Walden University

College of Social and Behavioral Health

This is to certify that the doctoral study by

Camille A. Alexander

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

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Walden University
2023

Abstract

Prevalence and Predictors of School Social Workers' Professional Quality of Life

by

Camille A. Alexander

JD, Tulane University, 2015

MSW, Tulane University, 2013

BA, The University of Texas, 2011

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2023

Abstract

This study examined the professional quality of life (PQL) of school social workers working in New Orleans, Louisiana. The existence of a direct relationship between helping professionals' well-being and providing services to clients who have experienced trauma has been well documented. In this study, the PQL theory provided a framework for understanding the negative and positive aspects of helping or serving trauma-exposed clients. The negative aspects, collectively referred to as compassion fatigue, included burnout (BO) and secondary traumatic stress (STS), while the positive aspects were referred to as compassion satisfaction (CS). The study employed a nonexperimental, cross-sectional, quantitative design to investigate the prevalence rates of STS, BO, and CS in New Orleans school social workers. It also investigated the relationship between PQL factors and caseload size, caseload trauma, and time spent in direct services with client trauma. Prevalence data were collected from 53 school social workers using the PQL scale. Regression analyses were performed to determine the existence of predictive relationships between PQL factors and caseload size, percentage of trauma-exposed clients on caseload, and time spent in direct services with client trauma. The findings indicated that STS is more likely when more than half of a practitioner's caseload is comprised of trauma exposed clients. These findings can be used for positive social change by reinforcing the need for schools to provide a trauma-informed approach when developing and providing resources to school social workers.

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Dedication

This project is dedicated to my husband, Marcus, and my children, Marcella, Marcia, Marc Andre, and Marcellus.

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I would like to thank my esteemed faculty advisor – Dr. Adam Quinn – for his invaluable supervision, support, and tutelage during the course of my DSW degree. Dr. Quinn, you have been the most helpful and easy member of the Walden team to work with. From the start of my project to the very end, your calm reassurance has ameliorated many writing blocks and SPSS-induced meltdowns! I want to thank Dr. Debora Rice for the encouragement and enthusiasm she provided during the residency and the various touchpoints thereafter that served as reminders of the important role that practice-focused research plays. There are countless social workers who have served as inspiration and support throughout my professional journey – but there are three I must absolutely name: Kathleen Whalen, Angela Wiggins, and Dorie Gilbert. These social workers are my mentors and my models and set the gold standard for quality research, service, and practice. There are so many people who have been supportive of this project, whether they are aware of it or not, and I am grateful and humbled by those who have been along for the ride, personally and professionally. Lastly, and most significantly, I would like to thank my husband, Marcus, for his consistent encouragement and support throughout my doctoral journey.

Table of Contents

List of Tables

Section 1: Foundation of the Study and Literature Review

School social workers serve as a link between students' homes, school, and community (Allen-Meares & Montgomery, 2014; Webber, 2018). They are licensed mental health professionals who provide a wide array of services to students and families, such as individual and group counseling, conflict resolution, professional development, and case management (Finigan-Carr & Shaia, 2018). However, despite the significant role that school social workers play in students' lives, there remains a lack of understanding about how, and to what extent, professional quality of life (PQL) issues impact school social workers professionally.

Over the last 15 years, research has consistently demonstrated that students from disadvantaged backgrounds often experience high levels of traumatic stress (Berger et al., 2016; Berger et al., 2018; Silverman & Mee, 2019). Furthermore, Salazar et al. (2013) found that students from disadvantaged backgrounds are at greater risk of experiencing negative complications associated with traumatic events. The link between exposure to client trauma and compassion fatigue (CF) has been well-documented (Figley, 1995; McCann & Pearlman, 1990; Stamm, 2005; Stamm et al., 2002). For this study, I chose to focus on school social workers employed in New Orleans public schools because of the city's history of dire socioeconomic conditions, Hurricane Katrina, and its historical context as the first public school district comprised entirely of privately-operated, charter schools. Using Stamm's (2010) PQL theory as a framework, I collected quantitative prevalence data from New Orleans school social workers using the PQL scale (ProQOL-V). Through this inquiry, prevalence rates for secondary traumatic stress (STS), burnout

(BO), and compassion satisfaction (CS) provided critical insight to the experiences of school social workers. Moreover, the results of this study have the potential to guide school leaders, district administrators, and the social work field on the ways to best support these professionals more effectively.

This doctoral study is comprised of four sections. Section 1 begins with a statement of the problem, a brief discussion of the research questions, as well as an outline of the nature of the project. Next, I provide the conceptual framework and a discussion of how the study fits within social work values and ethics. Finally, there is a comprehensive review of current literature and research regarding contemporary school social work practice and PQL. Section 2 contains a discussion and details of the research design and methodology selected to address the gap in the literature by contributing to knowledge about the prevalence of CF and CS in school social workers. Section 3 includes a presentation of the findings based on the research questions. The final section addresses the implications of the current study on the field and social change.

Problem Statement

In this study, I investigated the problem of PQL in school social workers who serve students exposed to trauma. Social workers work with vulnerable client populations who deal with a wide array of complex issues, including mental health disorders, housing instability, and severe health complications. As a result of the nature and contexts within which many social work professionals work, researchers have consistently found that social workers are at a high risk for experiencing burnout and secondary traumatic stress (Adams et al., 2006; Baldschun et al., 2019; Caringi et al., 2017; Wagaman et al., 2015).

However, there is little research studying PQL in the realm of school social work practice. Stress, secondary trauma, and BO have attracted the attention of scholars and practitioners because of each of the risks these phenomena pose to social workers' well-being and organizational effectiveness (Bride, 2007; Travis et al., 2016). This is an important line of inquiry because social workers are ethically required to be competent in their provision of services, and BO and STS impair social workers' service delivery and, ultimately, client outcomes (National Association of Social Workers [NASW], 2017a; Newell et al., 2016; Nilsson, 2014).

Over 1 in 4 U.S. students are estimated to have experienced at least one traumatic event in their lives (American Psychological Association, 2016; Costello et al., 2002; Elliott et al., 2018). Trauma and adverse childhood experiences threaten students' academic and social success because unmet physical and emotional needs interfere with students' ability to learn and adjust in school (Centers for Disease Control and Prevention, 2016; Iachini, 2015; Iachini et al., 2017; National Child Traumatic Stress Network [NCTSN], 2017). National attention and awareness of trauma and the impact it has on learning and academic achievement was heightened following 2005's Hurricane Katrina. Since 2005, New Orleans underwent a level of educational reform never seen in the United States. It is the first American school district comprised entirely of charter schools (Hasselle, 2019a; NOLA Public Schools [NOLA PS], 2021). Forty percent of New Orleans children live in poverty (Children & Youth Planning Board [CYPB], 2019; Mack, 2015), and 83% of New Orleans public school students are from economically disadvantaged backgrounds (Babineau et al., 2019). Additionally, 25% of New Orleans

public school students are "chronically absent" or truant (Hasselle, 2019b). Even more significant, New Orleans youth suffer with posttraumatic stress disorder (PTSD) almost four times the national average (CYPB, 2019; Greater New Orleans Foundation, 2019; Institute of Women & Ethnic Studies [IWES], 2015). These factors provide a compelling landscape to explore school social work practice in an urban setting amidst a fast-moving school reform and postdisaster context.

School social workers act as liaisons between students' school, home, and community to help meet their emotional, developmental, and educational needs (Cuellar & Mason, 2019; Gherardi & Whittlesey-Jerome, 2018; NASW, 2012). Although specific responsibilities performed by school social workers often vary across schools, most school social workers' time and energy is devoted to individual or small-group work that most often focuses on students' mental health needs or students receiving special education services (Frey et al., 2013; Kelly et al., 2015; Webber, 2018). A large majority of school social workers provide services to students with behavioral and mental health disorders. They are also responsible for supporting students and families who may be experiencing homelessness (Groton et al., 2013), abuse, or domestic violence, or have been exposed to traumatic events. The NASW (2012) and researchers (Allen-Meares & Montgomery, 2014) have found that schools with social workers have reduced bullying, truancy, and are more equipped to enable students to overcome hurdles caused by their personal lives that often impair their ability to learn and adjust in school. Despite the benefits brought on by having social workers in schools, most schools and districts do not have social workers (Coyle, 2019). In the few that do, they tend to have only one. As a

result, school social workers rarely receive supervision, regularly suffer from role ambiguity, are responsible for large caseloads, and are frequently exposed to client trauma (Frey et al., 2013). School social workers may experience increased job stress as a result of their professional positions within a setting where social work is not the primary profession.

STS, CF, and BO have been identified as the most critical workplace-based challenges facing social workers and other helping professionals (Figley, 1995; Pearlman & Caringi, 2009a; Stamm, 2010). As socioeconomic and sociopolitical inequality continues to increase, families and students will continue to experience difficulties. Considering these facts, school social workers will continue to serve a critical need in schools. When framed as an occupational health issue, school social workers' professional well-being is critical to high quality service delivery and student outcomes (Cuellar & Mason, 2019) because exposure to traumatic stress and client trauma is linked to STS and BO (Newell et al., 2016). However, because of their vital role working with vulnerable students, school social workers may be negatively affected by the persistent exposure to student trauma, high levels of chronic job stress, and BO (Kelly et al., 2016; Laverdière et al., 2018; Leyba, 2009). Conceptualized as PQL (Stamm, 2010), CF and CS have been found to affect both organizational and client outcomes (Shepherd & Newell, 2020). Factors such as the size and nature of social workers' caseload (Hensel et al., 2015; Yang & Hayes, 2020) and time spent providing direct services to trauma-exposed clients (Kagan & Itzick, 2019) have been linked to the development of CF, STS, and BO.

Purpose Statement

In this study, I sought to examine the PQL of school social workers working in New Orleans public schools. The purpose of this quantitative, exploratory study was to collect current PQL data for school social workers employed in New Orleans public schools, using the ProQOL-V (Stamm, 2010). More specifically, my goal was to investigate the impact potential risk factors have on school social workers' PQL. The risk factors investigated included caseload size, amount of trauma-exposed clients on caseload, and percentage of time spent providing direct services to trauma-exposed clients. PQL is a broad concept that includes CS, BO, and STS (Stamm, 2010; Xu et al., 2019). PQL has been studied using the ProQOL-V developed by theorists Stamm and Figley. Now in its fifth edition, the ProQOL-V has been studied with a number of specific types of social workers (Caringi et al., 2017; Cuartero & Campos-Vidal, 2019; Hyatt, 2019; Itzick et al., 2018; Kagan & Itzick, 2019; Shepherd & Newell, 2020; Xu et al., 2019). However, at the time of the current study, a dearth of research currently exists regarding the impact that trauma work has on school social work professionals in general, and school social workers in the New Orleans school system in particular. Findings from this study can be useful to school social workers as well as other school staff and administrators because they will provide more context for how to support these professionals school-based practitioners and school leaders to support these professionals more effectively.

Research findings consistently demonstrate that PTSD is prevalent among several subpopulations of children, such as those living in low income communities with high

levels of neighborhood violence and crime (Berger et al., 2018; Elliott et al., 2018), those who have experienced interpersonal violence such as physical or sexual abuse (NCTSN, 2017), and those who experience trauma due to natural and man-made disasters (National Center for Post-Traumatic Stress Disorder, 2013). When these students attend school, the effects of their trauma exposure impact their interpersonal and academic performance (Elliott et al., 2018; NCTSN, 2017). These students are frequently referred to school social workers for mental health and social service support (Canfield, 2014; Groton et al., 2013). Exposure to client trauma is not without consequences, and social workers experience positive and negative feelings associated with their professional duties. As a service-focused profession, the field of social work is reliant upon having a large group of competent, licensed professionals to provide effective interventions to clients. In addition to the overall nature of social work practice, caseload size (Hensel et al., 2015; Ji et al., 2019; Kulkarni et al., 2013) and exposure to client trauma during direct services (Bride, 2007; Diaconescu, 2015; Figley, 1995; Stamm, 2010) have been identified as key risk factors for the development of STS and BO.

