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Burnout Among Rural Public-School Counselors

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Abstract

This study analyzed the risk of burnout for school counselors in rural Appalachia by surveying school counselors in West Virginia. The specific research questions delved into the areas that may predict a higher risk of burnout. These areas were clinical supervision, self-care engagement, levels of education, experience, caseloads, intensity of cases, and peer relationships. Utilizing a quantitative, predictive research design, the researcher asked participants in West Virginia to complete the Professional Quality of Life, version 5 and the Self-Care Assessment for Psychologists instruments as well as a demographic questionnaire to see if those areas could impact the potential risk of burnout. The findings provide concrete answers to these areas and school counselor burnout and implications for addressing these areas. Administrators who were not former school counselors will see how a school counselor's need for clinical supervision can impact the potential for burnout.

Keywords: burnout, school counselors, supervision

Alienated, unsupported, and a sense of being grossly overwhelmed in the helping profession of school counseling were the vivid experiences of five school counselors (VanSickle, 2018). Conducting a phenomenological study of the experiences of five school counselors in urban and rural Pennsylvania, VanSickle (2018) found that these experiences could be grouped into seven themes. Throughout the interviews, VanSickle (2018) discovered that the participants felt overwhelmed by tasks / lacked necessary time to complete duties, misunderstood by staff, had inadequate mentorship, struggled to acculturate to the school counseling model, endured isolation, and had the experience of working in a broken system (p. 78). Specifically, participants felt that administration did not understand what school counselors do, more supervision was needed, and a better understanding by staff could all help to address burnout among school counselors (p. 94).

This particular study sought to dig deeper into those participant experiences to see if the dangers of potential burnout was present in West Virginia school counselors. Each research question was influenced by VanSickle's study but utilized a quantitative approach to see if potential burnout exists in school counselors using the experiences of VanSickle's participants. Therefore, this study sought to quantify those lived experiences with a statewide population.

Literature Review

As CACREP programs seek to educate a strong counselor, it is important to realize that being an effective counselor can have the pitfall a greater risk for burnout (Shallcross, 2012). Helping profession, however, burnout can occur due to the very nature of the work (Lent & Schwartz, 2012; Huggard, Law & Newcombe, 2017; Gonzalez, Burnett, Helm & Edwards, 2019). Counselors are taught to actively listen to the client, be empathetic, engaging, caring, and to enter into the world of the client in order to help them achieve their goals, but that very same

skill set can be a pathway to a greater risk for burnout if a counselor does not actively seek to address it (Shallcross, 2012; Thompson, Amatea & Thompson, 2014; Wardle & Mayorga, 2016). As a result of burnout in the profession, counselors become rigid, detached from a client and from self, and a total physical and emotional exhaustion (Zeidner, Hadar, Matthews & Roberts, 2013; Thompson et al, 2014; Gonzalez et al, 2019). Burnout can cause this effect because it attacks the very nature to foster a sense of resiliency (Kim & Lambie, 2018; Fye, Cook, Baltrinic & Baylin, 2020) within the clinician which gives them the ability to deal with secondary traumatic stress through a process of keeping one's mental equilibrium.

While studies have shown the impact of burnout on counselors working in clinical and private agencies, substance use agencies, and other mental health organizations, studies also show that burnout is prevalent among school counselors (Mullen & Crowe, 2017; Kim & Lambie, 2018). Even though burnout occurs across the counseling profession, what makes school counselors susceptible to this type of burnout. Like other counseling professions, school counselors actively engage with diverse students ranging from academic pursuits to dealing with traumatic experiences which studies show can cause a greater risk for burnout (Mullen & Crowe, 2017). There is, however, a unique aspect to the school counseling profession is the very nature of what they do and the wide open "job description" that pulls them in various directions (Kovac, Krecic, Cagran & Mulei, 2017; VanSickle, 2018; Fye et al, 2020). The nature of the job is not the only potential danger for school counselors as studies have shown other contributing factors at play.

School counseling clinicians often have supervision from non-clinically trained supervisors (building level administrator), confused about their specific role (which is embraced in the community), and often isolated from other building level professionals which can

contribute to the risk of burnout (Kim & Lambie, 2018; VanSickle, 2018). In addition to these components of school counseling, counselors face high intensity levels on their caseload, impacting counselor self-efficacy and increasing chances of burnout (Dupre, Echterling, Meixner, Anderson & Kielty, 2014; Cavanaugh, 2016; Merrill-Washington, 2020).

