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Burnout, Self-Care, and Supervision in Middle School Counselors

Sarah L. Evans Zalewski
University of the Cumberlands, slzalewski@ccsu.edu

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Abstract

This study examines middle school counselor supervision types in relation to burnout and self-care scores. The impact of supervision via technology on self-care and burnout scores was considered. This study found that school counselors who received both administrative and clinical supervision fared better on the incompetence domain of burnout, that self-care was inversely proportional to burnout, and that receiving supervision via technological means had no impact on either burnout or self-care.

Keywords

middle school counselor, school counselor, supervision, burnout, self-care, incompetence

In addition to the stressors shared by all school counselors, middle school counselors (MSC) experience stressors unique to their positions in middle school settings. Middle school students are undergoing a myriad of significant changes in their physiology, psychology, and social relationships (Natsuaki, et al, 2009; Tolen & Larsen, 2014). In addition to student developmental stressors, middle schools are also places where there may be staff issues, such as feelings of dissatisfaction and turnover (Berry et al., 2008; Marinell & Coca, 2013). MSC, therefore, are faced with a uniquely stressful environment in which to work. When a school counselor experiences stressors for a prolonged time, they are at risk of experiencing symptoms of burnout. Burnout is a syndrome that ultimately affects both the person of the school counselor and their ability to satisfactorily serve their students (Mullen & Gutierrez, 2016; Salvagioni et al., 2017). Supervision and self-care may be effective tools to combat burnout and to protect the ability of school counselors to serve their students (Bardhoshi et al., 2014; Moyer, 2011; Kim & Lambie, 2018).

Supervision

Clinical supervision is both a mentoring and an evaluative relationship, wherein counselors experience a safe place to explore issues of concern. Clinical supervision is both an ethical and educational mandate for all school counselors. The American School Counseling Association (ASCA; 2012) and the American Counseling Association (ACA; 2014) instruct counselors to seek supervision whenever there is a question of practice or competence; similarly, the Counseling for Accreditation and Related Programs (CACREP; 2016) expects counseling students to complete supervision during their practicum and internship experiences. Historically, however, school counselors have not been afforded clinical supervision, but instead have been supervised and evaluated by administration (Gysbers & Henderson, 2001). This practice, termed administrative supervision, differs from clinical supervision in that the school counselor is supervised by a

building administrator, who most likely does not have training in clinical supervision and focuses on the school's policies and procedures (Perera-Diltz & Mason, 2012).

Clinical supervision is one of the most frequently recommended interventions to both prevent and alleviate the experiences of burnout, perhaps due to the ethical reminder to engage in and model self-care (Barnett & Molzon, 2014; Thompson et al., 2011). In a qualitative study of counselors-in-training, Thompson et al. (2011) found that self-care discussions were appreciated and common within the context of supervision. Lambie (2007) found that there was a significant relationship between the levels of burnout and the amount of social support that school counselors receive at work. Supervision can help create this support and decrease perceptions of stress among school counselors (Kovač et al., 2017; Lambie, 2007). For example, school counselors who focus on the emotional consequences of work-related problems have a higher incidence of burnout and would benefit from supervision surrounding their acquisition and use of coping skills (Wilkerson & Bellini, 2006). Having supervision when faced with a complex ethical decision can be essential in helping the school counselor find an appropriate solution (Springer, 2016).

Barriers to Supervision

Many school counselors find themselves unable to partake in clinical supervision. This can be due to a lack of time, both to travel to supervision and to engage in supervision (Page et al., 2001; Walker, 2015). The paucity of available supervisors can also be a factor in obtaining supervision (Herlihy et al., 2002). Geography can be a reason why school counselors may not engage in supervision; rural school counselors are often unable to partake in clinical supervision due to geographic isolation (Wilson et al., 2015). Rural counselors may have few colleagues in their physical location to rely on for support or consultation (Oser et al., 2013).

The use of technology may be an effective and cost-efficient means to remove some of the barriers to obtaining clinical supervision (Twist et al., 2016; Wilson, 2015). The commute to supervision is removed when technology is used in supervision, and supervision is available in emergency situations even if the participants are at different sites (Twist et al.,2016). In addition, a population of supervisors becomes more available to school counselors in rural areas when utilizing technology to obtain supervision (Wilson, 2015). The COVID-19 pandemic introduced multiple opportunities to harness the power of technology in the areas of health and education, including the use of supervision (Rowen et al., 2021; Tarlow et al., 2020). It should be noted that both supervisees and supervisors found technologically mediated supervision to be helpful and comfortable even in pre-pandemic times (Twist et al., 2016).