The goal of this study is twofold. First, I aimed to determine rates of CS, BO, and STS among school social workers within New Orleans public schools. Additionally, I wanted to identify whether caseload size and percentage of time spent in direct practice are risk factors. The study used a nonexperimental, cross-sectional, quantitative design using email-based surveys to collect the data from school social workers working in New Orleans public schools. Since Hurricane Katrina and the local charter school transformation, New Orleans public schools have experienced significant turnover and

attrition from year to year (Jabbar, 2018). Because of the high rates of PTSD exhibited by New Orleans students (IWES, 2015) and the socioeconomic challenges faced by majority of New Orleans public school families (Plyer & Gardere, 2018), school social workers may be at an increased risk of BO and STS.

Under Stamm's PQL theory (2010), CS refers to the positive aspects of one's work. Stamm's model conceptualizes CF as an umbrella term that is comprised of STS and BO. STS is defined as negative feelings driven by fear and work-related trauma, and BO is generally experienced as mental and physical exhaustion and frustration that results from work conditions and organizational factors. Time spent in direct practice refers to actual time spent with client trauma such as individual or group therapy. Caseload size refers to the number of traumatized clients assigned to a school social worker. Moreover, the research questions supported the use of quantitative data collection because they are centered around specific, numerical data points based on the PQL scale. Most of the trauma-based research has been conducted using quantitative instruments or assessments (Creswell & Guetterman, 2018).

Research Questions

The research questions (RQs) investigated in the current study were as follows:

RQ1: What is the level of STS, BO, and CS, as measured by the ProQOL-V, in New Orleans school social workers?

RQ2: Can PQL be predicted by caseload size?

RQ3: Can PQL be predicted by the proportion of trauma-exposed clients on a school social worker's caseload?

RQ4: Can PQL be predicted by time spent in direct service with client trauma?

Of special note is that the first RQ was broken out into three subparts because each of the PQL factors was measured separately. Thus, subsequent discussion of the RQs will refer to six as opposed to the four questions that are briefly described above. I investigated the following hypotheses:

$H_0$2: There is no relationship between PQL factors and caseload size.

$H_1$2: There is a relationship between PQL factors and caseload size.

$H_0$3: There is no relationship between PQL factors and percentage of trauma-exposed clients on caseload.

$H_1$3: There is a relationship between PQL factors and percentage of trauma-exposed clients on caseload.

$H_0$4: There is no relationship between PQL factors and percentage of time spent in direct practice with trauma-exposed clients.

$H_1$4: There is a relationship between PQL factors and percentage of time spent in direct practice with trauma-exposed clients.

Nature of the Doctoral Project

In this exploratory study, I used a survey research design and cross-sectional convenience sampling, and I employed quantitative data analysis. As previously discussed, CS and CF (STS and BO) are indicated by working in a helping profession such as social work (Slocum-Gori et al., 2013; Stamm, 2010). Further, researchers have demonstrated that social workers may derive positive feelings or CS from serving vulnerable client populations, like those who have been exposed to trauma (Stamm, 2017;

Wagaman et al., 2015). Consequently, a quantitative research method was appropriate for this study because based on their indirect trauma exposure, the possibility of experiencing CS and CF exists for school social workers (Salloum et al., 2015; Wagaman et al., 2015). School social workers work with students and families who experience significantly stressful or traumatic events (Callahan, 2016; Canfield, 2014) and, as a result, they may experience CS and CF from their work (Tam & Mong, 2005; Webber, 2018).

In the current study, I sought to identify the prevalence of CF and CS in school social workers, so a descriptive, quantitative method was most appropriate. Descriptive and regression analyses were performed to assess prevalence and possible predictor data. The design was selected because descriptive analysis is useful for collecting and producing prevalence data (Creswell & Guetterman, 2018). In addition, correlational and regression research seeks to identify the extent of associations between variables (Creswell & Guetterman, 2018). The data were collected using a web-based survey administered to school social workers via cross-sectional convenience sampling. CS, STS, and BO data were collected using the ProQOL-V (see Stamm, 2010). The ProQOL-V is a self-report survey instrument comprised of three discrete scales that do not yield a composite score but measure levels of CF, professional BO, and CS (Stamm, 2010). Over 200 published research papers have established reliability and validity of the ProQOL-V, and it is the most commonly used instrument to measure CS and CF (Stamm, 2010).

Significance of the Study

The results of this study may provide much needed data and insights into the PQL of school social workers. Considerable attention has been paid to the negative

experiences and stress that may result from professional social work practice (Bride, 2007; Caringi et al., 2017), but it is equally important to examine social workers' experiences of CS. In fact, Senreich et al. (2020) pointed out that despite the stressful nature of social work practice, licensed social workers tend to experience significant emotional satisfaction from their work. CS has been identified as protective factor against BO and job turnover (Pelon, 2017; Xu et al., 2019), and research has shown that a large majority of social workers are glad that they chose social work as their profession (Senreich et al., 2020). Insights from this study could aid school leaders and district leaders in supporting school social workers and improving retention and the quality of services provided to schools and students. The recent increase in mass shootings and school-based violence shines a light on the complex and challenging experiences faced by children and adolescents. The school social workers who serve these youth are also affected by these incidents and experiences. To date, no studies have examined the prevalence of CF or CS in school social workers. However, a growing amount of research has linked CF, BO, and STS to job turnover (Austin et al., 2017; Barrett & Greene, 2016; Cho & Song, 2017; Itzick & Kagan, 2017; Kim & Stoner, 2008). Significant turnover rates and intent to leave are a problem for the field of social work because of their impact on service delivery and client outcomes (Austin et al., 2017; Cho & Song, 2017; Kim & Stoner, 2008). Hence, the findings of this study can provide the New Orleans public school district and individual school leaders with a baseline for school social workers' PQL. This data may be useful for school administrators and CMO leaders because job

satisfaction impacts turnover rates, client outcomes, and recruitment (see Laverdière et al., 2018).

Theoretical/Conceptual Framework

The current research was guided by Stamm's (2002, 2010) PQL theory. Developed by Stamm in 2010, the PQL theory is the result of over 2 decades of research regarding vicarious trauma, CF, and other so-called "costs of caring" (Figley, 1995; McCann & Pearlman, 1990; Pearlman & Caringi, 2009b; Stamm, 2010). Since Stamm's 2010 published theory of PQL, theorists have continued to refine and reconceptualize the various concepts associated with the effects (negative and positive) that result from providing care to persons who have experienced trauma. Despite an abundance of ongoing research on the topic, one core fact remains unchanged: Secondary exposure (paid or unpaid) to trauma-exposed people threatens helpers' wellbeing physically and psychologically (Figley & Ludick, 2017; Sprang et al., 2007; Stamm, 2012).

Trauma theorists have asserted that the concepts of CF, STS, and vicarious trauma represent the negative symptoms associated with helpers' proximity to horrific tales of trauma from their clients (Pearlman & Caringi, 2009b). The overall concept of PQL is influenced by more than helpers' secondary exposure to primary and secondary trauma in the work setting. It is also associated with characteristics of the work environment (organizational and task-wise) and the individual's personal characteristics (Stamm, 2010). Stamm (2010), Pearlman and McCann (1990, 1995, 2009a), Figley (1995, 2002) and several others (Adams et al., 2006; Bae et al., 2019; Cetrano et al., 2017; Craig & Sprang, 2010) have emphasized the role that CF has on client outcomes and the helper's

well-being. PQL research has been conducted across various cultures worldwide and multiple types of traumatic event exposures (Geoffrion et al., 2019; Heritage et al., 2018; Stamm, 2010). The theory is supplemented with a scale, the ProQOL-V, that is available in over 30 different languages and is accepted as a standard of assessing PQL.

According to the PQL theory, helpers also derive pleasure from their work. Referred to as CS*,* these positive effects may moderate the development of CF outcomes (Stamm, 2002, 2010). CF, on the other hand, is comprised of two distinct constructs: BO and STS, which both result in negative symptoms in a helper. The PQL theory aligned to the current study because schools can be high-stress environments, and working with youth and families exposed to trauma may affect staff well-being and performance. Understanding school social workers' experiences requires an exploration of the different ways their roles in schools and the students they serve affect them personally and professionally. The PQL theory allowed for this exploration within a framework that recognizes the beneficial and deleterious consequences of delivering services to students and families who experience trauma.

Values and Ethics

As a profession, social work is inextricably bound to serving vulnerable, oppressed, and poor populations (NASW, 2021). In order to enhance the life outcomes of marginalized and otherwise vulnerable groups, social workers must place a premium on relationships and service. School social workers serve vulnerable students and families in a setting primarily focused on academic performance. Moreover, school social workers are bound to the code of ethics and must adhere to social work values and principles

(NASW, 2012). Likewise, social work core values such as service, social justice, dignity and worth of the person, and importance of human relationships necessitate that school social workers respond to the unique needs of students, caregivers, and communities they serve. Furthermore, they must balance those needs with the core principles and mission of schools. Those competing interests, that of the school as an educational institution and social work as a helping profession, require that social workers adhere and model the core values of integrity and competence in their practice (NASW, 2012). The standards of professional integrity and competence require that school social workers possess knowledge of policy and legal obligations as well as clinical best practices. Naturally, adherence to these ethical obligations can be challenging. To that point, the code (NASW, 2021) requires social workers who may be impaired by stress or personal problems to seek help or necessary steps in order to protect clients.

This current study was aligned to the NASW Code of Ethics (2021) in that I explored the current levels of CF and CS in licensed social workers providing services to some of New Orleans' most vulnerable students. The data gleaned from this project can potentially provide further information about school social work practice related to competence and service. More specifically, this study supports the NASW principle regarding the significance of human relationships. School social workers are required to engage in relationships with students, families, and other school staff, so the effects and experiences associated with this charge are important to explore so that this practice area may become better understood. Based on the current study and future research, school social workers and the professionals who supervise and manage them have foundational

knowledge of the key factors associated with professional well-being and improved client outcomes. A deeper understanding of school social workers' PQL may enable the social work profession to create and promote strategies to mitigate CF and BO.

In addition, school districts and administrators may use the findings from this study to gain a more complete understanding of the role and experiences of school social work professionals, which can subsequently enhance student and family educational outcomes. Public schools are a cornerstone of democracy because education is a significant determinant of later life outcomes (Dinecola et al., 2015). Agresta (2006) emphasized that because school social workers play such an integral role in schools, it is incumbent upon school administrators to understand the factors that influence these professionals' job satisfaction, professional experiences, and potential barriers to practice. School social workers will continue to provide essential services to schools as they continue to pursue ways to better serve all students despite their socioeconomic and community circumstances. The purpose of the current research project aligned closely with the goals of public schools, which aim to educate all children as a means of ensuring their access to a full array of opportunities in life. By gathering a better understanding of school social workers' experiences, school administrators and districts can be better equipped to create supportive work environments for these professionals to thrive and serve families more effectively.

Review of the Professional and Academic Literature

School social workers play a critical role in students' holistic success. Understanding school social workers' experiences requires an exploration of the different

ways their roles in schools and the students they serve affect them personally and professionally. The PQL theory allowed for this exploration within a framework that recognizes the beneficial and deleterious consequences of delivering services to students and families who experience trauma. There is a need to unify existing research regarding school social work practice and school social workers' experiences with the established theories regarding the occupational stress caused by working as a helping professional. In this study, I attempted to situate the PQL model (see Stamm, 2010) within school social work practice. This begins with an overview of school social work practice research. A discussion of the most recent findings related to child trauma in general and New Orleans' unique charter school landscape follows. Finally, I conclude the chapter with an overview of literature related to the PQL theory (see Stamm, 2010).

There is extensive research that indicates the existence of a direct relationship between providing services to clients who have experienced trauma and helping professionals' general well-being. Trauma research began in the 1970s (Figley, 1986; Figley et al., 1992; Ludick & Figley, 2017), so a broad timeframe was used to conduct a comprehensive search for works related to the theory and topics under investigation by the current study. In order to ensure a thorough search of all databases, a variety of keywords and phrases were used. This list included, but was not limited to, the following: *professional quality of life, professional quality of life and social work, school social work, professional quality of life scale, school social work practice, compassion satisfaction, compassion fatigue, compassion fatigue and social work, burnout, burnout and school social work, secondary traumatic stress and social work, secondary traumatic*

stress and school social work, and *secondary traumatic stress*. I used various academic databases to acquire peer-reviewed, scientific journal articles. These included but were not limited to Thoreau Multi-Database Search, SocINDEX, PsycINFO, and ProQuest Dissertations & Theses Global. Federal, state, and parish websites were also used to gather relevant statistical data regarding facts.

