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Philadelphia College of Osteopathic Medicine
School of Professional and Applied Psychology
Department of School Psychology

SCHOOL PSYCHOLOGIST SELF-CARE PRACTICES AND BURNOUT SYMPTOMS

By Mary Jean Rainsford

Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Psychology

June 2020

DISSERTATION APPROVAL

This is to certify that the thesis presented to us by Mary Jean Rainsford
on the 22 day of May, 2020, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
acceptable in both scholarship and literary quality.

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	2
Statement of Problem.....	3
Purpose of Study.....	5
Overview and Research Questions	6
CHAPTER 2: REVIEW OF THE LITERATURE	7
Issues Specific to School Psychology.....	8
Burnout in School Psychology and the Helping Professions.....	15
The Development of Burnout	23
Burnout: What Can We Do?.....	31
Conceptualizing Self-Care	32
The Rationale for Self-Care	45
Current State of Self-Care in Research.....	48
School Psychology, Burnout, and Self-Care.....	53
Research Questions and Hypotheses	54
CHAPTER 3: METHOD	57
Participants.....	57
Measures and Instruments.....	59
Procedures.....	64
CHAPTER 4: RESULTS	65
Sample Demographic Data	65
The Practice of Self-Care and Burnout Symptoms.....	72
Self-Care Frequency and Burnout Symptoms	74

CHAPTER 5: DISCUSSION.....	76
Interpretation of Results.....	76
Implications of Present Findings	83
General Limitations of the Study	89
Future Directions	93
Concluding Thoughts.....	95
REFERENCES	97
APPENDICES	111
Appendix A: Introductory Statement.....	111
Appendix B: Demographic Questionnaire.....	113
Appendix C: Figures	117

ABSTRACT

School psychologists face a host of responsibilities and stressors in their profession. Burnout is a common issue among school psychologists and other helping professionals. Self-care has been noted as a preventative measure against burnout, but there is little extant research on its relationship to burnout. A survey was conducted with currently practicing school psychologists in the United States to find a connection between the presence and frequency of self-care practice and burnout symptoms. The survey found considerable differences in burnout scores between school psychologists who reported practicing self-care, compared to those who did not. Moreover, significant inverse correlations were found between self-care frequency and burnout symptoms. This study helps contribute to the rationale for demonstrating self-care as an evidence-based preventative approach to burnout in school psychologists.

CHAPTER 1: INTRODUCTION

School psychologists have a multitude of responsibilities. These include conducting psychoeducational assessments, managing student and class behavior, collecting and interpreting data, assessing and providing support for student emotional and behavioral needs, collaborating with teachers and administrative staff, and providing crisis prevention and intervention (National Association of School Psychologists [NASP], 2017c; Weaver & Allen, 2017). School psychologists are prepared, through education and field placements, to successfully navigate these responsibilities. However, school psychologists often find themselves managing multiple responsibilities for an overwhelmingly large school population. NASP (2017b) recommends a maximum ratio of one school psychologist per 1,000 students, but most schools in the United States do not meet these standards. Many school psychologists find themselves juggling these responsibilities among multiple schools and sometimes entire districts. Unfortunately, many obstacles complicate school psychological services: a lack of quality and consistent supervision, stigma surrounding mental health services, and administrative issues such as budget constraints and mandated deadlines, among others.

With so many obligations as part of their job, and multiple systemic barriers, school psychologists must find a selection of effective strategies to handle stress. Stress is defined as “a physical, chemical, or emotional factor that causes bodily or mental tension” (American Psychological Association [APA], 2018b). Effective stress management is crucial for professional success. However, stress management can be especially challenging for school psychologists considering the current shortage in the field.

Self-care is one method that can be utilized to buffer stress risks. While self-care is individualized in nature, it is generally defined as “the intentional, proactive pursuit of integrated wellness through balancing mind, body, and spirit personally and professionally” (Lopez, 2017, p. 4). A proactive practice of self-care can provide school psychologists with strategies that address needs and minimize stressors in the work environment. Mitigating these stressors is essential to preventing burnout.

Statement of Problem

A lack of regular, proactive self-care practice can lead to burnout. Maslach and Leiter (1997) outlined three components of burnout: emotional exhaustion, cynicism, and a sense of ineffectiveness. Burnout is a process; the mismatches between employee and job demands gradually build over time (Maslach & Leiter, 1997). Self-care is a personal resource that can help foster the development of professional well-being (Dorociak, Rupert, & Zahniser, 2017). When practiced regularly and proactively, self-care can prevent physical and psychological deterioration from reaching the point of burnout by establishing resiliency and reinforcing one’s own sense of competence.

Self-care for school psychologists is an under-researched topic. Much of the current research on self-care is focused on other helping professions, such as social workers, clinical psychologists, and teachers (e.g. Dorociak, Rupert, & Zahniser, 2017; Gray, Wilcox, & Nordstokke, 2017; Lee & Miller, 2013). Dorociak, Rupert, and Zahniser (2017) note that research is needed to understand the underlying factors that influence self-care across the career lifespan. While the causes and effects of burnout are researched within school psychology, little extant research demonstrates the potential of self-care for this population of helping professionals.

Part of the reason for the gap in research on self-care is due to the lack of an overarching definition. There are several conceptualizations of self-care (e.g., Cook-Cottone & Guyker, 2018; Grise-Owens, Miller, & Eaves, 2016; Lee & Miller, 2013). While specific practices may vary by individual and by definition, the goal of self-care is to address current symptoms of burnout while working to anticipate and prevent future stressors. Self-care is also often not explicitly defined professionally. Without a consistent definition that encompasses all aspects of self-care, researching its effectiveness is difficult.

Furthermore, while self-care has been mandated as an ethical imperative in other fields that serve people, it has yet to be required for school psychologists. NASP and APA do not mention self-care in their most current ethical standards for professionals in the field (Lopez, 2016). Instead, these guidelines take a reactive approach to burnout and its associated symptoms. The current NASP ethics code discusses seeking help in terms of dual or multiple relationships: “[School psychologists] seek assistance when personal problems threaten to compromise their professional effectiveness” (NASP, 2010b). This ethical standard is not in terms of mental health or seeking assistance in times of stress; rather, it is mentioned in terms of engaging in dual or multiple relationships. Similarly, APA’s ethical guidelines stipulate: “When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties” (APA, 2017). The current ethical implication is to seek help when it is needed, rather than tackling issues from a proactive standpoint.

A proactive approach to self-care is inherent in the nature of its practice. Lopez (2016) states: “In the same way that mental health is much more than the absence of mental illness, nurturing positive emotional states through self-care is not the same as alleviating harmful disruptive emotional states after the fact” (p. 24-25). Self-care is meant to be a preventative approach. It keeps professionals such as school psychologists from reaching a point where they endure the negative effects of burnout. However, self-care is often employed reactively. Self-care practices are not utilized until after a stressful situation occurs. Both NASP and APA have stipulations in their codes of ethics that favor a reactive approach; professionals are encouraged to seek help after a problem occurs, rather than beforehand. Moreover, the ethics codes do not mention what to do before a problem occurs, nor do they encourage preventative efforts to avoid issues in the workplace. Maslach and Leiter (1997) note that a preventative approach to burnout is beneficial because the later stages of burnout are more difficult to treat. Self-care is most effective as a proactive set of strategies to combat burnout.

Purpose of Study

Practicing self-care proactively and regularly can lead to positive functioning of school psychologists. Self-care is an important protective factor against burnout symptomology. By minimizing the risk of burnout, self-care boosts school psychologists’ ability to effectively execute their responsibilities. Furthermore, self-care helps school psychologists successfully balance work obligations and personal life in order to enhance well-being and prevent negative outcomes such as burnout (Dorociak, Rupert, Bryant, et al., 2017).

Self-care is a research-informed practice, but it has yet to be demonstrated as an evidence-based approach to reduce burnout and increase competency (Dorociak, Rupert, Bryant, et al., 2017; Newell & Nelson-Gardell, 2014). The purpose of this study was to establish presence and proactivity of self-care practice as factors that protect against burnout in school psychologists. A regular self-care practice has the potential to prevent burnout by addressing current symptoms and anticipating potential issues. In turn, policies can be enacted to promote the resilience of school psychologists by specifying self-care as an ethical and professional imperative.

Overview and Research Questions

School psychologists suffer from stress due to a range of responsibilities. Self-care is meant to be a proactive approach to handling stress, but school psychologists often counter stress reactively instead. This leads to an increased risk for burnout symptomology. By being proactive and practicing self-care on a regular basis, school psychologists can function better in a high-demand career setting and provide effective support for students, teachers, and administration to spark individual and systems-wide change.

This study aimed to answer the following questions:

1. What is the difference in level of burnout symptoms among school psychologists who perceive themselves as practicing self-care and who do not?
2. What is the relationship between self-care frequency and burnout symptom levels for school psychologists?

CHAPTER 2: REVIEW OF THE LITERATURE

In order to investigate the benefits of self-care in preventing school psychologist burnout, an understanding of current issues and research is warranted. Specifically, there needs to be an understanding of issues experienced by school psychologists, burnout and its effects on helping professionals, and the definition and practice of self-care. Stressors encountered by school psychologists at work can contribute to the development of symptoms of burnout symptoms. Understanding the role of self-care as a potential protective factor against burnout emphasizes the importance of ensuring school psychologists have a well-developed self-care practice.

This chapter aims to explain the scope of burnout, as well as the current research available on self-care. The literature review extends to many helping professions, as little extant research is available specifically on school psychologists (Schilling et al., 2018). There are many issues specific to school psychology that can contribute to burnout: the current shortage, the disconnection between graduate school training programs and the reality of the field, and specific organizational and societal stressors. The definition and components of burnout are then discussed, including burnout symptomology specific to the helping professions such as compassion fatigue and secondary traumatic stress. Conceptualizing self-care is difficult due to its individualistic nature, but a theoretical orientation and categorization of self-care domains are presented. Next, a rationale for researching self-care as a protective factor against burnout is presented. The last section of the literature review looks at the current literature on self-care and details the need for more studies to solidify self-care as an evidence-based, preventative approach to burnout.

Issues Specific to School Psychology

School psychology can be a very rewarding career. School psychologists report feeling that they make a difference and help others as a result of their job (Schilling et al., 2018). However, there are several prominent issues within the field that can result in stress. For example, keeping up-to-date on the latest knowledge and intervention strategies leads to a cycle of mastery that renews every few years (Silva et al., 2016). Staying abreast of best practices and the latest interventions takes extra time and effort outside of typical work responsibilities, such as assessment and consultation. Some additional examples of occupational stressors pertaining to school psychologists are outlined below.

The Shortage of School Psychologists

A shortage of school psychologists has been documented for several years (NASP, 2017b). Current NASP guidelines recommend one school psychologist for every 500 to 700 students (NASP, 2010b). However, this is often not the case. The national average ratio is estimated to be one school psychologist for over 1,300 students (NASP, 2017b). One study of national school psychologists found an average caseload of over 1,525 students (Boccio et al., 2016). The shortage in the field of school psychology has resulted in ratios of providers to students that are beyond the recommendations.

There are several reasons for the current school psychologist shortage. Previous research emphasizes the role of an aging workforce and insufficient graduate student numbers to replenish those entering retirement (Boccio et al., 2016). Geography may also play a role in the shortage. For example, the school psychologist shortage is more pronounced in rural areas of the United States, such as in the Rocky Mountain regions

and the Midwest (NASP, 2017b). Unfortunately, current shortages are projected to continue through at least 2025 (NASP, 2017b). The shortage is a complex issue to tackle, and it results in many challenges for practicing school psychologists.

The shortage of school psychologists primarily results in limiting service provision. Being responsible for more students hinders school psychologists' ability to engage in an assortment of responsibilities. Instead of a multifaceted role, the role of school psychologists is narrowed to focus on meeting local, state, and federal standards for education and accommodation needs of students. Boccio et al. (2016) note that despite advocating for more use of their expertise, "a dwindling workforce and higher student-to-psychologist ratios threaten to limit the diversity of support that can be offered to students and their families" (p. 659). In this sense, the shortage results in narrowing responsibilities to those centering on assessment: testing, report writing, and attending meetings on student academic progress. This prevents school psychologists from utilizing other aspects of their training: consultation and collaboration, academic and mental health interventions and services, and implementation of systems-level academic and behavior programs (NASP, 2010a). Moreover, NASP (2017a) notes that a continuation of shortages has drastic effects on services provided: "The growing needs of U.S. public schools will continue to limit how prepared schools are to meet the academic, mental health, and behavioral health needs of their students" (p. 2). Without adequate staffing of school psychologists, schools are unable to fully meet student needs.

The Expectation and Reality of School Psychology

A mismatch between training program preparation and subsequent practice in the field is a common issue, especially for newer school psychologists:

Training programs tended to focus on best practices, rather than what actually happens in schools. Programs also tended to emphasize the multifaceted nature of the position, when the practice of the job tended to be more one-dimensional (i.e., assessment focused) with a good bit of administrative work. (Schilling et al., 2018, p. 328)

This dichotomy between expectation and reality can leave many school psychologists feeling unprepared or disappointed. Distress can arise from attempts to reconcile expectations from training with the reality of the workplace (Boccio et al., 2016). Furthermore, discrepancies have been found between actual and preferred job activities (Weaver & Allen, 2017). School psychologists find themselves pigeonholed into a predominantly assessment-based role due to the shortage, as well as the nature of the job in terms of deadlines and special education law requirements and procedures.

The contrast between training and real-world application can cause stress for school psychologists. For example, early-career school psychologists may feel unprepared and start to question their training or their decision to enter the field (Silva et al., 2016). Because training does not match up with the realities of practicing school psychology, those early in their career may feel disillusioned. The mismatch between the needs of the school psychologist and the demands of the job increase over time, in the basic process of burnout (Maslach & Leiter, 1997). The needs of the school psychologist to utilize their training and expertise to fulfill a variety of roles can result in conflict or distress when they likely enter a position focused on special education assessment procedures.

Organizational Stressors

Working with youth and their families can be extremely stressful. Boccio et al. (2016) outline some of these stressors: “excessive caseloads, insufficient resources, lack of control in decision-making, uncooperative administrators, resistant parents and teachers” (p. 660). Other organizational stressors can include low pay and public perceptions and misunderstandings of the profession (Edelwich & Brodsky, 1980). Often, school psychology graduate programs focus on theoretical knowledge and skills, at the cost of leaving out emotional preparedness for organizational stressors (Weaver & Allen, 2017). Learning to identify and address various organizational stressors is imperative to professional well-being.

School psychologists often work in the public sector (Weaver & Allen, 2017), in public school settings. This frequently means a limitation in resources. School psychologists can become constrained with time and take on a large workload due to economic restrictions associated with working in the public sector (Huhtala et al., 2017). Implementing interventions or procuring an updated assessment kit can present as a challenge for school psychologists working in public schools. In combination with the shortage in school psychology, limited resources place significant stress on professionals attempting to serve great numbers of students in truncated amounts of time.

Receiving support from others, such as supervisors, can be difficult in the field of school psychology as well. Supervision is considered an important aspect of school psychology, but access to post-training clinical supervision is limited (Silva et al., 2016). Attaining supervision in the field is crucial for school psychologists. Often, school psychologists work alone; they interact with students, parents, teachers, and

administrators as the sole representative from the field (Huhtala et al., 2017). An accessible supervisory relationship can help school psychologists make more informed clinical judgments by working with more knowledgeable colleagues. Supervision can extend beyond a direct supervisor and can also include colleagues and mentors in the field (Dulamal, 2016). These additional sources of support assist in mitigating organizational stressors. Supervision plays an essential role in providing school psychologists support in terms of providing field-specific expertise. However, supervision is also difficult to find.

Additionally, role conflict is an organizational stressor frequently encountered by school psychologists. Role conflict occurs when one attempts to fulfill multiple, but incompatible, social roles (APA, 2018a). One example of role conflict within school psychology is when an administrator pressures a school psychologist to practice unethically (Boccio et al., 2016). Deadlines for reports and navigating provision of special education services often leaves school psychologists to work within constraints that may impact service delivery. This may present an ethical dilemma for school psychologists. With such limitations, it can be difficult to adhere to NASP's *Model for Comprehensive and Integrated School Psychological Services* (2010a) and ensure a "comprehensive and seamless continuum of services" (p. 9). Organizational issues such as facing the resource challenges of the public sector, attaining proper and adequate supervision, and navigating role conflict can make school psychology a stressful vocation.

Current Societal Stressors

In addition to occupational stressors, school psychologists have many societal issues they face on the job. NASP asserts that school psychologists are “qualified to provide mental and behavioral health services in schools” (NASP, 2015). As such, school psychologists must be prepared to tackle on a variety of issues facing youth today in addition to current job-related stressors.

Developmental and mental health issues in youth are a prominent issue that school psychologists face. Research has noted increases in identification of many mental health, developmental, and behavioral issues in children and adolescents. For example, between 2006 and 2008, about one in six children aged three to 17 in the United States were reported to have a developmental disability of some kind (Boyle et al., 2011). Eleven percent of children and adolescents have received a diagnosis of attention-deficit hyperactivity disorder at some point in their lives (Visser et al., 2014). Autism spectrum disorder is diagnosed in one in 59 children (Baio et al., 2018). A study utilizing data from 2016 found that among youth, 3.2% had depression, 7.1% had anxiety problems, and 7.4% had a behavioral or conduct problem (Ghandour et al., 2019). Given the prevalence rates of these disorders in children and adolescents, school psychologists must anticipate helping youth with a diverse array of developmental and mental health issues.