Burnout

Burnout is a reaction to perceived stressors that are associated with a given status, occupation, or role (Lee et al., 2010). Burnout is a cluster of symptoms that can affect both the mental and physical health of the person experiencing burnout (Brand et al., 2010; Salvagioni et al., 2017; Toppinen-Tanner et al., 2009). These symptoms can include physical symptoms (ie., exhaustion, coronary heart disease, musculoskeletal pain, headaches, gastrointestinal problems) 2017). The actual functioning of the brain, as detected by EEGs, is impacted by burnout (Golonka et al., and psychological symptoms (i.e., insomnia, depression (Kaeding et al., 2017; Salvagioni et al., 2019). The experience of burnout can also have a detrimental impact on job performance, causing increased feelings of dissatisfaction, increased absenteeism, and presenteeism (or the practice of being physically present, yet unwell, and performing poorly) (Dewa et al., 2014; Oser et al., 2013; Salvagioni et al, 2017).

Burnout can be conceptualized as a syndrome occurring across a spectrum, beginning with emotional exhaustion, then depersonalization, and then a loss of feelings of personal accomplishment (Maslach & Jackson, 1981). As people experience stressors, they may experience emotional exhaustion and feel that they have no more to give, that their inner reserves have been used up (Maslach, 1986). Because of this, counselors who are emotionally exhausted may begin to withdraw from their clients (Lee et al., 2011; Maslach & Leiter, 2008). This emotional exhaustion then leads to depersonalization (Travis et al., 2016). At this point, the counselor views their clients/student in a less individualistic light and begins to use cognitive distancing to detach from their caseload, which may lead to the counselor no longer trying as hard to help their clients (Maslach & Leiter, 2017). Emotional exhaustion combined with depersonalization can then lead to the third facet of burnout as explained by Maslach & Jackson (1981): feelings of reduced personal accomplishment. These feelings of reduced personal accomplishment may appear at any time during the experience of burnout. It is at this point that the counselor begins to be less productive, lacks motivation, and is unable to cope with many job stressors (Maslach, 2017). A counselor who is experiencing reduced personal accomplishment no longer sees themselves as an effective counselor (Maslach & Leiter, 2017).

Causes of Burnout for School Counselors

Stress is the primary cause of burnout, most especially prolonged stressors (Demerouti et al., 2001). Large caseloads are a significant stressor for many school counselors (Bardhoshi et al., 2014). Although ASCA recommends a school counselor/student ratio of 1:250 or less, the national average is one school counselor per 482 students (Bray, 2017). In addition to large caseloads, many school counselors across grade levels also support a significant number of students with high needs

such as learning and physical disabilities, students with poor attendance, and students performing below grade level (Gündüz, 2012; McCarthy et al., 2010).

Duties are also a common source of stress for many school counselors. Kolodinsky et al., (2009) reported that duties unrelated to counseling might be overwhelming and frustrating for school counselors. The presence of clerical duties correlates with exhaustion and a decline in the personal life of a school counselor (Bardhoshi et al., 2014). In Benigno's (2017) study of elementary and MSC, 90% of school counselors identified that they were responsible for duties that fall outside the scope of the school counselor's role, and that these duties caused them significant frustration. This may be due, in part, to only 30% of all principals having exposure to the ASCA National Model outlining duties appropriate for a school counselor (Leuwerke et al., 2009).

In addition to these stressors, MSC may experience stressors specific to the nature and developmental stages of the students whom they serve (Akos, 2005). Middle school students are in a time of great flux, experiencing significant changes in their physiology, psychology, and social networks such as puberty, the development of a discrete identity, and increasing movement towards independence (Akos, 2005; Olofson & Knight, 2018). Feelings of social responsibility are on a decline, signified by lower levels of pro-social judgments and feelings of responsibility to the collective (Wray-Lake et al., 2016). Depression begins to peak during the middle school years (Natsuaki et al., 2009), while engagement in school, including perceptions of academic ability and grades, begins to decline (McGill et al., 2012).