School Social Work

Social workers have a long history of working in schools (Constable, 2016; NASW, 2012; Richard & Villareal Sosa, 2014). Since the early 1900s, school social workers have provided students and families with services to help them deal with complex issues such as poverty, tragedy, trauma, and disabilities (Agresta, 2006; NASW, 2012). Federal and state legislation mandating services for special education students (Allen-Meares et al., 2018; Dupper, 2003; Frey et al., 2013; Kirk et al., 2011), homeless students (Canfield, 2014), and school discipline policies (Crutchfield & Richard, 2016) over the years further legitimized school-based social work practice. In addition to legal requirements, systemic issues like racial inequity, mental health disorders, truancy, poverty, and community violence further necessitate schools' needs for school social workers. According to the NCTSN (2017), the more exposure children have to adverse childhood experiences and other forms of childhood and community trauma, the more likely they are to experience academic and behavioral challenges.

Challenges and Barriers to School Social Work Practice

Noneducators face a unique challenge by working in schools because education is the primary focus, and social services and mental health are often treated as secondary

concerns (Crutchfield & Teasley, 2016; Openshaw, 2008; Webber, 2018). At a minimum, most school social workers provide students with case management, crisis intervention, and individual and small group counseling (Kelly et al., 2015; Richard & Villareal Sosa, 2014; Webber, 2018). Often, they are also expected to carry out a wide array of additional tasks such as evaluating students who might need specialized services, screening and supporting homeless students, reporting child abuse or neglect, and implementing truancy reduction efforts (Allen-Meares et al., 2018; Bureau of Labor Statistics, 2017). Each of these tasks requires engagement, empathy, and time (Williams, 2015). School social workers' varied responsibilities require that they manage multiple cases and challenges at once, and that takes a toll on the professional and the services they provide (Dinecola et al., 2015; Gherardi & Whittlesey-Jerome, 2018).

Several challenges and barriers affect effective school social work practice. Frequent and persistent exposure to trauma (Williams, 2015), scarce resources (Constable, 2016; Essex et al., 2016), insufficient administrative support and supervision (Iachini et al., 2017; Soliman, 2017), role ambiguity (Constable, 2016; Essex et al., 2016; Gherardi & Whittlesey-Jerome, 2018; Kelly et al., 2015; Leyba, 2009; School Social Work Association of America, 2013; Sherman, 2016; To, 2012), heavy caseloads (Canfield, 2014; Constable & Walberg, 2016), and inadequate professional development (Teasley, 2018; Teasley et al., 2012) are among the most commonly cited challenges. In addition, assignments that fall beyond the scope of social workers' expertise, such as proctoring exams or daily bus and lunch duty (Webber, 2018), further contribute to school social workers' role ambiguity and exhaustion (Soliman, 2017; Teasley &

Richard, 2015). Each of these makes school social workers more susceptible to experience work stress, decreased job satisfaction, BO, and high rates of turnover (Allen-Meares, 2006; Richard & Villareal, 2014; Webber, 2018).

New Orleans

The NCTSN (2017) characterized child trauma into 13 distinct types. Among them, the types that are linked to the most significant impairments and disruption to child development are complex trauma, community violence, physical abuse, and traumatic grief (NCTSN, 2017). In addition to these trauma types, natural disasters are extremely distressing and may have a wide range of mental and physical health consequences for individuals, families, and communities (Berger et al., 2016).

New Orleans was devastated following Hurricane Katrina, and the effects continue to be felt and seen. Over 35% of New Orleans youth meet the diagnostic criteria for PTSD (IWES, 2015; Jacob, 2015; Killion, 2019). Almost 40% of New Orleans youth and families live in poverty (Catalanello, 2015; The Data Center, 2018; Mack, 2015), and over 25% of New Orleans youth have been exposed to violence (IWES, 2015). In addition to the socioeconomic and sociopolitical challenges faced by many New Orleans families, the public school system has undergone significant reform since Hurricane Katrina. In 2018, New Orleans became the nation's only city where public schools were completely comprised of charter schools (Sernovitz, 2018). Charter schools in New Orleans' system are publicly funded but independently run by private nonprofit organizations. The charter movement in New Orleans has resulted in a unique landscape that has affected staff hiring and retention (Jabbar, 2018), a highly dynamic and

autonomous organizational culture that results in significant variance in school calendars, policies, practices (Jabbar, 2015a, 2015b; Jabbar & Li, 2016), racial equity, and segregation challenges and disputes (Parvis, 2015). In addition to these challenges, New Orleans students' high levels of illiteracy and trauma-exposure make schools challenging landscapes that often appear underresourced to support the needs of students (Jacob, 2015; Miron et al., 2015; State News Service, 2015).

PQL Theory

Over the last 30 years, research has consistently demonstrated that people who serve in helping roles professionally or personally are impacted by their roles as helpers (Adams et al., 2006; Bride, 2007; Sanchez-Moreno et al., 2015). More specifically, helpers who regularly work with trauma-exposed individuals or communities face a more significant risk due to the type of trauma material they frequently engage with through their work with trauma-exposed clients (Bae et al., 2019). In addition, the effects that helping has on individual helpers is largely linked to compassion (Bride et al., 2007) and empathy. Professionals such as social workers, then, are at an increased risk of experiencing CF because of their constant proximity to traumatized clients and work environments. Likewise, compassion and empathy are essential to working with persons affected by trauma or toxic stress (Bride et al., 2007; McCann & Pearlman, 1990; Radey & Figley, 2007); however, research has consistently shown that there is a cost to caring (Ludick & Figley, 2017; Stamm, 2010). The impact that this "cost" (Figley, 1995) has on helpers can be understood within a framework and theoretical model called PQL (Stamm, 2010).

The PQL theory served as the theoretical framework for this research study. Also referred to as the compassion satisfaction-compassion fatigue model, PQL was developed to conceptualize and illustrate the interaction between occupational stress and the positive effects of helping others (Stamm, 2010). According to the model, factors in the daily work environment, client environment, and personal environment all potentially contribute to helping professionals' well-being. CS, the positive aspects of helping, is just as important to a helpers' PQL as the negative aspects, known as CF (Stamm, 2010). According to Stamm (2010), CF represents the negative aspects associated with helping and is an umbrella concept that is comprised of two separate phenomena: BO and STS. CF entails helping professionals' negative emotions and feelings of exhaustion derived from excessive exposure to client stress and trauma. In contrast, CS refers to helping professionals' positive feelings derived from their work with clients.

Other Terms Used to Describe the Cost of Caring

The negative aspects of helping are real, and without protective factors, they are serious and can affect the quality of care provided as well as the clinician or helper's personal life and even their organization (Stamm, 2010). Furthermore, there is a strong correlation between incidence of CF symptoms and the severity of the traumatic material to which the helper is exposed (Stamm, 2010, 2012; Xu et al., 2019). Potential negative outcomes experienced by helpers may include BO, depression, increased risk of substance use, and symptoms of PTSD (Stamm, 2010). Over the last 30 years, several terms and constructs have been used to conceptualize mental health professionals'

reactions to the severe emotional demands required to engage with traumatic client material (e.g., Figley, 1995; McCann & Pearlman, 1990).

The most popular terms are CF (Figley, 1995), STS (Figley, 1995), vicarious trauma (Pearlman, 1995), and BO (Freudenberger, 1974; Maslach, 1999). Nilsson (2014) pointed out that differences in opinion and definitions of these constructs exist throughout the literature. Nilsson illuminated this lack of clarity amongst scholars by highlighting how some researchers have situated the effects of helping within the framework of PTSD symptoms (e.g., Bourassa, 2009; Bride, 2007; Figley, 1995; Jenkins & Baird, 2002; Naturale, 2007), while others have characterized them in terms of stress (e.g., Figley, 1995; Jacobson, 2012) and a reduced capacity for being empathic (Adams et al., 2006). Despite nuances and ambiguity amongst these terms, most scholars have agreed that the negative aspects of caring tend to follow two distinct onset paths (Knight, 2013; Stamm, 2017). One set of constructs conceptualizes the negative effects that manifest in the "here and now," and another set represents those that occur over a longer time period and affect helpers psychologically (Stamm, 2017). Vicarious trauma falls into the longer-term category. It refers to changes in helpers' world view or ways of understanding the world following repeated exposure to trauma-exposed clients trauma material (Huggard et al., 2013; McCann & Pearlman, 1990; Molnar et al., 2017). Originally coined by McCann and Pearlman (1990) as part of constructivist self-development theory, vicarious trauma is significantly related to cognitive changes related to the sense of safety, control, trust, and intimacy (as cited in Ivicic & Motta, 2017). An example of vicarious trauma is a domestic violence counselor who after years of hearing repeated stories about childhood

trauma may come to believe that everyone who experiences childhood trauma will become a perpetrator of intimate partner violence. Although these negative changes to helpers' world views may not be factually accurate, they are a reflection of their experiences with clients (Huggard et al., 2013).

The effects of helping can be positive and negative. In contrast to longer term or prolonged concepts such as vicarious trauma, CS and CF are related to helpers' experiences in the "here and now" (Stamm, 2017). A more detailed discussion of both constructs follows. Despite differences in onset and symptoms, both CF and vicarious trauma are work-related and result from secondary exposure to trauma material and high stress environments (Bloomquist et al., 2016; Maslach, 2018; Newell et al., 2016; Newell & MacNeil, 2010; Stamm, 2010). Both constructs may lead to feelings of exhaustion and incompetence, turnover, and actual abandonment of the field all together. Kulkarni et al. (2013) pointed out that in addition to client factors, organizational factors exist that also contribute to BO, STS, and CF.

CF

CF is an umbrella term that includes professional BO (Maslach, 1982, 2003) and STS (Figley, 1995, 2002a). De Figueiredo et al. (2014) defined CF as "the exhaustion and negative emotional, physiological, biological, and cognitive effects resulting from the cumulative effects of empathic engagement with, and secondary exposure to, trauma" (p. 286). Researchers have suggested that CF affects effective service delivery and often results in ethical dilemmas and job turnover (Diaconescu, 2015; Figley & Ludick, 2017; Gregory, 2015; Stamm, 2010). Each of these potential consequences compromise

continuity of care. CF is a result of BO and STS (Adams et al., 2008; de Figueiredo et al., 2014; Diaconescu, 2015; Stamm, 2010). BO and STS represent distinct responses to environmental stressors (Stamm, 2010). Research has shown that client trauma may change mental health professionals' worldview which, in turn, can put organizations at risk for a range of negative consequences, such as decreased perceptions of support and increased intent to leave (Knight, 2013; Newell & MacNeil, 2010). Additionally, researchers have indicated that any professional with repeated exposure to distressing content, especially those exposed to events that involve children or abuse, may be at an increased risk of CF (Letson et al., 2019). In terms of the work environment, Walsh et al. (2018) found that CF is more closely related to high caseloads, the difficult and complex nature of cases, and interactions with multiple systems. De Figueiredo et al. (2014) suggested that risk factors for CF include "younger age, female gender, greater caseload, higher number of traumatized clients on caseload, personal history of trauma, occupational stress, and working in inpatient settings" (p. 287). CF is a serious concern for helping professions and social services because it affects effective service delivery, ethical dilemmas, and job turnover.