School psychologists must also consider the impact of trauma on students. In 2017, there were about 674,000 victims of child abuse and neglect (U.S. Department of Health and Human Services, Administration for Children and Families, & Administration on Children, Youth, and Families, 2019). School psychologists and other school employees often report child abuse and neglect; for children ages 5 to 21, education

personnel make up the majority of reporters (U.S. Department of Health and Human Services et al., 2019). In many states, such as Pennsylvania, school psychologists are mandated reporters as a school employee or licensed healthcare provider (Pennsylvania Family Support Alliance, 2019). School psychologists need to be prepared to work with students who experience trauma, such as abuse or neglect, and take the appropriate actions necessary to ensure the youth's well-being.

In addition to considering prevalence of disorders and responding to trauma, school psychologists play an integral role in crisis prevention and intervention. School psychologists are typically part of school crisis response teams (NASP & National Association of School Resource Officers, 2014). Crises can include incidents such as suicide and school violence. Suicide is the second-leading cause of death for youth ages 10 to 24 (National Center for Injury Prevention and Control, 2017). School psychologists need to identify screening, assessment, and intervention resources that can effectively identify and assist students who are at-risk for suicide (Berman, 2009). In addition to suicide prevention, pressure to decrease incidents of school violence has been placed on school crisis response teams. In 2018, 24 school shootings in the United States resulted in the injury or death of 28 students and seven school employees (Education Week, 2018). School psychologists are encouraged to help school crisis response teams with planning and evaluating active shooter drills (NASP & National Association of School Resource Officers, 2014). School psychologists are valuable resources for working on suicide prevention and school safety initiatives, and their expertise is in greater demand.

Moreover, school psychologists must consider increased student presence on the Internet when developing and implementing interventions. Elevated use of electronic

devices, such as smartphones, is related to increased psychological distress in youth (Wang et al., 2019). As more students have access to electronic devices, cyberbullying has become a more prominent issue in the school setting. One study found that 17% of high school students reported being bullied, with most victims experiencing both traditional and cyberbullying (Brown et al., 2017). School psychologists are encouraged to look at the prevalence of cyberbullying in their schools and intervene through conducting threat assessments and implementing antibullying programs (Diamanduros et al., 2008). School psychologists are expected to take responsibility for preventing cyberbullying, especially as more students have access to the Internet.

School psychologists who want to initiate change within the field need to address issues within the workplace that can exacerbate stress. These include the effects of a national shortage, the reality of the profession when compared with expectations set at the graduate training level, and a multitude of organizational and societal stressors. Graduate school can prepare school psychologists for navigating the specifics of their potential responsibilities, but it often does not encompass managing the accompanying stress. Left unchecked, issues in the field of school psychology can eventually increase the chances of developing burnout.

Burnout in School Psychology and the Helping Professions

Helping others can be rewarding. School psychologists generally have high satisfaction with their jobs (Boccio et al., 2016; Schilling et al., 2018). However, the rewards of helping others are insufficient protection against burnout. In one study, 90% of school psychologists reported having experienced burnout at some point in their career, with over 29% reporting current feelings of burnout (Schilling et al., 2018).

Despite being overall satisfied with their careers, burnout is becoming commonplace among school psychologists.

Despite its prevalence, burnout is under-researched in school psychology. There are few studies on the impact of burnout on school psychologists specifically (Boccio et al., 2016; Schilling et al., 2018). Not much is known on the impact of work-related variables on school psychologists' work experience (Weaver & Allen, 2017), or geographical and other demographic differences in burnout (Schilling et al., 2018). However, studies date back 20 years documenting environmental stressors and burnout in school (e.g., Mills & Huebner, 1998). The issue of burnout in school psychology, while not well-researched, is well-documented. The existing research concludes that school psychologists are affected by burnout similarly to others in the helping professions.

School psychologists and others in the helping professions are especially susceptible to burnout. Caring for others who are suffering can result in professionals feeling guilty, exhausted, and overly responsible for clients (Grise-Owens et al., 2016; Laverdière et al., 2018). Similarly, Figley (1995) observed, "Those who have enormous capacity for feeling and expressing empathy tend to be more at risk for compassion stress" (p. 1). Empathetic people are often drawn to the helping professions. Unfortunately, their empathy can result in experiencing burnout, especially if they practice ineffective ways of handling stress. Helping professionals typically overlook their personal emotional needs and reactions in an attempt to help others in distress (Barnett et al., 2007; Langley et al., 2015). Neglecting these personal needs can lead to burnout. The presence and effects of burnout have been well-researched in the helping professions (e.g., Joinson, 1992; Kwong, 2016; Weaver & Allen, 2017). Helping

professions include human services occupations such as psychotherapists, counselors, social workers, teachers, doctors, and nurses. Utilizing burnout research from the helping professions can augment the extant research on burnout in school psychologists.

Defining the Concept of Burnout

The definition of burnout in the helping services literature originates from Jerry Edelman's work. He and Brodsky (1980) define burnout as the "progressive loss of idealism, energy, and purpose experienced by people in the helping professions" (p. 14). Other researchers defining burnout also focus on the chronic depletion of mental and physical resources (Barnett et al., 2007; Wicks, 2008). Today, research predominantly accepts Christina Maslach's (2003) conceptualization of burnout, comprised of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Over time, multiple sources of burnout serve as a mismatch between the needs of the person and the demands of the job (Maslach & Leiter, 1997). Each component of burnout can have detrimental effects on practitioners, so it is imperative to understand each.

Compassion fatigue, secondary traumatic stress, and vicarious traumatization are also burnout-related concepts mentioned in the helping services literature. While not components of Maslach's definition, they warrant discussion in terms of how burnout presents in school psychologists and other helping professionals. Maslach and Leiter (1997) emphasize that emotions can interfere with work, as burnout can result from individual and environmental factors. These concepts are explored in greater detail with emotional exhaustion.

Emotional Exhaustion

Emotional exhaustion is the professional's response to emotional overinvolvement, as well as the state of feeling overwhelmed by the demands of others (Maslach, 2003). Emotional exhaustion can be seen in professionals who are experiencing burnout: "People feel drained and used up. They lack enough energy to face another day. Their emotional resources are depleted, and there is no source of replenishment" (Maslach, 2003, p. 3).

High emotional exhaustion is the most prominent burnout dimension in school psychologists (Boccio et al., 2016; Laverdière et al., 2018; Schilling et al., 2018). One study found that over a third of school psychologists demonstrated a high degree of emotional exhaustion (Boccio et al., 2016). School psychologists who are experiencing burnout are "more likely to feel overwhelmed by their current job duties" (Schilling et al., 2018, p. 325). Elevated levels of emotional exhaustion are characteristic in burnout presentation in other helping professions as well (Luther et al., 2017; Maslach, 2003; Rupert & Kent, 2007; Shapiro et al., 2007).

Higher levels of emotional exhaustion may be the result of nuances associated with working in helping professions. Helping professionals typically work with clients with overwhelming life issues. For example, clinical psychologists often work with clients who have high risk-taking behaviors and psychopathological diagnoses (Barnett et al., 2007; Dattilio, 2015). High emotional exhaustion has been reported to be due to surface acting, or the management of emotional expression without attempting to change underlying feelings (Weaver & Allen, 2017). School psychologists and other helping professionals often put concentrated effort into maintaining emotional regulation while

working with clients, who are typically experiencing some level of distress. School psychologists in particular may feel that displaying positive emotions with others is important in the work setting (Weaver & Allen, 2017). This effort in displaying positive affect to counter clients' issues can wear down many professionals.

Compassion Fatigue, Secondary Traumatic Stress, and Vicarious

Traumatization. Compassion fatigue, secondary traumatic stress, and vicarious traumatization are terms that often accompany burnout in literature on helping professionals. These terms are often used to describe and understand stress-related experiences that helping professionals encounter (Kwong, 2016). These concepts fall most neatly into the emotional exhaustion component due to their toll on professionals' ability to internally cope with stressful situations.

Compassion fatigue originated from burnout research on nurses (Joinson, 1992). Compassion fatigue is "an emotional state with negative psychological and physical consequences that emanate from acute or prolonged caregiving of people stricken by intense trauma, suffering or misfortune" (Langley et al., 2015, p. 323). It results from being compassionate to others; emotionally bearing others' suffering can result in professionals becoming preoccupied with traumatized clients (Ray et al., 2013). It is this "chronic use of empathy" (Newell & Nelson-Gardell, 2014) that causes fatigue in helping professionals. Compassion fatigue can result in several psychosomatic issues, such as headaches and heart palpitations (Kwong, 2016).

Secondary traumatic stress is defined as the "natural consequent behaviors resulting from knowing about a traumatizing event experienced by a significant other" (Figley, 1995, p. 7). It is stress that results from helping or wanting to help another in

distress. Helping professionals such as school psychologists often find themselves working with clients who have endured a traumatic experience. Secondary traumatic stress often mirrors post-traumatic stress disorder in presentation (Langley et al., 2015; Newell & Nelson-Gardell, 2014). Helping professionals experience secondary traumatic stress when they become distressed by clients' experiences.

Vicarious traumatization is “an altered worldview that may occur for social workers who empathetically engage with the trauma of their clients” (Cox & Steiner, 2013, p.12). It happens when professionals become traumatized through the experiences of their clients. Vicarious traumatization occurs when professionals' cognitive schemas on safety, trust, control, and esteem are disrupted (Langley et al., 2015). Vicarious traumatization elevates secondary traumatic stress; long-term impacts can be seen in how professionals perceive the world.

There is some argument on how compassion fatigue, secondary traumatic stress, and vicarious traumatization are defined. For example, Figley (1995) conceptualized compassion fatigue and secondary traumatic stress as synonymous. However, Langley et al. (2015) note that secondary traumatic stress refers to “the emotional and behavioral symptoms” (p. 321), whereas vicarious traumatization is the cognitive impact. There is also disagreement on how these concepts are integrated into the conceptualization of burnout. Wicks (2008) clarified that vicarious traumatization is acute secondary stress, whereas burnout and compassion fatigue are chronic secondary stress. Instead, Kwong (2016) categorizes compassion fatigue and secondary traumatic stress as more immediate responses, which develop into the chronic issues of vicarious traumatization and burnout. Hotchkiss (2018) states that secondary traumatic stress and burnout are components of

compassion fatigue. There are some differences in defining these concepts and how they fit into a burnout framework. Despite the contradictions, it is evident that empathy plays a role in the emotional exhaustion component of burnout in the helping professions through compassion fatigue, secondary traumatic stress, and vicarious traumatization.

Depersonalization

Depersonalization is also part of burnout. It develops from detachment, which serves as protection against emotional exhaustion (Maslach, 2003). Instead of protecting against burnout, though, depersonalization affects relationships with clients and coworkers. Depersonalization can look like apathy. In order to protect against the frustrations presented on the job, helping professionals put in the minimum amount of time and effort required to complete work tasks and avoid challenges (Edelwich & Brodsky, 1980). Similarly, Maslach (2003) notes: “With increasing detachment comes an attitude of cold indifference to others’ needs and a callous disregard for their feelings” (p. 4). Depersonalization results in the detachment of the helping professional from work responsibilities. This reduces the amount of compassion and empathy shown to clients.

Depersonalization is commonly found as a burnout symptom in the helping professions, though not to the degree of emotional exhaustion. School psychologists often report typical to lower rates of depersonalization (Schilling et al., 2018). Average to mid-elevated levels of depersonalization have been found in professional psychologists (Rupert & Kent, 2007). Similarly, in a sample of psychotherapists, only 12% responded with a high level of depersonalization (Laverdière et al., 2018). Depersonalization, while a part of burnout, is not as prominent as emotional exhaustion.

Reduced Personal Accomplishment

Reduced personal accomplishment is the third component of burnout. With reduced personal accomplishment, professionals view themselves as failures; their self-esteem dips and sometimes symptoms of depression emerge (Maslach, 2003). The feeling of reduced personal accomplishment emerges in burnout when the depersonalization of others ultimately turns inward. Helping professionals feels that they are turning into the very thing they despise (Maslach, 2003). When reduced personal accomplishment is experienced during burnout, professionals feel that they are not successful in their work. Personal accomplishment is strongly associated with self-efficacy (Shoji et al., 2016). With burnout, helping professionals do not believe that they can effectively perform their job.

Reduced personal accomplishment is not an outstanding symptom of burnout in the helping professions. School psychologists often demonstrate typical to lower rates of reduced personal accomplishment (Schilling et al., 2018). Clinical psychologists also report low levels of experienced reduced personal accomplishment (Rupert & Kent, 2007). In another study, only 4% of psychotherapists reported high levels of reduced personal accomplishment (Laverdière et al., 2018). This symptom of burnout, like depersonalization, is not as preeminent in the burnout experience of helping professionals.

While this component of burnout is not as widely reported, there are many reasons why some school psychologists and other helping professionals may experience this dimension of burnout. Edelwich and Brodsky (1980) note that one source of frustration within human services is a lack of criteria for measuring accomplishment.

With no clear definition, school psychologists and other helping professions may find themselves questioning if they are truly making an impact on others. Moreover, the empathetic nature of helping professionals may lead them to take failures personally. For example, therapists may think their inefficient treatment resulted in a client's relapse in substance abuse (Norcross & Guy, 2007). Reduced personal accomplishment from burnout results in lowered self-esteem and less confidence in one's professional abilities.

The Development of Burnout

Burnout is a prevalent issue in school psychology and other helping professions. Burnout can occur in professionals regardless of age, sex, or experience (Edelwich & Brodsky, 1980). However, there are many factors that increase the likelihood of burnout symptoms in an individual. These range from organizational to individual characteristics, and they often add up to impact an individual's ability to manage burnout symptoms (Cook-Cottone & Guyker, 2018; Newell & Nelson-Gardell, 2014). A spectrum of factors that decrease the chances of burnout can also be found from the organizational to individual levels.

Risk Factors of Burnout

Job-related and other environmental characteristics are most often cited by surveyed helping professionals as reasons for burnout. School psychologists have identified job-based (i.e., school-based) characteristics, and workload and responsibilities (i.e., role overload) as factors that contribute to burnout (Schilling et al., 2018). The increase in caseload and administrative demands can often occur with budget cuts (Luther et al., 2017). Role overload is also found in other helping professions, through working overtime and in client populations. Community mental health clinicians who work

overtime report significantly more burnout symptoms (Luther et al., 2017). When individuals often work with clients with trauma, it can increase burnout symptoms (Langley et al., 2015; Newell & Nelson-Gardell, 2014; Ray et al., 2013). School counselors sometimes encounter violence and safety issues from students with diagnosed mental health issues, which can exacerbate burnout symptoms (Evans & Payne, 2008). Heavy workloads are also commonly attributed to burnout in psychotherapists (Laverdière et al., 2018). Higher expectations, larger caseloads, and more responsibilities can overwhelm school psychologists and other helping professionals.

Managing many responsibilities with few resources can be harder without professional support. Support can come from coworkers, supervisors, and colleagues; this can include anything from help with job tasks to providing a social space to vent and problem-solve issues. Not feeling supported by colleagues and administration has been cited as a factor that contributes to burnout in school psychologists (Schilling et al., 2018). One study found that 68% of surveyed school psychologists desired more access to supervision (Silva et al., 2016). Without access to professional support, school psychologists may feel isolated, which amplifies the intensity of emotional exhaustion and other burnout components. A lack of support is a risk factor across professions; psychotherapists experience more burnout when they feel disconnected from colleagues (Laverdière et al., 2018). The combination of overwhelming responsibilities and a dearth of assistance from others can intensify work-related issues and feelings associated with burnout.

Administrative pressure can also impact burnout. Oftentimes, organizational and administrative demands combine with the emotional demands to increase risk for burnout

(Dorociak, Rupert, & Zahniser, 2017). For example, 8.9% of school psychologists report previously leaving a position due to pressure from administrators to behave unethically or illegally (Boccio et al., 2016). Administrative pressure can also derive from bureaucratic demands. Clinical psychologists often face insurance and managed care requirements that make their jobs more challenging (Barnett et al., 2007). Parents and teachers who want problems to have a quick fix can add pressure to school counselors (Evans & Payne, 2008). Following one's own professional set of ethics standards while also adhering to the demands of stakeholders, supervisors, and organizations can be a trying situation to navigate for helping professionals.

The blending of work and personal life often predisposes people to burnout. Difficult work conditions, such as facing ethical dilemmas, “can lead employees to ruminative thinking (thoughts revolving around the stressful dilemma) and therefore hinder the ability to mentally ‘switch off’ after work” (Huhtala et al., 2017, p. 128). The challenge in isolating work issues from a mental standpoint leads to worry about those issues in other settings. This excessive worry can become the stress that leads to burnout, rather than the issue itself. Sustained activation – worrying about the stressor when it is no longer present – can cause detrimental effects, rather than the acute stress reaction that occurs in the work environment (Huhtala et al., 2017). Rather than the dilemma itself, the rumination was associated with the resulting stress. Sometimes, it is not the issues at work that cause burnout; rather, the inability to detach the self from work can result in symptoms of burnout.