Perhaps due to this social, physical, and psychological upheaval, MSC are most likely to be accessed by students to deal with non-academic counseling needs, such as family issues or mental health concerns (Jackson et al., 2014). MSC focus on relational and social/emotional issues

more than counselors in either elementary or high schools (Auger et al., 2018; Hardesty & Dillard, 1994). This corresponds with the perceptions of middle school administrators, who perceive that the most important tasks of MSC are crisis, individual, and small group counseling (Zalaquett & Chatters, 2012).

Burnout in School Counselors

As these stressors, including high caseloads, students with significant needs, lack of control over their duties, and role confusion, begin to accumulate over time, MSC may begin experiencing symptoms of burnout. As discussed previously, the first stage of burnout is emotional exhaustion, and school counselors demonstrate higher levels of emotional exhaustion than counselors from a variety of backgrounds (Gnilka et al., 2015), with approximately 40% of school counselors experiencing significant levels of emotional exhaustion (Wilkerson & Bellini, 2006).

School counselors, however, are less likely to succumb to depersonalization, the second stage of burnout, consistently viewing their students with positive regard and empathy despite their personal feelings of burnout (Gnilka et al., 2015; Mullen & Gutierrez, 2016). However, it is at this point that absenteeism may begin to be problematic, and some consider leaving the profession (Maslach & Leiter, 2017; Travis et al., 2016). Wilkerson (2009) found that the longer a school counselor was employed, the more likely they were to exhibit emotional exhaustion and depersonalization.

The third stage of burnout is conceptualized as a loss of feelings of personal accomplishment (Maslach, 1986). School counselors with higher levels of ego maturity are less likely to experience this feeling of loss of personal accomplishment (Lambie, 2007), as are school counselors with higher levels of self-esteem (Butler & Constantine, 2005). Once a counselor has

begun to experience any of the stages of burnout, there are ramifications in both job performance and the health of the school counselor. There is a significant loss in productivity when counselors experience burnout (Baldwin-White, 2016; Maslach, 2001). When this is a school counselor, this translates into a lessening of time spent engaging in direct services with their students (Mullen & Gutierrez, 2016).

Preventing Burnout

Burnout may be a disorder that is more easily prevented than cured, as a meta-analysis of 27 studies showed that the effect size of interventions addressing work stressors was significantly larger than the effect size of interventions addressing instances of burnout (Dreison et al., 2018). Interventions to prevent burnout are in two categories: person-specific self-care interventions and organization-specific self-care interventions. While both are important in preventing burnout, it is more effective when self-care focuses on both the person and the organization (Awa et al., 2010).

Person Specific Self-Care

Person-specific self-care interventions are interventions that focus on the person of the counselor (Awa et al., 2010). A spectrum of physical activity can be useful in lessening experiences of burnout (Dreyer et al., 2012; Harkess et al., 2017). Not limited to physical interventions, other person-specific self-care interventions that have been beneficial in lessening burnout include counseling, mindfulness, relaxation, learning coping skills, and accessing social support (Bem-Zur & Michael, 2007; Chen et al., 2017; Christopher & Maris, 2010; Sundquist, 2018; Wilski et al., 2015). Another important person-specific intervention not mentioned above is establishing a healthy work-life balance, wherein the counselor feels that they have dedicated ample time to each and is not neglecting one in favor of the other (Dorociak, Rupert, & Zahniser, 2017).

Organization Specific Self-Care

Organization-specific self-care measures include interventions aimed at helping the person and the workplace achieve a better fit. The Areas of Work-Life model (Maslach, 2017) suggests that to avoid burnout there must be a fit between the person and the workplace in these key areas: workload, control, recognition, community, fairness, and meaningful work that aligns to values (Maslach, 2017). Interventions that address this fit, such as reducing the number of hours worked, can be beneficial to the counselor (Lim et al., 2010). For school counselors, this can be translated into carving out moments of peace into the workday, perhaps by closing their office door for a quick respite (Holman & Grubbs, 2018). School counselors can also advocate for lower caseloads and duties that are meaningful and aligned with the expected duties of a school counselor (Bardhoshi et al., 2014; Holman & Grubbs, 2018; Moyer, 2011).

