An Investigation of Factors Contributing to Secondary Traumatic Stress in School Counselors: A Pilot Study

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Abstract

School counselors often experience high levels of stress that may result from a variety of factors including multiple job responsibilities, role ambiguity, high caseloads, limited clinical supervision, and exposure to students who have experienced trauma (DeMato & Curcio, 2004; Lambie, 2007; McCarthy et al., 2010; Rumsey, 2017; Mullen & Gutierrez, 2016). This article reports findings from a pilot study that further explored the relationship between counselor activities and demographic variables on school counselors' (N=55) levels of secondary traumatic stress after controlling for burnout and years of experience. Findings indicate that overall secondary traumatic stress was low to moderate with Coordination and Other activities significantly influencing the outcome. This brings attention to the contributing factors of secondary traumatic stress in school counselors that can inform educational training, wellness interventions, and environmental supports for school counselors. This pilot study resulted in encouraging findings and future implications are discussed.

Keywords: secondary traumatic stress; burnout; counseling activities; school counselors; non-guidance activities

An Investigation of Factors Contributing to Secondary Traumatic Stress in School Counselors: A Pilot Study

School counselors are distinctively trained to provide support for all students in school through the development and management of a comprehensive school counseling program. As recommended by the American School Counseling Association (ASCA) National Model, school counselors implementing a comprehensive and developmental school counseling program promote the personal, social, academic, and career development needs of all students (ASCA, 2019). ASCA recommends that school counselors "spend 80 percent or more of their time in direct and indirect services to students" (ASCA, 2019, p. 77). Direct services are defined as face-to-face interactions with students through individual and small group counseling, classroom curriculum and response to crises, whereas indirect services are provided on behalf of the students by the school counselor in partnership with other stakeholders (e.g. collaboration, consultation, referrals, and coordination) (ASCA, 2019, p. 77).

School personnel, specifically school counselors, are experiencing increased pressure to meet the mental health needs of children and adolescents (Carlson & Kees, 2013). A significant part of the direct services school counselors provide for students includes universal screenings to assess students' needs for various types of intervention, and furthermore, providing responsive services to individuals and groups of students (ASCA, 2019). This includes responding to students who are currently experiencing or have experienced a traumatic event(s). Recent studies on childhood and adolescent trauma indicate two-thirds of children in the United States will experience a traumatic event before they graduate high school (Copeland et al., 2007;

McLoughlin et al., 2013). Research shows that trauma-exposed students may experience cognitive, academic, behavioral and/or social-emotional impacts (Perfect et al., 2016; Rumsey, 2017) often making school counselors first responders. There is a plethora of research describing how workers in helping professions can be negatively impacted by exposure to others' trauma (Craig & Sprang, 2010; Figley, 1995; Hamilton, 2008; Ivicic & Motta, 2017; Klein et al., 2018; Lakioti et al., 2020; Lent & Schwartz, 2012; Stamm, 1995; 2010), however, very little of this research focuses explicitly on school counselors.

Review of the Literature

School counselors report experiencing high levels of stress due to their multiple job responsibilities, role ambiguity, high caseloads, limited clinical supervision, and exposure to students who have experienced trauma (DeMato & Curcio, 2004; Lambie, 2007; McCarthy et al., 2010, Rumsey, 2017; Mullen & Gutierrez, 2016). Stress is shown to be a significant issue often resulting in the impairment of work performance (Salas et al., 1996; Williams & Lewis, 2020) and is a "likely problem for school counselors" (Mullen & Gutierrez, 2016, p. 345). In a study by McCarthy et al. (2010), findings show that school counselors who reported higher levels of stress also reported challenging demands as a part of their job. These results are not surprising given the ambiguous job duties assigned to school counselors, role inconsistency, and conflicts over job expectations (Burnham & Jackson, 2000; Culbreth et al., 2005; Lambie, 2007; Scarborough & Culbreth, 2008; Mullen & Gutierrez, 2016). While some research suggests school counselors are reporting low levels of stress (McCarthy et al., 2010; Rayle, 2006, Mullen & Gutierrez, 2016), it is critical to further understand the factors that

contribute to school counselors' stress in order for school counselors to continue providing effective comprehensive school counseling programs.