Outside of work, personal factors pose a risk for developing burnout. Gender and personality often come up in the literature. The findings for gender are mixed. In

teachers, gender differences were not found in stress levels (Gray, Wilcox, & Nordstokke, 2017). Other studies have shown that female mental health care professionals are more likely to experience compassion fatigue (Bears, McMinn, Seegobin, & Free, 2013; Ray et al., 2013). Personality characteristics are related to burnout (Gray et al., 2017). A study of elementary school teachers found that a tendency to ruminate and reflect accounted for a significant portion of variance in stress and burnout (Košir et al., 2015). Disposition moderates the relationship between job characteristics and burnout by impacting perceptions of responsibilities. Affectivity can have an impact on the effort needed for emotional regulation, with negativity requiring more emotional labor (Weaver & Allen, 2017). In terms of burnout, emotional exhaustion or depersonalization may develop from a sustained effort to demonstrate positivity if a professional has a negative personality. There is some evidence that gender and personality impact burnout.

Personal experience with trauma or mental health issues also adds to environmental factors and increases the risk for vicarious traumatization and secondary traumatic stress (Laverdière et al., 2018; Newell & Nelson-Gardell, 2014). Barnett and colleagues (2007) note that psychologists in particular typically report histories of child abuse, family dysfunction, and parental substance abuse and death. Similarly, Dattilo (2015) reported that psychologists often treat clients who are depressed or suicidal while being depressed or suicidal themselves. Facing personal mental health issues makes treating others even more challenging. Having empathy for clients because of personal experience can put professionals at higher risk for burnout.

Experience working in the field is another personal risk factor. Newer professionals are more susceptible to burnout as they face stressors such as finding a job, managing debt, and developing personal and professional identities (Dorociak, Rupert, & Zahniser, 2017). Novice teachers also experience higher burnout levels (Gray et al., 2017). With the transition from student to practitioner, early career psychologists experience more emotional exhaustion and less personal accomplishment than psychologists later in their careers (Dorociak, Rupert, & Zahniser, 2017). Furthermore, Dorociak, Rupert, and Zahniser (2017) note that a common finding is that burnout seems to decrease with age; they suggest “psychologists’ experience of their work may change over the course of their professional lives” (p. 429). Having more experience in the field can help psychologists and other professionals anticipate possible stressful issues. Experience can also refer to education. Edelwich and Brodsky (1980) noted that professionals with doctorate degrees report more overwork and isolation, whereas professionals with master’s degrees are more susceptible to feeling disillusioned by heavy caseloads and bureaucratic issues like paperwork. The level of attained education can have an impact on how burnout is experienced. The likelihood of feeling symptoms of burnout seems to increase with less related experience and education.

Current maladaptive coping skills can also contribute to burnout on an individual level. Some examples of maladaptive coping skills include suppressing emotions and substance abuse (Barnett et al., 2007; Kuhn & Flanagan, 2017; Newell & Nelson-Gardell, 2014). While maladaptive coping skills may be the result of burnout, they also exacerbate the issue by not providing a healthy outlet for stress. Moreover, maladaptive coping skills often indicate underlying issues that go beyond work stressors (Langley et al., 2015).

Without an adaptive way to counter stress, burnout and more severe consequences are more likely.

Protective Factors of Burnout

Workload plays an important role in job satisfaction and burnout. Workload is how demanding a job is perceived (Košir et al., 2015). Laverdière and colleagues (2018) found that psychotherapists with a smaller workload had generally healthier mental health profiles. Smaller workload is associated with lower symptoms of burnout in elementary school teachers (Košir et al., 2015). However, balancing workload size is key. Work demands can also provide an opportunity to build personal accomplishment (Rupert et al., 2015). Coaston (2017) observes: “An individual’s perceptions have a reciprocal relationship with the work environment” (p. 286). If job demands are less stressful, in quantity and quality, the perception of their burden on the professional is minimized.

Separation between professional and personal aspects of life is a protective factor against burnout. A work-life balance is achieved through equilibrium between empathy and emotional separation (Kwong, 2016). Physical and emotional separation protects specifically against traumatic stress (Badger et al., 2008). Achieving work-life balance can help with preventing compassion fatigue, secondary traumatic stress, and vicarious traumatization.

Having adequate access to quality supervision is often cited as a protective factor against burnout. Sixty-six percent of school psychologists find that supervision helps them manage stressors at work, and 89% acknowledge the potential for supervision to help prevent burnout symptoms (Silva et al., 2016, p. 509). Furthermore, school

psychologists are more likely to take advantage of mentorship and supervision when there is access to a variety of supervision and mentorship opportunities (Silva et al., 2016). Similarly, Evans and Payne (2008) found that “ongoing supervision was seen as an indispensable support resource” (p. 326) among New Zealand high school counselors. The benefits of supervision work both ways: clinical psychologists find supervising new clinicians very satisfying (Sim et al., 2016). This may be due to an increased sense of personal accomplishment, by helping newer psychologists become acclimated to the profession. Supervision protects against burnout by providing guidance and opportunities to gain and share expertise.

Working longer in the field can also be a protective factor. Feelings of personal accomplishment increase with more years as a school psychologist (Boccio et al., 2016). Late-career psychologists experience less emotional exhaustion and more personal accomplishment as well (Dorociak, Rupert, & Zahniser, 2017). Similarly, Laverdière and others (2018) found healthier mental health profiles in professionals who had been in the field longer. Older helping professionals are more likely to have beliefs of their ability to deal with stressful events and burnout (Shoji et al., 2016). Moreover, those working in the field longer are more likely to either acclimate or find a better-fitting work climate (Sim et al., 2016). With more experience comes more opportunity to handle work-related stressors and anticipate issues.

The Impact of Burnout

The effects of burnout are far-reaching. A ripple effect can be felt in the surrounding environment and systems. Gray, Wilcox, and Nordstokke (2017) note that addressing teacher burnout “is critical to cultivating healthy academic environments for

all school community members” (p. 203). Burnout of helping professionals can negatively impact mental and physical health, interpersonal relationships, and healthy drug and alcohol use (Boccio et al., 2016). Moreover, school counselors who report higher levels of burnout report lower satisfaction with life (Mullen & Crowe, 2017). Left unchecked, burnout in physicians results in a higher risk of suicidal ideation (Kuhn & Flanagan, 2017). Burnout impacts personal and professional aspects of life to varying degrees.

Emotional exhaustion, depersonalization, and reduced personal accomplishment can impact job performance; this is especially concerning when much of the work done by helping professionals is directly with clients, students, and coworkers. Clinical psychologists report burnout as the top stressor that impacts their professional functioning (Bears et al., 2013). This impact on functioning often leads to loss of productivity and more need for personal time off (Hotchkiss, 2018), as well as an increased risk of error and carelessness at work (Kuhn & Flanagan, 2017). Burnout can affect the immediate work environment by impacting client interactions. For example, psychotherapists suffering from burnout may have difficulty building rapport with clients due to symptoms affecting their ability to efficiently provide a secure attachment for clients (Laverdière et al., 2018). Similarly, school psychologists can experience difficult feelings toward clients and coworkers due to burnout symptoms (Schilling et al., 2018). When facing the symptoms of burnout, it can be difficult to work with clients and coworkers. When the job is centered on working with others, burnout makes it difficult to be successful as a helping professional.

Sometimes, the impact of burnout is too great to remain in the field. Over one-fifth of school psychologists think about leaving their current position for another job, and another 18.9% think about leaving the field entirely (Schilling et al., 2018). Furthermore, among school psychologists who have encountered pressure to practice unethically by administrators, 16.6% express a desire to leave their position or the field (Boccio et al., 2016). The issue of turnover is especially poignant within school psychology. The existing shortage of school psychologists means that “even a very small amount of turnover in the field can have a detrimental effect on school systems as well as the students they serve” (Weaver & Allen, 2017, p. 279). School psychologists who elect to leave the field can inadvertently exacerbate current work issues by creating a larger need and increasing the workloads and responsibilities of other school psychologists.

Burnout: What Can We Do?

Despite the potential for burnout, many helping professionals are happy with their career choice. School psychologists (Schilling et al., 2018) and other helping professionals (Dorociak, Rupert, & Zahniser, 2017; Grise-Owens et al., 2016; Laverdière et al., 2018) are generally satisfied with their lives throughout their careers. However, many issues can contribute to workplace stress. Since helping professionals are satisfied with their careers as a whole, the chances of burnout becoming an issue are more inevitable as they remain in a position with many physical, cognitive, and emotional demands.

Overall, helping professionals seem willing to battle the effects of burnout due to their passion for the job. Schilling et al. (2018) noted “If school psychologists are passionate about what they do, they are more likely to take pride in their work and to feel

a certain responsibility to the students they serve” (p. 324). Burnout symptoms pose a risk to school psychologists by making it more difficult to be passionate about helping youth and their education. Addressing burnout in school psychologists is important because it can help foster passion for the job.

Identifying which factors contribute to burnout can help school psychologists address issues sooner (Schilling et al., 2018). Therefore, identifying protective factors that can help mitigate the experience of burnout can help school psychologists to develop and prioritize strategies and practices that enhance these protective factors. The presence of a proactive, comprehensive self-care practice may help reduce the experience of burnout in school psychologists and other helping professionals by addressing gaps in personal care created in the work environment.

Conceptualizing Self-Care

Self-care is often provided as an answer to addressing workplace issues and stress. It is a personal resource that can be used to combat symptoms of burnout (Dorociak, Rupert, & Zahniser, 2017; Grise-Owens et al., 2016). The practice of self-care is best described as an ongoing process to promote well-being (Dorociak, Rupert, Bryant, et al., 2017; Lee & Miller, 2013). Generally, self-care is a practice comprised of strategies and techniques with goals to decrease the negative experiences of burnout and increase the positive experiences of wellness.

Current research indicates that the best self-care practice is one that addresses many facets of wellness to avert work-related stress in professionals. Self-care must be comprehensive and multifaceted (Stephens, 2016). Engaging in a variety of self-care strategies has been linked to lower levels of burnout (Alkema et al., 2008). Self-care

practices are meant to be beneficial and enriching without being additive (Wicks, 2008).

An important facet of self-care is that it should not be intensive. Many people have a tendency to view self-care activities as wasteful or unproductive (Wicks, 2008).

However, many activities people currently engage in may be perceived as self-care. For example, deciding to not answer the phone during family dinners can be perceived as a form of self-care, because professional boundaries are being maintained. Self-care strategies should be incorporated into what is currently done, as a part of lifestyle (Dattilio, 2015; Stephens, 2016). Professionals must reflect on what they currently do that can count as self-care, and then discover which areas of self-care need further development.

Developing a self-care practice also includes taking personal differences into consideration. Since everyone has different needs, self-care must be individualized according to the needs of the person. There is no one-size-fits-all approach to self-care (Grise-Owens et al., 2016). Because of this, the specific elements of a self-care practice vary between individuals. For example, one study found that specific areas of self-care were more predictive of alleviating compassion fatigue than others (Alkema et al., 2008). Personalizing a self-care practice can help address specific symptoms of burnout. Regardless of the strategies used, developing a self-care practice follows the same essential procedure. Taking small, basic steps toward improving physical and mental health utilizing preferred activities is typically cited as a good starting point for developing a self-care practice (Dattilio, 2015; Grise-Owens et al., 2016; Lopez, 2017; Norcross & Guy, 2007; Wicks, 2008). Professionals must reflect on their personal habit to determine self-care strategies that best meet their needs. Self-care also involves

individualizing quantity of self-care. For example, some people prefer to exercise at a gym every day of the week, but fewer visits may be just as effective for others (Grise-Owens et al., 2016). Self-care can also vary within individuals; a self-care practice can differ across stages of life and career trajectories (Wicks, 2008). Creating a good self-care practice is a project that spans a lifetime, and it can change depending on individual needs.

Above all, self-care focuses on proactivity. Lee and Miller (2013) emphasize: “Self-care is most effective when engaged in proactively and intentionally” (p. 98). This can be achieved by purposefully blocking out time in one’s schedule for self-care activities (Thompson, 2016a). The development of a good self-care practice requires forethought, before stress at work evolves. Barnett and colleagues (2007) emphasize “self-care should be seen as an ongoing preventative activity for all psychologists” (p. 604). Proactivity in self-care is essential because stress at work is not entirely avoidable. Therefore, the potential for development of burnout is constant in the work environment. Dorociak, Rupert, & Zahniser (2017) observed that professional and personal demands require the need to develop personal resources. These personal resources are integrated into professional practice by addressing immediate symptoms while also working to proactively prevent future stressors. Anticipating or reframing issues can result in taking actions to help minimize the impact of such problems in the future. For example, Huhtala and colleagues (2017) suggest: “Proactive coping strategies could help psychologists to see future ethical demands as challenges and not threats” (p. 139). Viewing ethical dilemmas, or other work problems, as challenges rather than threats can help frame

professionals' minds to orient to a problem-solving approach with issues. Self-care addresses issues by attending to present and anticipated needs.

Theoretical Orientation to Self-Care

Developing a self-care practice is a process rooted in the conceptualization and perception of self-care (Brownlee, 2016; Dorociak, Rupert, Bryant, et al., 2017; Grise-Owens et al., 2016). Because of this, self-care is based on the interplay between self-awareness, self-reflection, and self-advocacy. A bidirectional relationship occurs between self-awareness and self-reflection, where becoming aware of self-care results in reflection on areas of strength and need. From this relationship, self-advocacy can occur and put new or altered strategies into place. Evaluating the strategies after advocating for and implementing them results in renewed self-reflection and self-awareness.

Self-awareness is best defined as being cognizant of one's own self-knowledge; it is "an ongoing, dynamic undertaking that requires daily attention" (Wicks, 2008, p. 131). In terms of self-care, this includes being aware of the definition of self-care, one's current self-care practice, and what can be added to supplement current practice. Understanding that self-care is comprehensive, individualized, and proactive allows school psychologists to see what they already do that might comprise self-care – and recategorize it as such. Being self-aware also means identifying current gaps in self-care practice. This can be achieved by being cognizant of potential issues in personal and work life. Maintaining self-awareness can alert professionals to potential signs of burnout (Sim et al., 2016). Conducting regular self-appraisals and becoming aware of present risk factors is part of self-care (Barnett et al., 2007; Rupert et al., 2015). Becoming aware of self-care and one's personal practice is essential to developing a successful practice.

Self-reflection applies a deeper level of processing to self-awareness. Self-reflection refers to the ability to evaluate one's own progress toward a goal and making adaptations or changes necessary to better achieve goals (Wicks, 2008). Being aware of a problem is insufficient; problem-solving needs to take place as well. For example, Edelwich and Brodsky (1980) warn of the "workshop high" (p. 194), in which professionals feel empowered after attending professional development but fail to follow through on incorporating lessons learned. Self-reflection in the realm of self-care means identifying practices that are successful and not successful. After setting an initial plan, professionals can add goals and interventions as needed (Grise-Owens et al., 2016). For unsuccessful practices, self-reflection also involves identifying potential solutions: increasing time spent on a domain of self-care, identifying and removing barriers to successful practice, or trying different strategies. Self-reflection can cycle back to self-awareness; perhaps in reflecting, school psychologists discover they do not know much about a specific strategy or domain, or how to resolve a particular issue. In this way, they become aware that there is a gap in knowledge, and that gap can be closed with further reflection on how to learn more.

Self-advocacy is achieved as a result of the awareness-reflection relationship. Once self-care practices have been identified and troubleshooted, school psychologists can begin to incorporate solutions into their practice. Self-advocacy is important for self-care because individuals must make their own priority for practice. People are held responsible for their own wellness outcomes (Maslach & Leiter, 1997). This also means that school psychologists need to advocate for their own self-care practice, which can minimize negative outcomes and maximize positive ones. Advocating for self-care

includes setting time aside for strategies and creating boundaries to protect practice (Norcross & Guy, 2007). Seeking assistance with a practice is also a part of self-advocacy. Once the self-care plan has been put into practice, this can lead back to self-advocacy through a process of evaluating the practice's effectiveness.

Domains of Self-Care Strategies

A successful self-care practice incorporates many strategies across all domains of self-care. This multidimensional approach is recommended in much of the extant research (e.g., Dattilio, 2015; Norcross & Guy, 2007). These strategies can address personal, professional, or both personal and professional lives. Many self-care practices may fall into one aspect of life but can cross over. For example, getting enough sleep may be something done in personal time, but it can affect work productivity and one's ability to pay attention during professional development workshops. While personal and professional self-care are often separated in the literature, they affect each other and should be considered in terms of a comprehensive self-care practice both in and out of the office.

The domains of self-care strategies presented are based on Maslow's (1943) basic needs in his theory of human motivation, as well as previous self-care conceptualizations (e.g., Norcorss & Guy, 2007; Saakvitne & Pearlman, 1996). Self-care strategies can be categorized into four domains: physical, social, spiritual, and cognitive-emotional.

