrate more coping strategies. Prior interviews displayed similarities with the participants not really understanding the nature of vicarious trauma prior to the interview. The participants also shared some of the emotional responses to students' trauma. Resisting the urge to be emotionally engaged with the participants and focusing on hearing how the participants' experiences is vital to understand the phenomenon on other school counselors.

APPENDIX H.

Codebook

Leon Dissertation

Codes

Name	Description
School Counselors developed Coping strategies implemented to cope with vicarious trauma.	Describes the strategies implemented by participants that enabled them to cope with exposure to vicarious trauma.
Cope	
School counselors developed resilience after exposure to vicarious trauma.	Describes the process of resilience shared by the participants
enhance counseling program	
wellness	
School Counselors explained how the school district mandated limited time for counseling.	Recognizing that school districts are strict on students' attendance and instructional time.
School counselors expressed how they received inadequate professional development on vicarious trauma.	Professional development/training for school counselors on vicarious trauma.
School counselors express their lack of confidence in counselling efficacy.	using the right wording with students to ensure clarity
School counselors share the importance of peer support.	Peer support can involve co-workers and colleagues in the counselling profession.
School counselors share their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition).	Defining one's understanding of the term vicarious trauma
School counselors experience vicarious trauma.	Experiences with VT
Challenges	
School counselors share their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition).	Defining one's understanding of the term vicarious trauma
School counselors experience vicarious trauma.	Experiences with VT
Challenges	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	

Name	Description
School counselors share their inability to Appropriately Identify Vicarious Trauma (Ambiguity in Conceptual Recognition). (2)	Defining one's understanding of the term vicarious trauma
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
School counselors share their inability to Appropriately Identify Vicarious Trauma (Ambiguity in Conceptual Recognition).	Defining one's understanding of the term vicarious trauma
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
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Traumatic experiences	
School counselors share their inability to Appropriately Identify Vicarious Trauma (Ambiguity in Conceptual Recognition). (3)	Defining one's understanding of the term vicarious trauma
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Challenges	
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School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
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Traumatic experiences	
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School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
School counselors share their inability to Appropriately Identify	Defining one's understanding of the term vicarious trauma

Name	Description
Vicarious Trauma (Ambiguity in Conceptual Recognition).	
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
School counselors share their inability to Appropriately Identify Vicarious Trauma (Ambiguity in Conceptual Recognition). (4)	Defining one's understanding of the term vicarious trauma
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
School counselors share their inability to Appropriately Identify Vicarious Trauma (Ambiguity in Conceptual Recognition).	Defining one's understanding of the term vicarious trauma
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
School counselors share their inability to Appropriately Identify Vicarious Trauma (Ambiguity in Conceptual Recognition). (2)	Defining one's understanding of the term vicarious trauma
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
School counselors share their inability to Appropriately Identify	Defining one's understanding of the term vicarious trauma

Name	Description
Vicarious Trauma (Ambiguity in Conceptual Recognition).	
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
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Traumatic experiences	
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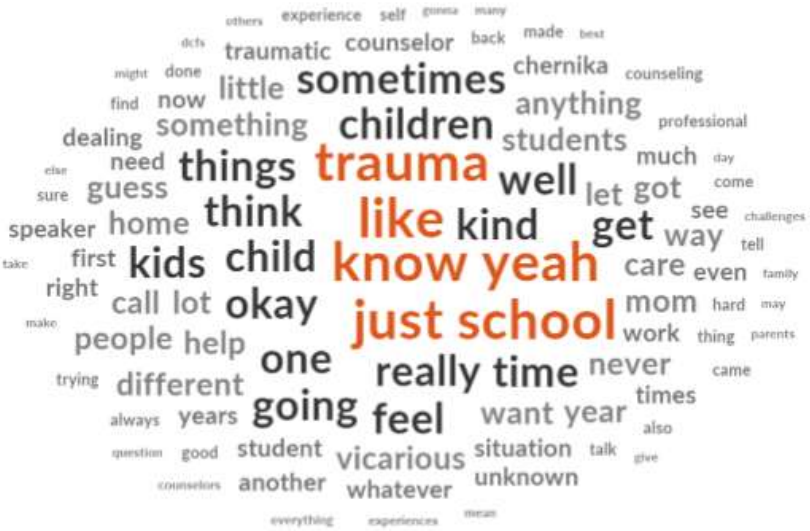
School Counselors experience vicarious trauma.	Experiences with VT
Challenges	
School counselors	Defining one’s understanding of the term

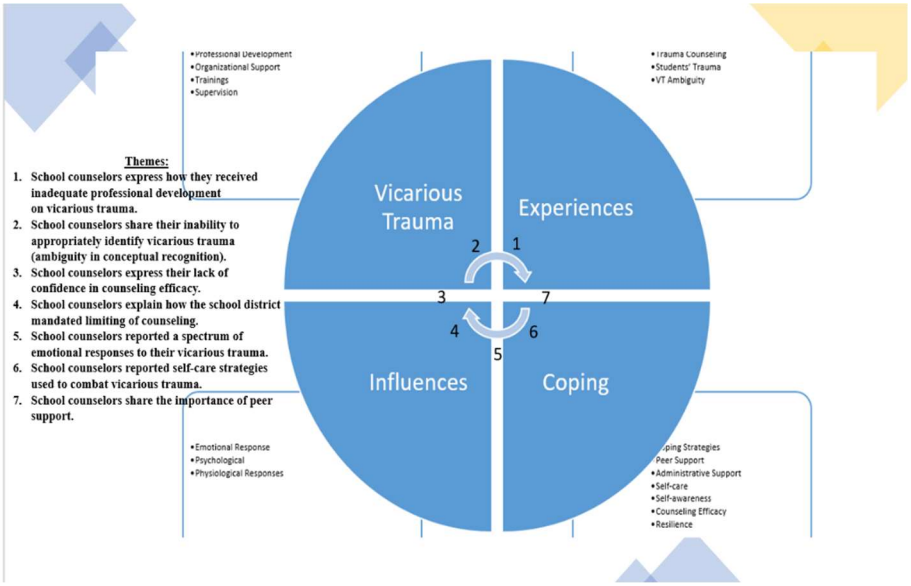
Name	Description
share their inability to appropriately identify vicarious trauma (ambiguity in conceptual recognition).	vicarious trauma
School Counselors experience Vicarious Trauma.	Experiences with VT
Challenges	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
School counselors reported a spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
School counselors reported a spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
The spectrum of emotional responses to vicarious trauma experienced by school counselors.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
School counselors reported a spectrum of emotional responses to their vicarious trauma.	Emotions experienced by the school counselors due to exposure of vicarious trauma.
Traumatic experiences	
Self-care boosted confidence through shared accountability	
administrative support	

Name	Description
self-care strategies	

APPENDIX I.

Word Frequency Query



APPENDIX J.

Thematic Mapping