BO

Maslach (1982) described BO as a state of physical, emotional, and mental exhaustion caused by a professional's inability to cope with their work environment. Likewise, researchers have associated BO with feelings of hopelessness and difficulties with doing their job effectively (Stamm, 2010), as well as an erosion of idealism and a reduced sense of accomplishment and achievement (Maslach, 1982). BO is not a personal

issue – it is a workplace issue (Maslach & Leiter, 1999) that is an outcome of multiple occupational stressors (Baum, 2016). De Figueiredo et al. (2014) emphasized the "cumulative" effects of BO and characterized it as a derivative of continued experiences with "stressful occupational factors." The presence of BO has been associated with several negative outcomes, including feelings of hopelessness, poor job performance, increased turnover, job dissatisfaction, feelings of depersonalization, and intent to leave the profession (Figley, 2002; Salloum et al., 2015; Stamm, 2017). Organizational factors such as support from leadership, clinical supervision, caseload size, and amount of required paperwork have been linked to BO prevalence (Figley & Ludick, 2017). BO has been directly correlated with turnover among the helping professions and can have a significant impact on the quality of care being provided by workers (Salloum et al., 2015). Several studies have suggested that BO is associated with personal factors and workplace factors. Lower socioeconomic status or household income, fewer coping strategies, and female gender are some of the personal factors most closely tied to BO prevalence (Cetrano et al., 2017; Hiles Howard et al., 2015; Xu et al., 2019). Similarly, workplace factors such as insufficient supervision, low team support, low work autonomy, and role stress seem to be closely tied to BO prevalence (Bloomquist et al., 2016; Cieslak et al., 2014).

STS

Unlike BO, STS is directly related to responding to the potentially traumatizing experience of another person (Stamm, 2017). Conceptually, STS is distinct from the other manifestations of distress that result from engaging with traumatized clients in that STS

symptoms are akin to PTSD symptoms (Sprang, et al., 2011). They may include hyper-arousal, hyper-vigilance, numbing, and disengagement with clients and the workplace (Caringi et al., 2017; Figley, 2002a, 2002b; Kulkarni et al., 2013). Research consistently demonstrates that mental health professionals who treat traumatized clients show the same patterns of intrusion, avoidance, and hyperarousal that characterize their clients' PTSD (Baum, 2016; Knight, 2013). Helpers may experience STS symptoms such as a preoccupation with thoughts of clients outside of the session, reexperiencing client trauma in memories and dreams, somatic complaints, addictions, significant impairment of daily social and personal roles, and emotions like grief, depression, anxiety, dread, fear or shame (Figley, 1995; Knight, 2013).

As an occupational hazard, STS contributes to worker attrition (Boscarino, et al., 2010; Bride & Kintzle, 2011; Cieslak et al., 2014). Owens-King (2019) found that high-magnitude social work practice like treating traumatized clients is associated with higher levels of secondary trauma. STS may affect mental health professionals' families and close friends (Baum, 2016). Moreover, the emotional and physical manifestation of STS may interfere with mental health professionals' service delivery (Baum, 2016). Examples of STS symptoms often include increased fatigue or illness, emotional numbing, social withdrawal, and feelings of hopelessness and despair (Baum, 2016). Ivicic and Motta (2017) cite evidence indicating a relationship between cumulative exposure to traumatized clients and the likelihood of developing STS. Further, research findings indicate that long after their initial work with a client, social workers are affected by the very nature of trauma work (Caringi et al., 2017). Caringi and Lawson (2012) emphasize

that employees' experiences of STS are significantly influenced by organizational culture and organizational climate. Conceptually, organizational culture represents the norms, values, meaning systems, and traditions relevant to an agency (Caringi & Lawson, 2012). Organizational climate refers to the more definable, measurable features of the organization such as structure, leadership, standards, and reward systems that are amenable to change (Caringi & Lawson, 2012).

CS

Exposure to secondary trauma may not always lead to or result in bonafide BO or CF. CS refers to the positive aspects and pleasure that a professional derives from helping others (Stamm, 2010). CS is indicated by professionals' reports of feeling pleasure by helping others, feeling positively about colleagues or the organization, and feeling positively about effective clinical practice, particularly with traumatized populations (Craig & Sprang, 2010; Stamm, 2017). Further, CS is associated with positive attitude, stamina and perseverance, interest, and a sense of accomplishment in aiding clients (Wagaman et al., 2015). Laverdière and colleagues (2018) point out that CS reduces turnover intention and CF symptoms. Research demonstrates that CS may decrease BO and STS (Slocum-Gori et al., 2013; Xu et al., 2019).

PQL Scale

PQL is most popularly measured using the ProQOL-V (Galiana et al., 2017; Geoffrion et al., 2019; Stamm, 2010). The ProQOL was developed to assess the levels of CS, CF, and BO levels in helping professionals who work with clients who have experienced extremely stressful or traumatic events. The instrument has been used in

over 600 publications to research CS and CF among several different populations and has been translated into 26 languages (Stamm, 2010). The ProQOL was originally developed as a revision of the CF Test (Caringi et al., 2017; Stamm, 2010). The ProQOL measures BO, STS, and CS using three separate sub-scales (Stamm, 2010). Reliability, as measured by Cronbach's alpha, for the CS subscale is $\alpha = 0.88$ (Galiana et al., 2017; Stamm, 2010). The reliability for BO and STS are $\alpha = 0.75$ and $\alpha = 0.81$, respectively (Klein et al., 2018; Stamm, 2010).

In summary, the nature of school social work practice necessitates a deeper understanding of their experiences (Monkman, 2016). There is an urgent need to understand the larger field of education to ensure that schools and districts support school social workers (Callahan, 2016; Crutchfield & Richard, 2016). The research is unwavering in its assertion that CF is an occupational hazard for those providing direct services to traumatized populations. New Orleans' unique charter school landscape and significant trauma exposure compel researchers to explore the effects these phenomena have on school social workers. Because CF can lead to high staff turnover, poor service delivery, and an increased likelihood of boundary violations (Gregory, 2015; Hiles Howard et al., 2015), there are significant organizational implications. The schools themselves can be susceptible to secondary trauma and BO (Catalanello, 2015; Sernovitz, 2018). There remains a great need for more research on school social workers' experiences with CF and CS (Caringi et al., 2017; Lewis & King, 2019; SAMHSA, 2017). Similarly, there is a scarcity of research on the way charter schools impact school social work practice (Crutchfield & Richard, 2016; Crutchfield & Teasley, 2016). An

exploration of CF and CS in New Orleans school social workers will provide valuable information that may provide critical guidance for school and district-level practice and interventions.

Summary

Section 1 outlined how under-researched school social workers' PQL is and the potential impact their roles may have on them as professionals as well as the services they provide to students and families. Using Stamm's (2010) PQL theory and the PROQOL-V provides a framework for exploring the prevalence of BO, STS, and CS in school social workers. This study attempts to fill a gap in research and scholarship regarding the professional implications of working as a social worker in schools. These findings will be useful to inner city districts like New Orleans because of the increased literature and statistics highlighting the impact that trauma has on student achievement and learning. In addition, this study may also shine a light on the ways that charter schools affect school social work practice. Based on these opportunities to enhance the literature, the next section will detail the proposed research design and methodology.

Section 2: Research Design and Data Collection

The purpose of this section is to provide information as to how the study was conducted. In the sections that follow, I provide a detailed discussion of the research design and methodology, including recruitment and sampling strategy for selecting potential study participants, measurement tools, and data analysis protocol. I also present a discussion of the study's ethical considerations. Previous research has indicated that mental health professionals working closely with traumatized victims are vulnerable to CF (Bride, 2007; Diaconescu, 2015; Figley, 1995; Stamm, 2010). However, while several studies have reported on PQL for various professionals (Baum, 2016; de Figueiredo et al., 2014; Kulkarni et al., 2013; Letson et al., 2019), studies that examine PQL in school social workers are lacking.

Research Design

The links between the work environment, client trauma, and CF have been well documented (Cieslak et al., 2014; Figley, 1995; Melvin, 2015; Stamm, 2010). Furthermore, caseload size (Dagan et al., 2016; Hensel et al., 2015; Melvin, 2015; Quinn et al., 2019) and time spent in direct practice (De La Rosa et al., 2018; Caringi et al., 2017; Stamm, 2010) have been identified as risk factors for STS and CF. The purpose of this study was to examine New Orleans school social workers' ProQOL to determine the prevalence of STS, BO, and CS in order to better understand how their professional responsibilities and exposure to client trauma may affect their professional wellbeing. The city of New Orleans was selected because of the prevalence of trauma exposure and poverty that public school students face (see CYPB, 2019). In this study, I employed

descriptive and inferential statistics to explore four RQs and hypotheses. The questions are as follows:

RQ1: What is the level of STS, BO, and CS, as measured by the ProQOL-V, in New Orleans school social workers?

RQ2: Can PQL be predicted by caseload size?

RQ3: Can PQL be predicted by the proportion of trauma-exposed clients on a school social worker's caseload?

RQ4: Can PQL be predicted by time spent in direct service with client trauma?

The hypotheses that were investigated were as follows:

$H_0$2: There is no relationship between PQL factors and caseload size.

$H_1$2: There is a relationship between PQL factors and caseload size.

$H_0$3: There is no relationship between PQL factors and percentage of trauma-exposed clients on caseload.

$H_1$3: There is a relationship between PQL factors and percentage of trauma-exposed clients on caseload.

$H_0$4: There is no relationship between PQL factors and percentage of time spent in direct practice with trauma-exposed clients.

$H_1$4: There is a relationship between PQL factors and percentage of time spent in direct practice with trauma-exposed clients.

This study was exploratory and used a survey-based design. Quantitative data analysis was conducted using the most current version of the Statistical Package for the Social Sciences (SPSS). The ProQOL-V was administered to participants to examine the

prevalence of STS, BO, and CS in New Orleans school social workers. The use of a quantitative method was appropriate because quantitative analysis yields prevalence rates (see Creswell, 2015). With the use of descriptive and regression analyses, the I sought to test the existence of relationships between each of the variables in the study. A descriptive approach is valuable to social science research (Knupfer & McLellan, 1996) because human nature is an inherent variable in the study of fields such as social work. Descriptive research is frequently used to describe people's characteristics or behaviors at a point in time. Moreover, descriptive research is aligned to the stated purpose of examining subjective reports of PQL variables among school social workers. The "point in time" for the study was defined as the last 30 days at the time of survey because the ProQOL instructs participants to submit responses based on their subjective experience in the last 30 days (see Stamm, 2010). Participants were asked to respond to questions about CS, BO, and STS. Each of these variables was assessed by a subscale within the ProQOL-V. The ProQOL is discussed further in the instruments section.

For the purposes of the current study, CF and CS were operationally defined in accordance with Stamm's (2010) and Figley's (1995, 2002) theoretical conceptualizations. CS was operationally defined as the pleasure derived from being able to do one's work well (Stamm, 2010). CF incorporates STS and BO and is conceptualized as the negative aspects of caring or working in a helping profession (Figley & Ludick, 2017; Stamm, 2010). BO is associated with the gradual onset of symptoms such as hopelessness and decreased effectiveness or performance that results from work-related factors (Stamm, 2010). STS results from work-related, secondary

exposure to client trauma (Stamm, 2010). It is characterized by sleep difficulties, intrusive thoughts, and psychological distress (Figley & Ludick, 2017; Stamm, 2010). In addition to the ProQOL-V variables, participants also provided demographic characteristic data such as race/ethnicity, gender, age, percentage of time spent in direct practice with clients, years of post-MSW experience, years of school social work practice experience, years at current school, and caseload size. Percentage of time spent in direct practice referred to actual time spent in individual or group therapy with clients exposed to trauma. Trauma-exposed client caseload size referred to the number of clients with trauma histories who have been assigned to the SSW. This study was exploratory because it was an investigation of potential relationships between specific personal and work-related characteristics and their ProQOL-V subscale (CS, BO, and STS) scores. The design did not allow for manipulation of any of the variables, so it was impossible to establish definitive cause-and-effect relationships between any of these variables (see Gelo et al., 2008).

Methodology

In this quantitative study, I used a nonexperimental, cross-sectional research design to administer the ProQOL-V (see Stamm, 2010) to social workers currently employed in New Orleans public schools through a web-based survey. The purpose of this research study was to assess New Orleans school social workers' ProQOL and explore whether any relationships or correlations exist between the variables. The ProQOL-V (Stamm, 2010) is a 30-question, self-report survey instrument administered to helping professionals to assess levels of BO, CS, and STS. The ProQOL-V operationally

defined CS as “the positive feeling an individual may experience by perceiving they have been doing well within their job” (Stamm, 2010, p.12). CF was defined as “the negative feelings an individual may experience by being exposed to work-related trauma which may include STS (Stamm, 2010, p. 12). BO, in the context of the ProQOL-V, was defined as “the feelings of hopelessness or an inability to effectively do one’s job” (Stamm, 2010, p. 13). Lastly, STS, within the ProQOL-V, referred to the feelings experienced as a result of secondary exposure to people who have experienced extremely or traumatically stressful events (Stamm, 2010, p. 13).