School counselors also face a dearth of quality supervision which they do want (Cook, Trepal & Somody, 2012; Ponton & Sauerheber, 2014; Harris, 2017; Mullen, Blount, Lambie & Chae, 2018; Sprang, Ford, Kerig & Bride 2019). Quality supervision is regarded as receiving supervision by another clinically trained counseling professional. Duncan, Brown-Rice, & Bardhoshi (2014) found that school counselors, especially in rural settings, held that clinical supervision was important for them as they worked. Kovac et al (2017) reaffirmed this in their study in which they found that clinical supervision can improve their work because it helps them to decrease stress.

The American School Counseling Association's National Model holds that the supervisor and evaluator of school counselors are the building level administrators, but that may add to the risk of burnout. As mentioned earlier, school counselors do not have clinically trained supervisors, but rather have supervisors that are former educators such as teachers and do not possess the clinical training necessary to adequately provide supervision (Walsh & Gibson, 2020). Bledsoe, Logan-McKibben, McKibben & Cook, (2019) found that clinical supervision was "less clearly defined and implemented compared to other counseling specialties and related disciplines" (p. 7). Furthermore, Duslak & Geier (2016) found that a strong relationship between school counselors and their building administrator can improve job performance.

Other concerns such as self-care engagement, seniority, and peer support can bear upon the risk of burnout. When a counselor is unable to differentiate from the client through activities such as self-care, a greater risk of burnout is evident (MacKay, 2017; Reinbergs & Fefer, 2018). Experience, of the longevity of being in the profession, can also raise the risk for burnout as studies have found that younger school counseling clinician, the greater the burnout risk because of their inability to process stress (Sprang et al 2019). With respect to peer relationships, Skovholt (2012) and Holman & Grubbs (2018) found that a lack of peer pressure could hamper the clinician's ability to effectively confront secondary traumatic stress while Wardle and Mayorga (2016) saw that healthy peer groups lower the rate of burnout.

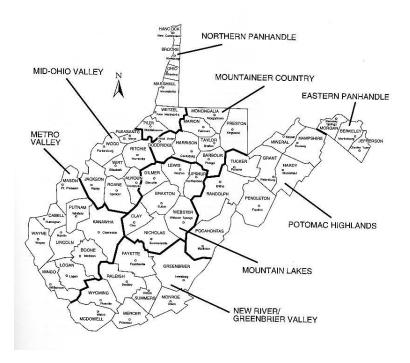
Finally, school counselor's higher caseloads and engagement in inappropriate duties hasten the risk for burnout. Concerns about higher caseloads continue to surround the profession and embattle school counselors. Even though ASCA (2019) contends that an appropriate caseload is 250:1, but found the average being 366:1. Other organizations, such as The Education Trust (2019) found a caseload of 464:1 which is much greater than ASCA's 250:1. ASCA (n.d.) define inappropriate duties to include lunch duty, school registrar, disciplinarian, and coordinator of Individual Education Plan team, but school counselors perform these duties on a regular basis (Lambie & Williamson, 2004; Howell, Thomas, Sweeney, & Vanderhaar, 2019; Merrill-Washington, 2020).

Research Methodology

Using a quantitative, predictive research design, this study sought to determine the strength of seven, independent variables may have on the potential burnout risk on school counselors in West Virginia. These seven, independent variables studies were the level of quality supervision, use of self-care, level of educational attainment, caseload, intensity of cases, level of peer support, and the years of experience of the participant. Additionally, in analyzing the data, a stepwise, regression model was used.

In order to gain a medium size effect, the researcher used G*Power Version 3.19.6 (Faul, 2020) and ascertained that 103 participants were needed for the study. Furthermore, using the geographical regions as identified by the West Virginia Department of Tourism and the West Virginia Department of Arts, Culture, and History (2021), the research employed a cluster sampling method to ensure an accurate representation of the state population (Figure 1).

Figure 1Geographical Regions of West Virginia



In order to be eligible for the study, participants had to be active school counselors in the state of West Virginia and holding a Full Time Exempt (FTE) status.