Physical Self-Care. Physical self-care means taking care of physiological needs. These needs "are the most prepotent of all needs" (Maslow, 1943). As such, diet, exercise, and sleep are often cited in the literature as key facets of self-care practice. For example, one study of women in health service psychology doctorate programs ranked

physical wellness as one important area of self-care (Alaya & Almond, 2018). In practicing self-care, however, psychotherapists often overlook these biological essentials and prioritize more sophisticated self-care practices (Norcross & Guy, 2007). The importance of nutrition, exercise, and sleep cannot be overstated when it comes to both physical and psychological wellness. As such, they provide the foundation for a multifaceted self-care practice.

Adequate nutrition is one aspect of physical self-care. Healthy food has been incorporated into previous definitions of self-care (Lee & Miller, 2013). Eating balanced meals and drinking enough water are common examples of how nutrition can be incorporated into self-care (Norcross & Guy, 2007; Ramsey, 2016). Norcross and Guy (2007) suggest a “refreshment center” with mouthwash, a brush or comb, water, and snacks to reset between clients (p. 156). Nutrition ensures that school psychologists have sustained energy.

Exercise is another important part of physical self-care. Winburn (2016) explained that when people feel stressed, they feel tired; this exhaustion leads to a decline in physical activity. A regular exercise routine helps prevent this from occurring. Exercise is a common self-care strategy cited by school psychologists (Schilling et al., 2018) and in other helping professions as well, such as physicians (Lemaire & Wallace, 2010) and teachers (Gray et al., 2017). Exercise goes beyond going to a gym or attending fitness classes; any physical activity should be counted as exercise (Winburn, 2016). Visiting a park or taking a walk during a lunch break are examples of simple self-care activities that can be easily incorporated into the workday (Coaston, 2017; Norcross & Guy, 2007; Wicks, 2008).

Adequate sleep is also important for physical self-care. For example, Norcross and Guy (2007) note: “A nightly investment in sufficient rest leads to greater resilience and accomplishment” (p. 65). Sleep should be a way to boost productivity, not inhibit it. Rickman (2016) suggests utilizing deep breathing and keeping television and phones out of the bedroom. Both quantity and quality of sleep are essential for handling the physiological demands of work.

Social Self-Care. Social self-care involves creating opportunities for positive interpersonal interactions. People strive for a feeling of belongingness and affection with others (Maslow, 1943). Social and interpersonal support are commonly cited as an important facet of self-care (Alaya & Almond, 2018; Sim et al., 2016). Helping professionals can connect with a variety of social supports: coworkers, family, friends, clubs, religious organizations, and others (Hagan, 2016). When asked about common sources of support, school counselors mostly named intimate partners, friends, and parents (Mullen & Crowe, 2017). Social self-care can be practiced at work and at home.

In the workplace, social self-care may be obtaining supervision from an administrator or mentor. Supervision can provide valuable feedback to helping professionals so they can make better clinical decisions in the future (Dulamal, 2016). Beyond supervisory relationships, talking with coworkers has also been cited as a self-care strategy by school psychologists (Schilling et al., 2018). In addition to gaining expertise, active participation in professional organizations can provide opportunities for networking and professional camaraderie (Norcross & Guy, 2007). Peer supervision or support groups can also help alleviate stress at work (Norcross & Guy, 2007; Laverdière et al., 2018). Connecting with supervisors, mentors, and colleagues allows for

conversation about concerns with an underlying understanding of what it is like to work in the field.

Nurturing relationships outside of work is also important in social self-care. This can be accomplished by calling family members on the phone or having friends over for dinner or coffee (Wicks, 2008). School psychologists in particular have reported talking to family and friends as a way to reduce burnout (Schilling et al., 2018). Norcross and Guy (2007) observe that psychotherapists often want to be alone after spending the day working with clients, but nurturing family and friend relationships can help restore emotional balance and strength. Social relationships outside of the professional community can also provide support and perspective (Norcross & Guy, 2007).

Socialization provides a reprieve from the demands and obligations of work that may lead to burnout. Spending quality time with family and friends is a form of self-care.

Spiritual Self-Care. Spiritual self-care reminds helping professionals of the connection between their work and the people they serve. Norcross and Guy (2007) explain that psychotherapists love their job because the tasks align with their intrinsic values (e.g., optimism, promotion of growth). In his theory, Maslow notes that someone is happiest when “the individual is doing what he is fitted for” (1943, p. 382). Spiritual self-care helps professionals attach meaning to their lives. Awareness of one’s own spirituality can encourage professionals to be more present with theirs and their clients’ suffering (Coaston, 2017). Most commonly, prayer and attendance at a religious service are associated with spiritual self-care (Norcross & Guy, 2007). While religion is often associated with spirituality, achieving this goal can happen in a variety of ways. This can include examining one’s own values: “My spiritual principles guide me to serve but

remind me that the universe is a vast place, and something much larger than me is running the show” (Ramsey, 2016). Spiritual self-care entails finding one’s drive to help others, and finding meaning in life, professionally and personally.

Many strategies comprise of spiritual self-care. Some of these include connecting with religion, practicing meditation or mindfulness, or volunteering for a preferred charity (Norcross & Guy, 2007). Expressing gratitude is another spiritual self-care strategy. Gratitude journaling, in which people write regular entries on what they are thankful for, is a common self-care activity that can serve as a source of inspiration (Quetot, 2016). Practicing compassion is also noted as a potential self-care practice (Hotchkiss, 2018). Meditation, yoga, and other activities focused on centering the mind are also spiritual self-care strategies. School psychologists reported utilizing yoga and meditation to combat burnout symptoms (Schilling et al., 2018).

Mindfulness is a common strategy used to help center oneself. Dattilo (2015) defines mindfulness as “staying in the moment and focusing on the here and now while practicing ways to act in a non-judgmental fashion” (p. 396). Mindfulness typically involves focusing on one’s own breathing to lead to “a state of mindfulness, nonelaborative, nonjudgmental, and present-centered awareness” (Alahari, 2017). Mindfulness can be used as part of meditation or on its own (Alahari, 2017). Coaston (2017) provides some examples of mindful activities: “mindful eating, maintaining sensory awareness while washing dishes, or mindful walking” (p. 289). Mindfulness is the ability to focus on the present moment and becoming aware of one’s physical and cognitive state.

Mindfulness can be a powerful tool. Alahari (2017) suggests that school psychologists who practice mindfulness “may develop awareness of the body, self-care needs, and capacity for self-compassion” (p. 373). Mindfulness can develop self-care practices by helping school psychologists become aware of gaps in self-care needs, as well as evaluate the effectiveness of current practices. The self-awareness that mindfulness produces can also lead to further development of self-regulation and social-emotional skills useful for work, such as cognitive flexibility and nonjudgmental awareness (Alahari, 2017). School psychologists who practice mindfulness become aware of their emotional responses in the present; recognition of emotional responses is integral to self-regulation. Previous research has also indicated that mindfulness interventions in the school setting have similar treatment effects as mindfulness interventions in clinical settings (Alahari, 2017). The benefits of mindfulness, and other spiritual self-care activities, extend into personal and professional realms.

Cognitive-Emotional Self-Care. Cognitive-emotional self-care entails opportunities to learn and thrive. This can be accomplished through professional development, work boundaries, personal therapy, or creative outlets. A common strategy is to develop a new hobby, such as learning to speak a new language or play a strategy game (Coaston, 2017). Cognitive-emotional self-care strategies align best with Maslow’s esteem and self-actualization needs: people feel a need for self-esteem and self-respect, and a desire to actualize their potential (1943).

Continuing education is important in helping professions; it can be considered self-care by providing more training to encourage competence. Research suggests that “learning new skills, expanding knowledge, and diversifying areas of interest can reduce

stress and burnout” (George, 2016, p. 95). Professional development can prevent burnout by increasing professional knowledge and boosting engagement with work. In addition to attending workshops and professional gatherings, videotaping sessions with client permission is a suggested way to provide oneself with feedback (Norcross & Guy, 2007). George (2016) also suggests research involvement through presenting at conferences and publishing in journals. Staying up-to-date with professional knowledge can help renew perceptions of work.

Creating healthy work boundaries is also part of cognitive-emotional self-care. Establishing boundaries at work while also staying engaged with clients is important for self-care (Kwong, 2016). Norcross and Guy (2007) identified three specific ways to set boundaries at work: scheduling breaks, keeping one’s caseload at a specific level, and refusing certain types of clients (p. 94). Work boundaries serve as self-care when they allow professionals to practice within their competency and within outlined expectations and responsibilities.

Distractions, while seemingly counterintuitive, may be considered another successful self-care strategy in this domain. Schilling and colleagues (2018) reported that school psychologists sometimes combat burnout by distracting themselves from present issues. Distractions are beneficial because they encourage a temporary separation from the professional identity (Norcross & Guy, 2007). Research emphasizes the use of healthy escapes, such as listening to a funny anecdote or taking periodic trips and vacations (Norcross & Guy, 2007). Some examples of unhealthy escapes include isolation and substance abuse (Norcross & Guy, 2007). Sometimes, distractions are utilized as ways to avoid negative feelings, resulting in a missed opportunity to practice

self-care (Coaston, 2017). Distractions and escapes from professional life are considered part of a successful self-care practice, so long as they are healthy in nature.

Seeking personal therapy can be beneficial but a challenge for many helping professionals. Regardless of whether personal or professional issues are addressed, therapy aims to increase awareness, functioning, and overall life satisfaction; this, in turn, boosts effectiveness at work (Norcross & Guy, 2007). Colleague assistance programs can provide resources for clinicians, such as access to personal therapists or professional consultants (Norcross & Guy, 2007). School counselors report lower levels of burnout when they have higher intentions of seeking help (Mullen & Crowe, 2017). However, there are many logistical strains to obtaining personal therapy: locating a therapist geographically further away to ensure anonymity, difficulties with scheduling, and financial considerations (Dattilo, 2015). However, acceptance and commitment therapy (ACT) has been shown to help mental health therapists with enhancing self-care (Bond & Bunce, 2003). Despite the inherent obstacles, seeking personal therapy can be a helpful form of self-care.

In addition to personal therapy, cognitive-behavioral techniques are commonly cited as a way to engage in self-care (Dattilio, 2015; Norcross & Guy, 2007). These techniques are based on the therapy orientation of the same name and can be practiced outside of sessions. Cognitive-behavioral techniques are utilized as a way to monitor thoughts and feelings of discomfort when working with specific clients (Dattilio, 2015). Norcross and Guy (2007) encourage self-monitoring, identifying and combating cognitive errors, and managing countertransference with the use of cognitive behavioral techniques.

Creativity plays a role in self-care as well. Professional ways to be creative may include conducting research or running a series of group therapy sessions (Norcross & Guy, 2007). Creativity can be encouraged through the environment of the workspace by utilizing soft colors and comfy seating (Norcross & Guy, 2007). Similarly, offices can be decorated with potted plants (Eaves, 2016), and photographs and pictures (Harlamert & White, 2016). Other ways to express creativity on a more personal level include reading for pleasure (Wicks, 2008) and engaging in creative arts like dance and photography (Coaston, 2017; Crum, 2016). Creativity is cognitive-emotional self-care because it encourages personal growth.

The Rationale for Self-Care

Self-care may be a strong protective factor against burnout. Developing a solid self-care practice is frequently noted anecdotally as a potential way to prevent burnout (Barnett et al., 2007; Boccio et al., 2016; Coaston, 2017; Cook-Cottone & Guyker, 2018; Dorociak, Rupert, & Zahniser, 2017; Gray et al., 2017; Lopez, 2017; Ray et al., 2013; Wicks, 2008). In the few studies directly linking the concepts, a significant negative correlation is demonstrated between symptoms of burnout and many areas of self-care (Alkema et al., 2008; Hotchkiss, 2018). Some specific self-care strategies have been linked to preventing burnout. For example, finding time to exercise has been correlated with a reduction in emotional exhaustion in physicians (Lemaire & Wallace, 2010). Many researchers point to self-care as a potentially effective practice for burnout prevention.

Self-care can buffer burnout by addressing physical, mental, and emotional symptoms. A study found that rumination of work-related ethical dilemmas by school psychologists was significantly correlated with well-being outcomes, such as sleep and

perceived energy levels (Huhtala et al., 2017). A stressful work environment can lead to excessive worry. However, self-care can address many areas of well-being. Creating a bedtime routine and prioritizing sleep quality and quantity is a facet of physical self-care, and it may help mitigate the impact of rumination on sleep. Alternatively, establishing clear boundaries at work can minimize the likelihood of rumination by reinforcing ethical obligations. The potential for burnout is constant (Edelwich & Brodsky, 1980); self-care provides a safeguard through its continuous process of promoting wellness.

Self-care is essential for thriving and creating a work-life balance. Huhtala and colleagues (2017), for example, found that the effect of ruminating on ethical dilemmas “does not depend on the psychologist’s work or family situation. What is called for, then, are measures to help all psychologists leave their ethical problem solving at the work place, regardless of their personal background” (p. 137-138). Self-care is a personalized practice that can help professionals prevent ruminating on work problems outside of the physical context of their profession. Similarly, an interview of high school counselors revealed the need for a “holistic regime that would both enrich their personal lives and keep them well prepared for demands at school” (Evans & Payne, 2008, p. 324). Engaging in multiple roles in life – such as individual, family, and work – can be enriching and fulfilling. Self-care allows for helping professionals to lead enriching lives with multiple roles by fulfilling personal and professional obligations.

Self-care is an ethical mandate, especially among people in helping professions. Many current ethical codes in the helping professions explicitly state self-care. For example, the Canadian Psychological Association (2017) states that psychologists “engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that

could result in impaired judgment and interfere with their ability to benefit and not harm others” (p. 20). The American Counseling Association (2014) stipulates that “counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (p. 8). These professional organizations note the importance of a proactive approach by specifying that self-care is a way to maintain and monitor physical and emotional health to avoid drastic consequences.

Some organizations do not specifically mention self-care, but they still encourage practices that promote competence by taking care of the self. The American School Counseling Association (2016) has the following in their code of ethics: “[School counselors m]onitor their emotional and physical health and practice wellness to ensure optimal professional effectiveness. School counselors seek physical or mental health support when needed to ensure professional competence” (p. 7). Self-care is crucial for practicing within professional competency. Dattilo (2015) reports: “While self-care is not directly addressed in most codes of ethics for mental health professionals, competence is, and therefore this constitutes a critical link with the notion of self-care” (p. 395). The ethical importance of self-care lies in one’s competence. By engaging in self-care, counselors can ensure that their professional obligations are met with the highest quality. Self-care helps prepare for challenging situations at work and facilitate provision of competent services (Kwong, 2016). Neglecting self-care can result in making mistakes at work, such as calling clients by the wrong name or misplacing client charts and notes (Wicks, 2008). School psychologists must look to incorporate such standards into their own practice to ensure they are also meeting their responsibilities to the best of their

ability. Furthermore, policies and initiatives set up by professional organizations should highlight the importance of integrating self-care as a proactive measure to minimize work stress and promote professional integrity.

Self-care lets school psychologists demonstrate successful coping skills by preventing their own burnout and successfully engaging in their responsibilities. Starting a self-care practice can provide a model for clients: “isn’t a sense of openness to new insights and taking initial actions in a healthier direction actually what we expect of our clients? Why, then, should we not expect the same of ourselves?” (Wicks, 2008, p. 15). Similarly, Lopez (2017) argues that teacher burnout can affect students negatively, since children learn to self-regulate through emotional contagion and mirror neurons. Self-care can be a way to model appropriate strategies to deal with stressors while also promoting emotional regulation in clients. In addition to modeling, self-care allows helping professionals to work better. Fostering teacher well-being can help promote student learning and well-being (Gray et al., 2017). Self-care enables helping professionals to successfully advocate for those in need and uphold their own values (Thompson, 2016b). Self-care is important in school psychology, as a way to prevent burnout and promote wellness.

Current State of Self-Care in Research

To date, the literature has noted the importance of attending to self-care development. Creating and maintaining a self-care practice is key to preventing burnout and promoting well-being. However, many challenges are present in creating the base of evidence for self-care as a proven approach to prevent and counter burnout.

Little research exists on self-care. Despite knowing the importance of self-care, much of the extant research is anecdotal (Lee & Miller, 2013). In conducting the literature review, most articles related to “self-care” specified medical self-care, a set of strategies that encourage patients to care for themselves when living with chronic illness (e.g., Riegel, Jaarsma, & Stromberg, 2012). Moreover, many of the primary sources for self-care in the helping professions are self-help books for psychologists, social workers, and other practitioners (e.g., Grise-Owens et al., 2016; Norcross & Guy, 2007; Saakvitne & Pearlman, 1996). Studies examining burnout generally provide vague recommendations that resemble self-care without naming it outright. Some specific strategies, such as exercise, are demonstrated to reduce burnout; however, the connection between self-care practice as a whole and burnout needs to be further examined. Indeed, one study focusing on compassion fatigue and self-care noted that this concept is only recently starting to be explored in nursing literature (Adimando, 2018). This study was published in December 2018, and nursing is one of the most extensively researched occupations in terms of burnout. Self-care is important, but little is known on its impact on burnout.

