

Positive Effects of Trauma Work:  
Vicarious Resilience of Child Abuse Crisis Counselors

Before and During The COVID-19 Pandemic

by

Marisol Juárez Díaz

A Dissertation Presented in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

Approved April 2022 by the  
Graduate Supervisory Committee:

Elizabeth (Beth) Blue Swadener, Chair  
Vera Lopez  
Stephanie Ayers

ARIZONA STATE UNIVERSITY

May 2022

## ABSTRACT

Hotline crisis counselors witness trauma in others, leaving them vulnerable to compassion fatigue and burnout. Vicarious resilience can counterbalance the harmful effects of trauma work and help individuals avoid vicarious traumatization. This dissertation examined four research questions constructed to explore the lived experiences of child abuse hotline crisis counselors over thirty-six months, both before and during the COVID-pandemic. Furthermore, the recent implementation of text and chat, in addition to a traditional phone call, has ushered in new issues of abuse and concern brought on by the pandemic (i.e., isolation, fear of sickness and death, employment, housing and childcare insecurities, school closures, remote work, divisive custody issues related to masks and vaccines). Using a phenomenological methodology, this study draws upon three years of focus group data (2019, 2020, & 2021). Six focus groups were conducted with twenty-six hotline counselors over the three years to address the research questions that explore the counselors' professional experiences before and during the pandemic. Analysis of the focus group transcriptions included a single-year analysis that looked at each year and a cross-year analysis to look at themes generated by analyzing all years together. Themes of resilience, workspace, and healing found that the hotline counselors shared positive experiences and personal growth from their work with implications of advocating for self-care not as an individual issue but as a larger collective issue among counselors. The results of this study will advance the concept of vicarious resilience, trauma-informed practices, and, most importantly, sustaining, and empowering helping professionals in challenging times.

## DEDICATION

*Para el Sol*, for rising each day, and lighting my life.

For Mother Nature, and all of her beautiful *regalos*.

Para la Luna, and *Mamacita* Teresa, for always believing in me.

For my nana, Maria Flora, and her unconditional love. *Dios de bendiga*.

*Para mí mama*, Maria Elena, *te amo y te extraño*.

*Para mí papa*, Armando, *gracias por tu apoyo y amor*.

For my husband, Jason, thank you for your patience, partnership, and love.

Por mi *amoricito*, Isla Elena, words do not describe the love, joy, and hope you infuse in me. I am so honored and blessed to be your mother, *te quiero mucho*.

For my sisters and brother, and the love of our family, may it continue to flourish.

For all my tias, tios, primas, primos, and ancestors, may I honor our *familia*.

And for all the “helpers and healers” in the world, thank you for your courage, your sacrifice, and your spirit. The world is a better place because of you. *cúdate bien!*

## ACKNOWLEDGMENTS

We are One, Nosotros Somos Uno  
*I don't exist without you, and you don't exist without me*

I acknowledge and celebrate this day with my spirit protectors and all those who loved, nourished, and gave me the strength to finish this dissertation. I could not have done this without any of you and I thank you for encouraging me, giving me strength, and never letting me walk alone.

First and foremost, I need to acknowledge my chair and real-life superhero. Dr. Beth Blue Swadener. Beth, you make the world a better place with your energy, support, and optimism. I am beyond blessed to have you in my life as my chair and friend. I could not be more grateful for your love, and the supportive community of social justice superstars you have fostered and cultivated to make this dream a reality for me.

Next, I must acknowledge Dr. Wendy Wolfersteig, my supervisor, friend, and angel guardian. Your wings have sheltered me giving me protection during heartbreak and grief. Thank you for your immense love and mentorship, it has been instrumental in this journey, and it means so much to me.

I next acknowledge the amazing Diane Moreland, to who I am forever grateful to you for being the BEST co-worker and notetaker EVER! Diane, your friendship is an honor and has nourished me in ways that will forever be touching.

A glorious heap of gratitude goes to my committee. Beth, Stephanie, and Vera thank you for being my cheerleaders and getting me to the finish line. *Gracias!*

My writing sisters. First, my OG writing sisters, Melanie, and Mary Dolores who I started this PhD journey so long ago. I LOVE seeing our strength, resilience, and how far we have come. And to my newfound writing sisters, and all the lovely people in our writing/support group who provided so much kindness, empathy, and grace. I am so grateful for your friendship and support.

Of course, I would be remiss to not mention the care, sacrifice, and love of my family and especially my partner, Jason. Thank you for enduring and helping me achieve my dream! Now it's your turn. And my *mija*, Isla, thank you for your playful spirit and hugs that fill my heart and soul every day.

My therapist, Wendy McCord, thank you for being a part of my healing. Your nurturing ways have brought me to a new place in life and I am a better mother, wife, and human because of you. Thank you!

A huge hug to my Tucson peeps and all my incredible best friends like Teresa, Lupi, Sofia, Jazmin, Monica, Ayelet, Lizz, Miguel, and Christie. You are always there for me lifting me up and giving me strength and love. Love you!

Lastly, I would like to extend gratitude to Childhelp, Michelle Fingerman, and all the counselors who participated in my study. My interactions and observations of the counselors inspired me to explore our sacred connections and to further understand how we can help the helpers in this world. We are all connected and each day we have together is sacred. *Muchísimas gracias!*

## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	vi
LIST OF FIGURES .....	vii
CHAPTER	
1 INTRODUCTION TO THE STUDY .....	1
Background .....	1
Personal Standpoint .....	2
Statement of the Problem.....	7
Purpose and Research Questions .....	9
The Rationale and Significance of Study.....	11
Overview of Key Concepts and Terms .....	12
Childhelp Hotline Counselor .....	13
Childhelp Hotline Supervisor .....	13
Prevent Abuse of Children Text and Chat Hotline .....	14
Professional Quality of Life.....	14
Secondary Traumatic Stress.....	14
Compassion Fatigue.....	15
Vicarious Traumatization.....	15
Vicarious Resilience .....	15
Researcher Positionality and Assumptions .....	15
Chapter Summary and Organization of the Dissertation .....	17

CHAPTER	Page
2 LITERATURE REVIEW .....	19
Introduction.....	19
The Effects of Trauma .....	20
Crisis Hotline Counselors .....	21
Counselors and Trauma Work .....	22
Professional Quality of Life.....	22
Compassion Satisfaction.....	23
Compassion Fatigue.....	24
Burnout .....	26
Secondary Traumatic Stress.....	26
Vicarious Trauma.....	27
Constructivist Self-Development Theory .....	28
Resilience Research .....	29
Vicarious Resilience .....	31
Vicarious Resilience Scale.....	38
Shared Trauma and Resilience.....	39
Trauma-Informed Practice .....	40
Chapter Summary .....	41
3 METHODS AND ANALYSIS .....	43

CHAPTER	Page
Introduction.....	43
Qualitative Research and Experiential Methods.....	43
Interpretative Phenomenological Analysis .....	45
Phenomenology.....	46
Hermeneutics .....	47
Idiography .....	48
The Rationale for Interpretative Phenomenological Analysis .....	52
Methods.....	54
Setting and Context.....	54
Participants and Recruitment .....	56
Focus Group Procedures .....	60
2019 Focus Groups .....	60
2020 Focus Groups .....	61
2021 Focus Groups .....	61
Process of Data Analysis .....	62
Ethical Considerations and Trustworthiness.....	65
Limitations .....	66
Chapter Three Summary .....	67
<b>4 FINDINGS BY YEAR .....</b>	<b>68</b>
Introduction.....	68
Themes by Year .....	69



CHAPTER	Page
2019 Themes: Pre-Pandemic and First Year of Text and Chat .....	70
Theme 1 (2019): Youth Services .....	72
Theme 2 (2019): Safety, Trust, and Privacy .....	76
Theme 3 (2019): Text and Chat Skills .....	79
2020 Themes: Six Months After Start of COVID-19 .....	81
Theme 1 (2020): Empowerment .....	83
Theme 2 (2020) Supervision .....	84
Theme 3 (2020) COVID Challenges .....	86
2021 Themes: Approaching Two Years of COVID-19 .....	89
Theme 1 (2021): Vicarious Trauma and Vicarious Resilience .....	90
Theme 2 (2021): Mental Health Coaching .....	96
Theme 3 (2021): Systems and Support .....	99
Chapter Four Conclusion and Transition to Chapter Five .....	101
5 FINDINGS ACROSS YEARS .....	102
Introduction .....	102
Three Superordinate Theme and Six Sub-themes .....	103
Superordinate Theme 1: Power in The Past for the Help-Seeker & Counselor ...	104
Subtheme 1: Help-Seeker Past Reflections .....	104
Subtheme 2: Counselor Past Reflections .....	108
Superordinate Theme 2: Disrupting Present Stress by Being Present in Connection and Support .....	111

CHAPTER	Page
Subtheme 3: Present Stress .....	112
Subtheme 4: Connection and Support.....	114
Superordinate Theme 3: Nurturing a New Future by Making Safe Spaces for Healing and Compassion .....	116
Subtheme 5: Safe Spaces for Healing.....	116
Subtheme 6: Compassion for Self and Others .....	119
Chapter Five Summary .....	120
6 CONCLUSIONS AND IMPLICATIONS .....	122
Synthesis of Findings to Research Questions .....	122
Responses to Research Questions.....	123
How has the implementation of text and chat altered the Childhelp counselors' professional quality of life? .....	123
How has COVID-19 and remote working altered the Childhelp counselors' professional quality of life?.....	124
How have these changes from 2019 to 2021 impacted the counselors' vicarious resilience?.....	125
How does the Childhelp Hotline case study inform our understanding of vicarious resilience?.....	128
Implications for Research and Theory .....	129
Concluding Thoughts on VR and the Future .....	131

CHAPTER	Page
REFERENCES .....	134
APPENDIX	
A    2019 FOCUS GROUP QUESTIONS .....	143
B    2020 FOCUS GROUP QUESTIONS .....	145
C    2021 FOCUS GROUP QUESTIONS .....	148
D    INFORMED CONSENT .....	151
E    IRB APPROVAL .....	153
 BIOGRAPHICAL SKETCH.....	 156

## LIST OF TABLES

Table	Page
1. Participants, Role, and Year of Participation .....	57
2. Qualtrics Survey Questions.....	58
3. Themes by Year .....	70
4. 2019 Themes and Descriptions .....	71
5. 2020 Themes and Descriptions .....	82
6. 2021 Themes and Descriptions .....	90
7. Keyword Table for “space” .....	118

## LIST OF FIGURES

Figure	Page
1. Overview of Childhelp Hotline Counselors .....	59

## CHAPTER 1

### INTRODUCTION TO THE STUDY

I think one of the great things about the hotline is that, you know, yes, our main focus is child abuse, but we talk to everyone. So, it doesn't matter if someone is like, just going through a hard time. and it's totally unrelated to child abuse, we'll hold that space for them. I think it's one of the unique things about the hotline, we're here for everyone. (P16)

#### **Background**

This dissertation was designed to explore the phenomenon of vicarious resilience (VR) in counselors who work for a national child abuse hotline. In trauma work, the process by which a helper is positively impacted by the resilience of those whom she/he/they help is called vicarious resilience (Hernandez, et al., 2007; Killian, et al., 2017). VR is one of the leading frameworks for conceptualizing the positive effects that professionals in helping roles can experience when working with trauma survivors and their stories.

Counselor stories were accumulated from six focus groups over three years (2019, 2020, and 2021) to assess their professional quality of life and whether VR was present and contributed to their experiences as a child abuse hotline counselor. Understanding how providing crisis services during a pandemic affect the quality of life among professional counselors is critical because these “helpers” experience many of the same existential stressors as their help-seekers. Awareness and actions of VR can be healing and fortifying, especially in an unprecedented time that has unleashed a tidal wave of stress and anxiety on our collective society and well-being. Given the elevated levels of stress, VR can be seen as a tool to prepare counselors and their organizations to address

pandemic-related (or other larger trauma-related) issues while diminishing the effects of their stress in ways that protect their mental health and fortify their ability to help.

### **Personal Standpoint**

In this section, I provide background on who I am (individually and as a researcher), outline the resolve that supports my desire to pursue vicarious resilience and positive outcomes of trauma, and, most importantly, provide context to the dissertation study. To begin, my name is Marisol Juarez Diaz, and I am a third-generation Arizona native with Indigenous, Spanish, and Mexican ancestors. My mother was born in Nogales, Mexico, and my father was born in Tucson, Arizona. Through my father, I am a descendant of the Opata Indian tribe who inhabited the Sonoran Desert long before there was a borderline dividing the land between Mexico and the United States. I was born in Tucson, which is located about 60 miles from the Mexican border. I grew up in a mud adobe home built by my parents' hands, sweat, and tears in Barrio Viejo (Spanish for old neighborhood), one of Tucson's oldest districts known and famous for having one of the largest collections of 19th-century adobe buildings in the United States. It was the barrio my mom grew up in when her family moved from Nogales, Sonora, and where my roots reside. Barrio Viejo was labeled a "slum" by the Urban Renewal for Slum Clearance and Redevelopment by the City of Tucson in 1961 ([Barrio Stories Project](#), 2019). This led to urban renewal and gentrification, displacing at least 870 Mexican families that lived there for generations to put in business and commercial spaces.

The residents of the barrio witnessed the loss of history, heritage, and housing, and consequently, this inspired my parents and their friends to write a grant supporting housing for Barrio Viejo residents that had been displaced. The city of Tucson funded the

grant to have each family volunteer their own labor to build their homes, thereby lowering the purchase price of the property. Seven families were selected to participate, including my family. As a small child, I remember the patches of land, inundated with dirt, weeds, and trash, given to my parents and the other families. They had the unbelievable task of transforming a plot of weeds into their dream home. The grant's budget included supplies, materials, and equipment. Without any professional training, the families became the workforce. They learned the demanding job of making adobe bricks and worked weekends and nights to build the homes after their day job. The project took three years to complete, with our house being the last one to be built, but I still remember the happiness and joy of that day. That vivid experience affected my growth and the pride when I speak of my roots, my barrio, and the sacrifice displayed by my parents. Not only was it amazing to watch the families collectively helping build each other's houses, but my parents' agency in constructing their own goals and pursuing them with determination shaped my internal philosophy and work ethic.

My roots, family, culture, and career as a professional student (BA, MEd, JD, and PhD) have all shaped me. Today, I identify as a Mexican-American-Indigenous researcher and scholar dedicated to challenging tightly knotted systems of oppression and inequity. Also important, I have learned that the power of my advocacy is grounded in the unwinding of my own self-oppression. This personal examination, learning and unlearning, allowed me to accept that my high-functioning anxiety was a product of my coping mechanisms from my experience of trauma. Although I gave the appearance of being put together and well-accomplished, I was not okay. I needed therapy to understand how I was suffering from old wounds that needed to be addressed for me to serve as an



effective social justice warrior. Now a staple of my diet, therapy has permitted me to be vulnerable and transparent about my past experiences, helping me release tightly held dark secrets I internalized, ushering in discovering my true worth and the strength of my resilient being.

To share what I know about resilience and trauma, I look to my childhood and my journey as a survivor of childhood sexual abuse. This story starts in a dark closet in my Nana's house. I remember the first time he took me there. I was no older than seven years old, and I froze. No flight, no fight, just paralysis. Both my brain and body shut down, and then there was this sickness in my stomach. I had this incomprehensible feeling that I caused it. Playing dress-up with my sister and cousins, he was the oldest cousin babysitting and had designated himself the judge of the prettiest in their dress-up outfits. I was chosen. After the closet, a pattern began with him and others. I believed it was my fault. How had I allowed this to happen to me? I did not speak up about the abuse, and the shame grew and bred low self-esteem that collided with the ACEs (adverse childhood experiences) in my life. My ACE score of 6 out of 10 did me no favors. Sadly, I became an Arizona statistic, a vulnerable seventeen-year-old female who left home trying to run from abuse, only to become homeless, raped, and introduced to sex work at eighteen. And while the many chapters of my past years are painful, sad, and cannot be re-written, I know that the strength gained propels my personal goals and future aspirations in eradicating child abuse because of what happened to me.