The web-based survey also collected participants’ race, gender, age, percentage of time spent in direct practice with clients, years of post-MSW experience, years of school social work practice experience, years at current school, and caseload size. The percentage of time spent in direct practice was categorized in percentages such as less than 25%, between 25% to 50%, more than 50% but less than 75%, and 75% to 100%. Race was coded based on any combination of responses to options including Black, White, Latinx, Asian/Pacific Islander, and Native American. Date of birth was collected to enable age categorization. Previous researchers have also explored the relationship between years of experience and STS, BO, and CF (see Kagan & Itzick, 2019; Yang & Hayes, 2020). In those studies, years of experience was defined as years of employment in the role of social worker. For the purposes of the current study, years of experience referred only to post-MSW experience in the role of a school social worker.

Participants

In cross-sectional research, data are obtained at one point in time from respondents of different ages or in different stages of development and careers (Bethlehem, 1999). The population of interest for this study was school social workers currently employed by New Orleans public schools. Participants were (a) at least 18 years of age at the time of participation as this was the age of consent in Louisiana, (b) English-speaking because all materials in the study were presented in English, (c) active to practice as licensed master social workers (LMSW) and licensed clinical social workers (LCSW) by the Louisiana Board of Social Work Examiners as this better ensured the educational attainment background and capacity to pass a licensure exam, and (d) a provider of school social work services to students in K-12 public schools in Orleans parish. Exclusionary criteria included employment as a school social worker at least 30 days prior to the study and licensure to practice social work in the state of Louisiana at the time of the study because I focused on school social workers who were employed to provide social work services to students. The state of Louisiana requires licensure for the provision of social work services (Social Work Practice Act, 2014). Furthermore, the ProQOL-V instructs participants to reflect on the last 30 days for their responses (Stamm, 2010).

To gain access to New Orleans public school social workers, I requested access to the NOLA PS listserv of current school social workers. Because school social workers in Louisiana are legally required to serve as the attendance and truancy clerks for K12 campuses, their contact information is publicly requestable and must be maintained at the

local district office. In addition I requested current lists of school social workers on record from the Charter School Social Worker Network and New Orleans NASW chapter to cross reference membership totals against the employment records maintained by the school district. According to Fowler (2009), researchers should use a sample frame to identify potential participants for studies. The three characteristics of the sample frame include comprehensiveness, probability of selection, and efficiency (Fowler, 2009). There are approximately 83 public schools in New Orleans and roughly 50 school social workers throughout the district (CYPB, 2019; Greater New Orleans Foundation, 2019). The target sample size for the study was 55 based on Krejcie and Morgan's (1970) method for quantitative research studies and due to the small number of school social workers in New Orleans public schools. In order to maximize the response rate, an email requesting participation in the study was sent to all school social workers on the NOLA PS list serv. The email request briefly described the purpose of the study and the rationale for it and invited New Orleans school social workers to complete the online survey using the Survey Monkey platform. The email also advised participants that the study received institutional review board (IRB) approval to collect all data via an anonymous survey link. Additionally, an informed consent document was included as an attachment to the email and also on the cover page of the online survey. Participants were required to sign and submit the electronic Informed Consent before gaining access to the survey instrument.

Instrumentation

The study used two instruments: The ProQOL-V (Stamm, 2010) and a demographic questionnaire that I developed. The ProQOL is free, and permission for use is made available on the webpage. According to the official website, "The ProQOL measure may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold" (Stamm, 2010). The website and manual (Stamm, 2010) allow researchers to change the terms "help" and "helper" on the ProQOL scale to "counsel" and "counselor". The ProQOL was chosen for this study because it was specifically designed as part of the PQL theory and developed to measure its three distinct constructs: CS, BO, and STS. Each ProQOL subscale is comprised of 10 items that must be answered using a 5-point Likert scale: 1 = *never,* 2 = *rarely,* 3 = *sometimes,* 4 = *often,* and 5 = *very often*. The ProQOL is not a diagnostic test. Scores on the ProQOL subscale are not diagnostic and instead merely indicate the potential for CS, BO or STS. The ProQOL has been in use since 1995 and has undergone several revisions (Stamm, 2010). The current version, the ProQOL 5, is available in 26 languages other than English. It is the most used measure of CF and CS (Hemsworth et al., 2018; Stamm, 2010; Xu et al., 2019). Geoffrion et al. (2019) assessed the ProQOL using confirmatory factor analysis and bifactor modeling and found support for the ProQOL's convergent validity and discriminate validity. They also found validity and reliability for the scale's theoretical underpinnings (Geoffrion et al., 2019). Together, research has indicated that the ProQOL has good construct validity and measures what it purports to measure. *The Concise ProQOL Manual* (Stamm, 2010) cited alpha reliabilities for each of the ProQOL

subscales (CS [*a* = .88], BO [*a* = .75], and STS [*a* = .81]). Heritage et al. (2018) also supported the ProQOL's reliability. They found similar alphas for the subscales (CS (*a* = .90), BO (*a* = .80), and STS (*a* = .84). The ProQOL has been used on several helping professionals and caregivers such as nurses (Foster, 2019; Hemsworth et al., 2018), teachers, parents (Brady et al., 2019), and various types of social workers (Bercier & Maynard, 2015; Pelon, 2017; Xu et al., 2019; Yi et al., 2019). The demographic questionnaire collected the participants' race, gender, age, percentage of time spent in direct practice with clients, years of post-MSW experience, years of school social work practice experience, years at current school, and caseload size.

Data Analysis

After receiving approval from the Walden IRB, I contacted the social work liaison at New Orleans Public Schools to obtain the contact information for public school social workers who have consented to publish their information in the public record. An email was sent to school social workers listed in the public directory. The email included a description for the study and informed consent to allow for participants to acknowledge their voluntary participation. When participants followed the link to the survey that was included in the email, they were met with the informed consent agreement. Only once they submitted their consent were they granted access to the ProQOL-V and a demographic questionnaire. The responses were monitored by the Survey Monkey software, but individual respondents remained anonymous. The online survey was made available for responses for a total of 4 weeks beginning November 11, 2021. After 2 weeks, a reminder email was sent to the various listservs to invite any school social

workers who had not yet submitted a response to participate. At the conclusion of the 4 weeks, the data was transferred to the most recent version of the Statistical Package for the Social Sciences (SPSS) software to be analyzed. Data obtained from the completed email-based surveys was screened and cleaned for outliers, missing data, and assumption violations. Data analyses was performed via descriptive and inferential statistics. Internal validity and reliability of the ProQOL was computed using Cronbach's alpha.

Descriptive Statistics

Descriptive statistical analysis was used to analyze the information obtained from each participant to gain a better understanding of the population sample. Descriptive statistics of the participants' levels of STS, BO, CS, and demographic characteristics will be measured in terms of means, standard deviations, frequency, and percentages. Each ProQOL-V subscale was scored to determine participants' levels of CS, BO and secondary trauma.

First, each participant's responses were entered into SPSS via bulk import from the Survey Monkey software. Per the ProQOL manual instructions (Stamm, 2010), the raw data was converted to *t* scores. As outlined in the ProQOL manual (Stamm, 2010), some items had to be reversed in order to be scored correctly. Using *t*-scores, each subscale is standardized and yields a score that can be converted to the categorical levels "low," "average," and "high." Finally, descriptive statistics such as means, percentages, and standard deviations were performed to summarize participants' demographic characteristics.

Inferential Statistics

Regression analysis is a statistical method for estimating the relationship between two or more variables based on observed data (Tantawi, 2023). A regression model is useful because it can determine whether changes observed in the dependent variable are associated with changes in one or more of the explanatory variables. To examine whether a statistically significant relationship exists between the ProQOL constructs (BO, STS, and CS) and caseload size, caseload trauma, or time spent in direct service, multiple linear regression was performed. Before conducting inferential statistics, I examined assumptions such as normality, outliers, and equality of variances in order to confirm the appropriateness of the selected analyses. Since the assumptions were confirmed, linear regression was ultimately used to determine whether these variables could be predictors or risk factors for STS and BO.

Data Analysis Procedures

The first RQ is broad and obtains prevalence rates for each of the PQL factors – CS, BO, and STS. Tripodi and Bender (2010) point out that prevalence studies are useful in the field of social work because they enable researchers to describe the extent and nature of a given problem. Stamm (2010) emphasizes that when interpreting the ProQOL it must not be used as a diagnostic test. The ProQOL is solely designed for use as a screening and research tool that provides information. To obtain scores for the three subscales, the ProQOL manual requires that some items be reversed (Stamm, 2010, pp. 15-17). The ProQOL manual specifies that even when items are reversed, the number “0” remains the same and indicates the absence of the construct. The second step is to sum

the items from each subscale to calculate raw scores. The raw score calculation may be completed manually or using SPSS. The raw scores are then converted to *t*-scores with a sample mean of 50 and standard deviation of 10. Using a one-sample *t* test, sample means were compared to the ProQOL mean scaled score (50).

The second and third RQs seek to determine the relationship between ProQOL factors and percentage of time spent in direct practice with trauma-exposed clients and size of trauma-exposed client caseload. A binary correlation analysis will be conducted to examine the strength and direction between each of the ProQOL factors and the percentage of time spent in direct practice and caseload size. Correlational designs are used in research to investigate the relationships among two or more variables and only infer a correlated relationship, not causality (Creswell & Guetterman, 2018; Shadish et al., 2002).

Multiple linear regression analyses were conducted for the final three RQs to examine how much of school social workers' PQL can be explained by independent variables. Multiple linear regression is used when there are two or more independent variables and one dependent variable and the researcher seeks to understand how the multiple independent variables influence changes in the dependent variable (Hoyt et al., 2008; Orme & Buehler, 2001; Schumacker, 2015). Moreover, multiple linear regression analyses enabled me to determine whether a predictive relationship exists between caseload size, time spent in direct practice, and each individual ProQOL factor. Caseload size, Caseload trauma, and percentage of time spent in direct practice with trauma-

exposed clients were the independent variables investigated. Each of the ProQOL factors (STS, BO, CF) represents the dependent variables.

Issues of Rigor

Quantitative research is explanatory and deductive, whereas qualitative research is exploratory and inductive (Claydon, 2015). In quantitative research, numerical data is used to make sense of the world and rigor is determined by examining the quality of the research (Claydon, 2015). Quantitative research must be rigorous to further the knowledge and legitimacy of a field of study. In this case, rigor can be thought of as a quality control mechanism for research (Laher, 2016). Laher (2016) and Basham and colleagues (2010) emphasize that internal validity, external validity, reliability and replicability are essential criteria for quantitative research. A study's reliability and validity are critical in scientific research because they ensure truthful and accurate data and findings (Basham et al., 2010).

Ethical Procedures

Due to the nature of the current study, careful consideration was given to the possible effects that may have resulted from participation. Data collection was begun after approval by Walden University's IRB. IRB approval (#11-01-21-0732120) was granted November 1, 2021, and expired on October 31, 2022. The study was conducted in accordance with the guiding principles outlined in the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) and the social work code of ethics (NASW, 2021). No face-to-face contact was made between myself and the participants. The participants were invited to

complete an online, self-administered questionnaire through SurveyMonkey, a web-based online survey tool. To honor the professional and ethical principle of respect of persons), the Informed Consent form was distributed to all potential participants discussing the procedures for participation in this study, confidentiality issues, and voluntary nature of the study, the risks and benefits of participating in the study, as well to contact me or the research chair with individual questions regarding the study. The Informed Consent included an explicit and detailed explanation that all records will remain confidential and that only I will have access to those records. There were no physical risks or benefits for participation in the study, however, potential for emotional or psychological distress may occur as participants reflect on traumatic memories or stress while completing the survey. In accordance with the ethical principle to do no harm (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979), participation in the study was anonymous and participants were notified that they were not obligated to complete any part of the study for which they feel uncomfortable. Furthermore, participants were also provided with contact information for local mental health resources in the event they have questions or experience emotional upset following completion of the study.