Three instruments were used in garnering the research data. First, participants completed the Professional Quality of Life, version 5 assessment as developed by Stamm (2009), but revised by Heritage, Rees & Hegney (2018) to consist of 30 Likert scale items. Reliably

measuring three domains, Stamm (2005) reported alphas of .87 for Compassion Satisfaction, .80 for Compassion Fatigue, and .72 (Burnout) and it is the burnout score that was used in this study.

The Self-Care Assessment for Psychologists (SCAP), a reliable, 21 Likert scale, item instrument (Dorociak, Rupert, Bryant & Zahniser, 2017), was the second instrument used to conduct this study. Used to measure three self-care domains, the assessment yields the following Cronbach's alphas: .83 for Professional Support, .80 for Professional Development, .81 for Life Balance, .72 for Cognitive Awareness, and a Daily Balance alpha of .70 (Dorociak et al, 2017).

The final tool was a demographic questionnaire that sought to ascertain participants' current information that was pertinent to the study. Levels of educational attainment, peer support, and case intensity as well as caseload, geographical region, years of experience, self-perceived quality and frequency of supervision received, self-care importance, and overall self-care engagement practice, among other important questions. An analysis of this questionnaire was run through the Statistical Package for Social Sciences, version 22 (SPSS) to see if relationships exists between them and burnout.

Under the approval and oversight of the Waynesburg University's Internal Review Board and in compliance with West Virginia Code § 3-8-12(k) (West Virginia Governmental Ethics Act, 1989), for state employees, the researcher utilized two methods of invitation. First, the invitation to participate was sent to each school district leader responsible for oversight of their district's school counselor would simply make the study known to their school counselors. They were asked to simply share the information and not to promote or require it. The second method consisted of invitations to participate sent through different professional listserv accounts. The West Virginia Department of Education School Counseling office, Marshall University Graduate School for Counseling, West Virginia University, and the West Virginia School Counselor

Association were asked if they would share the invitation on their respective listservs. Not all organizations had listservs working at that time, but the invitation was advertised. Participants who wished to participate were sent to a Microsoft Form in which all three instruments were added to an informed consent page.

Results

Analysis of the data shows that the study compromised of the demographic questionnaire, the SCAP, and the ProQOL-5 yield 113 total responses (N=113) though not all sections of 113 responses were complete. Further, of the participants completing the demographic questionnaire (N=73), the study found that 78.2% of participants had an educational attainment of a Master's degree plus an additional 15 graduate credits or greater, 56.3% had anywhere between 1 and 10 years of experience with an 15.4% having anywhere between 11 and 15 years of experience.

In terms of school demographics, 53.9% of participants work in schools with a population between 300 and 700 students and were relatively equal in terms of the school level in which they worked with 35.9% working at the elementary level (PK-5th grade), 29.5% working at the middle school or grades 6-8 level, and 28.2% working at grades 9-12 or high school level. 44.9% of participants acknowledged being the only school counselor in the building with an additional 33.3% stating that there was one other school counselor in their school.

Analysis showed that 66.7% of school counselors indicated that they have a caseload greater than the American School Counselor Association's recommendation of 250:1. The majority of the caseloads reported were 29.5% having a caseload of 251-350 students, 24.4% having 351-450 students on their caseload, with an additional 12.8% having a caseload of 451 students or more. Using the definition of perceived case intensity as "working with students over classroom behavior issues to dealing with traumatic experiences that surface in the school," 50%

reported have moderate intensity, 34.6% indicated working with high intensity cases, while 3.8% stated that their case intensity level was severe.

Participants were asked about being supported by other counselors in the profession and by their non-counseling, building level peers and the data analysis showed mixed results. Specifically, when asked if participants felt supported by other clinicians in the profession such as school counselors or other counselors outside the school, data showed that 16.7% felt moderately supported with an additional 30.8% being fully supported. To the contrary, when participants were asked if they felt supported by non-counseling, building level professionals such as staff, teachers, and administration only 46.1% felt either moderately supported (28.2%) or fully supported (17.9%).

Questions surrounding the importance and engagement of self-care was also asked. It is important to note that an analysis of the demographic questionnaire indicated that while 93.5% of participants said that the personal importance of self-care was either moderately important (3.8%), important (26.9%), or very important (62.8%), but only 33.3% indicated that their overall engagement in self-care was either above average (28.2%) or excellent (5.1%). These will be discussed below in conjunction with the Self-Care Assessment for Psychologists results.