The direct and indirect experience of stress can lead to secondary traumatic stress (STS) (Stamm, 1995), burnout (BO) (Pines and Maslach, 1978), compassion fatigue (Figley, 1995), and vicarious trauma (Pearlman & Saakvitne, 1995). Research has shown that exposure to traumatic experiences of those being served puts the helper at risk of these adverse consequences (Borntrager et al., 2012). While there is much overlap between these constructs, literature describes them as distinct in nature (Figley, 2013; Stamm, 2006, 2010). For the purposes of the current pilot study, STS and BO will be of primary focus. STS is rapid in onset and defined as emotional duress experienced by an "individual who is indirectly exposed to a traumatic event" (May & Wisco, 2016), which can be distinguished from BO, which occurs gradually and is defined as "a state of physical, mental and emotional exhaustion or dissatisfaction with one's work situation," (Hamilton, 2008, p. 12; Stamm, 2010).

Few studies have included school counselors in research related to STS (Hamilton, 2008; Rumsey, 2017; Mullen & Gutierrez, 2016). Figley (1995) describes the manifestation of STS as the same symptoms commonly associated with posttraumatic stress disorder (PTSD). These symptoms may include any combination of symptoms which include fear, intrusive thoughts, traumatic memories, insomnia, irritability, anger outbursts, fatigue, difficulty concentrating, avoidance of clients or client situations, and hypervigilant or startled reactions toward stimuli (Hamilton, 2008; Rumsey, 2017; Stamm, 2010). The Diagnostic and Statistical Manual for Mental Disorders (DSM-5; APA, 2013) specifies that a person who witnesses, learns of, or is repeatedly exposed

to details of traumatic events meets criterion A for Posttraumatic Stress Disorder (PTSD). The remaining criteria include intrusive symptoms, avoidance, and adverse alterations in cognition, affect, and behavior as a result of exposure to trauma. These symptoms can impact one's life both personally and professionally (APA, 2013).

Unlike STS, the concept of BO has been given substantial consideration in school counseling research (Butler & Constantine, 2005; Lambie, 2007; Wachter et al., 2008; Wilkerson & Bellini, 2006). Researchers have frequently noted the relatedness between BO and STS. A meta-analysis by Cieslak et al. (2014) included 41 original research studies that investigated the relationship between BO and secondary exposure to trauma. Researchers found a significant correlation identified between variables of BO and STS, with a large effect size (r =.69). Further accentuating the relationship between these constructs, Mullen & Guiterriez (2016) found that school counselors' degree of STS strongly correlated with BO explaining 56% of the total variance.

Given the significant relationship between BO and STS, it is plausible that the same demographic variables that contribute to BO may also contribute to STS. Previous literature explains that those younger or newer to the field are at an increased risk given that BO occurs through prolonged exposure to stress (Pearlman & MacIan, 1995). Thus the current researchers chose to investigate years of experience as a predictor variable in STS. Additionally, Valant (2002) found that BO emerges under conditions of inadequate resources indicating that school counselors in Title I schools may be at an increased risk of STS. Although most studies did not find a significant impact between demographic variables (i.e., age, gender, school level) and BO (Wilkerson & Bellini,

2006), the current study included these variables to examine their relationship to STS as a separate construct.

STS in the Workplace

Secondary traumatic stress can be brought on by factors related to work, personal life, and the clients being served (Stamm, 2010). STS along with BO comprise the two sub-factors of compassion fatigue, which is the overall negative impact derived from witnessing others' suffering (Figley, 2002). While STS is a natural result of being a helper, it does not necessarily lead to traumatic symptoms or pathology (Figley, 1995, 2002; Stamm, 2010). External work- related stressors linked to STS include large caseloads (Lawson, 2007), lack of peer support, inadequate supervision, and lack of training (Parker & Henfield, 2012) all of which are frequently experienced by school counselors (Mullen & Gutierriez, 2016).