The data collected during the study was not printed and no additional electronic files were saved on devices other than my personal computer. All electronic files will be kept secure for a period of three years after the publication of this dissertation. At the conclusion of the three-year period, all electronic data files will be permanently erased using the delete function on the computer's operating system. None of the participants'

names or other identifying information will be collected or recorded on any forms to ensure anonymity. For identification purposes, each participant was assigned a numerical code starting from number one and ending with the number of the last completed survey.

Summary

This exploratory, quantitative study sought to determine New Orleans school social workers' ProQOL levels and whether any relationships exist between ProQOL factors (CF, CS, BO, and STS) and caseload size, caseload trauma, and time spent in direct practice with trauma material by using the ProQOL-V. Descriptive statistics were obtained and regression analyses were performed in an effort to gain a deeper understanding of school social work practice and the effects that working with student trauma have on social workers. At the conclusion of the data collection period, this research has the potential to help educational stakeholders understand the prevalence of school social worker ProQOL and the severity of school social worker STS and BO. This study might also elucidate the relationship between different work-related characteristics and PQL. Furthermore, the results could highlight strategies and mitigating factors to reduce the incidence of BO and STS for school social workers in high-stress or trauma-exposed communities. The next section will provide a deeper discussion of the results from the data analysis and identify key findings.

Section 3: Presentation of the Findings

The current study was designed to explore the PQL of New Orleans public school social workers and whether any relationships exist between the PQL factors and caseload size, caseload trauma, or time spent in direct service with client trauma. I collected the data using the PROQOL 5 (2010) developed by Stamm and a short questionnaire that included questions about demographic information and client information. Both surveys were administered electronically via the SurveyMonkey platform. All submissions were completed anonymously. The first RQ sought to determine the prevalence rates of CS, BO, and STS. The second question examined whether any relationship existed between caseload size and the three PROQOL factors. The third RQ explored the relationship between PQL factors and percentage of trauma-exposed clients on caseload. The final RQ investigated the relationship between the amount of time spent in direct service with trauma-exposed clients and each PQL factor. This chapter begins with a discussion of the data analysis techniques including validation procedures and limitations. Next, I include results from descriptive and statistical analyses. I conclude with a summary of the key findings based on the RQs.

Data Analysis Techniques

The data were collected over the course of 6 weeks in November and December 2021. I emailed the Social Worker & Behavioral Health Liaison for NOLA PS to share details about the study as well as the copies of the IRB approval, Consent Form, and Questionnaire. Upon reviewing the documents, the District's Social Worker & Behavioral Health Liaison invited me to present the opportunity to participate in the

study at an upcoming School Social Workers meeting. The Social Worker & Behavioral Health Liaison confirmed the total number of full-time school social workers to be 67 at the time the study was administered. I attended the meeting to discuss the study and research. I responded to questions and shared an overview of the PROQOL and PQL framework. In order to maintain anonymity of potential participants, I was not given access to specific school social workers' contact information. Alternatively, following the meeting presentation, the Social Worker & Behavioral Health Liaison sent an email to the official listserv for NOLA Public School social workers. The email included my contact information, a summary of the study, copy of the Consent Form, copies of the PROQOL 5 and demographic questionnaire, as well as the link to the online survey hosted on Survey Monkey®. The survey was open for a total of 4 weeks, with a reminder email sent to the District's School Social Workers Network 2 weeks prior to the close date. A total of 58 school social workers accessed the survey. A total of 54, or 80% of all NOLA Public School social workers, completed the survey.

The raw data were gathered using Survey Monkey® and then exported into IBM Statistical Package for the Social Sciences (SPSS), version 27. To examine RQ1, I used descriptive statistics including percentages, numbers, means, and standard deviations to analyze the demographic variables and calculated scores for CS, BO, and STS based on responses from the PROQOL and demographic survey. The raw data were prepared according to the directions outlined in the PROQOL manual (see Stamm, 2010). Some of the BO subscale questions required recoding. Once the recoding was completed, PROQOL factor scores were obtained by converting raw scores into *t* scores as instructed

in the PROQOL Manual (see Stamm, 2010). RQs 2 through 4 were investigated using linear regression. For this study, the dependent variables were CS, BO, and STS. The predictor variables were caseload size, caseload trauma, and trauma contact. The linear regression was performed using dummy variables. To create the dummy variables, all categorical and nominal variables were coded with dichotomous values of 1s and 0s. Next, a reference variable was selected to be removed from the analysis. The other dummy variables were calculated via *k*-1, where *k* was the number of groups. Finally, the dummy variables were compared to the reference group. This coding system was applied to age, gender, years of experience, caseload size, caseload trauma, and trauma contact categories.

The current study was advertised and shared with all public school social workers currently employed during the collection window in order to increase the age, gender, experience, and racial diversity of the sample. In addition, the study was designed to collect information anonymously to further increase the likelihood of candid self-reporting and validity of data. The raw data were then collected in the way outlined by the PROQOL-V authors to ensure that the instrumentation and analysis were adhered to. In addition, Cronbach's Alpha scores were collected and compared to those from the PROQOL manual. The Cronbach's Alpha scores for the current study were as follows: BO = .76, STS = .79, and CS = .86. As the most widely used tool for measuring CF and CS in a broad range of helping professions, the PROQOL scale boasts a history of high reliability and validity scores (Geoffrion et al., 2019; Stamm, 2010). Over 200 published

studies and more than 100,000 articles support strong construct validity in the PROQOL (Stamm, 2016).

Limitations of this study included methodological issues relating to the sample. The first sampling limitation was that only school social workers working in New Orleans public schools participated in the survey. This potentially limits the generalizability of the results to other cities, states, or types of social workers. Caputo (2017) and Gittelman et al. (2015) also shed light on the potential impact that social desirability bias has on self-administered survey data. Specifically, Caputo explained that social desirability bias –the tendency to overemphasize socially desirable behaviors or downplay behaviors perceived to be socially undesirable when self-reporting on surveys – can threaten the validity of self-reported data. My focus on PQL – especially CF – could have caused participants to minimize their symptoms or experiences out of concern for the professional ramifications (i.e., ethical obligations related to impairment of any sort). To mitigate the potential for social desirability bias, I took measures to ensure absolute confidentiality and anonymity. Additionally, all materials and messaging reinforced that participants' data would always be unidentifiable and kept secure. Finally, the study was conducted during the COVID-19 pandemic. There is a possibility that the participants' responses were influenced by COVID-19 (Bender et al., 2021). To address this possibility, I emphasized participants to reflect only on the last 30 days and their specific roles as school social workers as indicated in the PROQOL instructions.

Findings

The following description of the sample and statistical findings are based on participants' responses to the PROQOL 5 and demographic questionnaire. Initially, 54 school social workers serving New Orleans public school students responded to the survey. Due to incomplete responses, one response was removed from the data set, resulting in a total sample size of 53. The sample was predominantly female (85%) and Black/African American (53.7%). Over half (53.7%) of the school social workers who responded to the survey were 36 years of age or older. Sixty-one point one percent of those sampled had been social workers for more than 5 years, and 57.4% of the sample had been a school social worker for over 5 years. A total of 38.9% of respondents indicated having caseloads of more than 40 students. Sixty-six point seven percent reported that trauma-exposed students comprised more than half of their caseload. Seventy point four percent of respondents reported spending over half of their week with trauma-exposed clients. A complete description of the sample's descriptive statistics is included in Table 1.

Table 1

Descriptive Statistics for Demographic and Other Key Variables

	% or *M (SD)*	95% CI	Range (Median)
Gender (%)			
Male	13	-	-
Female	85.2	-	-
Non-binary	1.9	-	-
Race/ethnicity (%)			
No response	3.7	-	-
Black/African American	53.7	-	-
Hispanic/Latino	1.9	-	-
Multiracial or Multiethnic	5.6	-	-
White	35.2	-	-
Age group (years)			
18-35	46.3	-	-
36 and up	53.7	-	-
Social work experience (years)			
5 years or less	38.9	-	-
More than 5 years	61.1	-	-
School social worker experience (years)			
5 years or less	42.6	-	-
More than 5 years	57.4	-	-
Caseload size			
No response	1.9	-	-
Less than 20 students	16.7	-	-
20-30 students	25.9	-	-
30-40 students	16.7	-	-
More than 40 students	38.9	-	-
Percentage of trauma-exposed clients on caseload			
Less than 50%	22.2	-	-
50%	11.1	-	-
More than 50%	66.7	-	-
Percentage of time spent with trauma-exposed clients (per week)			
Less than 50%	14.8	-	-
50%	14.8	-	-
More than 50%	70.4	-	-
Compassion satisfaction (CS)	38.72 (5.56)	37.20, 40.24	27-49 (38.50)
Burnout (BO)	26.83 (5.12)	25.44, 28.23	15-41 (27)
Secondary traumatic stress (STS)	28.61 (6.47)	26.84, 30.38	16-44 (28)

Note. $N = 53$.

I explored four broad RQs related to New Orleans school social workers' PQL.

RQ1: Level of STS, BO, and CS in New Orleans School Social Workers

The PQL scale was used to examine New Orleans school social workers' positive (CS) and negative (CF as indicated by BO and STS) experiences of their profession. Participant scores on the ProQOL 5 subscales were classified as low, moderate, and high risk using the standardized *t*-score conversion table from the ProQOL 5 manual (see Stamm 2010). In this sample, most participants reported moderate levels of CS, BO, and STS. Specifically, respondents endorsed moderate levels of CS (M = 38.72, SD = 5.56), BO (M = 26.83, SD = 5.12), and STS (M = 28.61, SD = 6.47). Moderate scores in BO and STS indicate that these professionals may receive some level of positive reinforcement from their work and also do not feel ineffective or otherwise impaired to perform their roles (Stamm, 2010). When taken together, moderate levels of BO and STS suggest that as individuals and from an organizational standpoint, there are resources available to be efficacious. Furthermore, moderate STS illustrates minimal existence of noteworthy fears or other impediments to their perceived ability to manage client material (Stamm, 2010) resulting from their work. A summary of the descriptive statistics for each of the ProQOL subscales is outlined in Table 2.

Table 2

PROQOL 5 subscale prevalence rates

		PQL factors		
		CS	BO	STS
ProQOL factor levels	Low	17 (32.1%)	10 (18.9%)	13 (24.5%)
	Moderate	21 (37.7%)	30 (56.6%)	28 (52.8%)
	High	15 (30.2%)	13 (24.5%)	12 (22.6%)

Note. CS = Compassion satisfaction; BO = Burnout; STS = Secondary traumatic stress.

The remaining RQs addressed potential predictors of the ProQOL factors. Multiple regression analysis was performed using caseload size, caseload trauma, and trauma contact as the predictor variables.

RQ2: If PQL Can Be Predicted by Caseload Size

To explore whether caseload size was a predictor of any of the PQL factors, the data were analyzed using multiple regression with dummy variables. Based on the findings, caseload size was not a predictor of participants' PQL. Caseload size did not significantly predict CS, $F(3, 49) = .696$, $p = .559$. Caseload size also did not significantly predict BO, $F(3, 49) = .546$, $p = .653$, nor STS, $F(3, 49) = .851$, $p = .473$.

RQ3: If PQL Can Be Predicted by the Proportion of Trauma-Exposed Clients on a School Social Worker's Caseload

Caseload trauma – defined as the proportion of trauma-exposed clients on a school social worker's caseload – was not found to be a significant predictor of CS, $F(2, 50) = .199$, $p = .820$ or BO $F(2, 50) = 1.05$, $p = .359$. The relationship between caseload trauma and STS, however, was found to be significant, $F(2,50) = 4.37$, $p = 0.01789$. As indicated by the regression coefficient for this particular combination, the significant

relationship was due to the caseload trauma category labeled as high (more than 50% of caseload). That is, compared to respondents who reported having minimal caseload trauma, respondents reporting high levels of caseload trauma possessed significantly higher secondary trauma scores, $b = 5.90$, $t(50) = 2.88$, $p < .01$. These results are depicted in Table 3 and Table 4.