The issue with conducting studies on self-care is complicated by other challenges. Primarily, self-care is still being defined in the literature. While there is a consensus that self-care generally reduces burnout and boosts wellness, more operational definitions vary among authors. The extant research is based on several definitions of self-care, and there is no agreement on a singular conceptualization (Alaya & Almond, 2018; Lee & Miller, 2013). Oftentimes, researchers define their own conceptualizations of self-care because the term “self-care” is sometimes interchangeably used with coping or resilience

(Brownlee, 2016). Many authors disagree with this notion, stating that self-care goes beyond coping to encourage personal and professional wellness (Dorociak, Rupert, Bryant, et al., 2017; Lee & Miller, 2013; Lopez, 2016). Without a consistent definition, authors tend to create their own to best fit their model.

The inconsistency among definitions is typically found in organization of self-care practices. Many definitions of self-care place strategies into categories, such as physical, social, or spiritual (e.g., Grise-Owens et al., 2016; Norcross & Guy, 2007; Saakvitne & Pearlman, 1996). Some self-care conceptualizations separate professional from personal self-care (Grise-Owens et al., 2016; Lee & Miller, 2013; Saakvitne & Pearlman, 1996). Other definitions are very specific as to what comprises self-care. Sim et al. (2016) define self-care as a variety of “personal wellness activities,” but exclude many strategies; interpersonal support, cognitive strategies, creating work boundaries, and seeking personal therapy were separate from self-care (p. 395). Other conceptualizations of self-care incorporate various biopsychosocial elements within a proactive or preventative framework to address personal and professional needs (Bamonti et al., 2014; Colman et al., 2016; Cook-Cottone & Guyker, 2018; Dorociak, Rupert, Bryant, et al., 2017; Maranzan et al., 2018; Myers et al., 2012; Newell & Nelson-Gardell, 2014). Without a consistent definition or organization of self-care, research becomes difficult. Providing a base of evidence for self-care is difficult without a consensus on definition and conceptualization.

The variance of definitions and categorizations of self-care makes measuring self-care difficult as well. Many current self-care measures are checklists with suggested activities; individuals check off which activities they currently do, and they look for

patterns in their engagement of self-care behaviors (e.g., Saakvitne & Pearlman, 1996; Wicks, 2008). Dorociak and colleagues (2017) observe that “the lack of a comprehensive, psychometrically sound measure of self-care poses a significant impediment to research” (p. 326). These self-care checklists often lack psychometric properties. Self-care scales that have been tested for reliability and validity are often rooted in the authors’ construct of self-care. For example, the Mindful Self-Care Scale relies heavily on practicing mindfulness as a self-care strategy (Cook-Cottone & Guyker, 2018). Conducting research on self-care is challenging due to the lack of appropriate measurements and objective definitions. In addition to not having sound measures, quantifying self-care practices is also problematic. For instance, no one yet knows how much mindfulness is needed to maximize the efficacy of its practice (Alahari, 2017). Defining self-care may be difficult due to its individuality; everyone has a different understanding of what constitutes self-care and what level of intensity and duration are warranted for a successful practice. A base of evidence cannot be created without specific ways to measure self-care.

Aside from the novelty of self-care as a research topic, there is a stigma behind practicing self-care among helping professionals. School counselors engage in fewer help-seeking behaviors if they report higher stigma about having a mental health illness (Mullen & Crowe, 2017). Similarly, clinical psychologists often do not utilize services provided by colleague assistance programs, despite their availability (Barnett et al., 2007). The reluctance to seek help may be due an expectation that, as a professional specializing in helping others, they should be able to handle personal issues themselves. Similarly, mental health professionals want to avoid embarrassment by not following therapist recommendations to take a leave of absence or make significant changes to their

workload and style, despite the potential ethical implications of not following recommendations (Dattilio, 2015). Self-care is often perceived as selfish or indulgent (Coaston, 2017; Lopez, 2017). Evans and Payne (2008), in interviewing high school counselors from New Zealand, revealed that many struggle to give themselves permission to put themselves first as a priority. In a field where the pressure is on caring for others, school psychologists and other helping professionals may feel like that taking time to care for the self is time taken away from caring for others. Indeed, many helping professionals simply accept burnout “as just part of the terrain” (Grise-Owens et al., 2016, p. 12) rather than taking actions to mitigate it. Burnout has become a normalized part of the helping professions; when the emphasis is placed on helping others, making the shift to caring for the self can be emotionally difficult. Shame and guilt can prevent school psychologists and other helping professionals from utilizing a self-care practice.

The lack of knowledge within the profession about self-care may also be due to the lack of training. Lee and Miller (2013) observe that viewing self-care as simply preventing burnout, rather than also promoting wellness, may lead practitioners to fail in engaging in self-care. Without an understanding of self-care, school psychologists and other helping professionals may have difficulty formulating and keeping a practice. Weaver and Allen (2017) recommend that school psychology graduate training programs address self-care and coping skills, in addition to technical knowledge and skills. This encourages new practitioners to learn healthy ways to manage stressful emotions. A lack of training on self-care is evident in helping professions in general as well; many researchers encourage incorporating and emphasizing self-care in graduate school and training courses (Colman et al., 2016; Norcross & Guy, 2007) as well as in professional

development focusing on coping with secondary traumatic stress (Langley et al., 2015). Some graduate school programs in other helping professions, such as social work, incorporate creating and monitoring a self-care plan as part of the curriculum (Grise-Owens et al., 2016). However, many school psychologists note that training programs do not address self-care or stress management (Maranzan et al., 2018; Schilling et al., 2018). Without the inclusion of self-care in training, many professionals are left navigating the potential for burnout without an understanding of what comprises a successful self-care practice.

School Psychology, Burnout, and Self-Care

The extant research in self-care and burnout in school psychologists is insufficient. The problems facing school psychologists today are well-documented. Furthermore, burnout has been explored in school psychology, and more so in related helping professions. Self-care strategies have been shown to reduce work-related stress and improve overall health. However, self-care in general has yet to be demonstrated as an evidence-based approach to protect against burnout. This is primarily due to disagreement within the research community on how to define and measure it. The problem of burnout is well-established; an evidence-based approach to prevent it has yet to be provided.

Moreover, studying ways to prevent burnout in school psychologists is an urgent matter. The shortage and other issues in the field are not as quickly addressed and can often exacerbate symptoms of burnout. In addition, it is ethically imperative to utilize self-care to protect school psychologists and to ensure that competent, high-quality services are being provided to students, families, and systems. As a potential protective

factor against burnout, self-care needs to be implemented by school psychologists before problems arise. There is a clear need for school psychologists to learn to manage occupational stressors in a healthy and proactive manner.

Self-care needs to be an established, regular practice to proactively address burnout symptoms. A routine self-care practice addresses current symptoms of burnout while anticipating future problems. People who practice self-care more proactively may feel fewer symptoms of burnout than their colleagues.

Research Questions and Hypotheses

School psychologists suffer from stress due to a range of responsibilities. Self-care is meant to be a proactive approach to handling stress, but school psychologists often counter stress reactively instead. This leads to an increased risk for burnout symptomology. By being proactive and practicing self-care on a regular basis, school psychologists can function better in a high-demand career setting and provide effective support for students, teachers, and administration to spark individual and systems-wide change.

The first question for this study is: *What is the difference in level of burnout symptoms among school psychologists who perceive themselves as practicing self-care and who do not?* The independent variable (IV) examined was whether or not school psychologists identify themselves as practicing self-care, asked as a question in the survey. The dependent variables (DVs) are burnout symptoms, as measured by the MBI-HSS. Burnout symptoms are defined as high levels of emotional exhaustion and depersonalization and a low level of personal accomplishment. For the burnout symptoms variable, this is defined as the total score attained on the MBI-HSS in each of the

components of burnout (i.e., emotional exhaustion, depersonalization, personal accomplishment). The null hypothesis for this research question was that there is no difference among school psychologists who practice self-care and those who do not. It was predicted that school psychologists who practice self-care experience reduced levels of burnout symptoms, as compared to those who do not. The following hypotheses were presented for this question:

- School psychologists who practice self-care will have a lower level of emotional exhaustion than those who do not practice self-care.
- School psychologists who practice self-care will have a lower level of depersonalization than those who do not practice self-care.
- School psychologists who practice self-care will have a higher level of personal accomplishment than those who do not practice self-care.

The other research question examined in this study asked: *What is the relationship between self-care frequency and burnout symptom levels for school psychologists?* This question goes beyond the first question to determine the relationship between the frequency, or proactivity, of self-care in reducing burnout symptomology. The IV for this question was the frequency of self-care practice, as measured by the SCAP. The DV was level of burnout symptoms found in the MBI-HSS. The null hypothesis for this research question was that there is no relationship between self-care frequency and burnout symptom levels for school psychologists. It was predicted that an inverse relationship exists between these variables: with more frequency in self-care practice, burnout symptoms are reduced. Hypotheses for this research question were:

- As school psychologists practice self-care more frequently, they have a lower emotional exhaustion level.
- As school psychologists practice self-care more frequently, they have a lower depersonalization level.
- As school psychologists practice self-care more frequently, they have a higher level of personal accomplishment.

CHAPTER 3: METHOD

Self-care has the potential to be a proactive solution to the symptoms of burnout in school psychologists. The extant research shows that burnout has been an established problem, and that certain self-care practices have been linked to better overall wellness and fewer burnout symptoms. This chapter aims to explain the methodology used in this study to further connect self-care and burnout.

To explore the connections between self-care and burnout in school psychologists, the author utilized a causal comparative research design (i.e., survey research). The study's goal was to demonstrate that the proactivity of self-care practice can potentially reduce burnout in school psychologists by asking research questions about the presence and frequency of self-care. A sample of currently practicing school psychologists in the United States completed a survey, entitled *Current Practices and Attitudes in School Psychology*. The survey included the Maslach Burnout Inventory – Human Services Survey (MBI-HSS), the Self-Care Assessment for Psychologists (SCAP), and a demographic questionnaire. Research method procedures used are also outlined.

Participants

Survey participants included currently practicing school psychologists in the United States. School psychologists currently working in the field were eligible to participate. Participants worked in a variety of settings, such as public schools, private schools, and agencies. The survey required that participants were currently certified to practice school psychology in their state and/or through NASP. Participants were also required to be employed as a school psychologist or equivalent position. Exclusionary

categories identified were current interns, students, faculty (unless also currently working as a school psychologist), and retirees.

Site selection took place primarily online. Sites utilized for the current study included school psychology-specific listservs and social media groups, such as Facebook Groups. Utilizing online recruitment strategies, such as listservs and social media groups, has previously been utilized in research to gain a sample from across geographic regions (e.g., Cook-Cottone & Guyker, 2018). Respondent-driven sampling (i.e., “snowball sampling”) was also utilized. Participants were encouraged to ask other school psychologists to complete the survey. Respondent-driven sampling is widely used in studies with specialized populations (Babbie, 2004).

A total of 186 respondents participated in the survey. Of those respondents, three indicated that they were not currently practicing school psychologists in the United States. Thirty respondents asserted that they met the eligibility criteria to participate but did not complete any further questions. Five respondents only completed questions for the MBI-HSS; four participants indicated that they did practice self-care before discontinuing, and one indicated they did not practice self-care before discontinuing. Six participants completed the MBI-HSS and SCAP, but they completed some or none of the demographic questions. In sum, 148 participants completed the MBI-HSS and SCAP, and 142 participants completed the full *Current Practices and Attitudes in School Psychology* survey. Respectively, this represents completion rates of 79.57% and 76.34%. Details on the demographics of the sample are included with the rest of the survey results (see Chapter 4).

Analyzing the demographic similarities and differences between both groups of psychologists can demonstrate that the sample is representative of school psychologists in a broader sense, as well as promote the generalizability of the findings. Demographic information from the survey can also inform of compounding variables. Looking for significant differences among subgroups within the sample helps narrow down the differences in burnout scores to self-care practices, rather than a potential mediating or moderating factor.

Measures and Instruments

An online survey was utilized for this study, entitled *Current Attitudes and Practices in School Psychology*. The survey was comprised of the introductory statement, MBI-HSS, SCAP, and a demographic questionnaire.

Very few psychometrically demonstrated self-care instruments are currently available. As a result, a self-care scale was selected that has demonstrated validity to some extent. Details on the validity studies conducted are included for each scale below. Additionally, a yes-no question on whether participants identified themselves as practicing self-care was added prior to administration of the SCAP.

Introductory Statement

At the start of the survey, an introductory statement was provided (see Appendix A). The statement outlined expectations for participation, providing an overview of the study. The study description avoided use of the term “burnout” due to the MBI-HSS; the manual warns against sensitizing participants to burnout when they are completing the scale (Maslach et al., 2018). The introduction also included details on inclusionary and exclusionary criteria for the study. Survey participants who responded “No” to the

statement were discontinued, and the survey ended. Participants who responded “yes” to the statement, indicating that they were a currently practicing school psychologist in the United States, were then provided with the rest of the survey.

Maslach Burnout Inventory – Human Services Survey

The Maslach Burnout Inventory (MBI) is an evidence-based measure of burnout, based on Maslach’s definition of burnout. The inventory measures burnout by providing a total burnout score and scores for each component of burnout (i.e., emotional exhaustion, depersonalization, personal accomplishment; Maslach et al., 2018). Dr. Christine Maslach, author of the MBI, was contacted for permission; an email was received back from Mind Garden, the company that currently sells the manual and licenses for the MBI (personal communication, July 11, 2019).

There are several versions of the MBI, targeted to different populations. While a version of the MBI exists for education professionals, it is more commonly used with teachers in research (e.g., Aboagye et al., 2018). The MBI-HSS is the most widely used version and applies to the broadest population of helping professionals (Maslach et al., 2018). The MBI-HSS has been utilized for studying burnout in school psychologists previously (e.g., Boccio et al., 2016; Schilling et al., 2018; Weaver & Allen, 2017).

The MBI-HSS measures burnout using a self-report questionnaire. With a series of first-person statements (e.g., “I feel emotionally drained from my work”), respondents choose how often they feel that way about their job on a seven-point Likert scale (Maslach et al., 2018). Potential responses are:

- Never
- A few times a year or less

- Once a month or less
- A few times a month
- Once a week
- A few times a week
- Every day

The reliability and validity of the MBI-HSS has been well-established. The MBI-HSS has been “consistently reliable and valid across a wide range of settings and occupational groups” (Maslach et al., 2018, p. 16). Internal reliability has been reported as consistently high, though some studies have slightly lower reliability for the Depersonalization subscale (Maslach et al., 2018). Longitudinal studies demonstrate that MBI-HSS scores do not vary across time (Maslach et al., 2018). Validity of the MBI-HSS was measured with studies that included observers of others experiencing burnout, job conditions associated with burnout, and long-term outcomes related to burnout (Maslach et al., 2018).

The MBI-HSS utilizes broad terminology so that statements can apply across professions. For example, “recipients” indicate people who receive a professional’s services (Maslach et al., 2018). Weaver and Allen (2017) changed some wording and provided examples to apply these terms to school psychologists; for example, they changed the word “customer” to “stakeholder” and provided the examples of “students, families, and colleagues” (p. 280). In order to clarify the language used in the MBI-HSS, the directions in the survey define “recipient” and other broad terms as they specifically apply to school psychologists.

Self-Care Assessment for Psychologists

The Self-Care Assessment for Psychologists (SCAP) is a questionnaire developed to specifically identify self-care practices in psychologists (Dorociak, Rupert, Bryant, et al., 2017). The SCAP was included in the survey due to its validity being demonstrated through a sample of licensed psychologists, as well as its broad measurements of self-care. The author of the SCAP, Katherine Dorociak, provided permission for the scale to be used in this study (personal communication, June 19, 2019).

The SCAP is comprised of five factors of self-care. Professional Support examines the role of supportive colleagues (Dorociak, Rupert, Bryant, et al., 2017). Professional Development looks at how often psychologists participate in professional organizations and events, as well as enjoyable work responsibilities (Dorociak, Rupert, Bryant, et al., 2017). Life Balance examines social support and activities outside of the office (Dorociak, Rupert, Bryant, et al., 2017). Cognitive Awareness includes items on self-awareness of emotions and challenges in the workplace (Dorociak, Rupert, Bryant, et al., 2017). Finally, Daily Balance looks at more specific strategies than the Life Balance scale, such as taking breaks and avoiding overcommitment (Dorociak, Rupert, Bryant, et al., 2017).

The SCAP has been demonstrated to be a valid measure of self-care practices and their relationship to well-being outcomes in licensed psychologists (Dorociak, Rupert, Bryant, et al., 2017).

Demographic Questionnaire

A demographic questionnaire provided an understanding of the participants' background (see Appendix B). Many risk and protective factors can contribute to

perceptions of burnout and self-care. However, it is important to note that while these variables may be correlated with burnout, they are not necessarily predictive. Some studies failed to show a significant relationship between certain demographic characteristics and burnout symptoms (Hotchkiss, 2018; Sim et al., 2016). Collecting information on demographic characteristics can help determine if these factors impact the results of the study. Moreover, demographic characteristics can help inform if the sample is representative of school psychologists as a whole, when compared to a sample of NASP members (i.e., Walcott et al., 2018).