School counselors serve students in a variety of ways, including attending to their mental and emotional needs (Hydon et al., 2015; Rumsey, 2017). School counselors are often the first point of contact for a student who has experienced a trauma (Parker & Henfield, 2012). Due to the level of direct contact and support provided, school counselors will be exposed to the traumas faced by their students, placing them at a greater risk of STS (Hydon et al., 2015; Parker & Henfield, 2012; Rumsey, 2017).

Current research indicates salient contradictions in terms of how school counselors are experiencing STS. In a study by Rumsey (2017), a sample of school counselors (N = 185), reported moderate to high levels of STS (Rumsey, 2017). Similarly, Borntrager and colleagues (2012) published a general study of STS in school personnel which also reported high levels of stress in school counselors. However,

other research has determined STS in school counselors to be low (McCarthy et al., 2010; Rayle, 2006). Most notably, researchers have found that school counselors experiencing high levels of STS were not related to secondary exposure to trauma, but to the workplace environment and their performance of non-counseling activities (Coll & Freeman, 1997; Moyer, 2011).

School counselors are frequently expected to perform tasks unrelated to professional school counseling leaving them pulled in many directions and at risk for high levels of stress, exhaustion, and BO (Baggerly & Osborn, 2006; Butler & Constantine, 2005; Wilkerson & Bellini, 2006, Moyer, 2011). Gysbers & Henderson (2006) categorized non-counseling activities into four groups: student supervision, instruction, clerical, and administrative. This continuous job ambiguity and role confusion negatively impacts school counselors leaving them feeling overwhelmed and off-task (Kolodinsky et al., 2009). A study by Baggerly and Osborn (2006) revealed that nearly 90% of school counselors reported increased stress due to job demands. However, the majority of participants in their study still reported high levels of job satisfaction regardless of counselors' levels of stress. Moyer (2011) found that as school counselors spent increased time on non-counseling activities, their feelings of exhaustion and incompetence also increased. In addition, they had decreased feelings of pleasure related to their personal life and had negative feelings towards their work environment (Moyer, 2011). Those who experience more work-related stressors may be at a greater risk for developing STS or BO.

Current Study

This non-experimental, quantitative pilot study uses correlational, cross-sectional research design aimed to further investigate the contributing factors to school counselors' experiences with STS. The purpose of this study was to illuminate which demographic factors and school counseling activities impact the STS levels of school counselors within this particular school district after controlling for BO and years of experience. The questions that guided this study were: a) To what degree do school counselors in this district experience STS, BO, and CS? b) Which demographic variables (age, ethnicity, gender, years of experience, etc.) contribute to STS? and c) Can a model be created to predict STS in school counselors after controlling BO, CS, and years of experience?

Method

Participants

The authors conducted this pilot study using a school district in the southeastern United States. There are approximately 225 total school counselors in this district. Seventy-two school counselors within the district participated in the study (32% response rate). After screening the data for missing items, the demographic and survey questions were completed by a total of 55 school counselors (25% response rate).

Of the participants, 13% identified as male (n=7) and 87% identified as female (n=48). Regarding ethnicity, 18% identified as African American or Black (n=10), 76% identified as White/non-Hispanic (n=42), and 6% identified as Other (n=3). Of the participants, 36% were currently employed at the elementary level (n=20), 22% at the middle school level (n=12), and 42% at the high school level (n=23). The mean number

of years of experience as a counselor was 9.2 years (*SD*= 6.45). Most participants worked in schools that did not qualify for Title I funding (n=38, 69%), 31% did qualify (n=17).

Procedures

To complete this correlational, cross-sectional research investigation (Creswell & Creswell, 2018), the authors called upon a community partnership that had been established between the first author and this particular school district to collect data. Prior to recruitment and data collection, the institutional review board (IRB) at the authors' university reviewed and approved the study. The approved IRB application was then sent to the school district's review board for their approval. Upon gaining approval, one of the authors partnered with the Director of Guidance and Counseling for this school district to disseminate the survey.

The authors utilized survey design (Dillman et al., 2009) to collect the data. The surveys included a demographics questionnaire created by the authors, the School Counseling Activity Rating Scale ([SCARS; Scarborough, 2005]), and the Professional Quality of Life Scale ([ProQOLs; Stamm, 2010]). The survey was managed using the online survey software Qualtrics (2013).