Table 3

Caseload Trauma & STS ANOVA

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	326.936	2	163.468	4.366	.018[b]
	Residual	1872.233	50	37.445		
	Total	2199.170	52			

a. Dependent Variable: STS

b. Predictors: (Constant), HighCaseloadTrauma, ModerateCaseloadTrauma

Table 4

Caseload Trauma &STS Coefficients

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	24.500	1.766		13.870	.000
	ModerateCaseloadTrauma	2.667	3.060	.131	.872	.388
	HighCaseloadTrauma	5.900	2.047	.434	2.882	.006

a. Dependent Variable: STS

RQ4: If PQL Can Be Predicted by Time Spent in Direct Service With Client Trauma

Time spent in direct service with client trauma – coded in the current study as trauma contact – was not found to be a predictor of CS, $F(2, 50) = .353$, $p = .704$.

Similarly, trauma contact was not a predictor of BO, $F(2, 50) = .363$, $p = .698$, nor was it found to be a predictor of STS, $F(2, 50) = 1.89$, $p = .162$.

Discussion of Findings

When taken together, these findings provide useful insight into the PQL of the New Orleans public school social workers who participated in the study. RQ1 sought to identify the prevalence rates of CS, BO, and STS. The fact that overall, the respondents endorsed moderate levels on all three subscales is an indication of the relationship that exists between each ProQOL factor. Moderate levels of CS, STS, and BO indicate that these professionals may benefit from relevant opportunities for continuing education and ongoing engagement to monitor their clients' needs and services. Stamm (2010) encouraged organizations to support professionals when they report moderate levels of BO and STS so they may continue to have a positive influence on the organization. They are probably liked by their patients, who seek out their assistance (Stamm, 2010). The findings largely followed a standard bell-curve and largely aligned to those published in the ProQOL manual (see Stamm, 2010). Likewise, no statistical differences were observed among the sample across age groups, gender, race, or years in the field. This is also in alignment with the data and results published in the ProQOL manual and other studies. Consequently, it can be presumed that New Orleans public school social workers are not statistically at a higher or lower risk for any ProQOL factors. Furthermore, caseload size was not found to be a significant predictor of any of the ProQOL factors. This indicates that the ProQOL factors are likely influenced and impacted by more than the size of one's caseload. In other words, caseload size alone does not place school

social workers at a higher or lower risk of CS or CF (Cieslak et al., 2014; Hensel et al., 2015). Moreover, the proportion of trauma-exposed clients on one's caseload size was only found to be a significant predictor of STS when the trauma-exposed clients comprised more than half of the practitioner's caseload. This indicates a relationship between the practitioner's exposure to client trauma and their own experiences of STS. Again, the complex relationship between caseload composition and STS has been identified in metanalyses and several studies (Cieslak et al., 2014; Hensel et al., 2015), and professionals with a high frequency and volume of client trauma are at a significant risk for STS. In contrast, time spent serving trauma-exposed clients was not found to be a significant predictor of any of the ProQOL factors. Based on these findings, more time working in direct practice with trauma-exposed clients does not put practitioners at a higher risk of CF or CS (Cetrano et al., 2017; Cieslak et al., 2014).

The current study's sample reported very similar – in fact, almost identical – prevalence rates of CS, STS, and BO. Furthermore, the sample followed a typical bell curve for each of the PROQOL subscales. In light of the significant amount of research and news coverage surrounding New Orleans youth trauma exposure and risk (IWES, 2015; Jacob 2015; Killion, 2019; NCTSN, 2017), school social workers serving these youth would likely be in close proximity or risk of secondary trauma as well. Additionally, there is an equal amount of information regarding New Orleans' high levels of poverty in general, and child poverty in particular that would reasonably lead to assumptions that the school social workers' caseloads would be adversely and significantly impacted by the city's limited resources. These circumstances lend

themselves to an analysis of organizational and structural risk factors that would likely have an impact on school social workers BO and STS experiences. Caseload size (Hensel et al., 2015; Ji et al., 2019; Kulkarni et al., 2013) and exposure to client trauma during direct services (Bride, 2007; Diaconescu, 2015; Figley, 1995; Stamm, 2010) have been identified as key risk factors for the development of STS and BO, yet, the current sample was not overrepresented on any of the extreme ends of the BO or STS scales.

Furthermore, with the exception of those school social workers with a high proportion of trauma-exposed clients on their caseload, the data simply did not indicate any increased risks or outcomes for these professionals' PQL. Likewise, in the case of CS, the sample was evenly split between low, moderate, and high levels of CS. This is surprising since the current study's sample participants could be considered to work in a unique context: school social work is somewhat of a niche in education settings, the all-charter school landscape is unique and unlike any other American public school system, and New Orleans has a very atypical landscape and socio-cultural context (i.e. high violent crime, high poverty rates). The absence of additional significant findings could be a result of some of the limitations of the study's design and other factors such as the ongoing COVID-19 pandemic.

Summary

The findings indicate that the school social workers who participated in the study experience mostly moderate levels of CS and CF. Less than a third of the sample endorsed low or high levels of any single ProQOL factor. These findings support Stamm's model that each of the ProQOL factors are likely interdependent and are

impacted by an equally interdependent combination of personal and professional factors (2010). The single significant finding – that caseload trauma was a predictive variable for STS – points to the impact that client profiles have on the professionals that serve them. The participants who reported having a high proportion (defined as more than half of the caseload) of trauma-exposed or trauma-affected clients on their caseloads, endorsed higher rates of STS. This is in alignment with STS research from the last decade that points to client and workplace conditions as significant risk factors for STS (Caringi et al., 2017; Letson et al., 2019; Walsh et al., 2018). The overall prevalence rates of CS, BO, and STS in New Orleans public school social workers who participated in the current study can be described as moderate. From a practice-focused research standpoint these findings further reinforce the need for continued research and exploration of PQL as a construct and school social work as a practice area.

Recognition of the harmful effects of secondary trauma exposure has led to the identification of both risk and protective factors for CF. While most studies, to date, have focused on individual traits and practices, attention to organizational culture, policies, and practices is growing. Organizations have a responsibility to recognize and prevent the inherent risks associated with caring for victims of trauma. The concept of secondary trauma informed workplaces is emerging among other caring professions, but no studies examining schools' organizational or leadership practices relative to secondary trauma exist. The next section will dive deeper into how the current study informs social work practice in general, and school social work in particular. It will also detail how the current

study connects with the Social Work Code of Ethics and include recommendations for further practice and dissemination of the findings.

Section 4: Application to Professional Practice and Implications for Social Change

In the United States, public education is compulsory for children between ages 5 and 21, and the typical school year is at least 180 days (Callahan, 2016; Canfield, 2014). From Kindergarten to 12th grade, students spend about 6 to 7.5 hours, 5 days a week in a school setting. Taken together, children and adolescents spend the most time outside of the home with educators and school personnel who are tasked with serving students in educational settings. However, despite the significant amount of time and impact that school professionals have on students' lives and development, there remains a dearth of research and information regarding educators' and school mental health professionals' secondary trauma, BO, and CS experiences (Callahan, 2016; Crutchfield & Teasley, 2016; Finigan-Carr & Shaia, 2018). The absence of research regarding the risk and protective factors for school mental health professionals' PQL was the basis for this study. Furthermore, this study was conducted in New Orleans because of the unique circumstances that exist in New Orleans public schools. New Orleans, following 2005's hurricane Katrina tragedy, is the nation's only public school system comprised entirely of charter schools (Morris, 2018). It also holds a notorious reputation for high violent crime rates, high poverty levels, and due to its geographic location, is prone to dangerous climate and weather events (Bessette et al., 2017; Fields, 2009). In this study, I sought to explore how school social workers serving New Orleans public schools students experience PQL and whether certain factors served as predictive protective or risk factors for any of the PQL variables.

As described earlier, the school social workers who participated in the current study reported moderate levels of CS, BO, and STS. Furthermore, there was a similar distribution of low and high ProQOL factor levels on each subscale, which reinforces the relationship between each of the factors. No statistically significant differences were observed across age groups, gender, race, or years in the field. Statistically, these initial findings demonstrate that New Orleans school social workers experience CS, BO, or STS similar to other professionals who have been studied using the PQL scale.

Three professional contexts were examined as possible predictor or risk factors. Those were caseload size, the proportion of trauma-exposed clients on their caseload, and time spent in direct service with trauma-exposed clients. The proportion of trauma-exposed clients on one's caseload was found to be a significant predictor of STS when the portion of trauma-exposed clients comprised more than half of a practitioner's caseload. The other contexts – caseload size and time spent in direct service with trauma-exposed clients – did not turn out to be statistically significant predictive factors on the PROQOL factors.

These findings suggest that the relationship between the professional's personal history and experiences, their work setting, and the types of services they provide is more complex and necessitates further inquiry. The key findings also reinforce the importance of self-care and professional development for practitioners. If social workers are ethically required to be competent and to serve vulnerable groups, then they must be provided with resources and tools to facilitate their success and sustainability. The supervisory relationship, workplace culture, professional training and management, as well as

professional expectations that are established for school social workers should all be informed by best practices and research aimed at mitigating the risk that is inherent to serving trauma-exposed clients. Moreover, there should be an intentional effort to create circumstances that facilitate high levels of CS in school social workers' day-to-day roles so that STS and BO are offset by the positive experiences of helping and serving clients. These findings extend the understanding of PQL as a broad concept that encompasses the negative and positive implications associated with providing services to trauma-exposed clients. The findings also situate the PQL concept within the context of school mental health professionals as a specific subset of helpers. By examining the prevalence of CS and CF within this group of professionals, the current study invites deeper exploration into the work environment, client context, and the professional's personal environment to identify potential relationships that may shed additional light on protective and risk factors.

In order to extend the understanding of school social workers' PQL and overall experiences with respect to CS and CF, additional research should be conducted to further explore their workplace and client experiences and the impact those factors have on their PQL.

Application to Professional Ethics in Social Work Practice

Social work practice research is vital to the profession's continuous improvement and relevance because it serves as a means for ensuring that the profession fulfills its primary mission of enhancing human well-being and helping to meet the basic human needs of all people (NASW, 2021). The social work values most closely aligned to the

current study are service and integrity. Service is a core value to social work and is directly called out in the profession's mission. The ethical principle associated with service further asserts that the social worker's duty is to help people in need and address social problems (NASW, 2021). The school social workers who serve trauma-exposed students are fulfilling the charge set out by that value and principle. In doing so, they are exposing themselves to possible STS and BO. Their service is also likely connected to positive feelings and impacts encompassed within the PQL concept of CF. Service inherently affects the provider and the recipient, so it is ethically necessary to monitor and evaluate not only the service delivery but the wellbeing of the provider and the client receiving services. From this lens, the PQL as a broad concept becomes critical to social workers' effectiveness and ability to fulfill the profession's mission. The social work value of integrity is integral to service because it specifically sets out the expectation that social workers behave in a trustworthy manner (NASW, 2021). In fact, the Code of Ethics (NASW, 2021) explicitly provided that "social workers should take measures to care for themselves professionally and personally." The current study, thus, is an intentional tool for assessing and evaluating social workers' wellbeing and ultimate ability to practice effectively and with integrity. More specifically, the PQL framework and theoretical foundation directly place into focus social workers' integrity to themselves, the profession, and their clients by examining the impact and effects of delivering those services. The PQL framework in general, and the PQL scale in particular, then become potentially invaluable to social work practice areas that regularly require engagement with client trauma.

This current study further connects with the social work ethical standards because it offers a framework for the profession to not only monitor but also evaluate social workers' PQL and the subconcepts that comprise a framework. By considering the positive and negative effects of practicing, it also lends itself to the ethical standards of care outlined in the Code. As school social workers, the client's context is inherently and automatically vulnerable because they are minors. Social workers' ethical responsibilities to clients require constant attunement to the needs and wellbeing of the client as well as the provider themselves. School social workers aim to advocate and support student growth, stability, and success, so they must understand what that endeavor entails. Furthermore, they must understand the broader context within which children and their families exist. The Code of Ethics is invaluable because it helps to guide the interactions between school social workers and students as well as the other stakeholders that are part of students' lives. Working in a setting like schools that is not a purely mental health focused environment comes with its own challenges.