In 2016, seven years ago, I was blessed to begin my work as a research analyst for the Southwest Interdisciplinary Research Center (SIRC). SIRC houses an interdisciplinary team of researchers that partner with communities to conduct research

and develop solutions to eliminate health disparities. For my first big project, I was fortuitously assigned to work with the Childhelp organization on their Speak Up Be Safe Child Abuse Prevention Education to revamp the school-based prevention curriculum and prepare it for efficacy testing. The discovery of being “an insider” on the issue sparked meaningful investment and genuine motivation to see if I could help youth “like me.” Thanks to SIRC, I was armed with newfound prevention knowledge, ACE’s science, and the ability to work on something profound. I am now an advocate for child abuse prevention and play a part in disrupting cycles of violence through research and policy work. Additionally, my work as a survivor means I can relate to others who tuck away parts of themselves under a cloak of shame, stigma, and fear. I am familiar with those dark places and their mental and emotional restraints that can keep us from moving forward. I developed a new understanding of the professional quality of life and its meaning through this. Additionally, as a bonus, I started listening and practicing compassion towards my inner child, a voice I had silenced so long ago.

In 2018, I was thrilled with the birth of my daughter, and when I returned to work from maternity leave, I was happily assigned to a new Childhelp project. Childhelp had recognized a gap in their hotline services in that adults were the primary group accessing the hotline. For several years Childhelp had been working to address this gap, and in 2018 they received a federal grant from the U.S. Department of Health and Human Services (HHS) to fund the implementation of text and chat to their national hotline 1-800-4-A-CHILD. The project received funding for three years and was titled the PACTECH (Prevent Abuse of Children Text and Chat Hotline) project to identify best

practices and protocols for text and chat services. SIRC was selected for the evaluation, and I was the lead evaluator.

While the deliverables for HHS focused on identifying best practices protocols for a phone-based hotline adding digital communication, I am thankful to Childhelp when additional funding allowed for a revised scope of work to add counselor focus groups for several reasons. As agents of change and actual stakeholders, it is important to gather feedback from the counselors for successful outcomes. Two, the stories of the counselors added a rich narrative to the quantitative data that SIRC was reporting on for HHS. Third, the focus groups' findings have already prompted real-life changes for Childhelp, the counselors, and therefore help-seekers. Four, Childhelp was gracious and generous in allowing me to use the counselor focus group data for this dissertation which has helped me grow personally and professionally. I am beyond grateful to the hotline counselors who listen to help-seeker stories all day, and I was pleased to be able to reverse the conditions and be the listener. I aimed to create a comfortable space where the counselors could be vulnerable and open up in a special time and space where they were the storytellers. I learned so much, and it is their stories and honest conversations with each other that inspired this dissertation.

Like my beautiful daughter, who has grown in size and blossomed in the last four years, the Childhelp hotline has seen a positive transformation and development that has sparked pride and passion. It is a joy to watch how the hotline is being redefined, establishing new capacity, and offering ways to be trauma-responsive on all different levels, individually, organizationally, and collectively. I am honored to be a part of a study that nurtures my mind and soul and allows me to exercise my resilience. Further, to

bear witness to the hotline's transformation because I believe the work being done is invaluable in helping to prevent and interrupt the cycles of child maltreatment.

### **Statement of the Problem**

Child abuse is a substantial public health concern in the United States, with recent federal statistics revealing that in 2018, approximately 678,000 children were victims of child abuse and neglect (U.S. Department of Health and Human Services, 2020). For more than 60 years, Childhelp has served children, families, and those seeking help in preventing, intervening and treating child maltreatment issues. An essential part of Childhelp is their National Child Abuse Hotline (Hotline), staffed by professional, degreed crisis counselors 24/7, 365 days a year.

Despite their long history, helplines and hotlines have low utilization rates by youth (Gould, 2006). Even when youth are the target population, adults make up most callers (Crosby Budinger et al., 2015). In 2018, Childhelp received a grant from the U.S. Department of Health and Human Services to enhance their hotline and lead the Prevent Abuse of Children Text and Chat Hotline (PACTECH) Project. The Childhelp counselors provide support 24 hours a day through text, chat, or call to provide the primary resources required to intervene and connect youth to help. The sooner that youth and their families are connected to appropriate services, the higher the likelihood of breaking the cycle of violence. By offering professional help in a confidential environment and a comfortable platform for youth, the hope is to connect youth earlier to help. The anonymity that computer chat and text can offer enables youth to feel more comfortable addressing sensitive or taboo issues (Gould et al., 2006). Recent scholars confirm that youth are open to discussing child abuse experiences with text-based crisis services (Schwab Reese,

2019). At present, there is limited research in this area because only a handful of crisis hotlines have implemented text and chat services and have yet to look at the impact this technology may have on hotline counselors. Difficulty identifying and conveying emotions in the chat and text context is one of the primary challenges and therefore, requires additional training for staff on how to translate crisis intervention skills into a chat and text-based medium.

In addition to introducing new text and chat technology, a global pandemic shocked the world with fear and insecurity in 2020. While reports of child maltreatment have decreased during COVID-19, there are reasons to believe that child abuse could have increased because closures of schools and other support services have led to decreased visibility and identification of child abuse and neglect. School workers including teachers, guidance counselors, and school psychologists are considered mandated reporters and submit over 20 percent of child maltreatment reports nationwide (Fitzpatrick et al., 2020). Thus, concern increased regarding exposure to intimate partner violence, prolonged isolation from schools and other support systems, and changes in daily routines are all thought to increase the risk of family conflict, increasing the risk of child maltreatment, and family violence (Baron et al, 2020; Becker-Bleases et al., 2010; Griffith, 2020; Sinko et al., 2021). The COVID-19 pandemic prompted the counselors to become first responders to many of the new issues brought by the pandemic, especially during school closures. Initially, the PACTECH project anticipated helping 800 text/chat help-seekers in the first year. The hotline exceeded that number and served 2,341 help-seekers. In March 2020, “COVID-19” was added to the list of presenting concerns recorded by the hotline counselors (Sinko et al., 2021). In May 2020, the Childhelp

hotline counselors assisted 11,573 contacts (text, chat, and call) which is more than a 40% higher volume than in May 2019 (Childhelp Impact Report, 2020). In 2020, the average text was 42.4 minutes, the average chat was 44 minutes, and the average call was 16.5 minutes (Childhelp Final Evaluation Report, 2021). And as the pandemic continues, the counselors continue to be uniquely situated to witness and experience both trauma and resilience in this uncertain environment.

Trauma work is challenging and intense. Supporting trauma survivors can lead to adverse effects for the counselor or helping professional. Recent research confirms that in repeatedly listening to the traumatic events that their clients have experienced, therapists can begin to experience their own personal feelings of suffering (Bartoskova, 2015). Sodeke-Gregson et al. (2013) found that a vast majority of therapists are at an increased risk for experiencing some level of secondary traumatic stress or vicarious trauma from working with traumatized clients. These impairments can lead to psychological distress in the clinician and a subsequent loss of therapeutic integrity (McCoramak & Adams, 2016).

### **Purpose and Research Questions**

As research reveals more information about how individuals and communities respond to trauma, we develop better ways to prevent, identify and treat negative responses to traumatic events. Awareness of trauma's impact on survivors has grown, and it has also become possible to develop a greater understanding of the experiences of helping professionals. The purpose of this qualitative study is to obtain a deep understanding of the professional lived experiences of child abuse hotline counselors, and their ability to adapt as they encounter two unique types of work stressors, 1) the addition of text and chat services and 2) a worldwide pandemic in addition to listening to

distressing stories and content by help-seekers. Using a phenomenological methodology, this study draws from focus group stories collected in 2019, 2020, and 2021 to examine the research questions. Together, the counselors explore how they build resiliency and understand VR in light of their work with help-seekers on the hotline. Presenting the counselor stories in this study can help advance the concept of VR and how VR can promote sustaining and empowering helping professionals in challenging times.

Like this dissertation's research design, which focuses on dual understanding, I see contributions from this dissertation with a dual purpose, one for the researcher and one for the audience. First, the stories shared in this dissertation have redefined the oppressive chains that trauma used to keep me captive, for which I am forever grateful. Second, this dissertation employs a strengths-based framework to look at positive effects such as VR that can manifest due to stress and struggle. This dissertation's information, analysis, and implications can be used by child abuse service providers, crisis program developers and implementers, funders, advocates, and the general public. It can be used by researchers in behavioral health, child advocacy, and justice studies to understand the types and frequency of services the Child Abuse Hotline provides, the needs of help-seekers, trends in the mode of service, and the immediate outcomes of those services from the counselor's perspective. To accomplish these objectives, the following research questions guided this study:

1. How has the implementation of text and chat altered the Childhelp counselors' professional quality of life?
2. How has COVID-19 and remote working altered the Childhelp counselors' professional quality of life?

3. How have these changes from 2019 to 2021 impacted counselors' vicarious resilience?
4. How does the Childhelp Hotline case study inform our understanding of vicarious resilience?

### **The Rationale and Significance of the Study**

To date, research has focused primarily on the negative impact trauma work can have on practitioners. The vicarious impact of trauma work has been analyzed mainly through the concepts of vicarious traumatization (VT), secondary traumatic stress (STS), and compassion fatigue (CF) (Figley & Kiser, 2013). VT, STS, and CF are concepts that identify the negative processes experienced by trauma counselors and explain how these counselors may develop adverse outcomes due to their work with trauma survivors. Yet, just looking at adverse effects can be stigmatizing (Rogers et al., 2016) and contributes to high turnover rates and other negative psychological and professional consequences among helping professionals (DePanfilis & Zlotnik, 2008; Liebling et al., 2016).

More recently, a body of research has begun to identify positive outcomes of trauma work such as VR, identified as the vicarious learning process that can protect the counselors from work-associated distress (Edelkott et al., 2016). VR research uses the concept of resilience as a social, ecological process (Ungar, 2013) that can be transmitted between people. Theoretically linked to the phenomenon of VT and resilience theory (Masten & Coatsworth, 1998), VR involves changes to the counselor's inner world due to interacting with clients' trauma stories (Hernandez-Wolfe et al., 2015) and explores how trauma survivors are resilient by accessing adaptive processes and coping mechanisms to survive and even thrive in the face of adversity (Masten & Coatsworth, 1998). Therefore,



increasing value is being placed on resiliency and transforming negative into positive aspects (Stamm, 2010).

This dissertation intends to share stories that include manifestations of VR that can be used to build and maintain strength despite VT. The primary aim is to better understand how to foster and sustain resilience in professionals engaged in trauma work, especially during periods of change and uncertainty, and whether VR offers a counterbalance to the harmful effects of trauma work. The limited literature in this area examines the impact of trauma work on helping professionals in general (Harrison & Westwood, 2009; Silveira & Boyer, 2015). This dissertation is one of few known studies that examine the positive impacts of trauma work on hotline counselors who work with adults, families, and youth.

This study highlights some positive effects of trauma work, addresses the value in further inquiry, and advances how the role of VR can be employed in the different fields and disciplines that employ “helpers”. The theory of VR supports the reciprocal nature of therapy, where helping professionals balance the painful, challenging aspects of trauma work with aspects that bring hope and promote growth. Considering that much of the literature focuses on the stressful outcomes of trauma work for helping professionals, I seek to apply an asset-based approach to advancing resilience and explore the positive effects resulting from practitioners' experiences who work with trauma survivors.

## **Overview of Key Concepts and Terms**

### **Childhelp Hotline**

The Childhelp National Child Abuse Hotline has been in existence since 1982, serving children, their families, and adults about child abuse and neglect issues. The

hotline is staffed 24/7, 365 days a year, by professional, degreed crisis counselors. The Childhelp hotline staffing model consists of primarily part-time staff to assist in retention and reduce burnout.

### **Help-Seeker**

A person who contacts the hotline. This can include youth, parents, family members, teachers, or other concerned adults who would like to receive confidential information or support related to trauma.

### **Childhelp Hotline Counselor**

Counselors are trained to provide information, support, and connection to local and/or ongoing resources appropriate to the situation presented by the help-seeker. They listen to help-seekers in moments of distress with a short amount of time to establish a relationship and create an action plan with steps to move forward. Areas addressed in training include common issues encountered by help-seekers, with an extended focus on child abuse and neglect issues, awareness of resources provided, suicide assessment, mandatory reporter training, internal policies and procedures, text training, and best communication methods for calls, texts, and chats. All hotline counselors and digital service counselors must have a minimum of a bachelor's degree, with a master's degree preferred. All staff must have 3-5 years of experience in areas addressing child abuse and neglect issues.

### **Childhelp Hotline Supervisor**

Supervisors are on shift to supervise both call and text/chat interactions ensuring that the provided information is accurate, interventions are appropriate, and resources are being provided as necessary. Supervisors provide support and feedback in real-time in an

informal manner. During a shift, one supervisor oversees both call and digital (text/chat) interaction. In February 2019, the supervisor structure was modified. Supervisors now formally manage a core team of 7-10 counselors. Counselors work primarily on shift with the direct supervisor. The supervisor is directly responsible for all aspects of daily operations, evaluations, coaching, career planning, and incentive/recognition opportunities for their direct reports.

### **Prevent Abuse of Children Text and Chat Hotline (PACTECH)**

In 2018, Childhelp received a grant from the U.S. Department of Health and Human Service to enhance their hotline and lead the Prevent Abuse of Children Text and Chat Hotline (PACTECH) Project. Text services became available nationally 24 hours, seven days a week, on February 1, 2019, with chat quickly following in April 2019. PACTECH targets young people ages 13 to 24 to text and chat with professional counselors to provide resources, referrals, and information for local services.

### **Professional Quality of Life**

Professional Quality of Life addresses the positive and negative aspects of helping professionals' experiences (Stamm, 2010).

### **Secondary traumatic stress (STS)**

Figley (1995) hypothesized the manifestation of STS in professionals is a natural result of caring for individuals who have experienced trauma. In STS, the individual never participates a direct involvement with a traumatic incident but witnesses the long-term ill-effects that a traumatic incident has on another person. STS covers a broader range of individuals, while compassion fatigue (CF) is often used in specific reference to those who are in a helping profession (Elwood, Mott, Lohr, & Galovski, 2011).

### **Compassion Fatigue (CF)**

Figley (1995) introduced the term compassion fatigue to describe the negative affective states resulting from an occupation that requires attending to stories laden with emotional suffering. In 2002, Figley described CF as a type of caregiver burnout that reduces a professional's ability to manage the distress of others.

### **Vicarious Traumatization (VT)**

The term VT was coined by Lisa McCann and Laurie Pearlman in 1990. VT occurs when a person working with a trauma victim experiences profound adverse psychological effects (McCann & Pearlman, 1990). These negative psychological effects may include the therapist's perception of self, view of others, and the world (Baird & Kracen, 2006).

### **Vicarious Resilience (VR)**

In 2007, Hernández, Gangsei, & Engstrom proposed the new concept of vicarious resilience (VR) by investigating work with trauma survivors. The term encompasses positive meaning-making, growth, and transformation in the therapist's experience due to exposure to clients' resilience as they recover from trauma (Hernández et al., 2007).

### **Researcher Positionality and Assumptions**

The many years that I have worked with Childhelp and the capacity building developed by the incredible SIRC team have advantaged me and this study in several ways. As one of the evaluators, I had familiarity with the hotline and the counselors and regularly participated in meetings and training sessions with Hotline staff and counselors for the last four years. I also had the privilege of having the resources of a research center in collecting the data. My incredible notetaker was the same one for all six focus groups,

and we debriefed after each session and her being a reviewer and editor for this study. My supervisor was instrumental, and I am grateful for all the support I received in this endeavor.

The advantage of “insider” information can also be seen as a disadvantage preventing me from being objective. As the researcher, objectivity is critical and can be difficult when you invest your time and heart in something. However, I practiced remaining objective through journaling and memos to prevent my bias and preconceptions from interfering with my work. The journaling has allowed me to stay focused and present. It has allowed me to see ways to improve the hotline efforts to reduce child abuse. Resilience, in part, is understanding your story and my story led me to pursue this journey of untangling and interrupting the complexities in trauma work.

The study design grew each year and evolved as time and the pandemic progressed. Hotline centers are often environments where there is an unstable/unscheduled work environment, as crisis calls are unplanned. I acknowledge that I assumed that I would be able to explore VR through the counselor’s stories. However, I knew this was not guaranteed, especially as the counselors have very little time to build a connection and identify the issue to help problem-solve. With counselors meeting help-seekers in moments of acute distress, crisis contacts are usually unplanned and urgent with limited time to establish a relationship. These factors provide unique occupational stresses that make crisis counselors vulnerable to pain and VT. In addition, there is often little opportunity for help-seekers to give feedback to the counselor about their efforts. There is often little chance for the counselor to know if their efforts provided a substantial difference.