A recruitment email invitation containing the link for the survey was sent to the Director for dissemination. The Director distributed the invitation and survey to all school counselors employed by the school district. Two weeks later, the Director prepared an email encouraging the counselors to participate in the study. One final follow up email reminder was sent to all participants encouraging their participation.

Variables and Instrumentation

School Counseling Activity Rating Scale

The activities performed by school counselors were measured by the School Counseling Activity Rating Scale (SCARS). Scarborough (2005) developed the SCARS as a self-report instrument to measure the actual and ideal service delivery activities and roles of school counselors. For the purpose of this study, the authors were only interested in gathering data on school counselors actual job duties.

The SCARS is a 48-item scale containing five subscales, which includes: (a) Counseling activities (10 items) - including individual and group counseling; (b) Consultation activities (seven items) – collaboration between counselors and various stakeholders to meet student needs; (c) Coordination activities (13 items) – including the management, evaluation, and implementation counseling interventions and programs; (d) Curriculum activities (eight items) – facilitation of classroom lessons; and (e) Other Activities (10 items) – performance of non-counseling services and activities. Sample items include “perform hall, bus, cafeteria duty” (Other subscale), “counsel students regarding crisis/emergency issues” (Counseling subscale), and “consult with school staff concerning student behavior” (Consultation subscale). The rating scale (1-5 respectively) is as follows: (1) Never, (2) Rarely, (3) Occasionally, (4) Frequently, and (5) Routinely.

Construct validity for this instrument was supported using factor analysis (Scarborough, 2005). Additionally, convergent validity for the SCARS was established by investigating the variances in score on the actual scale based on participant grade level resulting in a statistically significant effect across the scales with small to large

effect size. Mullen et al. (2014) found the following internal reliability in his study, Overall scale (α = .910); Counseling (α = .854); Consultation (α = .773), Coordination (α= .864), Curriculum (α=.931) and Other (α= .644). In the current pilot study, Cronbach's alpha coefficient for the entire scale was .932. The individual scales were as follows: (a) Counseling (α = .822), (b) Consultation (α =.739), (c) Coordination (α= .925), (d) Curriculum (α = .84), and (e) Other (α = .571).

Professional Quality of Life Scale

Participants' levels of STS and BO were measured using the Professional Quality of Life Scale. The ProQOL (Stamm, 2010) is a 30-item self-report instrument that measures two compassion factors: compassion satisfaction and compassion fatigue. Compassion fatigue is further broken down into two subscales: (a) BO (10 items) and (b) STS (10 items). The survey instructs participants to answer items on a five-point Likert scale ranging from 0 (*never*) to 5 (*very often*) based on their experiences within the previous 30 days. Sample items include "I am preoccupied with more than one person I help", "I think that I might have been affected by the traumatic stress of those I help", and "Because of my helping, I have felt "on edge" about various things." Both STS and BO are scored as separate subscales where higher scores indicate greater adverse effects. Construct validity for this instrument has been established, evidenced by the 200 published articles (Stamm, 2010). Stamm (2010) reports the Cronbach's α coefficients for STS as .81 and BO as .75. Internal consistency has been further demonstrated in both STS (α = .80, Lawson & Myers, 2011; α = .77, Mullen, 2014) and BO (α = .78; Mullen, 2014; α = .85; Rumsley, 2017). The use of these subscales in the

current study displayed strong reliability in both STS (α = .88) and BO (α = .75) subscales.

Data Analysis

Given the small sample size and violation of normality, nonparametric tests were run to determine the impact of each demographic variable on STS score. The impact of gender and Title I qualification was analyzed using the Mann-Whitney U test. Age, ethnicity, years of experience, and grade level were analyzed using the Kruskal Wallis Test. Correlation analyses were run assessing the relationship among the continuous variables of years of experience, burnout, secondary traumatic stress, and the SCARS factors (i.e., Counseling, Consultation, Curriculum, Coordination, and Other). A hierarchical multiple regression was conducted to examine the variance in STS based on the SCARS variables, after controlling for years of experience and BO. Years of experience was controlled at Step 1 based on previous literature indicating the significant impact this variable has on BO and its potential impact on STS (Pearlman & MacIan, 1995). BO was added to the model at Step 2 due to its strong connection with STS (Cieslak et al., 2014). Guided by Moyer's (2011) findings that Other counseling activities contributed to BO, only Counseling, Curriculum, Coordination, and Consultation were added to the model at Step 3. Other activities were accounted for in Step 4 of the model to examine the additional unique variance explained by non-guidance activities separately on STS.