Demographic information covers a variety of topics. Questions are answered through a choice of categories, a fill-in answer, or a linear numeric scale. For personal characteristics, questions included age (Dorociak, Rupert, & Zahniser, 2017; Shoji et al., 2016), gender (Bearse et al., 2013; Gray et al., 2017; Ray et al., 2013), and ethnicity (Walcott et al., 2018). Education and work history questions included highest degree obtained (Cook-Cottone & Guyker, 2018; Dorociak, Rupert, Bryant, et al., 2017; Edelwich & Brodsky, 1980) and years practicing as a school psychologist (Boccio et al., 2016; Dorociak, Rupert, & Zahniser, 2017). Options for degree attainment were based on requirements for becoming a school psychologist (NASP, 2017a). A section on participants' current position queries the geographic area (NASP, 2017b; Walcott et al., 2018), caseload size (Boccio et al., 2016; Luther et al., 2017; NASP, 2017b), current setting (Edelwich & Brodsky, 1980; Huhtala et al., 2017; Schilling et al., 2018; Weaver & Allen, 2017), and time spent on various school psychology tasks (Luther et al., 2017; Schilling et al., 2018).

Procedures

Current Attitudes and Practices in School Psychology was hosted on SurveyMonkey. Each survey component was on its own survey page. All participants received the same survey and self-reported their answers. Consent was implied when participants asserted that they were a currently practicing school psychologist in the United States. To encourage participation, those who completed the survey were offered a link to a separate Google Form to enter a raffle for one of two \$50 Amazon gift cards.

A pilot version of the survey was completed by members of the dissertation committee and participants. The pilot phase took place in October and November 2019. After the pilot phase, the survey was sent out to selected sites. The survey link was opened on December 11, 2019. The link was closed on January 7, 2020, and raffle winners were selected. Data was then coded and analyzed using IBM SPSS 23.

Especially with a sensitive topic like burnout, confidentiality was assured throughout the study. Identifying information, such as names and IP addresses, were not collected as part of the study. Recruitment was limited to publicly available information. Data from the survey were encrypted and password-protected by the author. The link connecting participants to the raffle drawing was separate from the survey; survey responses were not connected to raffle entries. Raffle entry was optional and voluntary.

CHAPTER 4: RESULTS

Causality cannot be demonstrated without a true experimental design. However, valuable information in the magnitude of burnout symptomology, utilization of self-care strategies, and their relationship can be garnered from the current study. Statistical analysis was conducted using IBM SPSS 23. Statistical methods included descriptive statistics (e.g., mean, standard deviation), difference between means, and correlations (i.e., Pearson's r). As a reminder, burnout symptoms are defined as high levels of emotional exhaustion and depersonalization, and a low level of personal accomplishment (Maslach, 2003).

Sample Demographic Data

Demographic data were collected to see if the sample is representative of currently practicing school psychologists in the United States, as well as to determine if demographic variables were related to burnout symptoms or self-care practices. Of participants who completed the survey, 135 completed the full demographic questionnaire; these participants were utilized in demographic data analyses.

Table 1

Demographics of Survey Sample: Personal Characteristics

Demographic Category	N	%
Age		
18-24	1	0.7
25-29	31	23.0
30-34	28	20.7
35-39	17	12.6
40-44	21	15.6
45-49	12	8.9
50-54	14	10.4
55-59	7	5.2
65-69	2	1.5
70+	2	1.5

Gender		
Female	121	89.6
Male	14	10.4
Race and Ethnicity		
Asian	2	1.5
Black or African American	6	4.4
Latinx	5	3.7
White or Caucasian	118	87.4
Multiracial	3	2.2
Self-Describe	1	0.7

Note. Demographic data analyses conducted on the 135 participants who completed the full demographic questionnaire.

Questions on personal characteristics included age, gender, and race and ethnicity.

Table 1 includes responses for personal characteristics. The most common age group reported was 25-29 years old, with most participants between ages 25 and 54. No participants indicated that their age fell in the 60-64 range. Participants were predominantly female (89.6%) and White/Caucasian (87.4%), which is similar to previous studies of school psychologists (e.g., Schilling et al., 2018). No participants self-described their gender, but one participant self-described their race or ethnicity as Jewish. While some differences exist, the personal characteristics of the present sample are similar to previous studies of school psychologists.

Table 2

Demographics of Survey Sample: Education and Work History

Demographic Category	N	%
Highest Degree Obtained		
Master's	12	8.9
Specialist-level	82	60.7
Doctorate	41	30.4
Years of Work		
<1	6	4.4
1-4	31	23.0
5-9	37	27.4
10-14	24	17.8
15-19	15	11.1

20+	22	16.3
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Note. Demographic data analyses conducted on the 135 participants who completed the full demographic questionnaire.

Education and work history questions included highest degree obtained, as well as years practicing as a school psychologist. These are presented for the current sample in Table 2. Most participants held a specialist degree or equivalent (60.7%), with an additional 30.4% holding a doctorate degree. Over half of the sample reported having worked as a school psychologist for fewer than 10 years (54.8%; less than 1 year = 4.4%, 1-4 years 23%, 5-9 years 27.4%). This correlates with previous research on the school psychologist shortage, which indicates that the retirement of older school psychologists has lowered the average age and years of experience on school psychologists (Boccio et al., 2016).

Table 3

Demographics of Survey Sample: States Where They Work

Northeast	Midwest	South	West
Connecticut (1)	Illinois (4)	Delaware (2) ⁺	Arizona (1)
Maine (1)	Indiana (1)	Florida (8)	California (4)
Massachusetts (2)	Iowa (1)	Georgia (1)	Colorado (2)
New Hampshire (2)	Kansas (1)	Maryland (7) ⁺	Nevada (2)
New Jersey (11) ⁺	Michigan (1)	North Carolina (3)	New Mexico (1)
New York (8) ⁺	Minnesota (1)	South Carolina (3)	Oregon (2)
Pennsylvania (36) ⁺	Missouri (1)	Tennessee (2)	Utah (1)
	Nebraska (1)	Texas (4)	Washington (1)
	Ohio (11) ⁺	Virginia (4)	Wyoming (1)
	Wisconsin (3)		

Note. Number in parentheses indicates number of participants working in that state. States listed alphabetically by census region.

⁺Pennsylvania and bordering states.

Participants in the current survey worked in 35 states, with representation in each region of the contiguous United States (see Table 3). Completed demographics information indicate that no respondents worked in Alaska, Hawaii, or the District of

Columbia. Participants were predominantly from Pennsylvania (26.7%) and bordering states (Ohio 8.1%, New Jersey 8.1%, New York 5.9%, Maryland 5.2%, Delaware 1.5%).

Most participants worked in an urban (39.3%) or suburban (47.4%) area.

Table 4

Demographics of Survey Sample: Current Position

Demographic Category	N	%
Population Density		
Urban	53	39.3
Suburban	64	47.4
Rural	18	13.3
Employment Status		
Full-Time	126	93.3
Part-Time	7	5.2
Independent Contractor	2	1.5
Work Setting		
Public School	106	78.3
Private or Charter School	14	10.4
Agency	13	9.6
Other	2	1.5
Student Ratio		
<500	24	17.8
500-699	12	8.9
700-999	31	23.0
1,000-1,299	16	11.9
1,300-1,499	17	12.6
1,500+	35	25.9
Role (Most Time)		
Administration	35	25.9
Assessment	68	50.4
Consultation	10	7.4
Crisis	8	5.9
Counseling	14	10.4
Role (Least Time)		
Administration	7	5.2
Assessment	15	11.1
Consultation	7	5.2
Crisis	36	26.7
Counseling	70	51.9

Note. Demographic data analyses conducted on the 135 participants who completed the full demographic questionnaire.

Additional demographic information on school psychologists' current position can be found in Table 4. A majority of the participants indicated that they worked full-time (93.3%), while 5.2% worked part-time and 1.5% identified themselves as independent contractors. Most school psychologists in the survey worked in a public school (78.5%). Other reported sites included private or charter schools (10.4%), agencies (9.6%), or "Other" (1.5%). No respondents indicated that they worked at a hospital, residential treatment facility, or private practice. Most participants reported working in a more traditional environment.

Of particular note, only 26.7% of participants reported that they worked within the recommended school-psychologist-to-student ratio provided by NASP (i.e., below 1:700; NASP, 2017b). Most of the participants in the survey had ratios above the NASP recommendation, with over a quarter of participants reporting that they are responsible for over 1,500 students (25.9%). The present study sample is reflective of the current shortage in school psychology, as many participants had student ratios above professional recommendations.

In terms of roles, half of participants (50.4%) reported that they engaged the most in assessment-related tasks, such as administering assessments and writing reports. The next top role included administrative duties like attending meetings, making phone calls, and checking email; 25.9% of participants reported administration as their top role. The least-experienced roles in school psychology were counseling and crisis-related activities. 51.9% of participants ranked individual and group counseling as the task they spent the least amount of time doing. 26.7% of participants reported engaging in crisis prevention and intervention the least. While school psychologists have training across a variety of

professional competencies, most participants reported engaging in traditional assessment and administration duties.

Comparing the Survey Demographics to a National Sample

The most recent NASP membership demographic survey, conducted during the 2014-2015 school year (Walcott et al., 2018), was utilized as an additional comparison group. Overall, participant demographics resembled those found in the 2015 NASP membership survey across race and ethnicity distributions. A detailed comparison between the samples can be found in Appendix C. Of particular note, the proportion of males in the current survey (10.4%) was somewhat lower than in the 2015 NASP survey (16.2%). Fewer school psychologists in the present survey indicated that a master's degree was their highest obtained degree (8.9%) than in the 2015 NASP membership survey (19%). The current sample was fairly similar to the 2015 NASP membership survey in terms of the proportion of participants with fewer than 1,500 students on their caseload. While some demographic differences exist, the present sample is generally representative of school psychologists in the United States when compared to NASP membership demographics.

Demographic Variables Associated with Burnout and Self-Care

Several individual and organizational factors have been identified in the literature review as preventing or increasing the risk of burnout. Means and standard deviations demographic variables were examined for correlation with burnout symptoms and self-care frequency. Statistical analysis revealed varied results for the relationship between these demographic variables, burnout, and self-care.

Burnout. Age was the only demographic variable to demonstrate significant correlations among all three MBI-HSS subscales. Reported age range demonstrated a significant negative correlation with emotional exhaustion ($r = -1.90, p < .05$) and depersonalization ($r = -.244, p < .01$). A significant positive correlation was found between age and personal accomplishment ($r = .203, p < .05$). Older participants reported, overall, lower levels of burnout symptoms.

Some additional significant correlations were found among demographic variables and burnout symptoms. However, correlations were small in nature, and variables did not demonstrate significance across all aspects of burnout. For example, only emotional exhaustion was significantly correlated with student ratio ($r = .260, p < .01$). Education was only significantly correlated with depersonalization ($r = .201, p < .05$). Higher emotional exhaustion was reported among participants with higher student ratios, and higher depersonalization was reported among participants with higher degrees.

Some demographic variables did not correlate with burnout symptoms. Gender was not significantly correlated with any of the MBI-HSS subscales: Emotional Exhaustion ($r = -.139, p = .097$), Depersonalization ($r = .074, p = .379$), and Personal Accomplishment ($r = -.128, p = .128$). Years working as a school psychologist was also not significantly correlated with ratings of emotional exhaustion ($r = -.053, p = .527$), depersonalization ($r = -.150, p = .074$) or personal accomplishment ($r = .088, p = .296$). Gender and years of experience were not significantly correlated with burnout.

Self-Care. Only three significant correlations were found among demographic variables and SCAP subscales. Gender demonstrated a small, but significant, correlation with total score on the Professional Support scale ($r = -.223, p > .01$). Females were

somewhat more likely than males to engage in seeking help from colleagues. Lastly, employment status was significantly correlated with Cognitive Awareness score ($r = .205, p < .05$). Participants who were employed full-time were less likely to report being mindful of stressors and needs at work, and those who reported part-time or contracted employment reported engaging in self-monitoring more often.

The Practice of Self-Care and Burnout Symptoms

The first research question was: *What is the difference in level of burnout symptoms among school psychologists who perceive themselves as practicing self-care and who do not?* Hypotheses predicted that practicing self-care is related to lower burnout; school psychologists who practice self-care will have lower Emotional Exhaustion and Depersonalization, and higher PA, compared to school psychologists who do not practice self-care.

Table 5

Means and Standard Deviations for MBI-HSS Subscales by Practice of Self-Care

MBI-HSS Subscale	All Participants	Yes	No
Emotional Exhaustion (EE)	24.94 (11.90)	23.90 (11.66)	31.95 (11.39)
Depersonalization (DP)	5.69 (5.30)	5.13 (4.94)	9.47 (6.19)
Personal Accomplishment (PA)	36.66 (6.83)	37.74 (6.10)	29.42 (7.17)

Note. Standard deviations are presented in parentheses.

Table 6

Differences in Means for Practice of Self-Care by MBI-HSS Subscale

	EE	DP	PA
Mean Difference (Yes-No)	-8.05	-4.34	8.39
S_p	11.63	5.12	6.24
Cohen's d	-0.69	-0.85	1.33

Note. Mean difference calculated by subtracting the mean of the participants who responded "No" by the participants who responded "Yes" (i.e., $M_{yes} - M_{no}$). A medium-size effect is $d = 0.5$, and a large-size effect is $d = 0.8$ or greater.

In analysis, participants were divided into two groups: those who answered “yes” and identified that they practiced self-care, and those who responded “no” and identified that they did not practice self-care. An overwhelming majority of participants reported practicing self-care ($N = 128, 87.07\%$). Only 19 participants (12.93%) reported not practicing self-care. Table 5 presents the means and standard deviations of the whole sample, and each self-report group, for the MBI-HSS sum scores.

Because of the disparity in the number of respondents in each group, the mean difference (MD) for the sum scores of each MBI-HSS subscale were calculated for each group. Each MD was calculated by subtracting the “no” mean for a given scale from the “yes” mean (i.e., $M_{\text{yes}} - M_{\text{no}}$). An effect size (i.e., Cohen’s d) was also calculated for each comparison made. Effect sizes were calculated utilizing a pooled standard deviation (s_p), due to the difference in group sizes.

Overall, the findings of the current study rejected the null hypothesis for this question. Considerable differences between mean scores were found among all MBI-HSS subscales in projected directions. School psychologists who reported practicing self-care had a mean Emotional Exhaustion and Depersonalization score lower than those who did not. Furthermore, school psychologists who practiced self-care tended to have a higher Personal Accomplishment score than those who did not practice self-care. These differences represented a medium effect size for emotional exhaustion ($MD = -8.049, d = -.692$), and large effect sizes for depersonalization ($MD = -4.3409, d = -.849$) and personal exhaustion ($MD = 8.3191, d = 1.333$). See Table 6 for details.

Self-Care Frequency and Burnout Symptoms

The second research question asked: *What is the relationship between self-care frequency and burnout symptom levels for school psychologists?* Frequency of self-care practice was utilized as an indicator of proactivity. Hypotheses for this research question indicated an inverse relationship between frequency of self-care and burnout symptoms. It was predicted that school psychologists who practice self-care more frequently would have lower emotional exhaustion and depersonalization, as well as higher personal accomplishment. Means and standard deviations for each SCAP subscale are presented in Table 7.

Table 7

Means and Standard Deviations for SCAP Subscales

SCAP Subscale	Mean (SD)
Professional Support	26.82 (4.92)
Professional Development	22.79 (5.22)
Life Balance	22.73 (3.82)
Cognitive Awareness	21.95 (3.98)
Daily Balance	12.90 (3.80)

Table 8

Correlations for Frequency of Self-Care and Burnout Symptoms

SCAP Subscale	EE	DP	PA
Professional Support	-.244**	-3.91**	4.76**
Professional Development	-.381**	-.320**	.503**
Life Balance	-.372**	-.442**	.401**
Cognitive Awareness	-.258**	-.326**	.508**
Daily Balance	-.276**	-.116	.225**

** $p < .01$

The present study rejected the null hypothesis for this question. Significant negative correlations were found among several aspects of self-care and intensity of burnout symptoms. Table 8 outlines the correlations and significance levels.

All SCAP subscales had a significant negative correlation with sum scores for Emotional Exhaustion ($p < .01$). A medium effect was found for the relationship between Personal Development and Emotional Exhaustion ($r = -.381$), as well as Life Balance and Emotional Exhaustion ($r = -.372$). Across domains, a significant inverse relationship was found between self-care frequency and reported intensity of emotional exhaustion.

Four of the five SCAP subscales had a significant negative correlation with sum scores for Depersonalization on the MBI-HSS ($p < .01$). Medium effect sizes were found among the four significantly correlated scales and Depersonalization, with correlations ranging from $-.320$ to $-.442$. The exception was the Daily Balance scale, which was not significantly correlated with Depersonalization sum score ($r = -.116$; $p = .165$). More frequent self-care was mostly negatively correlated with experience of depersonalization, with the exception of Daily Balance.

All SCAP subscales had a significant positive correlation with Personal Accomplishment sum scores ($p < .01$). Medium effects were seen in the relationship between scores on Personal Support and Personal Accomplishment ($r = .476$), as well as with Life Balance and Personal Accomplishment ($r = .401$). Large effects were seen for the relationship between Professional Development and Personal Accomplishment ($r = .503$), and between Cognitive Awareness and Personal Accomplishment ($r = .508$). As school psychologists practiced self-care more frequently, they reported experiencing greater levels of personal accomplishment.