## **Chapter Summary and Organization of the Dissertation**

In this chapter, I began by giving a brief background of this dissertation, discussing who I am and my interest in this work. Difficult life events led me to be an advocate for child abuse prevention. I discussed how the work of the counselors is so meaningful in preventing and interrupting child violence, especially during a pandemic which can elevate levels of stress for the counselor and help-seeker. Further, I discussed the objectives of my study and introduced questions that will guide my work.

I, too, discussed that as helping professionals, counselors are tasked with listening to help-seekers without absorbing the emotional pain of their stories and causing counselor impairment. An extensive body of research has reported on the conditions associated with counselor stress. I outline key concepts and terms that apply to this dissertation, such as vicarious trauma, compassion fatigue, burnout, and vicarious resilience, which is the foci of this study. The concept of vicarious resilience underscores the complexity of trauma work and how suffering and recovery often intersect with learning and transformation.

This dissertation consists of five parts. The first part introduces the context and the problem. The second part is a literature review of key concepts and frameworks relevant to the dissertation. The third chapter lays out the methodology and analysis I used in this research. In the fourth and fifth chapters, I introduce the findings and the themes presented in the data. The last part of the dissertation consists of implications for future research for this work and how research into VR can help support the work of counselors in the field and inform strategies to reduce burnout, vicarious trauma, and turnover. In particular, research examining how the positive experience of VR is

expressed and experienced by hotline counselors can help us better understand how this phenomenon manifests and can best be fostered across different organizations and settings.

## CHAPTER 2

### LITERATURE REVIEW

I feel like that plays a big part in vicarious trauma, the moral injury that comes with realizing what happens in the world, and how to be okay, and to live, and have some sort of happiness when you see these dark things all the time. (P6)

#### **Introduction**

This chapter will include a review of key concepts and literature related to this dissertation to provide context and foundation for why this work is essential. The literature examined in this chapter includes material on trauma work, counselors, and empathetic stress reactions such as vicarious trauma, compassion fatigue, burnout, and secondary traumatic stress. As these are more known concepts that have dominated trauma field literature for years, however, the focus of the chapter will be discussing resilience and specifically vicarious resilience (Hernández et al., 2007; Engstrom et al., 2008) as a better way to frame and sustain trauma professionals' quality of life. Many helping practitioners are not aware of how to use these concepts; thus, they are not able to benefit from how they can help promote techniques that can effectively help one cope with experiencing trauma-related material. Counselors whose work involves helping individuals or communities that have experienced significant trauma may benefit from understanding these old and new concepts. They are central to their own ability to effectively care for themselves and others.

Childhelp Hotline counselors frequently work with individuals and families who have been exposed to trauma in their lives. In some cases, multiple traumas, e.g., survivors of child abuse, domestic violence, neglect, community violence, racism, environmental dangers, and intergenerational trauma brought on by wars, genocide,



systemic poverty, and colonization. Hotline services are critical in providing care for individuals seeking help. Yet, it is essential to know how trauma exposure is experienced by many professionals who interact with trauma survivors regularly (Merffert et al., 2010). Like those of child abuse hotline counselors who provide care and space to a diverse group of help-seekers and trauma survivors.

### **The Effects of Trauma**

Tragically, trauma is pervasive, intergenerational, and does not discriminate. Even though many people who experience a traumatic event will go on with their lives without long-term adverse effects, many others will have difficulties and experience traumatic stress reactions placing a considerable burden on individuals, families, and communities (Afuape, 2011). With varying degrees and sources of trauma, researchers explore the impact of trauma on therapists and counselors (Pearlman, 1990; Figley, 1995; Hernandez et al., 2010). Yet, there remains ambiguity about why specific individuals who experience trauma suffer only temporary distress, while others with similar experiences cannot form healthy coping mechanisms.

In addition, there is an economic toll. A study by Han et al. (2019) suggested that medical organizations across the United States spend a cumulative 4.6 billion dollars on burnout-related turnover. Helping professionals are often oriented toward prioritizing the well-being of their clients or patients over themselves and may feel bad if they give priority to themselves and their own needs. Rather than accepting turnover as usual and part of the job, a shift needs to take place to “help our helpers.” If not, the results can be devastating to their co-workers, family, friends, and well-being. Professionals who do not attend to these issues and take care of themselves effectively may risk possible

psychological effects and engage in incompetent or damaging behaviors. They can be health or mental health professionals, teachers, social service workers, police officers, firefighters, emergency medical technicians, attorneys, religious leaders, disaster site personnel, community leaders, or others who help with trauma-related issues.

Trauma and its effects are usually thought-about as affecting individuals, but it may also be community-wide, national, and international. Worldwide, helpers work in various settings and come from various professional backgrounds. Thus, the impact of the work can differ considerably from one helper to the next. Especially given the diversity of experiences and roles and the multiple factors associated with the situations in which they intervene. As such, for those in helping professions, there is a great need for continued research about vicarious resilience. Studies are essential and valuable to explore why certain professionals experience negative consequences working with trauma survivors while others can survive or even thrive in similar settings.

### **Crisis Hotline Counselors**

Crisis hotline counselors are the front lines for mental, emotional, physical, and spiritual help. Crisis interventions consist of a short number of extended, intensive contacts between a counselor and the client (Lounsbury, 2006). Crisis contacts are usually unplanned, urgent, and clients are in distress with limited time to establish a relationship and create a plan to move forward. Furthermore, clients often have little opportunity to provide feedback to the crisis counselor about their efforts. (Pearlman & Saakvitne, 1996).

Researchers have previously demonstrated that individuals who utilize crisis hotlines are at increased risk for suicide (Gould et al., 2006; Gould et al., 2016). These

suicidal callers self-report reductions in their intent to die, hopelessness, and psychological pain after the crisis call (Gould et al., 2006). Crisis hotlines have become an essential component of the mental health system in the United States, servicing clients that cannot receive immediate assistance from long-term therapy (Gould et al., 2013).

### **Counselors and Trauma Work**

Wilson and Lindy provided a valuable summary of the conceptual and theoretical foundations of developing countertransference reactions in counselors who treat trauma survivors who have PTSD (Wilson & Lindy, 1994). When interacting with trauma survivors and their feelings and experiences, countertransference can arise in the counselor. When professionals work with survivors of severe trauma, the countertransference reactions may be intense, and the counselor's own repressed emotions can be provoked (Wilson & Lindy, 1994).

The professional's countertransference is characterized by emotional reactions that develop due to numerous factors, including the counselor's own unresolved inner conflicts, the stories the client shares with them, and the help-seekers behavior and personal characteristics (Dalenberg, 2000; Pearlman & Saakvitne, 1995). Those who develop vicarious trauma (VT) may experience stronger countertransference reactions and could be prone to making clinical mistakes (Wilson & Lindy, 1994). Thus, as a best practice, the counselor is encouraged to take breaks and often reflect (Michalchuk, 2019).

### **Professional Quality of Life (PQOL)**

Professional quality of life (PQOL) has been defined as the quality that a helper or caregiver feels concerning their work (Stamm, 2010). One's PQOL is influenced by both

the positive and negative effects of one's work. A counselor's ability to provide effective help to trauma survivors while maintaining their own balance and well-being is enhanced by understanding the positive effects of their work with trauma survivors. Professional quality of life comprises two aspects of the helping process: compassion satisfaction (positive) and compassion fatigue (negative).

Assisting trauma survivors can be a risky profession for counselors as recent research has established that the treatment of trauma survivors commonly causes psychological effects and increases the risk for burnout (Sodeke-Gregson et al., 2013). Trauma professionals can benefit from being aware of risk factors and new literature may contribute to developing compassion fatigue, burnt out, or VT. They often lack the knowledge, time, or energy to build and sustain effective self-care strategies that can enhance their sense of well-being and sustain a high quality of work over a period of time. They may also work in institutions or settings that do not emphasize, support, or promote healthy work environments or staff well-being. Literature related to the impact of work with trauma survivors on professionals and counselors has grown considerably over the past two decades (Stamm, 2010).

### **Compassion Satisfaction (CS)**

The enjoyment and happiness that professional trauma helpers feel when they can perform their work well are referred to as compassion satisfaction (Stamm, 2010).

Professionals who experience CS typically think that they can handle new technology and new policies, feel successful and happy with their work, and want to continue to engage in their work. They feel purpose and satisfaction in their job and from the act of helping. Professionals who help can develop positive feelings toward their co-workers and feel

optimistic about their ability to make an impact in their work environment or the larger community.

CS includes a sense of fulfillment in watching a client transform from victim to survivor and consists of a sense of increased personal achievement, confidence, and humanistic benevolence (Stamm, 2010). Compassionate care is essential for superior outcomes, but research has shown that individuals who report higher levels of CS report lower levels of compassion fatigue and derive a feeling of fulfillment from doing their work well (Stamm, 2010). The concept of professional quality of life is complex since it is associated with characteristics of the work environment, the individual's personal characteristics, and the individual's exposure to primary and secondary trauma in the work setting. Thus, a poor work environment may contribute to CF, while at the same time, a person could feel CS despite a poor work environment.

### **Compassion Fatigue (CF)**

Compassion fatigue (CF) comprises two components: burnout and vicarious traumatic stress (Stamm, 2010). The first component of CF consists of negative feelings such as frustration, anger, exhaustion, and depression. The second component of CF is when the professional is negatively affected through vicarious or indirect exposure to trauma material through work. CF is most often described as a practical response experienced by practitioners as a natural consequence of being engaged in a helping profession over an extended period. It manifests more as a diminishing of enjoyment and satisfaction in tasks that had once been meaningful or pleasant but can negatively impact the quality of life, job performance, and sense of well-being (Radey & Figley, 2007).

Though burnout and CF are often referenced when describing practitioner responses to client populations exposed to traumatic experiences, they represent phenomena that do not require an inciting traumatic event to surface within a practitioner (Stamm, 2010). CF may also consist of symptoms like those associated with direct trauma exposure; however, it differs from VT in that it does not require exposure to a traumatic event (Hatcher & Noakes, 2010). Instead, CF develops via the process of empathizing with clients' emotional pain and suffering without the presence of direct or indirect trauma exposure (Sorenson et al., 2017). Thus, medical, and mental health professionals have referred to CF by the moniker "the cost of caring" (Beck, 2011; Figley, 1995). Symptoms may develop either gradually or rapidly. These can include the experience of intrusion symptoms, negative emotions, difficulty separating work and home life, lower levels of distress tolerance, emotional outbursts, decreased work satisfaction, negative behaviors, and decreased general functioning and productivity at work and home (Figley, 1995; Gentry et al., 2002). Symptoms specific to CF typically not present with VT can include the inability to process emotional distress related to caring for others' suffering, poor clinical decision making, and the avoidance of and failure to establish relationships with clients (Sinclair et al., 2017).

Risk factors for developing CF include altruism, the practitioner's own trauma history, working with traumatized children, and experiencing high amounts of natural empathy (Figley, 1995). In contrast, protective factors that may prevent the development of CF include greater trait-based emotional intelligence, healthy emotion management (i.e., emotion regulation), and adaptive, problem-focused coping strategies—as opposed to avoidance-based coping (Zeidner et al., 2013).

## **Burnout (BO)**

Burnout (BO) is defined as a gradual decrease in work engagement because of chronic exposure to stressful situations. It is associated with hopelessness, high workload, and a non-supportive work environment (Hatcher & Noakes, 2010). Like CF, it does not require trauma exposure. Burnout is most often described as a condition of growing work demand, inadequate staffing, and hopelessness that can impact one's ability to do their work, experience satisfaction, and remain in challenging placements (Bell et al., 2019; Boscarino et al., 2010). BO is distinct from CF in that it may arise from workplace stress other than that which results from exposure to others' distress (Beck, 2011; Figley, 2002; Sorenson et al., 2017). When looking across professions, such as mental health, physical health, and child protection workers, those dealing with children and families in trauma tend to experience higher levels of BO than any other group (Stamm, 2010). Several negative feelings can accompany feeling burnt out, and these feelings are associated with difficulties one experiences over time in doing work effectively often intensified by a high workload or an unsupportive work environment (Stamm, 2009).

Often, the sources of burnout from external sources are the most difficult to address and resolve, as they are outside the individuals' scope of influence. These sources are systemic. In the economic downturn and crisis environment, when resources are scarcer than ever, this is particularly pronounced. BO typically emerges gradually as the person becomes increasingly emotionally exhausted over time.

## **Secondary Traumatic Stress (STS)**

Secondary Traumatic Stress (STS) is an element of CF and covers a broader range of individuals. At the same time, CF is often used to reference those who are in a helping

profession (Elwood et al., 2011). The adverse effects of STS may include fear, sleep difficulties, intrusive images, or avoidance (Figley, 1995). While some components of VT and STS overlap, vicarious trauma includes changes in thoughts and cognitions on the part of the counselor, whereas STS involves effects that more directly mirror the symptoms of a person who now experienced the traumatic event; though generally with less intensity (Elwood et al., 2011). In a 2014 meta-analysis of the relationship between practitioners with indirect exposure to trauma and subsequent experiences of burnout and STS, Cieslak examined more than 40 studies, surveying 8,256 workers who reported indirect exposure to trauma. The associations between burnout and secondary traumatic stress were strong ( $r=.69$ ).

### **Vicarious Trauma (VT)**

Vicarious Trauma (VT) has gained recognition in professional helpers as indirectly or vicariously experiencing empathetic engagement with clients' traumatic reactions (McCann & Pearlman, 1990). VT is an occupational hazard for people working and volunteering in counseling, victim services, and other helping professions due to their continuous exposure to victims of trauma and violence. Some counselors' responses to clients' traumatic experiences can be as intense as individuals' responses to direct trauma exposure (Bartoskova, 2015). Some professionals who report negative experiences their stress surfaces in a more subtle form than a formal psychiatric disorder; however, this distress can lead to a loss of therapeutic integrity (McCormack & Adams, 2016).

McCann & Pearlman (1990) introduced the concept of VT based on observations with survivors of sexual abuse and incest. It is a cognitive change in the belief systems of those exposed to a victim's trauma within a negative context regarding control, trust,



intimacy, self-esteem, and safety (Pearlman & Saakvitne, 1996). VT is a transformation in professionals' inner experience resulting from empathic engagement while helping trauma victims (Pearlman & Saakvitne, 1996). VT may affect a practitioner's worldview or primary belief system, cognitions, and emotional needs (Hatcher & Noakes, 2010; Pearlman & Saakvitne, 1996). Symptoms can also mirror those of direct trauma exposure, such as disturbances in mood, self-identity, spirituality, cognitive frame of reference, and intrusion symptoms (Pearlman & Saakvitne, 1996). The long-term impact of VT may include problematic interpersonal and romantic relationships and decreased sexual desire (Branson et al., 2014).

When VT develops, it typically transforms the counselors (in some cases permanently) and affects not only professional life but also personal life. In effect, VT changes the counselor's self, and it is this self that is the context for the development of countertransference reactions. McCann and Pearlman (1990) found that this shattering of assumptions can result in long-lasting changes in the trauma professional's cognitive schema. Thus, the world becomes a frightening place. They are at risk; the world is no longer viewed as predictable, orderly, and effortlessly comprehended—instead, the world may appear chaotic full of trauma. Their prior healthy self-esteem may be affected, resulting in feelings of fear, panic, and powerlessness (Schauben, 1995).

### **Constructivist Self-Development Theory (CSDT)**

According to Saakvitne and Pearlman, VT as a concept is based on constructivist self-development theory (CSDT) (Saakvitne et al., 1998; Richardson et al., 2001). CSDT was developed to be a theory based on a holistic view of the self in context and addresses the multiple aspects of the self that are seen to be affected by trauma (Saakvitne et al.,

1998). It is a theory that explains how the development of the self is affected by traumatic events and their context(s). Data drawn from several different trauma survivor populations were used to develop this theory. It incorporates some existing approaches, including psychoanalytic theory, cognitive development theory, social learning theory, and constructivist thinking, emphasizing the importance of the person's cultural and social contexts (Miller, 2010).