The Code of Ethics is useful for guiding school social work practice because of its standards regarding ethical responsibilities to colleagues and practice settings. Those standards offer a roadmap for preserving social workers' professional values and principles within settings that may not always be in alignment therewith. Similarly, the ethical standards that outline social workers' responsibilities as professionals, to the profession, and to society at large provide even more direction and protection for school social work practice. An example of this guidance is the ethical duty to practice competently. As a practice area, school social workers must invest themselves in any

relevant training and knowledge. To this point, their knowledge of self becomes part of the ethical obligation to practice competently. If school social workers are unaware of the protective and risk factors inherent to the practice area, then they may inadvertently be doing harm to clients (Teasley & Richard, 2015). This is why studies like this one are critical to the profession. The knowledge and understanding derived are useful for improving and safeguarding school social work as a practice area. The Code of Ethics also outlines ethical duties to preserve the integrity of the profession through evaluation and research. This not only places a responsibility on researchers but also calls on practitioners to participate and support those efforts. The only way that school social work as a practice area will continue to fulfill the broader social work mission is with a consistent and relentless intentionality to engage in research. Together, school social work research and practice become capable of meeting the ethical duties to broader society because of the interdependent efforts to expand the efficacy and effectiveness of practice, research, and advocacy.

The current study's findings provide PQL data and information about school social workers' levels of CF and CS. The findings also begin to shed light on the roles that the school social work practice setting and client factors have on school social workers. At the time of this study, no other studies existed that focused specifically on school social workers and PQL. This study, then, creates an opportunity to begin to deepen the profession's understanding of how to support these professionals more effectively.

Recommendations for Social Work Practice

The single significant finding from the current study indicated that caseload trauma is a predictive factor for STS – specifically when trauma exposed clients comprise more than half of a school social workers' caseload. Based on this finding alone, a few action steps are recommended. From a practice perspective, school social workers, their supervisors, and administrators should regularly monitor the PQL using the PROQOL-V. School social workers are ethically obliged to practice competently and thus must remain apprised of their CF and CS levels. Additionally, school social workers should seek out opportunities to access and obtain professional development and other organizational resources to offset the secondary trauma exposure that results from working with client trauma. Supervisors of school social workers, whether licensed clinicians or school administrators, should be equally observant and apprised of the connection between practice and CF and CS. The Substance Abuse and Mental Health Services Administration ([SAMHSA] 2014) pointed out that addressing trauma requires a multipronged, multiagency public health approach and that the organizations must also be trauma-informed. The current study reinforced the need for a multipronged approach and pointed to the need for organizational supports and resources that are aimed at not only reducing and resolving client trauma but also the trauma and occupational hazards that providers face (Bercier & Maynard, 2015). Meetings, professional development training, caseload size, and other work conditions must use a trauma-informed approach if school social workers are expected to provide ethically and clinically sound services on a consistent basis.

As an advanced practitioner, these findings compel me to continue to explore social workers' experiences with CS and CF. As a practitioner who aims to support school social work as a practice area, I am driven to continue to identify risk factors and protective factors related to CS and CF. Based on the information gleaned from these findings, the types of supervisory support and professional learning opportunities that I participate in as both recipient and provider must include a trauma-informed lens. There must be a multipronged approach to trauma services that takes into account the secondary exposure risks as well as the positive aspects of engaging with these clients. Although the current study and the sample of school social workers who participated represent a very small portion of school social workers nationally, their experiences and work settings are not an anomaly. Public schools, regardless of their location, have very common ways of operating because of how they are regulated legally. As a result, it is reasonable to assume that school social workers have similar working experiences in their roles supporting students regardless of geographic location, school size, or ages of students served. The developmental and socioemotional needs of children and adolescents are generally similar, and, as a result, there are basic tenets and interventions that must be implemented across demographics and contexts. Moreover, school social work as a practice area is generally transferable to other practice areas because the core of social work is service and advocacy. Regardless of the population served, social workers must engage in similar ways by virtue of the Code of Ethics and guidelines for licensure. As a result, any information about PQL overall, and CS and CF specifically, is to the benefit of social work as a field.

PQL is integral to the sustainability of the field of social work. If practitioners and researchers seek to inform policy and practice, then there must be a coordinated effort to expand general knowledge of the risk and protective factors for CF. As the field continues to deepen its understanding of CS, there will be increased opportunities to improve the quality of services and practitioner wellbeing. Understanding the role that high caseloads of trauma-exposed clients have on practitioners is useful for setting policy and funding for school mental health services and social services in general. Further exploration into the possible factors that contribute to CS could increase the attractiveness of social work as a field of practice and career choice. This could also assist in diversifying the field so that more practitioners from historically underrepresented populations may be recruited and retained in the field. The current study's findings are also useful in that they lend additional evidence to the assertion that mental health is complex and deserves increased funding for research.

As with all research, the current study poses some limitations to the generalizability of the findings. By recruiting primarily through the local professional association and school district, there is a possibility that the types of participants may differ from broader social work practitioner profiles. Their responsiveness, willingness to participate, and membership in the school social work association may indicate that they have different characteristics than those school social workers or practitioners who decide not to participate in those organizations or are otherwise unable to participate. Their lack of participation or accessibility to the study opportunity could lead to misrepresentation or reporting defects such as under or overrepresentation of certain findings. Potential

differences could include higher or lower rates of CS and other PROQOL factors among the participants than the general population of school social workers. The ability to pay for membership and the time to participate in meetings and other activities could be indicative of higher interest or commitment to the field than the typical practitioner. Nonresponse bias – or refusal to participate – is also a potential limitation because it is possible that school social workers who are not members of the Charter School Social Work Associator or District's mental health groups have different experiences with BO, STS, and CF. They may respond differently – thus limiting the generalizability of the findings. Similarly, despite outreach to specific school social work associations and networks, there were still members who elected not to participate in the study. There is also a possibility that those who declined to participate have different PROQOL experiences. School social workers experiencing STS or BO symptoms may be less likely to participate in a study about these topics.

CF, BO, and STS are negative constructs. In that regard, there is stigma associated with those experiences that may result in reticence or reluctance to disclose. Participants in the study may have under-reported or misrepresented their actual experiences because to avoid being labeled as ineffective or not being able to handle their job. Along similar lines, the nature of this study required self-reporting which is known to inherently pose bias based on the participant's feelings and interpretations at the point in time when they are responding (Lira et al., 2022). Since the study was administered only once, it is possible that participants' self-reported levels of CF, BO, and CS may be more dynamic than represented by the findings. Schools in general, and school social work in

particular, are dynamic and constantly influenced by societal circumstances. It is possible that respondents' perceptions or experiences change dramatically throughout the school year or in response to changes to their caseload, work environment, or personal life. The most obvious limitation of the study is that it was administered during fall of 2021 – during an unprecedented global pandemic (COVID-19). The COVID-19 pandemic resulted in collective trauma for society at large including social workers (Bender et al., 2021; Holmes et al., 2021). In fall of 2021 schools across the nation were just returning to in-person learning and New Orleans public schools were no different. School social workers were operating and providing services under atypical conditions personally and professionally.

The current study's findings reinforce the dire need for increased research about school social workers' CF and CS experiences. There continues to be a major gap in the current trauma and PQL literature regarding school social work practice. As articulated throughout this study, schools play too significant of a role in society to ignore the experiences of such a vital resource like school social workers. Social work researchers should continue to explore the prevalence rates of larger populations of school social workers across a wide array of settings and contexts. In light of the uptick in mass school shootings, the COVID pandemic, and other major societal changes, school social work will undeniably be affected. These changes and the effects they will have on practitioners deserve attention and intervention. Finally, social work researchers should also explore predictive, protective, and risk factors associated with CF and CS. The more clarity that can be gleaned, the more capable school social work as a practice area will be in

supporting generations of students who will become the adults that lead and participate in society at large.

Furthermore, the avenues for dissemination parallel those used for recruitment. The dissemination strategy will employ a two-pronged approach: web-based outreach using social media platforms and community-based outreach through local organizations and stakeholder groups. Social media continues to be a useful platform for information sharing so promotion will include formal, traditional platforms such as the school district and local government as well as socio-cultural networks such as community organizations and smaller, informal groups and networks. I will share the project with the local NASW chapter, the Charter School Social Work Network, the New Orleans Behavioral Health Council, New Orleans Public Schools mental health department and affiliated workgroups, and New Orleans Children's Hospital community engagement office. A summary of key findings and recommendations as well as the full project will be shared with these entities to enable them to maximize their own work and interests using this information. The most emphasis will be placed on disseminating the findings and recommendations to the District, NOLA PS, and the charter management organizations because as employers of school social workers they play a critical role in these professionals' PQL. Lastly, the findings will also be shared with the two local social work departments at Southern University at New Orleans and Tulane University.

Implications for Social Change

As discussed throughout this project, the decision to work as a helping professional comes with positive and negative consequences. The cost of caring – the risk

of BO and STS – has personal and professional implications for the individual, the field, and society at large. CS, the positive aspects and consequences of helping, also affect the individual, the field, and society. At its core, the overall concept of PQL poses significant potential for positive social change at the micro-, mezzo-, and macro- levels. Conceptually, PQL provides a useful framework for managing and supporting professionals and persons in caretaking and caregiving roles by framing their experiences and obligations comprehensively. When taken together, the person environment, work environment, and client or persons served all impact the wellbeing of the helping professional. As we continue to seek opportunities and interventions that invest in prevention and proactive problem-solving, this gives policy makers as well as practitioners a tool to use when designing methods for allocating resources. Specifically related to school mental health and socioemotional development support, the PQL data collected and investigated in the current study could prove to serve as a useful foundation for enhancing school mental health services. The current study's exploration of the impact that a practitioner's work conditions – illustrated in this study by caseload size, time spent serving trauma-exposed clients, and proportion of caseload comprised of trauma-exposed clients - have on their personal experiences and well-being gives central office administrators and school board officials a powerful way of holding school leaders accountable to ensure that the most vulnerable youth receive adequate support and services by qualified and competent professionals. The data collected in the current study could be useful for considering student outcomes, staff retention, professional development effectiveness, and evaluating performance and effectiveness.

School districts are notoriously short on resources for student and staff mental health, so this offers an easily accessible method for informing policy and resource allocation decisions. At the macro level, government officials at the municipal level up to the federal level may benefit from considering school mental health professionals' important roles and the role that policy and workplace conditions have on it. By monitoring PQL – more specifically, CF and satisfaction – there exists an opportunity for preventing turnover and subpar services. Similarly, there exists an opportunity to strengthen service delivery by informing the ways professionals are supported from recruitment to exit. As a field, social work must continue to invest in all practice areas and subpopulations – especially those that require social workers to collaborate and cohabitate professional spaces that are outside of the social work field. If school social workers are provided with resources to monitor their practice and the quality of the services they provide, then the entire field benefits. Along those same lines, social work research is enhanced by examining generally accepted concepts such as BO and secondary trauma within subgroups. School social workers are under-researched in the area of BO and secondary trauma and CS. It is imperative that we fill the gaps in research surrounding the impact that client trauma material and other circumstances have on their professional experiences. School social work as a practice area stands to prove itself to be sustainable, cost-effective, and integral elementary and secondary education.

Summary

The preamble of the NASW articulates the primary mission of the social work profession as one that is firmly grounded in the enhancement of human well-being

(NASW, 2021). As the field of social work pursues a more trauma-informed approach to services and advocacy for clients, the field must also use the same level of intentionality to support and serve its practitioners. At its foundation, social work assumes a comprehensive attention to the environmental and sociocultural forces that create, contribute to, and resolve challenges that affect people's quality of life and overall life outcomes. Over three decades of research establishes the association between negative psychological, emotional, and cognitive effects and caring for and providing services to those who have experienced trauma (e.g., Bride, 2007; Figley, 1995). Despite these occupational hazards, social workers continue to serve vulnerable populations and also derive joy and positive experiences from these interactions. School social work is a critical need for supporting the highest risk and most vulnerable students in our society. In spite of the critical roles that school social workers play in the lives of school personnel, students and their families, little is known of how their experiences impact their professional and personal wellbeing. This study sought to examine school social workers' PQL. It sought to begin to examine if there are risk factors associated with caseload composition, caseload size, and the amount of time spent providing direct services to students with trauma histories. The findings highlight that BO, STS and CS are inter-related and share complex associations with school social workers' personal resources and professional-organizational resources. This is an important first step to bolstering school social work practice because the more information that is learned about how to enable school social workers to take steps toward the prevention and management of secondary trauma and BO, the more effective the services they provide will be.

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