Finally, responses were reported for the quality and frequency of clinical supervision. Using the definition of quality supervision by a person "being trained and competent in one's field," 19.2% participants noted that they received good supervision, 12.8% rated their quality of supervision as fair, 16.7% stated their supervision was poor with an additional 25.6% rated the quality of their supervision as very poor and only 9% stated a level of excellence in terms of quality supervision. 70.5% of participants admitted that they receive either no supervision or no more than one supervision session per month, while 12.8% acknowledged that they do have

supervision sessions once per month, while only 8.9% stated that they received quality supervision once every two weeks (3.8%) or once per week (5.1%). Against this backdrop of participants, the following results were found as a result of the study.

Finding 1. The data from the demographic questionnaire was run through a Spearman rho correlation analysis in order to see if a correlation exists between the quality of supervision received and the burnout score from the ProQOL-5. As indicated in Table 1, the quality of supervision is significantly correlated with both the frequency of supervision and higher risk of potential burnout.

Table 1Burnout, Quality, and Frequency of Clinical Supervision Correlational Analysis

		Quality of Clinical	Frequency of Clinical
		Supervision	Supervision
Frequency of Clinical	Correlation Coefficient	.599**	
Supervision	Sig. (2-tailed)	.000	
Received	N	65	
ProQOL-5 Burnout Scale	Correlation Coefficient	339**	122
	Sig. (2-tailed)	.006	.305
	N	65	72

^{*}Note. *Correlation is significant at the 0.01 level (2-tailed).*

A moderate, negative relationship is shown to exist between the *quality* of clinical supervision and burnout as measured by the ProQOL-5 Burnout Score, r = -.339, n = 65, p = .006 so that when the *quality* of clinical supervision improves, the risk of potential burnout decreases. Additionally, a moderate, positive relationship exists between the "*quality*" and "*frequency*" of clinical supervision (r = .599, n = 65, p = < .001) suggesting that as the *quality* of clinical supervision improves so the *frequency* of clinical supervision increases as well.

Finding 2. Using a stepwise regression, analysis showed that burnout could be predicted by the combined variables of cognitive strategies and professional support (R^2 =0.16, F(1, 73) = 13.97, p=<.000) as found in the SCAP (Table 2).

Table 2

Model Summary

Model	R	R^2	Adj. R ²	Std. Error	F	р
1	.401ª	.161	.149	5.396	13.977	0.000
2	.479 ^b	.229	.208	5.207	10.700	0.000

- a. Predictors: (Constant), SCAP Cognitive Strategies
- $\textbf{b.} \ \ \textit{Predictors: (Constant), SCAP-Cognitive Strategies, SCAP-Professional Support}$

Both cognitive strategies (*Standardized* β = -0.328, t = -3.056, p = 0.003) and professional support (*Standardized* β = -0.271, t = -2.528, p = 0.014) were negatively correlated with burnout.

In addition to the stepwise regression model, the analysis of a Spearman rho correlation indicated the existence of a significant, negative correlation between participants' overall engagement in self-care the burnout score as measured by the ProQOL-5 (r = -0.467, p = 0.000).

Finding 3. A stepwise regression analysis of participants' years of experience, level educational attainment, peer support, caseload, and / or intensity of cases found that only caseload and peer support from non-counseling, building level professionals could significantly predict the risk of burnout (R^2 =.270, F(1, 69)=12.966, p=.000), as shown in Table 3, with a 27% of the variance in burnout scores (Table 3).

Table 3Research Question 3 Model Summary

Model	R	R^2	$Adj R^2$	Std. Error	F	p
1	.276a	.076	.063	5.653	5.848	0.018
2	$.520^{b}$.270	.249	5.060	12.966	0.000

a. Predictors: (Constant), Personal Caseload.

b. Predictors: (Constant), Personal Caseload, Level of Peer Support from Non-Counseling Building Professionals.

Discussion

Burnout Risks Among WV School Counselors

Helping professionals, such as school counselors, work with diverse students who many have experienced some type of trauma and thus can become susceptible to vicarious trauma, or secondary traumatic stress (National Child Traumatic Stress Network, Secondary Traumatic Stress Committee, 2011). According to the Adverse Childhood Experiences Coalition of West Virginia (2018) 1 out of 10 adults in the state have experience some form of sexual trauma as a child. As helping professionals who work with diverse students, this study did find that school counselors are at moderate risk for burnout. West Virginia school counselors are highly educated and have some experience in the profession and, with this background, are moderately at risk for potential burnout as indicated in the ProQOL-5 burnout score.