CHAPTER 5: DISCUSSION

Examining self-care and burnout in school psychologists is imperative. School psychologists are specifically at an increased risk of burnout due to several factors: the current shortage, the disparities between expectations from training and the realities of practice, and organizational and societal stressors. This causal comparative study aimed to better understand current school psychologist burnout levels, perceptions of self-care practice, and frequency of self-care practices. The goal of the study was to discover if self-care awareness and proactivity are related to perceived symptoms of burnout. While previous research has cited self-care as an anecdotal approach to preventing burnout (Barnett et al., 2007; Boccio et al., 2016; Coaston, 2017; Cook-Cottone & Guyker, 2018; Dorociak, Rupert, & Zahniser, 2017; Gray et al., 2017; Lopez, 2017; Ray et al., 2013; Wicks, 2008), the present study related self-care and burnout in a more explicit manner in school psychologists. The current study utilized a survey with the MBI-HSS, SCAP, and a demographic questionnaire to achieve this goal. Major findings are discussed and interpreted, along with general implications for theory, research, and application. Limitations of the study, as well as future directions, are also presented.

Interpretation of Results

The current study found two major conclusions: (a) school psychologists who reported practicing self-care experienced considerably less burnout than those who did not, and (b) school psychologists who reported practicing self-care more frequently also reported lower burnout levels. Both of the current findings have important implications for the study of self-care and burnout, as well as for the field of school psychology.

Two studies found in the literature review directly examined the relationship between burnout and self-care (i.e., Alkema et al., 2008; Hotchkiss, 2018). Both studies utilized self-report surveys with hospice care professionals, such as registered nurses, home health aides, chaplains, and social workers (Alkema et al., 2008; Hotchkiss, 2018). The current study found similar results in school psychologists, extending these findings beyond hospice careers. Furthermore, differences in measurement and methodology among the studies demonstrated considerable adventitious findings regarding the components underlying self-care and burnout.

The Practice of Self-Care and Burnout Symptoms

The first research question in the current study asked: *What is the difference in level of burnout symptoms among school psychologists who perceive themselves as practicing self-care and who do not?* Survey results indicated that school psychologists who reported practicing self-care had lower total scores for Emotional Exhaustion and Depersonalization, as well as higher Personal Accomplishment scores, compared to those who reported they did not practice. Moreover, the present survey found substantial differences in burnout scores for school psychologists who did and did not practice self-care, with medium- to large-sized effects. This confirmed hypotheses about the practice of self-care and experience of burnout in anticipated directions: school psychologists who reported practicing self-care experienced notably less burnout.

Simply acknowledging one's self-care practice was related to experiencing lower levels of burnout symptoms. School psychologists who acknowledged practicing self-care also reported feeling less overwhelmed by work demands, feeling more connected with students and stakeholders, and feeling that they have made a great impact in their

line of work. School psychologists who make a conscious effort to practice self-care are not as easily overwhelmed by the many demands placed on them. Self-recognition of self-care practice, in itself, is related to less experience of burnout.

This finding generally aligns with previous research examining the relationship between burnout and self-care. Alkema et al. (2008) and Hotchkiss (2018) found that more frequent self-care practice was related to less burnout. However, participants were not explicitly asked whether or not they engaged in self-care. Instead, these studies looked only at frequency of specific self-care practices and their relationship to burnout. The present study extends the findings of previous research by demonstrating acknowledgement of self-care practice as another important factor in burnout experience. Future research on the relationship between self-care and burnout should further establish the difference between acknowledging one's self-care practice and frequency of engagement in self-care activities, and how these differing components relate to burnout.

There is a limitation to the finding that any self-reported practice of self-care is related to reduced burnout experience. Most participants in the current study ($N = 128$) reported practicing self-care, with only 19 participants indicating that they did not. The considerable difference in sample size between subgroups limited the ability to conduct more robust statistical analysis for this research question. While effect sizes were calculated using a pooled standard deviation, the effect sizes would be more meaningful if statistical tests to determine the significance of these differences could also be conducted.

Certain directions in future research can help clarify this important finding. The current study collected data on school psychologists' self-report of practicing self-care, as

well as frequency of self-care activities. While 19 participants reported that they did not practice self-care, none of them respond “Never” to all of the SCAP items. This indicates that more school psychologists may be engaging in self-care than reported, but they may not be cognizant of what constitutes as self-care. Examining whether frequency of self-care aligned with self-report would help better inform if school psychologists are aware of what comprises self-care and encourage future education to professionals on how to recognize and maintain a helpful practice. Such a study should ensure a large enough sample size to be able to determine the significance of the present finding that school psychologists who self-report practicing self-care also report less burnout.

Self-Care Frequency and Burnout Symptoms

The second research question asked: *What is the relationship between self-care frequency and burnout symptom levels for school psychologists?* The current study found a significant inverse relationship: school psychologists who reported more frequent self-care also reported less burnout. In particular, more frequent self-care was seen in school psychologists who felt less drained and more connected to students, teachers, parents, and other stakeholders. This is especially among school psychologists who interacted with supportive colleagues, participated in professional organizations and events, engaged with social supports outside of work, and reflected on their own emotions and challenges in the workplace. Utilizing these forms of self-care on a frequent basis was related to burnout in terms of lessening feelings of disconnection with clients. Moreover, increased frequency of self-care was significantly related to feeling prouder of school psychology services provided. Generally speaking, school psychologists who practiced self-care more

frequently experienced less burnout, confirming hypotheses for this research question in predicted directions.

The notable exception to this finding is that the Daily Balance scale of the SCAP did not significantly correlate with MBI-HSS Depersonalization scores. This indicates that avoiding commitment or taking breaks was not found to be related significantly to feeling connected with those being served. However, the current shortage and work demands of school psychologists may play a role in this finding. As school psychologists are often working with an overwhelming number of students and facing bureaucratic demands, finding opportunities to avoid overcommitment or take breaks may be limited in some situations. For example, a school psychologist who is the only psychologist in a given district may have limited opportunities to take a break in the day. This finding may differ in situations and positions where school psychologists have more resources and can more successfully self-advocate for these opportunities.

The conclusion that frequency of self-care is associated with burnout experience takes the first major finding of this study (i.e., that acknowledging one's self-care practice is related to less burnout) a step further. For the purposes of the present study, frequency was used as a proxy for proactivity; people who practice self-care frequently are likely to also be planning ahead to integrate self-care into their lives. Practicing self-care on a regular basis is related to a diminished experience of burnout in school psychologists. While recognizing self-care practice is important for school psychologists, they must also establish a proactive and consistent practice to realize its full potential.

The current study's findings need to be interpreted with consideration to other instruments and measures used by previous studies. Alkema et al. (2008) utilized the

Professional Quality of Life Assessment and the Self-Care Assessment Worksheet to examine self-care practices and burnout symptoms. Hotchkiss (2018) utilized the Mindful Self-Care Scale and the Professional Quality of Life Scale. Instead of these instruments, the present study utilized the MBI-HSS and the SCAP. Several differences exist across these measurement tools. In particular, the Professional Quality of Life Assessment (Alkema et al., 2008) and Scale (Hotchkiss, 2018) include subscales that additionally examine concepts commonly related to burnout in the helping professions: compassion fatigue, compassion satisfaction, and secondary traumatic stress. The current study focused specifically on burnout and its components, rather than other related concepts, through use of the MBI-HSS. Similarly, the SCAP emphasizes professional domains of self-care (e.g., having a network of colleagues, attending professional development) more than personal ones (e.g., exercising regularly, meditating); these personal domains of self-care are more prominent in assessments such as the Self-Care Assessment Worksheet and Mindful Self-Care Scale (Alkema et al., 2008; Hotchkiss, 2018). Different assessment instruments have been used across self-report studies examining the relationship between self-care and burnout, which reflects the inconsistency of defining and conceptualizing these phenomenon in the helping professions.

However, similar to findings by Alkema et al. (2008) and Hotchkiss (2018), frequency of self-care was found to be inversely related to burnout in the present study. The current study also extends these findings to school psychologists, demonstrating this relationship in a different field within the helping professions. Furthermore, despite inconsistency in the conceptualization and measurement of self-care and burnout, the present findings demonstrate a similar significant inverse relationship. Future research

can focus on identifying the underlying commonalities of these concepts that provide such similar results with different instruments. Discovering the common themes across instruments can contribute to more comprehensive conceptualizations of self-care and burnout, as well as more robust and consistent assessments.

The assumption that frequency indicates proactivity is also a limitation to the current study. While some of the verbiage in the SCAP implies aspects of planning (e.g., “I seek out...,” “I find ways...”; Dorociak, Rupert, Bryant, et al., 2017), none of the SCAP prompts or other survey questions explicitly asked participants if they planned their self-care activities or if they were habitual or routine in nature. Extant literature on self-care has emphasized the importance of proactivity in implementing self-care (Barnett et al., 2007; Lee & Miller, 2013; Thompson, 2016), but measuring proactivity is a challenge. While a proactive self-care practice is accepted as the best way to reduce the potential for burnout and increase overall wellness, it is important for future research to specifically define, measure, and examine proactivity in self-care, in order to create the base of evidence needed to support it as a preventative practice against burnout.

To further extend this finding, future studies can also examine specific self-care practices and their relationship to burnout and overall well-being. For example, a common factor of burnout for school psychologists is a lack of support from colleagues and administration (Schilling et al., 2018). School psychologists who have easier access to other school psychologists and supervisors may have reduced emotional exhaustion and depersonalization, as colleagues may help professionals feel less overwhelmed and more invested in their work. Moreover, the SCAP does not include items on physical self-care, though these were originally part of the scale’s development (Dorociak, Rupert,

Bryant, et al., 2017). Linking physical self-care practices to burnout symptoms can help inform future education and strategies as well. Examining specific self-care strategies used by school psychologists can help identify what seems to generally work better for this group of professionals, as well as identify any gaps in self-care to improve upon in the future.

While any practice of self-care has been related to lower burnout symptoms in this study, the survey's results further indicated that this relationship is more pronounced with more frequent self-care practice. Being aware of one's own self-care practice is important, in terms of its relationship to reduced burnout risk. Furthermore, proactively engaging in self-care on a more frequent basis is related to even lower burnout symptomology.

Implications of Present Findings

Given the sparse research presently available on self-care and burnout in school psychologists, the present study addresses a major gap in the literature. Few empirical studies on self-care in general, and burnout in school psychologists specifically, are available currently (i.e., in 2020). The noteworthy findings from the present study can help facilitate deeper research into self-care. In turn, self-care can eventually become an evidence-based approach to preventing burnout and improving overall wellness.

Theoretical Implications

The extant literature available on self-care is primarily anecdotal (Lee & Miller, 2013). Self-help books for psychologists, social workers, and other helping professionals provide the most direction on defining self-care and providing recommendations for practice (e.g., Grise-Owens et al., 2016; Norcross & Guy, 2007; Saakvitne & Pearlman,

1996). However, self-care is still being defined in the literature, and operational definitions vary between authors and studies. This relaxed approach to self-care in research is most readily apparent in its relation to burnout. Most studies provide vague recommendations or cite self-care as a potential preventative approach to burnout without citing supportive literature or directly analyzing its potential. The variance in defining and organizing self-care, in combination with its lack of empirical support in terms of burnout prevention, creates a large gap in what is currently known about self-care from a scientific standpoint.

The present study defined self-care as a multifaceted, personalized, and proactive practice that reduces the risk of burnout while also improving overall wellness. Self-awareness, self-reflection, and self-advocacy all play a role in developing and implementing a successful self-care practice. Successful self-care practices also include strategies across physical, social, spiritual, and cognitive-emotional domains. The conceptualization of self-care presented in the literature review brings together previous definitions to provide a more comprehensive look at what self-care can be.

This study also provides theoretical insight in terms of the specific self-care needs and burnout experiences of school psychologists. The current issues impacting school psychology – the shortage, the disconnection between training and practice, and organizational and societal stressors – are not easily remedied problems. As school psychologists advocate for solutions to these larger and more complex issues, they must also continue to provide high-quality assessment, consultation, counseling, and other school psychological services to the students and families they serve. This study provides further insight into the experience of burnout and self-care in school psychologists,

especially in terms of contextual factors present in the profession. Moreover, this study supports the rationale that an intentional and proactive self-care practice is related to experiencing less burnout.

Research Implications

The current study directly correlates self-care practice with experience of burnout symptoms. Few studies to date have attempted to link self-care to burnout, across careers in the helping professions. In reviewing the literature for the present survey, only two studies explicitly examined the correlation between self-care and burnout, in hospice workers (Alkema et al., 2008; Hotchkiss, 2018). Both studies found a significant negative correlation, similar to the current survey. While not a truly experimental design, this survey study adds to the growing body of literature demonstrating the potential for self-care as a preventative practice against burnout. Studies similar to the present one can continue to build up evidence for self-care as a protective practice against burnout.

Moreover, there is little extant research on burnout in school psychologists specifically. Most of the current literature on self-care is anecdotal in nature and rooted in self-help texts for helping professionals. The present study provided insight into current school psychologist burnout experience and self-care practice, as a majority of school psychologists reported that they currently practice self-care. School psychologists who reported practicing self-care in the present survey had substantially lower burnout symptoms. Moreover, self-care frequency was overall significantly correlated with burnout in an inverse relationship. Due to the sparse amount of current research, the present results can help inform many future studies on self-care and burnout. This study sets the stage for future research to demonstrate the potential of self-care as an evidence-

based approach in reducing burnout, as its findings are similar to previous studies while also examining a group of professionals not traditionally included in research on these topics.

In addition, the present study deepens research on self-care by further demonstrating the reliability and validity of the instruments used in the survey as they apply to school psychology. The MBI-HSS has previously been used in studies examining burnout in school psychologists (e.g., Boccio et al., 2016; Schilling et al., 2018; Weaver & Allen, 2017). The current study continues to demonstrate the reliability and validity of the MBI-HSS in measuring burnout symptoms in school psychologists. Furthermore, validity of the SCAP was previously demonstrated on licensed psychologists (Dorociak, Rupert, Bryant, et al., 2017). This study showed that the Professional Support, Professional Development, Life Balance, and Cognitive Awareness were all significantly related to lower burnout scores, furthering the validity of the SCAP not just for clinical psychologists but for school psychologists as well in terms of measuring professional well-being. In examining school psychologist burnout and self-care, future research endeavors can utilize these instruments to deepen the understanding of these phenomenon and their relationship to each other.

Applied Implications

Given the overarching structural and societal issues impacting school psychology practice and service delivery, prevention of burnout is crucial. Preventing burnout can mitigate the potential for turnover and maintain the quality of service outlined by organizational expectations and ethical codes. Engaging in self-care, by being aware of one's emotions and practice, can reduce burnout if utilized on a frequent and proactive

basis. This study shows that self-care, in terms of awareness and frequency of practice, is related to lower rates of burnout among school psychologists. Self-care is an important aspect of professional practice and personal health, as it is related to decreased experience of burnout in light of more omnipresent issues in the field. As effort is made to resolve or mitigate structural and societal issues, self-care can continue to benefit school psychologists by promoting wellness.

With the present findings, the importance of self-care in school psychology can also be promoted in terms of its potential to reduce burnout. This study can help inform personal and professional attitudes to self-care as an imperative for school psychologists. As of the writing of this dissertation (i.e., in 2020), NASP is in the process of updating its code of ethics, with consideration of a specific mandate for self-care. The results of this study demonstrated a significant correlation between self-care practice and burnout symptoms. School psychologists who reported more frequent self-care also reported lower levels of burnout. This supports the rationale to add self-care as an ethical mandate for school psychologists, as it is closely related to the experience of burnout, which can severely impact professional service delivery. The current ethical focus can then shift from a reactive to a proactive standpoint, encouraging school psychologists to create and maintain a self-care practice before potential stressors become problematic. School psychologists who practice self-care also report experiencing less burnout, and they are therefore in a better position to provide high-quality services to students and communities who need it.

In addition to contributing to the argument of self-care as an ethical mandate, this study's findings can be utilized in school psychology training programs. Especially since

age was significantly correlated to burnout, it is important for young professionals entering the field to establish and maintain a practice of self-care during their training that they can then modify and utilize throughout their careers. Graduate program instructors can help future school psychologists better understand the experience and signs of burnout, as well as the implementation of a successful and meaningful self-care practice, before students enter the field and act as independent practitioners, as well as before burnout becomes an issue.

Moreover, the present study's findings can also be utilized to combat the stigma associated with burnout and self-care. In helping professions, such as school psychology, professionals are less likely to seek help or utilize services (Barnett et al., 2007; Mullen & Crowe, 2017). There may be a present misconception that as experts in the field, they should be able to successfully cope with difficult situations on their own. Many professionals also view self-care as selfish or indulgent (Coaston, 2017; Lopez, 2017), taking time and resources away from clients who need them. Helping professionals, such as school psychologists, may feel additional pressure in removing themselves from practice and utilizing these resources to care for themselves. With the conclusions that self-care acknowledgement and proactivity are related to reduced burnout, this narrative can be changed. Engaging in self-care can be seen not just as an ethical obligation, but also as a personal and professional obligation. Having a well-developed self-care practice can enable professionals like school psychologists to be at their best while helping others. Self-care can be seen as an acceptable way for school psychologists to have the capacity needed to provide high-quality services.