Another organization-specific self-care intervention entails creating connections with others in the workplace, which can help stave off symptoms of burnout (Fischer et al., 2013; Henry, 2014). School counselors have expressed a need for connection with others, as well as recognition of their work (Holman & Grubbs, 2018). When school counselors are bereft of social support in their schools they may experience more symptoms of burnout (Gündüz, 2012). School counselors may also benefit from the connection of clinical supervision (Mullen et al., 2017), another organization-specific self-care intervention that school counselors can engage in that may help reduce symptoms of burnout (Kovač et al., 2016).

Purpose of the Study

Burnout is a harmful thing, both for the MSC themselves and for the students that they serve (Mullen & Gutierrez, 2016; Salvagioni et al., 2017; Toppinen-Tanner et al., 2009). Therefore it is exigent that we examine and develop ways to prevent the symptoms of burnout from impacting

the professional lives of MSC. Clinical supervision and self-care are two effective, well-studied methods of preventing and alleviating school counselor burnout (Bardhoshi et al., 2014; Collins, 2014; Duncan et al., 2014; Kovač et al., 2017; Mullen et al., 2017; Nayoung & Lambie, 2018). However, there has been a dearth of studies that examine the particular burnout experiences of MSC, their level of engagement with supervision, and their use of self-care.

Thus, this study is asking the following questions: (1) Does the use of self-care impact the burnout scores of MSC?; (2) Does the type of supervision impact the burnout scores of MSC?; and (3) Does the type of supervision impact the self-care scores of MSC?

Method

Participants

Research was designed to adhere to the ethical standards of the *Code of Ethics* (ACA, 2014) and an IRB exemption was granted by the researcher's university. Next, school counselors were selected by convenience sampling. A request for participation was posted into several social media groups dedicated to MSC. The Dillman Tailored Design Method, which seeks to make the survey more approachable and relevant (Dillman, 2000), was utilized to increase participation. Originally, 239 individuals responded to the survey; however 32 respondents indicated that they were not certified or licensed as MSC and thus were excluded. A further 25 respondents did not complete the survey in its entirety, and their answers were excluded as well. The final sample size of this survey was 182. The true response rate cannot be calculated due to the method of distributing this survey.

Of those respondents whose answers were included, 97.3% (n=177) identified their gender as female, 79.2% (n=144) were between 25 and 49 years of age, and 79.1% (n=144) identified their race as White, 8.2% (n=15) as Black or African American, 7.7% (n=14) as Hispanic/Latinx,

3.8% (n=7) as Biracial/Multiracial, 0.5% (n=1) as Pacific Islander and 0.5% (n=1) as Asian. A majority of the respondents (88.5%, n=182) had completed their Master's degree, 7.1% (n=13) attaining the Education Specialist degree, 3.8% (n=7) holding a Doctorate, and 0.5% (n=1) holding a Bachelor's degree. ASCA membership was prevalent with 72.5% (n=132) indicating membership.

Procedures

In July 2019, the authors used their social media accounts (Facebook, Linked-In, ASCA Scene, etc.) to invite MSC to participate in the study. Participants were provided a link to a Google form directly in the social media request. After providing informed consent, they were asked to complete a short demographic survey, indicate the type(s) of supervision they received, and then were asked to complete the Counselor Burnout Inventory (CBI; Lee et al., 2007) and the Self-Care Assessment Worksheet (SCAW; Saakvitne & Pearlman, 1996). Each section consisted of close-ended questions and utilized multiple choice or Likert scales.

Instruments

Demographic Questionnaire

The demographic questionnaire asked participants to identify their age range, gender, race, the highest level of education completed, ASCA membership, years employed as a school counselor, and licensure/certification status as a school counselor. Participants were asked to select what type of supervision they received and were provided with the following options and definitions. As many school counselors in previous studies had indicated receiving multiple types of supervision, MSC completing this survey could select more than one (Moyer, 2011; Perera-Diltz & Mason, 2012). Definitions were compiled from available definitions of supervision, which were then

condensed for ease of understanding (Bernard & Goodyear, 2014; Moyer, 2011; Roberts & Borders, 1994).