Preliminary Analysis

The data was screened for completion prior to statistical analyses. All data were entered and analyzed using IBM SPSS Statistics (Version 26), a software package

commonly used in the social sciences. All data were double entered to ensure accuracy. Multicollinearity was not present in the sample, based on tolerance being over .1 and all variance inflation factors (VIF) under ten (Myers, 1990). The data met the assumption of independent errors (Durbin-Watson value = 1.82) indicating no autocorrelation was detected in the residuals for the sample. Descriptive statistics such as means, standard deviations, and percentages were calculated for the STS scores as measured by the ProQOL (Stamm, 2010).

Results

Research Question 1

According to Stamm (2010), the average score for STS and BO falls between a score of 23 and 41. Descriptive statistics are used to understand how school counselors in this school district experienced STS. The mean scores for STS for the sample population in this study was low (M=18.75, SD=5.97). The minimum score was 11 and the maximum was 38. According to the scoring guide, 78% of participants (n = 43) fell in the low range of STS followed by 22% (n = 12) in the moderate range (see Table 1). None of the participants reported a high degree of STS.

Descriptive statistics were also analyzed for the BO subscale of the ProQOL. The mean scores for BO for the sample population in this study was in the low range (M = 19.53, SD = 4.40). The minimum score was 11 and the maximum score was 33. According to the scoring guide, 76.4% of the participants (n = 42) fell in the low range of BO, followed by 23.6% (n = 13) scoring in the moderate range. None of the participants reported a high degree of BO.

Research Question 2

The researchers analyzed gender and Title I qualification using the Mann-Whitney U Test, a nonparametric test ideal for comparing two unequal groups (Pett, 2016). The remaining demographic variables: age, ethnicity, school-based clinical mental health counselor, years of experience, and grade level were analyzed using the Kruskal-Wallis One-Way analysis of variance (ANOVA) (Pett, 2016). A significant difference was found among Title I qualification, with (U = 153.5, z = - 2.38, p < .05) with school counselors in Title I schools having a higher average score in STS, with a medium effect size of r = - .32. None of the remaining demographic variables had a significant impact on STS score.

Research Question 3

Prior to the regression analysis the authors ran Pearson correlations to assess the relationship among these variables. Only two of these correlations reached a level of statistical significance (i.e., p < .05). The results indicated BO had a strong, significantly positive relationship with STS (r = .57, p < .001). Other counseling activities also had a strong, significant, positive correlation with STS (r = .48, p < .001). There were no other significant relationships found through this correlational analysis.

A hierarchical multiple regression (see Table 1) was calculated to predict STS based on all 5 counseling activities measured by the SCARS (Counseling, Consultation, Coordination, Curriculum, and Other). As evidenced in Table 1, controlling for years of experience at Step 1, revealed a nonsignificant finding in relation to its impact on STS. Adding BO to the model at Step 2 explained 32.6% of the variance in the outcome (F(2, 52) = 12.66, p < .001). Counseling, Consultation, Coordination, and Curriculum were

added in Step 3 explaining an additional 10.2% of the variance in STS ($F(6, 48) = 6.02$, $p < .001$). Finally, when Other was added to the model at Step 4 an additional 13.2% of the variance was explained. The final model explained a total of 56.1% of the variance in STS scores within the present sample of school counselors ($F(7, 47) = 8.58$, $p < .001$). Only three variables displayed statistically significant beta weights within the model: BO ($\beta = .53$, $p < .001$), Coordination ($\beta = -.32$, $p < .05$), and Other ($\beta = .42$, $p < .001$).