School Counselor Burnout and Clinical Supervision

One way to lower the risk of burnout, as this study finds, is for school counselors to have adequate, clinical supervision because when they have this type of supervision, they provide better services to their clients and have a better sense of wellbeing (Cook et al, 2012; Ponton & Sauerheber, 2014; Harris, 2017). Previous studies have already indicated the benefits of supervision (Vansickle, 2018; Kovac et al, 2016), but this study found that in the absence of quality supervision, the risk of potential burnout increases. Looking at the results, it is logical to also infer that school counselors are at greater risk of burnout when they receive poor or very poor clinical supervision.

An obvious question that surfaces is, who should supervise the school counselor. The American School Counseling Association's National Model states that school counselors are

supervised by building level administrators, most of which are trained teachers rather clinically trained counselors. This supervision is also mostly equated in terms of job evaluation. In West Virginia, for example, administrators supervise school counselors as well as provide their end of the year job evaluation. While it is fitting for administrators to conduct evaluative procedures on their building level school counselors, this is not clinical supervision. This study found that school counselors, by and large, receive little times of actual supervision and the quality of that supervision is not clinical by definition. More emphasis should be placed at providing clinical supervision to these counselors.

Another important item to note centers on the frequency of clinical supervision. This study does not show a direct relationship existing with the risk of burnout but there may be some indirect ramifications. The frequency of clinical supervision is moderately linked with the quality of supervision. If a school counselor receives quality clinical supervision, they typically have a higher frequency of that supervision.

The Relationship Between Self-Care and Burnout

Dorociak (2015) articulated that cognitive strategies was that personal dimension of selfcare that encompasses the psychological, professional, and spiritual components of a person while the quality of professional relationships comprised the professional support domain.

This study found that both cognitive strategies and professional support provide a successful way of self-care to lower the participant's risk of burnout. Analysis of the data from the SCAP and the ProQOL-5 indicates that these two self-care domains can predict a higher risk of burnout among school counselors in West Virginia. School counselors that actively engage in cognitive activities such as self-reflection and self-awareness can decrease their risk for burnout. Seeing that only 33% of participants are actively engaging in self-care activities at the "above"

average" or "excellent" levels does indicate that participants, overall, are at a high risk of potential burnout.

Dorociak (2015) characterized professional support as an ability to foster interpersonal relationships to where the burden and joys of the work are shared. Data suggests that this type of relationship exists more with other professional counselors than it does between school counselors and their non-counseling, building level colleagues. In short, quality professional relationships do appear to lower the risk of burnout.

Other Important Factors and Burnout

Just as professional relationships, as part of self-care, could lower the potential burnout, this study found that one's caseload can do so as well and caseloads are also an issue with West Virginia's school counselors. With 79% of the population, school counselors are overworked with the number of students for which they are responsible. The higher the caseload, the greater chance of having higher intensity which all culminates with a greater risk for burnout.

A final factor leading to a greater risk for burnout is the amount of time spent in the profession. The longer one is a school counselor, the greater the risk for burnout is possible. A positive correlation existed between a school counselor's years of experience and the possibility of burnout. That is, the longer a school counselor works in the profession, the higher or stronger the possibility of school counselor burnout in West Virginia school counselors. The analysis also showed that the level of degree attainment, peer relationships from other counseling professionals, and case intensity have a weak or no correlation, thus do not predict burnout.

Looking at the broader picture, this study infers that the longer school counselors practice, the greater their risk of burnout. School counselors, while believing in the importance of self-care, do not engage as the importance to them indicates. Adding to the longevity and

lower self-care engagement practices, school counselors are working with higher caseload, more intense cases, and receiving little quality supervision from a clinical perspective. This is the picture that raises the potential for burnout of these counselors in West Virginia.

In summary, this study found that while level of education, peer support from other counseling professionals, personal case levels, and the intensity of these cases have no significant relationship to burnout as hypothesized. It did find, however, that there is a relationship between a lack of peer support in the building and a counselor's experience through longevity does relate to the potential burnout.

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