- Clinical Supervision - Supervision provided by an experienced counselor to a less experienced counselor, covering things such as techniques, theories, ethics, and professional identity. A clinical supervisor may have training in supervision.
- Administrative - Supervision provided by a school administrator who may or may not have any mental health background. Usually focuses on tasks and duties to be completed, relationships within the school.
- Both Clinical and Administrative
- None.

Participants were then asked to indicate if they utilized any form of technology to receive supervision. Examples provided were Zoom, Facetime, Skype, video calls, Google hangouts, or other similar technology, phone calls, emails, or texts.

Counselor Burnout Inventory

The Counselor Burnout Inventory (CBI; Lee et al., 2007) has been found as appropriate for use with various populations, including school counselors (Carrola et al., 2012a; Gnilka et al., 2015; Lee et al., 2011; Lee et al., 2010; Shin et al., 2013). The CBI is a 20-question measure that asks participants to indicate their selections using a 5-point Likert scale (*1 = never true, 2 = rarely true, 3 = sometimes true, 4 = often true, 5 = always true*).

Questions on the CBI (Lee et al., 2007) focus on five dimensions designed to evaluate counselor burnout: (a) Exhaustion, (b) Incompetence, (c) Negative Work Environment, (d) Devaluing Clients, and (e) Deterioration in Personal Life. Different from person-centered scales

such as the Maslach Burnout Inventory (Maslach & Jackson, 1981), the CBI also focuses on the organizational aspects of counseling. Gnilka et al., (2015) related that this is the most appropriate scale to utilize with school counselors, as, in addition to working with students and parents, school counselors also work within school environments, which may bring discrete stressors unique to these places of employment.

The Exhaustion dimension of the CBI focuses on the emotional and physical feelings of exhaustion that can occur. The Incompetence dimension focuses on feelings of competence as a counselor. The dimension Negative Work Environment assesses the participant's feelings about their work environment. The Devaluating Clients dimension focuses on the respondent's feelings toward their clients. Finally, the Deterioration in Personal Life dimension reflects the respondent's feelings about the quality of their personal life.

Each dimension of the CBI is represented by four items, each with a possible 1-5 point score. Thus, each dimension could have a score of between 4 and 20, with total CBI scores ranging from 20 to 100. Higher scores indicate a higher presence of the measured variable Scoring is determined by utilizing the mean of the category.

The concurrent validity of the CBI has been established when correlated with other burnout measurement instruments (Lee et al., 2007). Construct validity has also been established (Puig et al., 2014). The CBI has also been found valid across cultures (Carrola et al., 2012a; Shin et al., 2013; Yagi et al., 2011). Internal consistency reliability has been established across cultures as well (Carrola et al., 2012b; Yagi et al., 2011). Internal consistency coefficients range from 0.73 to 0.85, and test-retest reliability coefficients vary from 0.72 to 0.85 (Puig et al., 2014).

Self-Care Assessment Worksheet

The Self-Care Assessment Worksheet (SCAW) is a self-report measure created by Saakvitne and Pearlman (1996) to help individuals assess their current level of utilization of self-care. This 66-item measure assesses the use of self-care according to a 5-point Likert scale ranging from 1 (*it never occurred to me*) to 5 (*frequently*). The SCAW is assessed as a raw score, with the higher scores indicating more use of self-care and the lower scores indicating less use of self-care.

The SCAW was utilized to get a clear view of the use of different self-care strategies, as research supports that self-care across domains is most likely to be effective (Dorociak, Rupert, Bryant, et al., 2017; Godfrey et al., 2011). There are six main dimensions assessed by the SCAW: Physical, Psychological, Emotional, Spiritual, Workplace, and Balance (Saakvitne & Pearlman, 1996). The Physical dimension encompasses exercise and nutrition self-care. The psychological domain is indicative of activities that reflect mental well-being. The Emotional domain addresses being expressive and connecting with others. The Workplace domain describes activities that help one be more satisfied with their work environment. The Spiritual dimension assesses activities that allow for a connection to personal belief systems. Finally, the dimension of Balance assesses stability within work and personal lives.