A post hoc analysis was conducted to examine the correlations among counseling-related duties and compassion satisfaction, given that compassion satisfaction is a counterbalance to burnout. Results indicate significant positive relationships among the following school counseling-related activities and compassion satisfaction: Counseling ($r = .32$, $p < .05$), Consultation ($r = .28$, $p < .05$), and Coordination ($r = .28$, $p < .05$). No significance was found between Curriculum-related activities and compassion satisfaction.

Discussion

This study investigated how school counseling activities (Counseling, Coordination, Curriculum, Consultation, and Other), as measured by the SCARS, impacted school counselors' levels of STS after controlling for BO and years of experience. Specifically, this pilot study was focused on how non-counseling activities, operationally defined as Other activities in the SCARS, influenced STS levels. A post hoc analysis was conducted following the original regression in effort to better understand what might be protecting school counselors against STS.

The first research question posed was “to what degree do school counselors experience STS and BO?” Baggerly & Osborn (2006), Moyer (2011), and Mullen and Gutierrez (2016) consistently found that school counselors exhibited high levels of stress. Surprisingly, this study indicated that the majority (76%) of participants fell into the low range of STS, and the remaining 24% scored in the moderate range. None of the participants reported a high score in STS. As previously mentioned, there are contradictions in the literature of reported levels of STS as experienced by school counselors. The findings in this study align with McCarthy et al. (2010) and Rayle (2006), while proving to be much lower than the results found by Rumsey (2017) and Borntrager et al. (2012). However, previous literature indicates that school counselors’ ability to perform their counseling duties is not impacted regardless of school counselors’ level of stress (Mullen & Gutierrez, 2016).

The second research question posed was “which demographic variables impact school counselors’ reported level of STS?” The researchers were interested in how 7 demographic variables (ie., age, ethnicity, gender, school-based clinical mental health counselor, years of experience, grade level, and Title I status) impacted school counselors’ experiences with STS. The results of the Mann-Whitney U test indicated Title 1 qualification significantly impacted school counselor experiences with STS. This finding is congruent with our hypothesis that Title I might impact STS given the high needs and lower resources associated with Title I schools (Valant, 2002). As predicted from the previous literature on BO, none of the other demographic variables significantly impacted STS scores (Wilkerson & Bellini, 2006).

The final research question sought to determine if a predictive model can be developed to determine a significant contribution of counseling activities on STS among school counselors, after controlling for years of experience and BO in the present sample. The findings revealed that Other activities (β=.42) significantly contributed to STS when controlling for BO, years of experience, and remaining SCARS variables (i.e., Counseling, Coordination, Curriculum, and Consultation). Guided by Moyer's (2011) study on non-counseling activities and school counselor BO, the researchers expected to find a relationship between non-counseling activities (Other) and STS. The findings supported this hypothesis showing that Other activities accounted for an additional 13.2% of the variance in STS scores after controlling for the other variables.

The model also indicated that Coordination activities (β= -.32) had a significant but negative impact on school counselors' level of STS when controlling for BO. This finding suggests that as Coordination activities increase, STS decreases. This is interesting given that Coordination activities are indirect service provided by school counselors. One interpretation of this finding is that this level of engagement in providing necessary services to meet students' needs may actually mitigate stress reactions in school counselors. These findings are encouraging because they isolate exactly which activities contribute to and protect against stress reactions in school counselors.

Contrary to previous findings by Pearlman & MacIan (1995) stating that counselors newer to the field were at an increased risk for BO, years of experience did not significantly impact the levels of secondary traumatic stress experienced by school counselors in this study when analyzed alone. While years of experience was not

significant in Step 1 of the hierarchical multiple regression, it did contribute a small portion of the variance to the final model. The current results may be explained by the small sample size.

Implications of this model may unravel the notion that school counselors should spend most of their time on direct versus indirect activities in order to “achieve the most effective delivery of a comprehensive school counseling program” (ASCA, 2019, p. 77). These findings support Moyer’s conclusion that it is less about direct or indirect services and more about spending time on counseling versus non-counseling activities (2011). This is explained by the current results depicting Coordination, an indirect but counseling-related activity, decreasing the level of STS in school counselors.