### **Resilience Research**

Researchers have focused increased attention on the phenomenon of resiliency and the possibility of trauma professionals transforming adverse effects into positive ones (Edelkott et al., 2016; Hernández-Wolfe 2018). The phenomenon of vicarious resilience draws on various theoretical constructs, including resilience theory. Werner was among the first to use “resilience” in the 1970s with her study of Hawaiian children. She showed the incredible ability of children from difficult circumstances to overcome adversity. Many participants exhibited destructive behaviors later in life, consistent with their parents. However, one-third of the children did not demonstrate damaging behaviors and were deemed resilient (Werner & Smith, 1982). Resilience theory also emerged in developmental psychopathology with the work of Garmezy who worked for three decades in research about factors that influenced resilience in children and adolescents, especially children at risk for psychopathology and developmental problems (Garmezy & Masten, 1986; Masten & Cicchetti, 2012). Garmezy's ideas had a transformative effect on practice and policy, including a role in the onset of empirical studies of resilience (Masten & Cicchetti, 2012) and inspired multiple researchers to study ways to protect

human development in hazardous conditions and promote healthy health development (Masten, 2011; Masten, 2014).

The focus of resilience research is on the qualities of the social environment and the fluid ingredients that evolve and shift over time and affect life circumstances (Ungar, 2011; Yates & Masten, 2012). Current definitions recognize the interconnectedness of human interactions, especially in the face of adversity, and show how picking oneself up by the bootstraps and succeeding without much help from others is a myth (Barrios, 2016). As examined by Luthar et al (2000), resilience is a dynamic process of positive adaptation within the context of significant adversity and, familiarizes the research and researcher toward positive factors (Zimmerman, 2013). Initially developed to describe the capacity of children to survive and thrive despite significant environmental adversity, the concept has evolved and expanded to apply to individuals across the entire lifespan and its impact on health and well-being. Ungar (2013) treats the concept of resilience as a social, ecological process and suggests that resilience is a process that can be shared across relationships.

There is consensus that individuals can prove themselves resilient, however, there remain challenges to researching resilience in a coordinated and systemic fashion. The breadth of experiences under the umbrella of resilience challenges researchers' ability to generalize. Perhaps also concerning is that resilience is hard to measure (Luthar et al., 2000). However, this broader understanding of the complex concept of resilience identifies it as a quality that is more than just a positive response to a singular traumatic event, it is dynamic and fluid.

## **Vicarious Resilience (VR)**

Vicarious resilience (VR) also builds on the concept of resiliency. Survivors of trauma can survive through coping strategies and by relying on successful adaptive processes that are developmental, ecological, and relational (Knowles et al., 2010). Professionals working with these survivors can be positively affected by bearing witness to how the survivors cope effectively and overcome trauma to be able to lead healthy and meaningful lives. The overwhelming presence of positive themes identified by the participants in the VR studies contradicts previous research, which hypothesize that helping professionals will internalize the client's trauma and experience negative personal outcomes (McCann & Pearlman, 1990).

The breakthrough study on VR (Hernández, et al., 2007) was based on the investigations of a group of researchers who worked with families and individuals who had suffered traumatic events such as kidnapping, torture, and assaults in the context of Colombia's armed conflict. This qualitative grounded study explored issues specifically related to trauma generated by politically motivated violence and the international context where psychotherapy services to trauma survivors are provided mainly and coordinated by international nonprofit agencies. Theoretically, the authors place VR between the two concepts of secondary traumatic stress and resilience while arguing for VR as a phenomenon distinct from either. They claim that it appears to be necessary for professionals to empathize with their trauma survivors for VR to be felt (Engstrom et al, 2008). While the article offers concrete examples of VR, there was no general synthesis of themes (Hernández et al., 2007).

Hernández, Gangster, and Engstrom further developed the concept of VR in a 2008 article, describing a grounded theory analysis built along with the framework of the prior 2007 study, however, this time working with a population of 10 U.S. mental health providers working with survivors of torture. This study began to develop the categorical themes of VR experiences from participant interviews, describing three broad categories of VR: (1) mental health providers being positively affected by clients' stories of resilience; (2) the providers describing experiences where their perspectives on their lives were altered; and (3) a reinforcement of the value of the clinical work undertaken in the therapeutic encounter (Engstrom et al., 2008). The connection between VR and empathic processes (positive and negative) within the therapeutic process is emphasized. They explained that VR could be experienced in a consistent state as an ongoing process (Engstrom et al., 2008). Additionally, in 2010, Hernández, Gangster, and Engstrom adapted these results to build a proposed integrative framework for training therapists who would work with survivors of trauma. Their integrative framework locates VR alongside other components in the more reciprocal relationship between therapists and survivors of trauma. Engstrom et al. conducted a grounded theory study on the vicarious resilience of 11 mental health providers who treated torture victims (2008). Engstrom et al. noted that the participants' perspectives on their own lives were altered due to discussing clients' resilience juxtaposed with vicarious trauma. The participants identified how they had been affected by being witness to the resiliency of their clients. Results indicated that the VR of the participants was impacted in positive ways by the clients' ability to cope constructively during adversity, reaffirming the value of their work and resulting in changes in their perspectives about their own lives, the capacity of

human beings to thrive, and their professional role as part of a more extensive system that advocates and protects human rights. Based on their findings, Engstrom et al. (2008) suggested that identifying and paying attention to VR can enrich the positive emotional aspects of the mental health providers who work with the victims of torture and violence, as well as understanding the ways that vicarious trauma and VR are juxtaposed can be a valuable tool for survival and empowerment in working with the victims of trauma.

Hernández et al. (2010) demonstrated how awareness of VR could be taught to professionals working with trauma victims. Hernández was the training leader and assisted the supervisors and therapists in understanding how they were negatively and positively affected by their work with trauma survivors. The training focused on strengthening hope and reciprocity, which sustained the supervisors and therapists during their employment with trauma victims and helped them use it as a proactive measure to counteract the adverse effects of trauma work. This training framework highlighted how VR brought hope and counterbalanced the fatiguing aspects of trauma work.

In 2014, Acevedo and Hernández -Wolfe published their study on VR in studying 21 teachers in Colombia who worked with challenging, at-risk children who had been exposed to trauma. The teachers were in the position of witnessing and applying effective action, and they were empowered by seeing their students' ability to overcome adversity like abuse, violence, and poverty. Relational and emotional connections were developed between the students and the teachers while the teachers listened and stayed calm while the students shared their painful stories. These connections offered students and teachers the opportunity to develop a safe attachment. As a result of their demonstration of VR, the teachers experienced positive changes in their lives: They became closer to their

families, took better care of themselves, and experienced joy. The data analysis also identified several themes: reassessment of one's problems, affect regulation, changes in interpersonal relationships, increased relational skills, recognition of how trauma impacts a victim, resonance with personal adversities, perspective taking and flexibility, affirmation of gender and racial identity diversity, compassion fatigue, and raising of awareness and advocacy.

Reasonable hope is accessible during even the most hopeless situations (Hernández-Wolfe et al., 2015; Weingarten, 2003). Hernández-Wolfe et al. (2015) highlighted the ways that making sense of vicarious trauma and resilience coincide with the characteristics of reasonable hope, which include a shared hope that is dynamic; can be practiced; embraces the future with possibilities; applies flexible goals; and endures and adapts through doubts, despair, and contradictions. Acevedo and Hernández-Wolfe's (2014) study on VR in teachers highlighted how reasonable hope helped the teachers remain hopeful about their students' achievements.

Acevedo and Hernández-Wolfe (2014), as well as Hernández et al. (2010), noted how addressing the negative impact of working with trauma victims through training or supervision helped the psychotherapists and teachers to develop an awareness of their vulnerabilities, along with the importance of self-care and the establishment of support networks. The researchers described how VR helped the psychotherapists and teachers strengthen their well-being by appreciating and incorporating learning from their clients' and students' ability to be resilient during adversity. According to Quitangon and Evces (2015), VR can support the helping professionals' mental health, thus enabling them to provide ongoing quality services to trauma victims.

In the 2015 study, Hernandez-Wolfe et al. identified six primary themes within the qualitative data describing VR. These themes represented an enhancement over the three categories previously described. The updated categories are changes in goals or priorities; increased hopefulness and client-based inspiration; change/impact on spiritual beliefs and practices vis-à-vis the therapeutic process; increase in self-care practices; increased racial, cultural, and structural consciousness, and awareness of relative privilege, marginalization, and oppression (Hernandez-Wolfe et al., 2015).

In 2016, Edelkott et al. reported on the phenomenon with another 13-therapist study to further develop the concept of VR. Within this article, the idea of VR is located theoretically, thus comparing the concept with other positive constructs such as compassion satisfaction and vicarious post-traumatic growth. Some conflictual viewpoints arose where practitioners uniformly saw the clients' spirituality as contributing positively to the clients' experiences. Still, the effects of the therapeutic encounter on practitioners' spirituality were more ambiguous. The VR authors describe both "moral clarity" and an increased skepticism and criticism concerning governments and power systems as outcomes for practitioners (Edelkott et al., 2016).

The 2016 article echoes the 2010 educational VR framework in identifying the importance of VR as a factor in developing it within the practitioner – introduced as part of a training program for practitioners working in the field. The 2016 article raises for future study the question of whether it is possible to experience the phenomenon without being explicitly conscious of it. Significant additional research has been conducted using qualitative exploration into the sensation in clinicians who work with children and youth (Hurley et al., 2015; Silveira & Boyer, 2015).



VR is a dynamic process that recognizes the active process involved (Engstrom et al., 2008; Edelkott et al., 2016). Edelkott et al. (2016) revealed that some therapists were not consciously aware of their clients' resilience or its effect on them. Many therapists had either limited or no awareness of the amount of learning they had obtained from their clients or its impact on their work. Some of the more experienced therapists shared that they were more aware of the effect of their clients' resilience on them during their beginning years of work but that over time, it occurred on a subconscious level. Lacking awareness of vicarious resilience demonstrates that it is not a known concept, highlighting the need to be taught in training programs to heighten the professionals' attention.

Professional helpers can manifest vicarious resilience in improved skills to help them cope and reframe the adverse events of working with trauma victims (Acevedo & Hernández-Wolfe, 2014; Hernández et al., 2007). Vicarious resilience can occur when its benefits are applied to the professionals' own lives by reframing their problems (Engstrom et al., 2008). In addition, trauma workers who have established social support systems have reported fewer symptoms of vicarious trauma than workers who have not (Nelson & Cyr, 2015). Organizational factors such as training and encouragement of self-care plans can promote VR; in addition, engaging in social support networks and self-care activities can be proactive measures against vicarious traumatization (Hernández et al., 2010). Hernández et al. (2007) pointed out that two of the most common themes that emerged from the study with psychotherapists were (a) witnessing and reflecting on the survivor victims' capacity for healing and (b) reassessing their problems.

According to Hernández et al. (2015), the counselors noted that their clients' resiliency positively impacted their behaviors, emotions, and attitudes by shaping their relationships, self-perceptions, and environment. They could identify ways their interactions connected with and strengthened their clients' resiliency through the helping process. They were empowered by and understood the meaning of their work on a deeper level, including having an increased understanding of the resiliency process. They experienced more self-efficacy in their work. They learned about and understood vicarious resilience and how their clients reacted effectively to their environment's hostile external forces. This awareness led them to observe their competence and efficacy while negotiating their negative external influences.

Acevedo and Hernández-Wolfe (2020) warn about the proper way to educate about VR stating, "Those who conduct training, using as a frame the concept of vicarious resilience, must be careful to avoid minimizing the impact of working with complex traumatic stress and continued exposure to trauma" (Acevedo & Hernández-Wolfe, 2020). As mentioned previously, the presence of VR does not necessarily mean the absence of vicarious trauma (Killian et al., 2017). It is important that this phenomenon of conflicting, yet simultaneous responses to trauma work be explained and validated.

Some trauma professionals suffer and quit their jobs or shift to work that involves less exposure to fatigue and trauma. Others, however, can stay in the field working with trauma survivors for years or decades because they have learned how to prevent or deal with the adverse effects effectively and have also developed VR. Frequently, trauma specialists simultaneously have VT and VR (Hernández-Wolfe et al., 2015), and being

aware of the possibility of VR may make it easier to achieve and bring awareness to the existence of VR in the counselor can strengthen it (Hernández, 2007).

### **Vicarious Resilience Scale (VRS)**

The Vicarious Resilience Scale (VRS) was developed by Hernández-Wolfe et al. and is the first scale to measure vicarious resilience (Killian et al., 2016). In a 2016 article, the original group of VR researchers described the creation and pilot testing of the Vicarious Resilience Scale (VRS), an instrument designed and delivered to 190 therapists dealing with survivors of “extreme trauma.” This exploratory factor analysis yielded seven factors drawn from the earlier qualitative research on VR. These included changes in life goals and perspective; increased recognition of clients’ spirituality as a therapeutic resource; client-inspired hope increased capacity for resourcefulness; increased self-awareness and self-care practices; increased consciousness about power and privilege relative to clients’ social location; and an increased capacity for remaining present while listening to trauma narratives (Killian et al., 2016).

The VRS was determined to be reliable with a Cronbach’s alpha of .92. Results on the VRS were moderately and positively correlated with subjects’ scores on post-traumatic growth and compassion satisfaction scales, which indicated convergent validity. There was no negative correlation between VR and measured compassion fatigue or burnout (Killian et al., 2016). The researchers supported their conceptual view that VR is a distinct construct and not merely the capacity to avoid adverse vicarious effects within the clinical encounter. This scale could be a resource for clinicians and others who work with trauma survivors to assess the positive impact of their work and track it over time. Used in combination with scales, practitioners will be able to evaluate

the effects of their work more holistically. This will allow them to build on VR while developing targeted plans for self-care. The VRS has demonstrated solid psychometric properties and can be used in a professional's supervision, training, and self-assessment.

### **Shared Trauma and Resilience**

Traumatic events do not happen in isolation. Interpersonal trauma occurs in the context of relationships, families, and communities. Traumatic events on a larger scale – natural disasters, acts of terrorism, and military actions, for example – affect even larger groups of people. Though everyone has their unique response to a traumatic experience, we are constantly engaged with others in our lives whose responses range from resilience in the face of adversity to long-term distress and challenges to normal functioning. When we contact individuals who are struggling with intense reactions to traumatic events, it is understood that we are affected as well. Several terms have been developed to describe this phenomenon, particularly among practitioners who work in helping professions that provide services to such individuals.

Studies on resilient functioning are now multidisciplinary and look at contextual factors as well as the underlying process of resilience. Bessel van der Kolk (2014) has outlined a theory of how the body's biological response to extreme threats affects perception and memory, prompting the intense experiences and negative coping behaviors typical of people who have experienced trauma. In particular, he has highlighted the role of mirror neurons, structures within the frontal lobes of the brain that seem to connect with our experiences of empathy and learning. Van der Kolk has indicated that this process is part of the restorative action between professionals and those who have experienced trauma. While it is mainly framed in a positive light (the client can

mirror the calmer, regulated manner of the practitioner) it is essential to the theory that the process works in both directions. This implies that the practitioner can also mirror the dysregulation and discomfort of the individual who had directly experienced the trauma. This neurobiological framework has value within the process as it explains the transmission of positive and negative effects independent of the therapeutic approach or focus (Van der Kolk, 2014).

In the 2015 article, Nutman-Schwartz developed the concept of “shared resilience” described as the need to look at the positive effects that can be created within the therapeutic encounter between the practitioner and the client. Highlighting the overlap and complexity within the various concepts used to describe the positive impact of working with individuals who have experienced trauma on clinicians, she identified the experience as one of empathic bonding within a situation of mutual aid, which can alter the practitioner’s emotions, behaviors, and conceptions (Nuttman-Shwartz, 2015). While this concept of shared resilience has not received a similarly extensive exploration as some of the other images related to the positive effects experienced by practitioners, its greater inclusion of the social and environmental context of the location of the trauma, and its particular focus on the interpersonal engagement between the practitioner and the client creates the potential for a more holistic and sensitive interpretation of the mutual processes at work.

### **Trauma-Informed Practice**

Trauma survivors may experience some aspects of standard service delivery as intrusive or invasive, triggering traumatic responses. As a result, it is imperative for the organization concerned to address this risk consistently on multiple levels to provide for

greater security within the clinical environment, assist in engagement with vulnerable populations, and foster safety for individuals seeking assistance (Butler et al., 2011).