Results

Self-Care and Burnout in MSC

The first research question asked if the use of self-care impacted the burnout scores of MSC. Simple linear regression was used to test if higher levels of self-care among MSC significantly predicted lower levels of burnout. For this regression, the raw score on the burnout scale and the mean score of the entire CBI were utilized. The results of the regression indicated

that the predictor explained 9.5% of the variance (R^2 = 0.095, F(1, 180)=18.858, p<0.05). Data revealed that the levels of self-care in MSC significantly negatively predicted levels of burnout *(β* = -0.308, p<0.05). Further investigations into each different category of the SCAW revealed that they each, individually, significantly predicted burnout.

Table 1

Coefficients table for self-care categories and burnout

Model	Unstandardized *β*	Std. Error	Standardized *β*	*t*	*p*
Model 1					
Constant	59.437	3.456		17.197	0.000
Workplace Self-Care total	-0.349	0.086	-0.289	-4.045	0.000
Model 2					
Constant	58.433	4.108		14.225	0.000
Emotional Self-Care total	-0.383	.122	-0.227	-3.131	0.002
Model 3					
Constant	54.540	3.870		14.092	0.000
Psychological Self-Care total	-0.252	0.109	-0.169	-2.305	0.022
Model 4					
Constant	64.864	3.949		16.424	0.000
Physical Self-Care total	-0.466	0.095	-0.344	-4.915	0.000
Model 5					
Constant	58.213	3.841		15.156	0.000
Spiritual Self-Care total	-0.240	0.073	-0.239	-3.298	0.001

Note. Dependent Variable – Burnout

Supervision and Burnout in MSC

The second research question asked if the type of supervision received by MSC impacted their burnout scores. A one-way ANOVA was utilized to test whether there were any statistically significant differences in average burnout across each level of supervision. In this analysis, the main effect of supervision was not statistically significant (F (3,178)=1.091, p=0.354). The different types of supervision do not appear to account for mean differences in burnout.

When examining the individual domains of burnout (exhaustion, incompetence, negative work environment, devaluing client, and incompetence) to determine if levels of supervision had any impact on the individual domains of burnout as determined by the CBI, a significant relationship exists between levels of supervision and the incompetence domain of burnout. There were no significant relationships between levels of supervision and the exhaustion, negative work environment, devaluing clients, and deterioration in personal life dimensions of burnout. A one-way ANOVA was utilized to test if the level of supervision accounted for changes in the incompetence domain of burnout. In this analysis, the main effect of supervision was statistically significant (F (3,178) = 3.887, p<0.05). In this study, supervision had an impact on the incompetence domain of burnout as scored by the CBI.

Post hoc comparisons using the Tukey HSD test indicated that the mean score for Administrative supervision (M = 9.99, SD = 8.88) was significantly different than that of Administrative & Clinical supervision (M = 8.06, SD = 2.04). However Clinical supervision (M = 9.42, SD = 2.50) and No supervision (M=8.65, SD = 2.77) did not significantly differ from Administrative and Administrative & Clinical supervision. Thus, it appears that those MSC who have both administrative and clinical supervision fare better in terms of the incompetence domain of burnout than those MSC who receive only administrative supervision.

Supervision and Self-Care

The third research question inquires as to whether the type of supervision a MSC receives has any impact on their use of self-care, as measured by the SCAW raw score. A one-way ANOVA was utilized to test whether there were any statistically significant differences in average self-care across each level of supervision. In this analysis, the main effect of supervision was not statistically significant (F (3,178)=2.239, p = #). The levels of supervision do not appear to account for mean differences in self-care.

It should be noted that the Clinical and Clinical & Administrative groups are comparatively quite small (n = 19 and n = 17, respectively). In an effort to ameliorate this artifact, the ANOVA was run again with both the Clinical and Clinical & Administrative groups merged. While this ANOVA again found that the main effect of supervision was not statistically significant (F (2,179) = 2.872, p=.059), it appears that we approached the threshold of significance and likely committed a Type II error due to sample size.

Other significant data

The researcher also examined differences in self-care between MSC receiving technology-based supervision and those who received traditional supervision. A one-way ANOVA was utilized to test whether there were any statistically significant differences in average self-care as determined by the raw score of the SCAW based upon whether supervision was accomplished by utilizing technology. In this analysis, the main effect of supervision accomplished by utilizing technology was not statistically significant (F (1,180)=2.189, p = 0.141). The use of technology for supervision does not appear to vary with the mean differences in self-care; therefore, it does not appear that MSC' use of self-care varies according to the use of technology to obtain supervision.