General Limitations

Several overarching limitations to the current study exist. Previously, disproportionality in participants who reported practicing or not practicing self-care was mentioned, as well as the presumption that frequency is an indicator of proactivity in self-care practice. Additional limitations are presented here, in terms of internal and external validity, analysis, and measurement.

Design and Internal Validity

As this study is survey research, one of the most noteworthy limitations is its inability to imply causation. While the findings of the study demonstrated significant correlations between frequency of self-care and intensity of burnout symptoms, a causal relationship could not be demonstrated. Caution should be taken in interpreting the present results in confirming self-care as having a direct impact on the reduction of experienced burnout. Rather, the present study continued to demonstrate the significant pattern of more frequent self-care being associated with less burnout.

The goals of self-care are twofold: to reduce burnout, and to improve overall well-being. The present study focused on the relationship between self-care practice and burnout symptomology. However, data was not collected on well-being outcomes. Such data may include markers of chronic stress, such as physiological problems, and overall perceived quality of life. Collecting data on physical and psychological health can further demonstrate the potential for self-care as an effective, evidence-based practice to not only reduce burnout but improve wellness.

The present study also did not collect data on compassion fatigue or secondary traumatic stress. These concepts have been examined in other studies relating self-care to

burnout (Alkema et al., 2008; Hotchkiss, 2018). They were not included in the present study so the focus could remain solely on burnout and self-care. However, compassion fatigue and secondary traumatic stress are commonly mentioned in burnout literature in the helping professions (e.g., Kwong, 2016; Langley et al., 2015; Newell & Nelson-Gardell, 2014). Examining the specific role of compassion fatigue and secondary traumatic stress in the relationship between self-care and burnout may provide additional information, especially in terms of how school psychologists experience these ancillary phenomena.

Previous studies of school psychologists and burnout also asked about job satisfaction (e.g., Schilling et al., 2018). The present study did not include questions about job satisfaction. Including this information in future research can provide more insight into its importance in the relationship between self-care and burnout, as it is possible that school psychologists who practice self-care may be more satisfied with their jobs, and job satisfaction may also be related to burnout.

Additional potential risk and protective factors for burnout have been mentioned in previous research, but they were not included in the present study in the interest of maintaining confidentiality and promoting survey participation. Some examples of additional factors include access to quality professional supervision (Evans & Payne, 2008; Silva et al., 2016; Sim et al., 2016), previous exposure to traumatic experiences (Barnett et al., 2007; Laverdière et al., 2018; Newell & Nelson-Gardell, 2014), and utilization of maladaptive coping skills such as substance use (Barnett et al., 2007; Kuhn & Flanagan, 2017; Langley et al., 2015; Newell & Nelson-Gardell, 2014). While the present study focused on the most pertinent factors to burnout and self-care within school

psychology, examining these additional factors for relationships to burnout can better inform how these specifically relate to school psychology.

External Validity and Generalizability

A considerable number of participants in the present study worked in Pennsylvania. Despite being generally reflective of school psychologists in the United States, certain demographic characteristics may be more indicative of the Pennsylvania population. For example, most participants held a specialist or doctorate degree, with only 12 participants reporting a master's degree as their highest earned degree. Certification in school psychology in Pennsylvania requires at least specialist-level training (Educational Specialist Certificates, 1999/2006). The generalizability of the findings may be limited by the disproportionate number of respondents who practiced in Pennsylvania.

While the study was open to all currently practicing school psychologists, representation from different subgroups varied. For example, none of the present participants fell in the 60-64 age range. Additionally, none of the participants reported working in a hospital, residential treatment facility, or in private practice. Only 18 participants (13.3%) reported working in a rural setting. While reports of race and ethnicity generally aligned with previous research, examining the relationship of these cultural factors with burnout and self-care was beyond the scope of the present study. Further investigation into personal and professional demographics can better identify potential mediators or moderators to burnout experience and self-care practice.

Analyses and Statistical Power

Additional statistical analyses using the present data were largely limited due to the disparity in representation among subgroups. In addition to the aforementioned difference in yes/no responses to the self-care statement, limited responses from certain demographic groups inhibited analysis for significant relationships between demographics, self-care, and burnout. Moreover, 41 participants did not complete the full study. Of these, five respondents only completed questions for the MBI-HSS, and six participants completed only some or none of the demographic questions. Collecting full survey information from these participants may have provided more statistical power, and ultimately insight, into the present findings.

Measurement

Responses for the present study are based exclusively on self-report. Potential for bias in responses is present when self-report is used. For example, participants may have indicated that they experience less burnout than they actually do, due to the cultural expectation in helping professions that burnout is simply part of the job (Grise-Owens et al., 2016). Participants may have also overestimated their practice of self-care, as previous research has shown that helping professionals typically do not seek help in order to avoid embarrassment or stigma (Dattilio, 2015). The effects of bias on self-report responses is unknown in the present study, and this should be considered in interpreting results.

The present study utilized the SCAP, which was created and validated using a sample of licensed psychologists (Dorociak, Rupert, Bryant, et al., 2017). However, the credentials and practice requirements for licensed psychologists are considerably

different from school psychologist certification. The differences between clinical and school psychology may play a role in the conceptualization and report of self-care practices. Further validation of the SCAP with school psychologists can help broaden the generalizability of this instrument with other practitioners in related fields.

While data was collected on various aspects of self-care, personal interpretations of presented self-care strategies were not included in data collection. As each of the SCAP subscales encompasses a variety of self-care practices, it is unknown how participants specifically perceived that aspect of self-care. For instance, one of the SCAP statements is “I spend time with friends and family” (Dorociak, Rupert, Bryant, et al., 2017). However, participants likely varied in terms of thinking of who and what activities are involved in that time. It is possible that participants provided identical or similar ratings to that item with very different personal conceptions of what “time with friends and family” looks like. Examining specific self-care strategies used by school psychologists may provide additional insight into how this group of professionals perceive and utilize self-care.

Future Directions

Some of the present study’s findings are intriguing, and they warrant further discussion. While the current study provided an overview of burnout and self-care in school psychologists, future research can further explore these additional considerations. These include examination of the connection between self-report and frequency of self-care; identification of specific self-care practices and their impact on burnout and well-being; comparison between school psychologists and other helping professionals; and the connections of disposition, age, and education level to self-care and burnout.

Comparing self-care scores for school psychologists to other psychologists and helping professions can help better pinpoint commonalities and differences among practices and areas of need. For example, the sense of isolation experienced by many school psychologists may relate to scores on the Professional Support scale for school psychologists, making them lower than other professions. This may make building and maintaining a professional network a larger priority for school psychologists, as compared to other professionals. Future studies on self-care can help identify school psychology-specific areas of self-care that are and are not utilized, as well as provide insight into how to create a more comprehensive practice.

Further investigation of the relationship between personality, burnout, and self-care is another area of potential research. The present study did not find a significant correlation between Daily Balance self-care practices and depersonalization symptoms of burnout. Previous studies found relationships between personality characteristics and burnout in helping professionals (Gray et al., 2017; Košir et al., 2015; Weaver & Allen, 2017). The Daily Balance items on the SCAP focus on avoiding overcommitment to work and providing oneself with breaks throughout the day (Dorociak, Rupert, Bryant, et al., 2017). Future studies can investigate if affectivity is related to the likelihood of overengagement with work responsibilities in helping professionals, or if personality characteristics are related to the likelihood of taking breaks during the workday.

Another interesting finding in this study was that age was significantly correlated with burnout, but years of experience as a school psychologist was not. While extant research indicates that school psychologists feel more competent with more years in the field (Boccio et al., 2016), it is possible that the relationship between age and years of

experience is difficult to separate. With age comes years of experience in the field; age also provides global life experiences, which may contribute to coping with stress in many areas of life. It is also worth noting that the school psychology field is shifting to a younger demographic as a whole, as older psychologists retire (Boccio et al., 2016). The correlation between years of experience and burnout may strengthen over time, as today's school psychologists work longer in the field and gain more professional experience. Reexamining the relationship between age, professional experience, and burnout can better identify their relationship to each other.

Lastly, participants who earned higher terminal degrees reported higher rates of depersonalization. This relates to Edelwich and Brodsky's (1980) finding that professionals with more advanced degrees report more isolation and disillusionment in their work. Further research into the relationship between level of education and burnout may reveal higher degree attainment as a risk factor for burnout, as well as examine how level of pre-professional training can relate to the experience of burnout.

Concluding Thoughts

Presently, burnout is a serious issue in school psychology. School psychologists who experience high levels of burnout are at-risk for several physiological and psychological outcomes that can ultimately harm them and their work. Of important note, the threat of turnover is exacerbated by the current shortage of school psychologists, who already typically work with student ratios beyond professional recommendations. Existing studies on self-care and its relationship to burnout are scant, despite many researchers and professionals noting it as a solution. Given the present social and vocational challenges faced by school psychologists, ways to prevent burnout and

promote wellness are of utmost priority in order to retain employment and promote high-quality service delivery.

The current study indicated that merely acknowledging the presence of a self-care practice was related to largely diminished burnout symptomology. Moreover, the study found a significant relationship between self-care practice and experience of burnout symptoms. School psychologists who reported practicing self-care, especially those who practiced it on a frequent or proactive basis, also reported experiencing less burnout. These findings have promising implications for the field of school psychology, as more emphasis can be placed on the professional and personal obligation of self-care in terms of ethics and overall wellness. School psychologists owe it to the students, families, and communities they serve to care for themselves so they, in turn, can care for others.

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APPENDICES

Appendix A: Introductory Statement

What is this survey?

This online survey is being conducted by Mary Jean Rainsford, MS, a doctorate student at Philadelphia College of Osteopathic Medicine. The survey is part of a dissertation for the completion of a Doctor of Psychology (Psy.D.) degree in school psychology. The current study looks at current practices and occupational attitudes in school psychologists.

Personal identifying information will not be collected as part of this study. Efforts to protect anonymity have been taken to ensure that participants can answer survey questions in an honest manner.

The proposal for this dissertation was defended on August 20, 2019. IRB approval has been obtained for this study on September 25, 2019. Please contact Ms. Rainsford at maryjeanra@pcom.edu or the dissertation chair, Dr. Jessica Kendorski, at jessicagl@pcom.edu if you have any questions or comments.

The survey will take approximately 15 minutes to complete. By answering the statement below and clicking to continue, you consent to participating in this study. A link at the end of the survey will take you to an *optional* form, where you can enter to win a \$50 Amazon gift card.

Who can participate?

Any currently practicing school psychologist in the United States is encouraged to complete this survey. *Currently practicing school psychologists* are defined as:

- Working as a school psychologist or in an equivalent position involving psychoeducational assessment, consultation, counseling, and/or educational program development and evaluation
- Participants may be working full-time, part-time, or as an independent contractor
- Certified to practice school psychology in the state of employment and/or are a Nationally Certified School Psychologist (NCSP)

The following groups are excluded from the target sample and should NOT complete this survey:

- Current graduate students not concurrently working as a school psychologist or equivalent
- Current school psychology interns (i.e., completing field supervision hours for certification and/or degree completion)
- Faculty not also employed as a school psychologist or equivalent
- Retired or former school psychologists not currently practicing

Please answer the following statement:

I assert that I am a currently practicing school psychologist in the United States, as defined above. (Yes/No)

Appendix B: Demographic Questionnaire***Directions***

Please answer the following demographic questions.

Personal

What is your age?

- 18-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70 or older

What is your gender identity?

- Male
- Female
- Prefer to self-describe [Fill-in]

What is your identity in terms of race/ethnicity?

- Asian
- Black or African American
- Latinx
- Native American
- White or Caucasian
- Multiracial
- Prefer to self-describe [Fill-in]

Education and History

My highest degree obtained is:

- Master's
- Specialist-level (e.g., Ed.S.)
- Doctorate

How long have you been working as a school psychologist?

- Less than 1 year
- 1-4 years
- 5-9 years
- 10-14 years
- 15-19 years

- 20 years or more

Current Position

In what state or U.S. territory do you currently work?

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia (DC)
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Marianas Islands
- Ohio
- Oklahoma

- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Virgin Islands
- Washington
- West Virginia
- Wisconsin
- Wyoming

The location I work in is best described as:

- Urban
- Suburban
- Rural

Please note your employment status:

- Full-time (40 or more hours per week)
- Part-time (no more than 40 hours per week)
- I am an independent contractor

I currently work for a(n):

- Public school
- Private or charter school
- Agency (e.g., community mental health agency, staffing agency, intermediate unit)
- Hospital or residential treatment facility
- Private practice
- Other setting

How many students are you responsible for within your position? For example, if you are the only school psychologist in the school, this would include the number of students in the school.

- Less than 500
- 500 to 699
- 700 to 999
- 1,000 to 1,299
- 1,300 to 1,499

- More than 1,500

Please rank the time you spend on the following school psychology tasks in a given week, on a scale of 1 to 5 (1= most amount of time spent, 5=least amount of time spent).

- Administrative tasks (e.g., attending meetings, email, phone calls)
- Assessment (i.e., administration, scoring, report writing)
- Consultation with teachers, parents, and/or administration
- Crisis prevention and intervention
- Individual and group counseling

Appendix C: Figures

Figure 1

Race and Ethnicity in Sample Demographics and 2015 NASP Membership Survey

Demographics (Walcott et al., 2018)

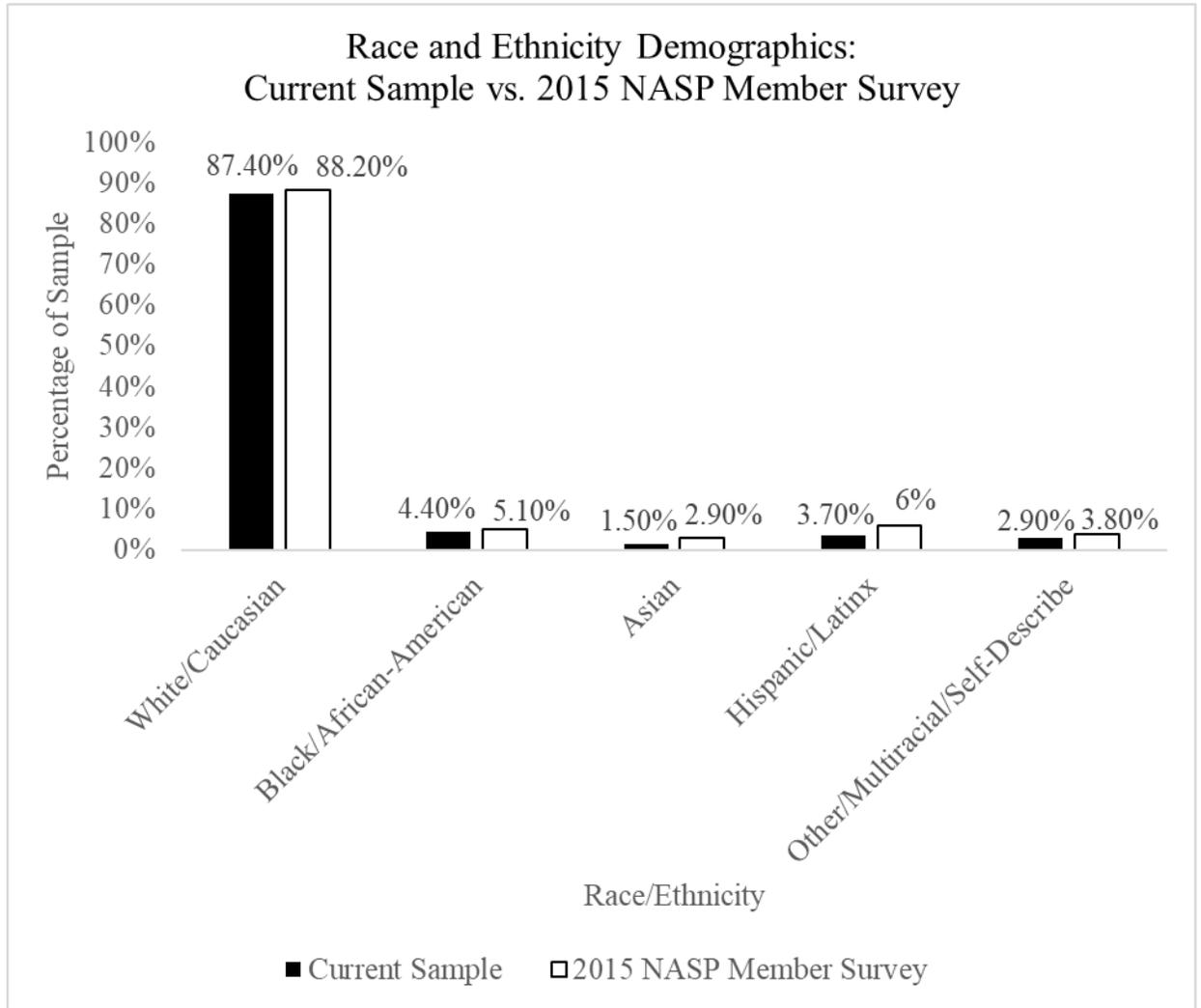


Figure 2

Additional Demographics in Current Sample and 2015 NASP Membership Survey

(Walcott et al., 2018)