Trauma-informed services reflect an understanding of and sensitivity to clients' experiences of violence and victimization. Such services are distinct from trauma-specific services. They are also provided in settings where the clients' trauma itself (or its consequences) may not be apparent or directly related to the client's issues (Butler et al., 2011). Although trauma-informed practices have been developed mainly in response to perceptions and understanding of the needs of clients who have experienced traumatic events, there is some evidence to indicate that the implementation of trauma-informed practices can contribute to the fostering of positive effects among practitioners who are working with clients who have had these experiences; or at minimum, provide some exposure to protective factors against adverse effects of empathic stress reactions. Another critical component of trauma-informed practices that has implications for the development of vicarious resilience is education about trauma and its impact and the provision of trauma-informed supervision. The VR literature contains evidence demonstrating that an understanding of traumatic processes and the capacity to reflect upon them in custody are components that can reduce adverse effects and promote VR in practitioners focused on trauma work (Berger & Quiros, 2016; Neswald-Potter & Simmons, 2016).

### **Chapter Summary**

This chapter's primary focus is to provide definitions and concepts related to my research questions and why these concepts are worthy of continued study, particularly in the professions that help victims of trauma, abuse, and violence. Many professionals are

not aware of how they can benefit from how they can help promote the well-being of helping practitioners and enable them to continue to work in the field of trauma for many years.

This chapter's literary context and foundation will help understand the purpose and significance of this dissertation. This study presents vicarious resilience as a counterbalance to the harmful effects of vicarious traumatization while working with trauma survivors. In this exploration of VT and VR, I advance the literature by researching crisis hotline counselors who witness survivors' strength and how that display of resilience can positively impact them. In the following chapter, I present the methodology section and the road map I used to respond to the research questions.

## CHAPTER 3

### METHODS AND ANALYSIS

And I feel like that really helps a lot, we may not solve anything, which is hard, like when you want to help people. But sometimes, a lot of times you don't solve anything, they just walk away feeling better and kind of refreshed, grounded, and so they can function or make a different choice. (P15)

#### **Introduction**

This chapter starts with a description and justification for this dissertation's research design and methodological approach. Next, I detail the specific data collection methods and analysis employed. This is followed by the procedures I incorporated to attend to issues of trustworthiness throughout the research process and lastly, the limitations of this study are acknowledged.

#### **Qualitative Research and Experiential Methods**

The choice of an appropriate methodological approach is vital in any scientific inquiry. It sets up the questions, units of analysis, sources of data, and analysis tools and will ultimately support the research findings. This research seeks to understand the phenomenon of vicarious resilience among Childhelp National Child Abuse Hotline (Hotline) counselors with data from six focus groups conducted in 2019, 2020, & 2021 to explore the counselors' professional quality of life and professional experiences before and during the pandemic.

Qualitative approaches can be subdivided into two large categories: experiential and discursive (Reicher, 2000). Experiential methods are commonly used to explore the human experience from the point of view of those who have the experience, while discursive methods stem from an intensely social constructionist view of the world with a



focus on understanding how language is used to create meaning (Burr, 2006; Smith & Nizza, 2021). Qualitative research requires distinct practices to describe and understand lived experiences. The qualitative researcher is a co-participant who invites the contributors to engage as the researcher actively and reflexively listens to the stories shared from that person's perspective (Creswell, 2014; Sparrowe & Mayer, 2011). The phenomenon for consideration in this study focuses on the Childhelp Hotline counselors who are witness to and experiencing both crisis and resilience to the recent implementation of new technology and an unpredictable pandemic. This exploratory research pursues gathering powerful stories from crisis hotline counselors about their understanding of their professional experiences at different time points. Thus, a qualitative and interpretive design is suitable for exploring human behavior better to understand their experiences.

Moreover, the qualitative approach entails focusing on the context in which a participant experiences the phenomenon. Quality in a qualitative study can be assured by credibly demonstrating that a trustworthy and unbiased view of the lived experience is presented and by providing enough detail so that the reader can decide if the findings are relevant and transferable to some degree to other situations (Shenton, 2004). Rather than predict outcomes based on statistically quantitative relationships among variables, qualitative research is built upon understanding human experience and is therefore well suited for this study. A qualitative approach can obtain the experiences of the hotline counselors regarding their resilience because qualitative data collection methods that use flexible, open-ended prompts can elicit rich, contextualized accounts of personal perceptions.

Methodological paradigms from the realm of natural science suggest we narrowly define the concept for study, identify variables, formulate hypotheses, and develop tools for measurement and analysis of causal relationships between variables, all while using a lens of objectivity (Flick, 2007). Indeed, this approach has been used. For example, in a 2014 meta-analysis of the relationship between practitioners with indirect exposure to trauma and subsequent experiences of burnout and secondary traumatic stress, Cieslak examined 40 original studies, surveying a total of 8,256 workers who reported indirect exposure to trauma. The associations between burnout and secondary traumatic stress were strong ( $r=.69$ ) (Cieslak et al., 2014). But this approach can be insufficient and inappropriate for intensively exploring a phenomenon fraught with dimensions of such a subjective nature: emotion, impact, stress, and trauma.

In the following section, I describe the research perspective of phenomenology and explain its appropriateness in supporting this study. I then present a rationale for a specific phenomenological framework, Interpretative Phenomenological Analysis (IPA), as the best design fit for examining the phenomenon of vicarious trauma and resilience among Childhelp National Child Abuse Hotline counselors.

### **Interpretative Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA) offers guidance in conducting studies into how people make sense of transformative life experiences and personal meaning at the individual level (Eatough & Smith, 2008; Smith, 2011). IPA research focuses on the experience of individuals and their reflections on the significance and meaning surrounding it and is classified as an experiential method (Smith & Nizza, 2021). It was developed within the field of health psychology by Jonathan Smith and

colleagues and now is an established approach that has gained popularity in the last twenty years (Love et al., 2020).

IPA is an approach (rather than a philosophy) developed to closely examine participants' experiences (Nizza & Smith, 2021). It is intended to ask questions about “people’s understandings, experiences, and sense-making activities, and we situate these questions within specific contexts rather than between them” (Smith, et al, 2009, p. 47). IPA designs give us an in-depth view of a specific experience as a lens for illuminating the broader meaning or consequences of an event or process to understand its wider constitution, dynamics, or mechanisms. IPA has three primary theoretical underpinnings: phenomenology, hermeneutics, and idiography which are all discussed below.

### **Phenomenology**

Phenomenology was introduced in the late 19th and early 20th centuries and is defined as a philosophical approach to studying human experience and is also described as descriptive human science (Smith & Nizza, 2021). The phenomenological approach is participant-centered and looks at what is experienced and how it is experienced (Giorgi, 2009; Moustakas, 1994). Through the work of European philosophers such as Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, and Maurice Merleau-Ponty, the study began with the examination of things themselves as they appear in our experience, with the descriptions of personal experience as the source of knowledge (Smith, 2013; Spinelli, 2005).

As a qualitative research technique, phenomenology entails the descriptive investigation of the contents of conscious phenomena based strictly on the first-person point of view (Smith, 2009). A phenomenological approach is used to understand the

variations in experiences with the researcher attempting to discover essential meanings through a rigorous process of examining shared narratives (Smith et al., 2009). Central to most phenomenological methods, the focus is to investigate lived experience through conscious awareness and reflection. The empirical component aims to capture the raw, native, and concrete lived-through narrative of experience (Husserl, 1970). Thus, I follow the interpretative pathway in trying to uncover and interpret the counselor's experience pertaining to professional quality of life, stress, and resilience.

In a phenomenological approach, the researcher separates their assumptions and preconceptions to avoid influencing the participant's understanding of the phenomenon (Priest, 2002). In this regard, the researcher "brackets" assumptions and constructed meaning of the event under consideration, embracing a state or principle of epoché (Husserl, 1970). This relates to the mathematical concept of separating one part of an equation by using brackets to focus on it in isolation. Moreover, defining precise and prescriptive phenomenological methods is not easy nor required; there is no canonical set of doctrines or orthodox procedures (Chamberlain, 1974). The methodological approach depends upon the phenomena under consideration as there are several phenomenologically oriented qualitative approaches concerned with understanding and expressing lived experiences.

### **Hermeneutics**

Hermeneutics or the theory of interpretation (Smith et al., 2009) also plays a critical role in IPA research. Researchers like Heidegger (1889-1976) articulated the importance of viewing phenomenology as an interpretative endeavor and digging deeper beyond surface appearance (Smith et al., 2009). The IPA researcher actively listens to the

research subject's reflections on experience and then endeavors to make sense of those situated experiential understandings through systematic analysis (Shaw et al., 2014). So, the person's sensemaking process is first order, while the researcher's sensemaking process is second order (Smith & Osborn, 2003). Thus, the researcher engages in two rounds of sensemaking or a double hermeneutic (Collins, 2003). The focus on meaning-making is influenced by the hermeneutic tradition, with the researcher using an analytical process to interpret and make sense of participants' sense-making. The hermeneutic circle is not a stepwise process but is an ongoing interpretive process that holds multiple levels of meaning that can inform one another (Smith et al., 2009). In short, interpretation is a critical feature of IPA, entwined with phenomenology.

### **Idiography**

To grasp the whole meaning of a person's lived experience, the IPA method is also idiographic, centering on granular details of each experience and its meaning (Shaw et al., 2014; Smith et al., 2009). The method calls for a homogenous sample of participants, in this case, shared job roles, and shared perspectives upon the phenomenon of interest (Shaw et al., 2014). Rather than aiming to create a single summary, an IPA study uses an idiographic, case-by-case process to produce an analytical account that shows patterning of convergence and differentiation in participants' experiences of a similar phenomenon (Smith & Nizza, 2021). The process calls for a small sample size, ensuring clear and detailed interpretative accounts to provide a robust baseline for the subsequent analysis (Smith et al., 2009). To capture that close detail, IPA requires an empathetic stance, careful questioning, close listening, and concentration on experiential

information and reflections on that experience in an environmental context (Smith et al., 2009).

For IPA studies, smaller numbers are preferred, and the group should be homogenous. In IPA, “homogeneity” refers to a shared perspective, and participants are emotionally connected to the research topic and willing to provide insight into the phenomenon (Morgan, 1996). Focus groups were selected as the method of data collection to enhance personal accounts by capitalizing on peer-to-peer interactions and rapport, especially in a homogenous sample with shared experiences (Flowers et al., 2001). The interview method is considered the favored approach in which to capture idiographic accounts (Smith, 2009) and the approach usually selected in IPA studies, however, more recently IPA has been used in focus groups settings (Love et al, 2020; Palmer et al., 2010; Tompkins & Eatough, 2010). When using focus groups, it is important to be aware of extracting the idiographic accounts, which are more embedded within the focus group setting (Palmer et al., 2010). As the facilitator, I was familiar with the role of the counselors and could ensure that all participants could provide their stories. I met the counselors on a couple of occasions before the focus groups, which helped manage the focus groups dynamics that might hinder some from speaking up while others dominate the conversation, especially as most of the focus groups were held on zoom due to the pandemic.

Prior knowledge of the topic can be helpful in an IPA study, yet it is important to employ reflexivity to recognize and manage preconceptions (Smith & Nizza, 2021). IPA deems that the researcher forms part of the participant’s meaning-making process, therefore identifying orientation and potential bias on the part of the researcher is

essential. To address this, I made notes before and after each focus group to help identify preconceptions that could influence the research process. I also debriefed with my notetaker after each focus group.

The results of an IPA inquiry are experiential accounts that offer a glimpse of familiarity at the individual level and generate implications through the lens of the research participant (Smith et al., 2009; Smith, 2011). The resulting IPA analysis gives voice to the person's authentic experience rather than a quantitative summary that might result from a positivist inquiry based on an objective and knowable reality (Englander, 2012). Personal accounts of the phenomenon as reported by participants make up the primary source for all findings in a phenomenological study (Pringle et al., 2011). Data analysis is directed toward participants' attempts to make meaning of their experience, so any claims or implications must be rooted in their words. Thus, direct quotes from participants are frequently used in analysis reporting. Following the interpretive or hermeneutic tradition, IPA also values the researcher's involvement, engagement with, and interpretation of data (Smith, 2011).

Although there is no strictly prescribed recipe for data analysis in IPA, Smith et al. (2009) offer several suggestions regarding analysis strategies, heuristic framework, and structure, all supported by the clear reminder that analytic attention should center on participants' attempts to make sense of their experiences. The approach to the analysis is case by case. Therefore, each case is analyzed within the context of the individual experience before being compared with the experiences of others or the group. The process is inductive (moving from particulars to the shared) and iterative (moving back and forth between description, reflexive engagement, and interpretation). Each

corresponding transcript, notetaker notes, and other supporting data are addressed consistently, attending to the unique particularities of each case by 1) immersion in the data by transcribing transcripts verbatim and reading and re-reading transcripts (and other relevant data) to become familiar with the data, 2) initial notetaking to highlight comments which appear interesting or significant, 3) developing emergent themes, 4) searching for connections across emergent themes by clustering themes together according to conceptual similarities (Smith et al., 2009).

Throughout these phases, the researcher focuses intently on the lived experience of participants as expressed in their own words and begins the process of interpretation (by nature a subjective and reflective process). The connections between the primary text (transcript) and layers of interpretation must be maintained with vigilance on the researcher's part (Reid et al., 2005). To reinforce the integrity of the idiographic nature of IPA analysis, it is essential to bracket themes and not let those influence analysis of a different case. Adhering to this process systematically and rigorously leaves the researcher open to hearing and seeing new themes and particularities within each account. Once this process is repeated separately for each case and exploratory comments are developed and emerging themes/experiential statements from each case, the researcher is ready to look for patterns and variances across cases.

The final analysis stage (cross-case analysis) involves developing a structure that illustrates the relationships between themes. A certain degree of flexibility is encouraged so that the presentation captures the salient and vital aspects of the themes in a satisfactory manner (Smith & Nizza, 2021). A strong IPA narrative “represents a dialogue between participant and researcher and that is reflected in the interweaving of



analytic commentary and raw extracts” (Smith et al., 2009, p. 110). Transcript extracts provide the reader immediate access to the data (voices of participants), thus empowering readers to form their evaluations as they follow the researcher’s analysis and interpretation with a high level of transparency.

Some degree of freedom is displayed across published IPA studies in terms of a results section, but it is common to identify themes and then describe and support each theme with excerpts from the transcripts. In addition to thematic patterns of similarities across accounts, the idiographic element of IPA highlights variations and complexities within the data, so results carefully describe any unique experiences, ambiguities, or paradoxes. In the next section, I discuss how I felt that this aim aligned well with the context and nature of this study and thus it was essential to use IPA for the Hotline counselor’s voices and experiences to be my contributing source of knowledge to how vicarious trauma and resilience are understood.

### **The Rationale for Interpretative Phenomenological Analysis (IPA)**

This study aims to inform positive effects and best practices for working with crisis and trauma survivors. It was essential to use a phenomenological approach to permit the Hotline counselor’s voices to be heard and experiences understood in learning a new way to support trauma survivors and help-seekers for the future. More specifically, IPA was selected as it was best suited to explore the counselor’s lived experiences navigating the challenges of the COVID-19 pandemic during an already transformative period for the Hotline. As documentation of trauma’s impact on survivors has grown, it has also become possible to develop a greater understanding of the experiences of helping professionals. To date, research has focused primarily on the negative impact this

work can have on practitioners. However, just looking at adverse effects can be stigmatizing (Rogers et al., 2016) and contributes to high turnover rates and other negative psychological and professional consequences among helping professionals (DePanfilis & Zlotnik, 2008; Liebling et al., 2016). Increasingly more value and time are being placed on resiliency and transforming negative to positive aspects (Stamm, 2010). This study contributes to the small body of research that has begun to identify positive outcomes of trauma work such as vicarious resilience (VR), which is the vicarious learning process that can protect counselors from work-associated distress (Edelkott et al., 2016). Therefore, IPA was considered suitable to explore these additional opportunities to address the research questions.

Additionally, multi-perspective IPA designs have been adopted and shown that through the analysis and synthesis of multiple perspectives, it is possible to develop strong and persuasive analytic accounts (Larkin et al, 2019). Initially in this study, counselors and shift supervisors were all grouped together as participants because they all are immersed in the same experience, yet I found from the first group, they have different views of it. Thus, I found it was important to differentiate these subgroups along with the importance of time and using a multi-perspective IPA design and separated the two subgroups for subsequent focus groups to understand the separate, complex needs each group had. Multi-perspectival IPA designs are distinct from other qualitative methods in that the focus is on the idiographic analyses of patterns in people's meaning-making and how that can be used to influence the world. Analysis of data from these designs is focused on meaning, not causality. (Larkin, 2019). In the future, I see the utility of

designing multi-perspective and longitudinal studies using experiential qualitative methods and would like to add literature to this area.