A post hoc analysis was conducted to investigate the negative relationship among counseling-related duties and STS. Since STS is the secondary exposure to trauma narratives (May & Wisco, 2016), it was expected that counseling related duties would be correlated with STS. However, this was not indicated in the results. Therefore, a post hoc correlational analysis was conducted among the counseling-related duties and compassion satisfaction due to the inverse relationship between compassion satisfaction and burnout. The analysis indicated that counseling-related duties actually result in increased counselor satisfaction. This provides further evidence to the findings indicating that STS in school counselors is explained by workplace and other environmental factors.

Limitations

These findings should be interpreted within the context of our limitations. Some of the limitations from this study include: (a) the possibility for Type II error with a

limited sample and (b) social desirability due to the relationship between one of the authors and the participants. The chance of a Type II error could nullify the findings. The primary author was previously employed with this school district, and while the participants' identity was anonymous, the previous relationship may have impacted the responses.

Implications and Future Research

A relevant future research implication is to replicate this study with more participants allowing for a more representative sample increasing generalizability of the findings. Increasing the sample size will further illuminate the demographic variables that may contribute to the nature of STS in school counselors. Previous literature indicates that counselors exposed to traumatic narratives of those they serve will experience STS, however it does not necessitate traumatization (Figley, 2002; Stamm, 2010). If exposure to STS is inevitable, then knowing what causes traumatization will allow for an increase in protective factors to mitigate it.

One salient implication for professional organizations, district personnel, school leadership, and counseling department heads is to carefully examine the roles and activities assigned to school counselors. In previous years, the focus has been on the direct and indirect services provided by school counselors, though these findings indicate that focus may have been misguided or at least incomplete. Results of the current pilot study suggest that counseling versus non-counseling related duties significantly contribute to the secondary traumatic stress and compassion satisfaction of school counselors. This leads the researchers to believe that the roles, duties, and

activities need to be re-examined with a more comprehensive focus on how school counselors experience STS and compassion satisfaction.

It would be beneficial to better understand predictives and correlates of STS in school counselors as it may inform educational training, wellness interventions, and environmental supports for school counselors. Additionally, further exploration of mediating and moderating factors may provide more information to further isolate factors contributing to STS. Of current importance, it would be of interest to examine how secondary impacts, such as STS and BO, are altered by the challenges faced by school counselors attempting to maintain a comprehensive school counseling program during the current COVID-19 global pandemic.

Future research might investigate additional variables as they contribute to reported levels of STS experience by school counselors. For example, it might be worthwhile to examine the contribution of school-based clinical mental health counselors' presence and the reported levels of secondary traumatic stress among school counselors. School counselors' activities are distinct yet varied, while that of clinical mental health counselors are specifically focused on the mental and emotional needs of clients. Additionally, the study may lend itself to an expansion of the literature that explores STS for school counselors affected by the COVID-19 pandemic.

Conclusion

In summary, this study further examines the demographic variables and school counselor activities that contribute to the degree of STS experienced by school counselors. The findings indicated that Title I qualification, Other activities, and Coordination activities contributed most significantly to STS after controlling for BO and

years of experience. While not generalizable to a greater population, these findings of this pilot study were encouraging. While the descriptive statistics revealed that most counselors reported low or moderate levels of STS, isolating which activities and demographic variables contribute most significantly to STS can lead to better training, wellness interventions, and a foundation for future research.

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Appendix

Table 1

Hierarchical Multiple Regression Predicting School Counselors' Secondary Traumatic Stress

	R^2	*B*	*SE B*	β	*t*	*p*
Step 1	.001					
Years of Experience		-.03	.13	-.03	-2.46	*ns*
Step 2	.33					
BO		.797	.15	.59	5.02	.000
Step 3	.43					
Counseling		-.38	1.91	-.04	-.20	*ns*
Consulting		4.56	1.90	.46	2.40	.02
Curriculum		.65	.83	.13	.79	*ns*
Coordination		-2.88	1.40	-.36	-2.06	.045
Step 4	.56					
Other		3.93	1.05	.42	3.76	.000

Note. BO = Burnout, *(N=55)*