A one-way ANOVA was utilized to test whether MSC who used technology to obtain supervision had different burnout scores, as determined by the average CBI score, than those MSC who did not use technology for supervision. In this analysis, the main effect of supervision accomplished by utilizing technology was not statistically significant, F (1,180)=0.537, p = 0.465. The use of technology for supervision does not appear to vary with the mean differences of burnout; therefore, the experience of burnout does not seem to be impacted by MSC' use of technology to obtain supervision.

Discussion

There are several significant findings in this study. First, the numbers of MSC who engage in clinical supervision is quite low with 19 MSC receiving Clinical supervision and 17 MSC receiving both Clinical & Administrative supervision. These low numbers are in stark contrast with the numbers of MSC who receive No supervision (n=32) and Administrative supervision only (n=114). This is in line with previous studies that found that school counselors received predominantly Administrative supervision, with few school counselors afforded Clinical supervision (Perera-Diltz & Mason, 2012; Moyer, 2011)

One significant finding is that MSC who engage in both Clinical & Administrative supervision showed lower scores on the Incompetence domain of burnout when compared to MSC who only used Administrative supervision. This finding is consistent with school counselors expressing desire for clinical supervision (Perera-Diltz & Mason, 2012). Notably, an increased sense of personal accomplishment has been found in school counselors who obtain clinical supervision (Lambie, 2007). Significantly, school counselors are mandated to be competent in all that they do by both the *Code of Ethics* (ACA, 2014) and in the *Ethical Standards for School Counselors* (ASCA, 2012).

The relationship between MSC's use of technology to obtain supervision and experiences of self-care and burnout also demands attention. This study found no relationship between technological use and burnout or self-care. This is significant, as during the COVID-19 pandemic, many school counselors were forced into both supervision and counseling via technology. This supports the use of technology when needed, as there appears to be no significant detriment in terms of experiences of burnout and use of self-care when MSC are utilizing technology to obtain supervision. In addition to the pandemic experience, many MSC may find themselves unable to obtain clinical supervision due to geographical isolation or being the only mental health professional in their school, and technology presents an interesting option for obtaining clinical supervision.

It is interesting that this study failed to find a significant relationship between clinical supervision and the overall experience of burnout in MSC. The literature frequently recommends clinical supervision as a helpful tool to both prevent and alleviate experiences of burnout (Fillion et al., 2017; Fischer et al., 2013; Lambie, 2006; Thompson et al., 2011). Perhaps this lack of significance is an artifact of the small number of MSC who actually engage in Clinical supervision (n = 19) or Clinical & Administrative supervision (n = 17).

This study also failed to find a significant relationship between clinical supervision and the self-care practices of MSC. Again, this was surprising as utilizing self-care is an oft-touted method of preventing and alleviating experienced burnout and often a topic of supervision sessions (Blount et al., 2016; Pack, 2015; Thompson et al., 2011). School counselors often benefit from focusing on their coping skills and utilization of self-care in a supervisory relationship (Wilkerson & Bellini, 2006). Similarly to the relationship between clinical supervision and burnout, this may be an artifact of the small number of MSC receiving clinical supervision, whether in conjunction with

administrative or not (n = 36). Further weight for this supposition is when the groups Clinical supervision and Clinical & Administrative supervision were joined together, the main effect of supervision, while still not statistically significant, was approaching the threshold of significance (p = 0.059), and likely the result of a Type II error due to small sample size.

Another significant finding is that self-care is inversely related to burnout; as utilization of self-care in MSC increases, symptoms of burnout decrease. All dimensions self-care (physical, emotional, spiritual, psychological, and workplace) showed this inverse relationship. The β values for the physical dimension of self-care were higher than the other dimensions, indicating that there is a significant benefit to physical self-care. The benefit of self-care across dimensions shown here corresponds with current research, particularly that of Awa et al. (2010) who noted that all dimensions of self-care were important but that self-care in the workplace provided the most significant and long-lasting benefits. This meshes with the Area of Work-Life model (Maslach, 2017). Thus, it seems apparent that MSC need to engage in a spectrum of self-care, some of which must naturally encompass their working environment.