## **Methods**

This section details the methods and procedures employed in this study in terms of setting and context, sampling, sample size, recruitment, focus group procedures, and data analysis.

### **Setting and Context**

The scope of this study was limited to Childhelp Hotline counselors. This section provides a brief glimpse at the Childhelp organization, its history, and, more importantly, its National Child Abuse Hotline (Hotline) Counselors. This will introduce the context and original genesis behind the initial focus group in 2019. Since its inception in 1959, Childhelp's programs and services, ranging from residential programs to prevention education, have impacted more than 11 million children nationally and internationally. In 1982, Childhelp implemented the first national toll-free hotline, 1-800-4-A-Child. The hotline operates 24 hours a day, seven days a week, and offers various support and resources from professional, degreed crisis counselors. This is the only national hotline with a primary focus on child abuse and neglect, with services available to youth, caretakers, or other concerned adults to receive confidential information or support. In 2019, the Hotline received funding from the U.S. Department of Health and Human Services (HHS) to target youth ages 13-24, a population not regularly accessing the Hotline by phone. That study is called the PACTECH (Prevent Abuse of Children Text and Chat Hotline) Project. PACTECH offers those victimized by abuse and neglect access to resources via their preferred method of communication (call, text, or chat). Text

services for the Hotline became available nationally on February 1, 2019, with chat quickly following in April 2019. Before getting connected to a professional crisis counselor, the help-seeker provides non-identifying demographic information. Upon completing their session, counselors complete a post-interaction survey. They classify the help-seeker based on the concerns raised (e.g., physical abuse, sexual abuse, abandonment, discipline/behavioral issues, domestic violence, etc.). As of March 2020, “COVID-19” was added to this list.

Although the help-seekers are a primary focus of the PACTECH study, I suggested focus groups to Childhelp. I thought it would be helpful to listen to the counselor’s experience as they are an integral piece as they provide the resources via text, chat, or call. Childhelp agreed it would be informative to collect feedback and understand how counselors witness and experience adversity, demonstrating both trauma and resilience. Although a different component, a valuable one, as these focus groups began to give us a greater understanding of the counselors' experiences in challenging times, allowing the exploration of resilience and other positive features that can be present in trauma work over 36 months.

The first focus group was arranged and conducted in the summer of 2019. The implementation of text and chat combined with COVID-19 increased both volume and intensity to the Hotline. For example, in May 2020, volume spiked and was estimated to be 40% higher than in May 2019 (Childhelp Impact Report, 2020). Thus in 2020, focus groups with the counselors and supervisors were again organized to see how the new stressors and challenges impacted them. In 2021, three more focus groups with the counselors were completed. In total, over the 36 months, six focus groups with 26

counselors were conducted with some of those hotline counselors contributing to multiple focus groups and years.

### **Participants and Recruitment**

Study participants were Childhelp Hotline Counselors recruited using purposeful sampling in line with IPA tradition which calls for a small, purposeful, and homogenous sample, in this case, a shared professional role and being from the same organization, that can speak to the phenomena being studied (Creswell, 2014). Purposeful sampling represents a common IPA practice necessary to identify a group of participants who have all experienced a phenomenon (Smith et al., 2009). A total of 26 counselors took part in this study. These steps were followed in the recruitment of research participants.

1. Before each focus group was arranged, I sent a recruitment email to the Director of the Childhelp Hotline inviting counselors to be a part of the focus group(s). This email invitation briefly described the study. The Hotline Director shared this email with all Hotline counselors and asked anyone interested in signing up to respond to me directly.
2. I responded to counselors who expressed interest in participating in the study with detailed information (time and date) for the focus group, including the purpose of the research study, that participation was voluntary, and that one could opt out of the study at any time. In accordance with ASU Institutional Review Board (IRB) standards, each participant received a consent approval form for review (and signature for zoom focus groups) before the focus group.
3. I was available to answer any additional questions participants might have before agreeing to participate.

Table 1 below shows the sample size, the year(s) that the counselor participated in a focus group, and the role of the counselor (some counselors are supervisors). Seven counselors participated in multiple years, with 2 counselors who were in focus groups for all 3 years and, 5 counselors who participated in two years of focus groups.

**Table 1**

*Participants, Role, and Year of Participation*

<b>Participant #</b>	<b>Year(s) Participated</b>	<b>Role</b>
P1	2019, 2020, 2021	supervisor
P2	2019, 2020, 2021	Counselor
P3	2019, 2020	Supervisor
P4	2019, 2020	Counselor
P5	2019, 2020	supervisor
P6	2019, 2021	Supervisor
P7	2020, 2021	Counselor
P8	2019	Counselor
P9	2019	Counselor
P10	2019	Counselor
P11	2020	Counselor
P12	2020	Counselor
P13	2020	Counselor
P14	2020	Counselor
P15	2020	Counselor
P16	2020	Supervisor
P17	2021	Supervisor
P18	2021	Counselor
P19	2021	Counselor
P20	2021	Counselor
P21	2021	Counselor
P22	2021	Counselor
P23	2021	Counselor
P24	2021	Counselor
P25	2021	Counselor
P26	2021	Counselor

In 2021, I collected demographic data for the focus groups participants. The 2021 demographic survey questions are presented below in Table 2. Data were collected with a Qualtrics survey emailed to the focus group participants before their 2021 focus group. Ten responses were collected; all were female. Seven reported their ethnicity as White while three reported their ethnicity as Hispanic or Latino. One counselor indicated that they were part of the LGBTQ+ community. Five counselors indicated they have been in the field for fifteen years or more.

**Table 2**

*Qualtrics Survey Questions for 2021 Participants*

1. How many years have you worked in this field?
2. How many years have you worked in your current position?
3. What is your gender identity?
4. Which of the following best describes your ethnicity/race?
5. What is the highest degree or level of school you have completed?
6. Which of the following describes your current work situation?
7. Would you please rank the different modes based on your preference, one is your favorite, and three is your least favorite?
8. Think of your typical week and how is your time divided up between call, text, and chat?

One counselor had experience in the range of 6-9 years, two counselors responded with 3-5 years: and two counselors had 1-2 years of experience. When asked the question, how many years in your current position? Five counselors indicated less than a year, three counselors reported 1-2 years, and two counselors put 3-5 years. Three counselors responded that they had a bachelor’s degree, and seven responded they had a graduate degree. Six worked full-time, two part-time, two were in school, and two responded with “other” (one wrote that they worked full-time with DES and part-time at

Childhelp). When asked to rank the different modes, the counselor’s favorite mode was chat (70%), then text (20%), and then call (10%).

Figure 1 below provides an overview of the counselors employed with the Childhelp Hotline to provide context to what the counselor landscape looks at Childhelp. Childhelp Human Resources provided this figure for the year 2021. There are 48 Hotline counselors. 6 are male (13%), and 42 are female (88%). Per race and ethnicity, there are 6 Hispanic/Latino counselors (13%), 1 American Indian or Alaska Native counselor (2%), 2 Asian counselors (5%), 3 Black or African American counselors (7%), and two counselors identified as two or more races (5%) while most counselors identified as White (81%). In terms of age, there are 23 counselors over 40 (48%) and 25 counselors under 40 (52%). Of the 48 counselors, 9 are supervisory counselors (2 male; 7 female), three supervisors over 40, and 6 under 40.

**Figure 1**

*Overview of Childhelp Hotline Counselors*

Whole Department		
Ethnicity	EE #	EE %
Hispanic or Latino	6	13%
Not Hispanic or Latino	42	88%
	48	100.00%
Race/Ethnicity	EE #	EE %
American Indian or Alaska Native	1	2%
Asian	2	5%
Black or African American	3	7%
Two or more races (Not Hispanic or Latino)	2	5%
Other	0	0%
White	34	81%
	42	100%
Gender	EE #	EE %
Female	42	88%
Male	6	13%
Other	0	0%
	48	100%
Age	EE #	EE %
Over 40	23	48%
Under 40	25	52%
	48	100%



## **Focus Group Procedures**

The study was conducted following the guidelines and approval of Arizona State University's IRB. Each focus group began with an overview of the study's purpose to ensure that the purpose of the study was clearly understood by the participants, gain consent once again, and remind the counselors that participation was voluntary. Each focus group was ninety minutes long. I also had a notetaker for every focus group, Ms. Diane Moreland, who is a Research Analyst for the Southwest Interdisciplinary Research Center and was the same notetaker for all three years. Her notes were included in this study as I brought them in during the third round of coding to help develop themes. Additionally, after each focus group, Diane and I would debrief. I would also take self-reflection notes while fresh which was helpful later in bracketing background and bias. A pre-crafted focus group guide served as an outline for each focus group. The question guide was presented to Childhelp to see if they had any feedback on the questions. This guide's questions and prompts were developed to elicit responses that helped to address the phenomenon of trauma and resilience. See Appendix A, B, & C for a list of questions for each focus group.

## **2019 Focus Groups**

A 90-minute focus group was held in person on June 19, 2019, from 6:00 -7:30 pm with nine hotline counselors (all females) at the Childhelp Office in Phoenix, Arizona. The Hotline counselors were asked eight questions focused on the pilot implementation of text and chat, looking at the positive and negative impacts. This included an assessment of strengths, barriers, needs, and recommendations. It is worth noting that when I asked question seven, asking the counselors if they could provide

feedback and whether they felt supported by supervisors, this question brought on an awkward pause followed by laughter. A few counselors replied that their supervisor was in the room. Thus, I proceeded lightly; I asked for some constructive feedback and promptly moved on to the next question. I note this occurrence as it was the impetus for separating the counselors from the supervisors the following year, bringing on an essential distinction in roles, expectations, and strengths.

### **2020 Focus Groups**

In 2020, the first 90-minute supervisor focus group was held via Zoom on June 15, 2020, from 6:00-7:30 p.m. with four female supervisory counselors. The second counselor 90-minute focus group was held via Zoom on June 16, 2020, from 6:00-7:30 p.m. with seven counselors, two males, and five females. Participants were hotline counselors who responded to a notification about the focus group sent by Childhelp. Interested counselors and supervisors contacted me to join the focus group in which a consent form was sent to be signed and returned before the start of the focus group. Participants were asked eleven questions that included subparts. The first set of questions asked about the counselors' compassion satisfaction. The second set of questions asked about their compassion fatigue. The third set of questions inquired about secondary stress, and the final questions requested suggestions regarding future training.

### **2021 Focus Groups**

In 2021, there were three focus groups to inquire about the positive and negative effects of working in crisis intervention and prevention. The hotline counselors were asked thirteen questions. The first 90-minute focus group was held on Oct 25, 2021, with six female counselors who had been with the Hotline for more than a year. The second

90-minute focus group was held on Nov 4, 2021, with five female counselors who had been with the Hotline for less than a year. The third 90-minute focus group was held on Nov 17, 2021, with three female supervisory counselors. All focus groups were held on zoom. Once I transcribed audio recordings with the help of OtterAI, I then cleaned and reviewed the transcripts to be imported into qualitative software, Nvivo.

### **Process of Data Analysis**

This section explains the process of analysis. Analysis of all collected data follows the IPA outline provided by Smith et al., (2009; 2021). The focus of the analysis is based on my notes and interpretations to identify patterns and links across the focus group data. Initially, each focus group transcript entered a process of deep engagement in order to yield a yearly thematic structure that represented the unique experiential account articulated by the counselors each year which aligns with the idiographic nature of IPA. Next, I looked for patterns across years to identify group themes that interpret shared experiences. In Phase 1 of my analysis, I worked toward immersing myself in the transcripts. Transcribing myself was step one which took on many forms.

In 2019, I listened to the recorded audio of the two focus groups and transcribed it verbatim to be able to produce a summary for Childhelp on the themes of the focus group. In 2020, the focus groups took place on Zoom which was more helpful as it produces a zoom transcript. However, the early versions of zoom transcripts were less than ideal thus, I creatively created a better way for me to create a transcript. Using headphones, I listened to the zoom audio recording and simultaneously repeated everything on a different zoom recording which provided cleaner transcripts and also allowed me to place memos into the transcripts as I listened to the audio. I found this a

unique approach that allowed me to engage with data and literally speak the words of the participants. In 2021, with three focus groups to transcribe, I uploaded the audio files to OtterAI which is an automatic transcription service that uses speech recognition to transcribe and differentiate between speakers.

All the transcripts were printed for initial reading, note-taking of descriptive, linguistic, and conceptual comments, and developing emergent codes. The transcripts were read twice, cleaned, organized, and then uploaded to NVivo 12 Pro. I re-read the printed transcripts with my descriptive and linguistic notes and compared those with my preliminary NVivo codes.

I started summaries of participant experiences based on the year to further our understanding of the counselor's experiences in chronological order. I had initial summaries which consisted of me clustering statements and consolidating my main claims based on their words and stories. In this phase of analysis, I also used my own self-reflection to help interpret group members' reactions and dynamics toward each other which is a part of the IPA approach. This helped me with initial ideas about the data and making sense of the experiences being shared. I consistently referred back to the research questions making sure that my codes and notes were staying within the scope of the study. To aid with this, I also bracketed my background and biases while coding my main claims using a reflection journal and also using NVIVO memo and annotation features.

During this analysis process, I focused on the participant's expressions regarding their experience in the phenomenon, the P in IPA. I began to leverage an interactive dynamic with the participants to craft comments that explore and highlight points that

speak to the essence of the experience with the phenomenon. These efforts move from description to interpretation, the I in IPA. This is not easy and time-intensive, but the intent is to capture and ultimately understand the meaning made by participants of their lived experiences. I looked for patterns and connections and paid close attention to the themes that emerged for each year. I also explored the data further with word and text queries that allowed me to visually see links with word clouds and tree maps produced by NVivo. The list of themes was crafted based upon the experiences-based expressions of the counselor participants and my own interpretative thoughts and comments. In IPA fashion, this creation of themes is a synergistic process that is directly supported by the quotes of participants. I crafted Chapter 4 of this dissertation to document and explore the themes created for each year.

After establishing a set of themes for each year, I began the last step of working toward developing cross-year themes. Smith et al (2009) describes the step of cross-analysis as looking for a means of drawing together the emergent themes and producing a structure that captures the more important aspects of the participants' accounts. I repeated the steps above and identified themes that cut across the experiences and can be seen as a group experience of the phenomena. In this stage, I looked for similarities across all focus groups, revised themes, and then mapped the themes to develop an analytical structure. These themes are presented in Chapter 5 using the words and examples of the counselors to validate the development of each theme and my interpretation. I made efforts to report this information and link it with the focal phenomenon where interpretation is transparent and easily understood by the reader.

## **Ethical Considerations and Trustworthiness**

This section explains ethical considerations, credibility, and trustworthiness. Ethical considerations touch on the planning, conduct, reporting of research inquiry, and acting (Creswell, 2014) in tandem with issues of positionality and will be explored in this section. Due to the highly emotional and deeply personal nature of child abuse, counselors in this study could have been at risk for emotional distress. In particular, the counselors could have been triggered and reflected on a point in their lives that many would consider traumatic. I was aware of the emotional and personal nature of child abuse and tried to make the emotional well-being of each participant a primary concern. I also disclosed my own status as a survivor of child abuse to help establish an element of trust and genuinely expressed my appreciation for the work they do.

A participant could refuse to answer questions or request to leave the focus group at any time. Informed consent material expressly assured potential participants that the study was not tied to work and that there were no right or wrong answers (See Appendix D). Informational self-disclosure on the part of the interviewer was used to prompt reciprocal conversation and develop rapport between researcher and participant (Abell et al, 2006). Names, places, and any other details that could reveal personal identity were omitted from the transcripts; participant numbers were assigned to each participant. Counselors who participated in multiple focus groups were assigned the same number to be able to track through the years. For the duration of the study, the recordings from the focus groups were kept in a secure ASU drive. There were no at-risk individuals or minors involved; all participants in the study were professionals.

## **Limitations**

Every study has limitations or areas that may need additional consideration, clarification, or understanding. First, I acknowledge that the IPA approach usually favors the interview method as the best approach to capture participant experiences. Although interviews are the main approach used in published IPA work, I used focus groups for data collection. In this study, all counselors worked with each other, and looking at the impact of COVID-19 on their professional lives, I think there is an argument to be made in justifying the use of focus groups. Focus groups offer flexibility and can enhance personal accounts by capitalizing on peer interactions and rapport. Also, the quality of the IPA study relies on the collaboration between the participants and researcher. Therefore, I used Love et al. (2020) as guidance as to how IPA can be adapted for use with focus groups, and how best to extrapolate the individual experience from the focus group setting to produce rich and detailed data that aligns with the phenomenological epistemology of IPA.

In addition, I held the first focus group at Childhelp, their place of employment, which can influence or bias their responses. If I have future focus groups in person for the counselors, I will reconsider the location better. Though, I actually preferred the 2020 and 2021 Zoom focus groups. I have to confess that this was unexpected for me since all the focus groups I had facilitated prior to that were done in person. Zoom was nice for accessibility, and I found that small focus groups on Zoom worked well for gathering rich data. The counselors were comfortable, open, and emotionally invested in the same topic which generated dynamic discussions.

Lastly, for this dissertation, I used IPA to gain insight into the lived experience of the counselors, and while this approach is valuable for in-depth research, it does not lend itself to generalizability. However, I believe that this dissertation has laid the excellent groundwork for a large-scale or longitudinal study that can generate a solid foundation on which to launch similar studies focusing on the impacts of compassion fatigue and secondary stress on those working in helping professions.

### **Chapter Three Summary**

In this chapter, I discussed the methodological approach and research design that guided my study. Further, I described the context, the participants, focus group procedures, and the data analysis process. I ended with limitations and reconsiderations. In the following chapters, Chapter 4 and Chapter5, I discuss the findings of this 36-month qualitative study.



## CHAPTER 4

### FINDINGS BY YEAR

Empowering them to make a decision, whether that is reporting a family member and, letting them know what they are going through, is really hard. And just giving them that reassurance that you know, they have every right to feel the way they're feeling, and just having them hear that, I think, is just a great feeling. Kind of like backwards. (P14)

#### **Introduction**

This chapter provides the reader with the findings for each focus group by year and a look into the unique experiences of the twenty-six hotline counselors who contributed their stories to this study. The next chapter will examine the focus groups together across all years. This dual-level of analysis (by year and across years) follows the Interpretive Phenomenological Analysis (IPA) tradition by intentionally seeking patterns across participant experiences and its idiographic intent to highlight the particularities of the experience and then look at the group experience. Analysis of the focus group transcriptions generated three themes for each year. Overall, the findings indicated that hotline counselors shared experiences that helped increase their compassion satisfaction and resilience.

This “findings by year” chapter focuses on the counselor’s professional quality of life in 2019, 2020, and 2021 as each lived experience is a piece of the total. Each year is presented in this chapter in two sections: 1) a summary of focus group themes, and 2) a detailed analysis of each theme with supporting experiential statements. Examining the unique themes from each focus group allows us to consider the context in addition to the meaning an individual and group makes regarding their situation and commitment. It also allows the reader to become familiar with the Hotline counselors' setting, perspective,

and narratives, which is also essential with IPA. The themes of each year are identified and explored as they relate to research questions 1 & 2:

1. How has the implementation of text and chat altered the Childhelp counselors' professional quality of life?
2. How has COVID-19 and remote working altered the Childhelp counselors' professional quality of life?

Research questions 3 & 4 are explored in Chapter 5.

3. How have these changes from 2019 to 2021 impacted the counselor's vicarious resilience?
4. How does the Childhelp Hotline case study inform our understanding of vicarious resilience?

### **Themes by Year**

Table 3 delineates the three themes generated from each year; these will be discussed in turn in this chapter. The idiographic disposition of IPA relies on sensitivity to context and the unique experiences of individuals; and empowers the reader to follow and evaluate my analysis, development, and discussion of themes. The first counselor focus group was arranged and conducted in the summer of 2019 after the start of text and chat. In 2020, COVID-19 increased both volume and intensity at the Hotline. In May 2020, volume spiked to be 40% higher than in May 2019 (Childhelp Impact Report, 2020). Thus in 2020, focus groups with the counselors and supervisors were again organized to see how the new stressors and challenges impacted them. In 2021, three more focus groups with the counselors were completed. Over the 36 months, there were six focus groups with twenty-six counselors. Seven counselors participated in multiple

years and focus groups. Two counselors were in focus groups for all three years. Five counselors participated in two years of focus groups.

Data collection through focus groups offers participants the opportunity to describe and explain their experience universally, offering a broader scope than a focus solely on behaviors. To provide an authentic representation and analysis of participants' voices, I broadly included divergent themes counselors experienced. In addition to the focus group data, I used journaling, memos, and my notetaker's summaries to explore the role of vicarious resilience as well as the impact of adversity on the counselor's professional quality of life during the introduction of new stressors.

**Table 3**

*Themes by Year*

<b>2019</b>	<b>2020</b>	<b>2021</b>
Youth Services	Empowerment	Vicarious Trauma & Resilience
Safety, Trust, & Privacy	Supervision	Mental Health Coaching
Text/Chat Skills	COVID Challenges	Systems and Support

**2019 Themes: Pre-Pandemic and First Year of Text and Chat**

Through the analysis of the 2019 focus group, there were three emergent themes: (1) Youth Services - Services are now accessible through text and chat technology and youth are responding; (2) Safety, Trust, and Privacy - Text and chat allows for a new level of trust because the screen is a figurative shield from fear, embarrassment, guilt, shame, or stigma; and (3) Text/Chat Communication Skills - Text and chat are a digital language and different than a phone call and require new and different counselor skills to connect, validate, and meet the expectations of the help-seeker.

These data seek to clarify how the implementation of text and chat altered the Childhelp counselors’ professional quality of life in addition to the challenge presented by the COVID-19 pandemic. Table 4 provides a brief description of each emergent theme, while the trio of themes is further defined with quotes from the counselors weaved throughout the following sections.

**Table 4**

*2019 Themes and Descriptions*

<b>2019 Themes</b>	<b>Description of Themes</b>
Youth Services	New text and chat technology are providing services for youth.
Safety, Trust, & Privacy	Text and chat sessions facilitate vulnerability as the screen acts as a symbolic shield from embarrassment, guilt, shame, and/or stigma.
Text & Chat Skills	Text and chat are digital languages that require new skills to connect, validate, and meet the expectations of the help-seeker.

Moreover, these shared experiences in 2019 go directly to help answer how the implementation of text and chat altered the Childhelp counselors’ professional quality of life (i.e., RQ1). This focus group was conducted before the COVID-19 pandemic, in which there are captivating discussions on expectations, responsibilities, and ways to manage the challenges the counselors faced professionally that evolved in unexpected ways as a result of the pandemic. For example, an interactive discussion among the counselors ensued when the participants reflected on the new expectations held for the counselors, considering the implementation of text and chat. This also illuminated the need to distinguish between counselors and shift supervisors in the following counselor focus groups. Another example was when the counselors discussed being in the office

and the ease in asking questions or being guided by a supervisor in-person, which drastically changes the following year when the counselors start working from home because of the pandemic.

### **Theme 1 (2019): Youth Services**

I think texting is what teens and kids now have grown up with. And I think we've opened up to a whole new population of kids reaching out. (P1)

Participants' dominant theme woven throughout the focus group discussion was the newfound ability of text and chat to connect youth to the counselors, which had not happened before. The counselors stated overwhelmingly that providing text and chat is an excellent way to help more people and a good direction for the Childhelp Hotline. This discussion generated positive feelings in the counselors that influenced how counselors feel about their ability to help and create change.

There are definitely more children that use text than the phone. So, we have seen an increase in child help seekers. (P5)

I think it opens up opportunities to reach a whole other audience. (P8)

Counselors also agreed and acknowledged how offering text and chat can be transformational for the Hotline knowing that someone who wants to reach out to discuss something as complicated as child abuse now has the option to choose how to communicate, including different technological modalities, such as the computer, tablet, and gaming consoles. Counselors also pointed out that an essential benefit for youth is seeking help in a familiar and safe language, allowing for more accessibility.

Let's face it, kids don't talk on the phone for hours anymore. You know, they're not, they're not comfortable doing that. (P7)

I think a huge positive is that for native speakers to text, they get to choose the language in which they're going to communicate. And so that's just been nice to be able to directly impact that way. (P9)

You can text, you know, with like an iPhone with just Wi-Fi, you know, sometimes there have been instances where they don't have access to a phone, so, but they can still reach out, you know, through the text or getting on a computer.” (P5)

The counselors offered diverse examples of the benefits that text and chat can offer, particularly as the Hotline desires to attract a younger generation; it was expressed repeatedly that technology is rapidly changing our world, and thus it is natural for the Hotline to lean into technology to create spaces that empower help-seekers. The counselors recognized the need for growth. However, there were concerns as to how that is supposed to work if volume increases (i.e., having to take text and phone at the same time) and the impact on their time since text and chat on average took longer than a phone call. In the exchange below, one counselor asks about the logistics in responding to text messages and phone calls when they come in simultaneously. The counselor dialogue implied that a formal process had yet not been established nor relayed to the counselors for text and chat.

P7: On overnights, this has been happening lately, having to take texts and phone calls simultaneously. Yeah, I can't do that.

P9: For me, yeah, I agree. And even you know, even if it's simple ones, I guess it's easier, but like you don't know, when the simple ones are going to turn? That's just really difficult for me, right? So, do you go to text when you get a text and stay on text until both of you are on?

P7: I do. But then now lately if I'm the text person, if another text comes in, I was trying to take them, but now I'm told that the other person should take it. So, then we're both on texts, right? And then I've been told to just for us to stay on text. But then I've also been told that we need to take calls too. So yeah, that's kind of an issue lately.

P3: I just look at the volume. Because, you know, my feeling is if there are two counselors on and you get two texts, the text person needs to take both of them and leave the other person available for phone calls. Now, if you also get a text, you know, but when have we ever had three texts going on? [Laughing]

Initial training had been implemented with the counselors regarding the implementation of text and chat, however consistent protocol and transparency of duties seemed to be vague. In terms of consistency, there was anxiety surrounding the fact that text and chat were now documented and could be pulled by supervisors or general counsel and seen by parents/guardians. Counselors felt nervous knowing their supervisor observes and reviews their exchanges and responses. A five-minute phone call may equate to a thirty-five-minute text, which can be scrutinized by a supervisor, legal entity (question about liability), and/or a parent. The record of the exchange can be seen as positive or negative. This also raised concern in the context of repeat help-seekers, who possibly get different advice from different counselors and now in written documents.

In the focus group exchange below, some of the counselors shared questions surrounding who could be held liable if something goes wrong while a few other counselors who I assumed were shift supervisors chimed in to help clarify and reassure that as long as the counselors act in good faith, they will not have to worry about liability issues.

P8: The same way we have a copy of it, they have a copy of it on their phone, too. So, you know, like, in the end, okay, like a parent goes and like, reads the thing, and then they text us and like, why are you telling like it? I don't think it's happened, but like, why are you telling my kids or they take it and say, like, you know, you gave my kid bad advice. And like, I go to the worst, like I shouldn't. But that's my thing. It's just like the liability that's attached with it.

P3: A situation that we had along those lines, and what you're talking about is, last Friday night, Sophie got a phone call and talk to the kid while she was 19. And then later that night, a couple of hours later, I got a text from her. And then on Sunday morning, I think it was Karen who got another text. And all three of us gave different because her story varied a little bit, but gave different advice, you know, different guidance, you know, based on what she was saying.

P1: You're working in good faith, and you're not saying things in legal terms of, you know, absolutely, that's abuse. This is that's why we emphasize, it's important to speak in general terms, you know, and you're making guarantees and not so when we're doing that, it's, we're giving the best guidance we can as an organization.

Although it was implied that counselors were protected in this focus group by supervisors that spoke up, it is helpful to set standard organizational practices to address these types of concerns before counselors are asked to answer calls, texts, or chats on the hotline. In providing these new services being accessed by youth, many counselors asserted that there was a balancing act they were performing. This balancing act included demonstrating kid-friendly language accessible to all ages and populations engaging with the Hotline, exhibiting empathy, and most importantly, remaining professional. Especially with text and chat sessions going longer than calls, thus it takes a new set of skills to know how to approach a text or chat, especially a challenging one.

P8: Well, the same way they can't convey emotion. We're doing the same, like we're not able to convey that connection. Like I feel like the empathy is lost in translation. For sure.

P7: Yeah. So, I see myself being more purposeful. Usually, my first statement is an empathetic statement and then I'll give the information because I just want to get to it. Here's the information. Good luck. Yeah.

P3: I know. And that's hard. And I think it's really, it's really hard because I think it's important though that, you know, we kind of check-in with ourselves periodically, during the text and, you know, ask, you know, am I leaving out that empathy part, you know, am I validating, you know, what, you know, what, am I said? Am I just shooting off information and answering questions? Or am I really supporting them? You know, they're, you know, they're in distress, I really giving them everything that they need.

P8: I think one thing that's limiting, too, is the amount of time like something that could be said in a five-minute phone call takes us 35 minutes. So it's not just, I mean, it's a personal thing. But it's also a business thing. Like it's a resource-draining thing from a business perspective because now we're off the phones for 35 minutes or whatever. I mean, it's very rare that a text exchange is five minutes, and it's pretty common to have quite a few five-minute phone calls.



When barriers were discussed, participants identified numerous obstacles that prevent youth from seeking help. Many counselors stated some of these barriers, such as the desire for confidentiality and anonymity and fear of stigmatization or embarrassment. They also discussed how text and chat could help those youth who feel isolated by offering a professional and resourceful space to be heard. This ties into the next theme of safety, trust, and privacy.

### **Theme 2 (2019): Safety, Trust, and Privacy**

I agree with P6 was then being able to speak, to tell their story and to basically, you know, not feel embarrassed that they're not looking in front of, you know, they're not sitting in front of someone and that, you know, that screen is sort of their protector. And so, I think the texting is helpful for them to still be heard and, and, you know, tell their story. (P9)

Counselors described how text and chat allow for a safe space that allows for vulnerability and storytelling. The screen protects from embarrassment, guilt, or shame for the help-seeker. It may be traumatizing to speak about abuse or ask hard questions. Typing or texting may be easier to communicate the circumstances and emotions involved and a reason why youth gravitate toward its use over the phone.

I had one texter just a couple of nights ago; tell me that they've carried their story around for years. And this was the first time they ever told someone their story because it was easier on text. (P4)

I think the text format allows for a lot more vulnerability than verbal communication does; I think we get a lot more clear information through text. You know, I'm thinking of one specific conversation where a teenager was very kind of vague about details. And I asked her directly if she had been sexually assaulted. And she said, yes, I was raped. And I don't think she could have ever gotten those words to come out. But to be able to say them through text, I think it creates some space for vulnerability. (P6)

I understood the counselors to believe that fear can be overcome when they can trust who they are contacting, Childhelp, and more importantly, the Childhelp counselor offering help. In this regard, the counselors felt that text and chat messages could help those who do not have a voice and provide a sense of safety. Also, the counselors agreed that texts and chats were more intentional than phone calls as they can serve as a tangible item that the youth can look back at for guidance and resources.

I'm thinking about a situation that happened not too long ago with the child, and she was witnessing her friend being physically abused, and if it weren't for the text line, she wouldn't be able to ask for help or know what to do, and I was able to seek help for her and so to me, that's a huge like, significant, like positive like aspect of the text line. So I'm really grateful for that, and all these youth and kiddos, and you know, can reach out and do that and have the ability to do that. (P2)

And the messages can be a little bit more intentional. I think we can too, because you're both reflecting on, you know, have that time to reflect upon what the lack, the other person just said. And you have a little bit more time to formulate your own thoughts and responses, right. (P5)

And we don't rush to fill those pauses like I do on the phone right away. (P5)  
I also feel like the texts are pretty solution-focused, like for someone that's not necessarily calling for like a support session, where they're like, What can I do? Like it's very going with the intentional, like, it's very solution-focused, like, here's what you can do, here's what we have. (P8)

And they have those resources to reflect on whether we gave them a number to Child Protective Services or anything else. They'll always have that if they get to a point where they feel comfortable enough using it. (P1)

Furthermore, the counselors all agreed that most text and chat help-seekers would not have reached out and connected with Childhelp if no text or chat option was available. This is confirmed by the PACTECH quantitative research done with the help-seeker (Childhelp Research, 2021), which shows that youth who used text and chat would not have reached out if text and chat were not available.