Implications for Middle School Counselors

MSC should seek out and advocate for clinical supervision. The combination of clinical supervision in conjunction with the administrative supervision that most MSC already engage in has positive benefits. Despite the fact that clinical supervision is an ethical mandate (ACA 2014; ASCA, 2012), very few MSC are engaged in clinical supervision. The 19.7% of MSC that are availing themselves of clinical supervision in this study is not sufficient; there are over 80% of MSC who are not receiving clinical supervision, even though middle school is a period when students are presenting with increased social and mental health needs (Kar et al., 2015; Tolen & Larsen, 2014; Wray-Lake et al., 2016). Clinical supervision, when combined with administrative

supervision, also appears to reduce feelings of incompetence. This reduction in feelings of incompetence is an important benefit to clinical supervision. In addition, competence is an ethical imperative for school counselors (ACA, 2014; ASCA, 2016).

Perhaps it would be of benefit for school counseling licensure to mimic mental health counselor licensure in the requirement for supervision during the first few years of practice. While it would seem farfetched to have tiered licensure similar to mental health clinicians, a provision in the legislation for school counselor supervision would not be a huge ask. State school counselor associations can begin lobbying for this important school counselor need, and quicker results may be found by individual MSC advocating to their principals and boards of education. Advocacy is an essential skill for school counselors, and by advocating for ourselves, we are indeed advocating for our students, which is what the ASCA National Model (2019) requires.

Supervision is a time where a MSC can be supported in both their day-to-day work and self-care. Another obvious implication of this study is that MSC should engage in self-care to avoid burnout, remain healthy, and be available to support their students. More than merely performing self-care, MSC should make it a point to engage in self-care across domains, including within the school. This may mean that MSC will have to conduct self-advocacy to engage in meaningful self-care within their school environment. This self-care can be as simple as finding the time to check in with valued colleagues, getting out of the office to take a walk around the school, or finding time for a moment of meditation. In fact, considering the high β value of physical self-care, taking the time to take a walk during the school day may be a beneficial strategy. This needed workplace self-care can also be more complicated and involve the need to set firm boundaries with students or colleagues. No matter what the method of self-care, it is imperative that MSC advocate for and engage in it.

Limitations and suggestions for future research

This study was not without limitations. As mentioned previously, researchers should strive to find larger groups of MSC who are receiving clinical supervision. Another concern is that the respondents were predominantly White (79.1%) and female (97.3%). This homogeneity makes it difficult to extrapolate these results to other races and experiences of gender. Future researchers should strive to include more diverse participants. Another concern is that no data was collected as to the geographic representation of the participants. Future studies should collect this data and examine the results to see if geographical location plays any part in the experiences of MSC. Similarly to controlling for geographic location, future researchers should seek to control for more variables, such as the size of the caseload each school counselor carries.

More research is needed on the experiences of burnout and self-care in MSC. This is an especially concerning topic due to the large caseloads of students that each school counselor serves, and the impairment that accompanies the experience of burnout. Exploration should also be made into the barriers to clinical supervision, as clearly there is a very small representation (19.8%) of MSC in this survey that can engage in clinical supervision. Furthermore, and made more pressing due to the COVID-19 pandemic, future researchers should explore further the benefits and drawbacks of MSC utilizing technology to obtain clinical supervision.

Conclusion

This study compared the scores that MSC received on burnout and use of self-care with the type of supervision (clinical, administrative, both, or none) in which they were engaged in. Consideration was also given to the effect of the use of technology to obtain supervision on both burnout and self-care scores. Results showed that the use of differing levels of supervision had an

impact on the incompetence domain of burnout as measured by the CBI (Lee et al., 2007). Specifically, MSC who engaged in both administrative and clinical supervision fared better on the incompetence domain of burnout than those MSC who only engaged in administrative supervision. This study clearly supports the use of a variety of self-care strategies to reduce burnout experienced by MSC.

MSC should search for ways to remove the barriers to obtaining clinical supervision, and technology may be of use in this endeavor. This study clearly shows that using technology to obtain this supervision does not leave the MSC more vulnerable to burnout or lack of self-care. MSC must advocate for their needs for supervision and self-care, and in doing so, be aware that they are indeed advocating for their students. Consideration should be given to what policies, procedures, and legislation can support MSC in their quest to obtain clinical supervision.

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