I've had texters mention like, they can't talk, but they can text. Yeah. How many times do we get, "my dad took away my phone" or "I'm grounded"? So, you know, having the chat is really nice for that as well. (P6)

Piggybacking off that - you can text, you know, with like an iPhone with just Wi-Fi, you know, sometimes there have been instances where they don't have access to a phone, so, but they can still reach out, you know, through the text or getting on a computer. (P5)

I've also had, like, in the cases where somebody reaches out on behalf of somebody else, it's actually been communicated that it'll be easier to just like, kind of going back to the tangible like, like, this person will believe me, because somebody like, it's just not me saying it, like, they can hear it from hear it from somebody else. (P8)

What popped into my mind is, is that one question is so important about whether we feel that they would have reached out today, if, you know, a text or chat option wasn't available? Yeah. So yeah, that's, that's all about the safety. (P3)

I have to piggyback off of what P1 said, because I only have one texting shift, if you will. And so, it's not something that I do regularly. And just from being here for almost 19 years, and used to doing phone calls, it's a whole different perspective and thinking for me, which is always a learning curve. (P9)

Often, the help-seeker wants the counselor to help with only a few pieces of information, or there is silence which can often get lost in translation. Counselors stressed the importance of checking in with the help-seeker to ensure engagement and understanding of the issue and offer the best help since text and chat introduced so many new populations and situations. These new situations bring on the need for adapted counselor skills that can be flexible for all modes of communication. However, identifying best practices for this type of connection is understudied and Childhelp serves as a case study to show what is needed once more hotline, intervention, and prevention strategies adopt the use of digital technologies like text and chat.

### **Theme 3 (2019): Text/Chat Communication Skills**

Yeah, there's a texting language, and I was asking my daughter about it. And she was saying, you know, you don't use a period at the end or you sound like too professional. (P9)

A few focus group questions asked the counselors to respond to their experience with text and chat. One counselor gave insight as to how text and chat eliminate language and culture, which can be helpful markers in communication. Yet, this can also strip away unconscious bias and bring a different perspective. Therefore, there is a neutrality that can help and hurt simultaneously. Many counselors mentioned that text and chat are new languages that require a learning curve.

The pre-formulated messages are valuable as they serve as a guide for consistency and help with efficiency. However, some counselors disagreed with the helpful nature of the pre-formulated messages and expressed that they make great efforts not to sound robotic and personalize the pre-formulated messages. Another central theme within text and chat communications was the unexpected difficulty of balancing a way to connect, validate, and meet the expectations of the texter or chatter. The counselors have found it essential to have patience while responding to text and chat messages, yet responses are expected immediately. The youth is usually very eager for help, and the counselor feels obligated to be quick as they know the youth can lose interest quickly. In the exchange below they described the need to pause, read the information by the youth (sometimes more than once), and have time to process to be thoughtful in their responses and overall exchange.

P6: With our pre-formulated phrases like I changed most of them, but they sound very robotic. And I think that's when we get the messages that are like, Are you a real person? Yeah. And so, it's a really fine balance for me of like, I know, it's very important that our communication is professional, and we're a professional hotline. But there's also the accessibility of the people we're talking to. So, I think that balance is really tricky in this process. Yeah.

MD: Let me go back to the pre-formulated messages. How did those work? Tell me a little bit about how those work and whether or not they're working well?

P5: They're good, I feel like as a general guideline, so I'll refer back to them. And then once it auto-populates all, you know, delete something that isn't applicable in that particular situation, or change the wording a little bit, but I think they're good as general guidelines of what to say.

P3: Yeah, I'm actually not a huge fan of the dropdowns simply because I think if you're talking about the voice of your communication with them, and then like P6 said, you throw in this robotic, you know, phrase, you know, it kind of, you know, it just seems off. I think they are good, you know, as a gentle reminder, like P5 said, but as P6 said, you know, often times, you know, you would need to reword them, I think they're great for consistency in the message. And we need that if it's an abusive text, or, or obscene or something like that, and to have that consistency. But otherwise, I think, you know, just continue, I mean, don't worry about the dropdowns, you know, continue your conversation and in the same voice, the same, you know, emotions and feelings and what have you that you've started out with.

P9: I have to piggyback off of what P1 said because I only have one texting shift if you will. And so, it's not something that I do on a regular basis. And just from being here for almost 19 years, and being used to doing phone calls, it's a whole different perspective and thinking for me, which is always a learning curve. However, they're very helpful for me, because sometimes you're just, I love talking to people on the phone, you know, you can feel you can hear what they're feeling, you know if you said something that's not quite where you know, they want to you want to go, you can sort of going the other way with it. Whereas on text, it's just so black and white, and you just don't know, am I getting, you know, through to this caller? Are they, you know, am I giving them the information that they need? So sometimes it's good for me to be able to think of it and drop down and get something and put it in there and sort of adjust it, like P6 said, to make it fit, you know, for that particular situation.

## **2020 Themes: Six Months After the Start of the COVID-19 Pandemic**

For 2020, a primary aim was to better understand the hotline counselor and supervisor's professional quality of life while working with help-seekers using text and chat during the COVID-19 pandemic. These counselor experiences in 2020 seek to help answer how the implementation of text and chat and COVID-19 altered the Childhelp counselors' professional quality of life and initial exploration of vicarious resilience (i.e., RQ1, 2 & 3). 2020 was different than 2019 in that there were two focus groups, one with hotline shift supervisors (who also serve as counselors when needed) and hotline counselors that do not have any supervisory responsibilities. The separate focus groups allowed for more open discussions among the counselors and supervisors and their relations with the added services and the increased number of help-seekers accessing the Hotline.

From the 2020 focus group discussions, three prominent themes emerged (1) Empowerment (2) Supervision, and (3) COVID Challenges. In the first theme, Empowerment, counselors expressed the ability to feel reenergized when guiding help-seekers and/or fellow counselors and this positively impacts their professional quality of life. The Supervision theme came from counselors describing their appreciation of working for an agency that provides a confidential outlet for people who do not feel heard, in addition to working from home to feel safe from the pandemic. For the third theme, COVID-19 Challenges, the COVID-19 pandemic has created a new type of tension and stress for counselors, shift supervisors, and their help-seekers, which is influencing the counselor's and hotline's ability to respond to help-seekers.

Participants were asked eleven questions that included subparts. The first set of questions asked about the counselors' compassion satisfaction. The second set of questions asked about their compassion fatigue. The third set of questions inquired about secondary stress and the final questions requested suggestions regarding future training. The results of these data help to clarify RQ2 which seeks to address how has COVID-19 and remote working altered the Childhelp counselors' professional quality of life? Knowing and focusing on these aspects raised by counseling professionals can assist them, and, the help seekers they serve, in providing the needed information, services and strategies while reducing stress, increasing hopefulness, and connecting youth to information and services. Table 5 provides a brief description of each of the 2020 themes, and then the themes are further defined with quotes from the focus group participants.

**Table 5**

*2020 Themes and Descriptions*

<b>2020 Themes</b>	<b>Description of Themes</b>
Empowerment	Counselors' ability to feel passionate about guiding help-seekers and fellow counselors positively impacts their professional quality of life.
Supervision	Supervision can promote compassion satisfaction, self-care, and resilience.
COVID Challenges	COVID is creating tension and stress for counselors and their help-seekers. These challenges influence their ability to respond to help-seekers. These challenges include custody issues, impairment in coping skills, social anxiety over the pandemic, isolation, depression, and adult survivors being re-traumatized.

## **Theme 1 (2020): Empowerment**

Within the 2020 focus groups, participants vocalized a shared theme that described how they felt empowered and satisfied in connecting with people in need of support. The participants established that their work not only has a positive effect on their professional quality of life but also provides tools of empowerment for difficult decision-making that can strengthen this positive effect. Empowering the help-seekers to be brave, to reframe their problem with affirmations, help them realize how strong they are, and develop a plan with the right steps is an area of satisfaction for the counselors. My interpretation is this reflects the reality that professionals may experience positive outcomes and find that they gain improved skills to reframe and cope with negative events in the process which I see as the initial evidence of vicarious resilience.

It's different from doing an art project or painting or going grocery shopping. For me, it's just part of something meaningful, that contributes, and I think it's important, I think, having that interchange with other human beings, recognizing we're all in this together. And that person could be me, or parts of that person, are me. We're all parts of each other. And then just using skills that we believe, you know, that I've acquired, I think that hopefully, that gives something back. (P13) Success is helping other helping others succeed. And in this job, it's like, sure, the phone call may be 30 seconds, and they may need a CPS referral, and they find out need the CPS number, but you have no idea how far and how life-changing that 30-second conversation could be. So just try to you know, continue to be a positive light and hope that even a 30-second phone call could change someone's life. (P14)

During the focus groups and in my analysis, I was impressed by the counselor's commitment to utilizing a strength-based lens with help-seekers and their problems. Further, they used positive affirmations to make a hard situation that could encapsulate guilt or shame, a confident nod to sustained strength, and a positive path forward.



I think for me it is when you're particularly on like a chat or text with a young person, and they're just sharing their story or their difficulty. And like just letting them know that you're listening, you've heard them, or like you can understand why they feel a certain way. I think that's like one of the most powerful positive ways to impact a young person, even if you haven't got any answers at all, or can't change anything, provide them any different scenario. I always feel very positive, just from that. It's so simple, but a lot of young people don't feel heard, unfortunately. (P11)

This is meaningful as this paradigm shift in one's life can be powerful. I once considered myself a victim from my experiences with childhood sexual abuse and felt significant healing when I moved from identifying as a victim to a survivor. Thus, I see the counselors as instrumental in journeys to compassionate care and resources with inspired empowerment for all different types of help-seekers and situations.

When speaking to help seekers that we make them realize how strong they have been for enduring many times abuse for years, along with their children, and also how they have developed a plan and taking the right steps. And we help them to understand that it's a process and it takes time. But the fact that they called us says something, and it's a step in the right direction, and in reassuring that to them, feels really good to me. (P12)

For me, and it's all about personal and professional fulfillment, it really grounds me in my role, and you know, just like P13 said a little while ago and my colleagues, contributing your background and skills, as far as to wide range of diverse issues and many different help seekers that call our hotline whether it's grandparents, children, mandated reporters, for instance, you know, whether whatever situation is going on, but I'm really helping and navigating the direction of the ship, so to speak, when they are lost at sea. (P2)

## **Theme 2 (2020): Supervision**

Supervision is critical to a counselor's development (Henriksen et al., 2019) and has been offered as a protective factor against issues of professional quality of life (Jones & Branco, 2020). Empowerment and resilience were particularly notable with the supervisors who support their counselors and help-seekers. They spoke about the ability to feel reenergized when providing guidance to help seekers and other counselors serving

help-seekers. Supervisors experience fulfillment yet it was also apparent in the focus groups that the level of compassion fatigue experienced by the supervisors was much higher than that of the counselors. Childhelp has grown quite a bit in the last year and for the supervisors, this means they are juggling more responsibilities during a pandemic that is limiting resources. Thus, the supervisors were turning to their own coping skills to make sure they were communicating well with their team to find better ways of catching when one of the counselors is struggling. Moreover, the supervisors are multitasking on multiple systems and pulled in many directions that can affect their self-confidence and work leading to possible burnout.

Internally it affects your self-confidence because you are pulled in so many directions that it is really challenging to be effective because you are doing so many things at one time. (P8)

I've been in several supervisory management positions, and I've also had social work students, interns for close to 15 years. And one of the things that I really appreciate being able to be in that kind of position, is, you know, when, when you've been in a field, we've been in child welfare for, what, 28 years now. And, you know, the counselors and, you know, students, you know, they really reenergize, you know, me, they remind me, you know, just with their enthusiasm and, and all their energy and other ideas, and, you know, just how, you know, how much they love doing what they're doing. You know, it just reminds me, you know, way back, you know, this is why, you know, that's how I felt this is, this is why I got into it. And so, it's just kind of a little shot in that arm, you know, to remind me, you know, why it is that you know, I do what I do. (P3)

Good supervision can enhance the knowledge and skills of practitioners in understanding the complexity of trauma in their work. Organizations offering trauma-informed services must consider structural and environmental conditions when assessing trauma. Trauma-informed supervision is intentionally designed to enhance the skills of the counselor to provide trauma-informed services. Exploring trauma stories within supervisory relationships also shows that counselors often experience compassion

satisfaction and compassion fatigue side-by-side. Thus, it is important for supervisors to provide an environment that includes space in which counselors feel open to discuss all aspects of their professional quality of life, the good and the bad, thereby promoting wellness as an organizational value.

### **Theme 3 (2020): COVID Challenges**

Participants stated that COVID is creating more volume for the Hotline as well as stress for them and their help-seekers because it is influencing their ability to respond to help-seekers. Participants mentioned noticeable trends of the following COVID issues that either amplify the existing issue that was there prior to COVID or create another challenge tied to mitigation efforts such as stay-at-home orders and remote learning. Individuals vary in their capacity, their approaches, and their reactions to professional and personal stressors.

Well, I feel like we're getting quite a bit. I mean, they don't necessarily use the word COVID. But when you're talking to a teen, or you're texting, chatting with a teen saying they can't be locked up with their parents anymore, or they've got to go for a walk, they've got to get out of the house. I mean, I think just this, in general, has affected them. For sure. And the custody issues, especially with the calls in the morning have been just overwhelming. I mean, everybody from I don't want to return my child. They're not social distancing. They're not doing this and that, and I don't feel it safe and wanting to make their own legal decisions and looking to us to give legal advice that we can't do. So, it's definitely been quite a bit. (P14)

The stress of isolation, loss of coping skills, and anxiety from the uncertainty created a cascade of new issues for the counselor. Youth use chat and computers to reach out because parents took their phones away and no landline to call for help was a common example given by the counselors. Also, family dynamics include loss of employment or being stuck together with restricted movement. In many instances, older

kids were responsible for younger siblings while parents worked, or it was also commonly mentioned that parents were afraid to take their kids to daycare. School closures and the loss of trusted adults in children's lives created zones of unsafe places. A common pattern at the onset of COVID were text and chats from college students having to leave college because of school closures. Their new safe environment was now gone, and they had to go back home to be abused or be re-traumatized. Other COVID challenges raised by the counselors were issues such as temporary foster care for children with COVID sick parents and/or guardians. Legal issues, specifically custody disputes adding questions and controversy about social distancing, masks, and stay-at-home orders were a trend among the counselors.

Moreover, repeat help-seekers needing mental health attention and not be able to access mental health counseling otherwise were a frequent topic of discussion when expressing distress. Further issues of concern were dominated by the fact that more kids were reaching out because of restricted movement, they didn't have other support, and the prior coping skills they utilized pre-pandemic were no longer available, for example, they can't just go on a walk or going to a friend's house or talk to a counselor at school. As well new technological devices were being used by parents, to monitor the use of text, chats, and calls on the youth's phone or other spyware were discussions of technological advances counselors felt they needed to be aware of to help trauma survivors.

In dealing with these new or evolving issues, the counselors expressed difficulties in meeting the increased volume but more so the challenges of not being able to use a solution that would work prior to COVID. Familiar support systems or tools that were once good suggestions for the next step, were no longer available. Thus, the counselors

voiced this internal distress, and the impact on self-confidence was one of the greatest challenges brought on by COVID.

COVID has also brought about “working from home” and that aspect has brought about both positive and negative aspects. For the counselors who were more seasoned, they considered working from home a “breath of fresh air” while a recent new hire commented by saying, “I feel engaged with my work, but I feel like I would be double engaged if I was in the office.” While many mentioned the positives of being at home (pets, family, pictures of loved ones, nearby bathroom, medicine cabinet), many agreed that they were still adapting and concerned about the loss of socialization with co-workers and that how is associated with compassion fatigue.

There is a lot less collaboration because it is difficult on internal chat, there is a lot less venting, you are not able to verbally vent. (P20)

Work-life integration is the combo of personal and professional obligations and when the lines get blurred between the two, it can be emotionally and cognitively draining. The pandemic has disrupted the lives of counselors and finding a balance that the counselors were satisfied with was something that varied among the counselors. Personal responsibilities also influenced coping mechanisms and home dynamics, such as whether or not they are a caregiver for children or elderly parents, and other family members while having to work.

## **2021 Themes: Approaching Two Years Into the COVID-19 Pandemic**

Like in 2020, the primary aim for 2021 was to better understand the hotline counselor and supervisor's professional quality of life while working with help-seekers using text and chat during the COVID-19 pandemic. In 2021, the number of focus groups grew to three, one with hotline shift supervisors (who also serve as counselors when needed), and hotline counselors that do not have any supervisory responsibilities. The separate focus groups allowed for more open discussions among the counselors and supervisors and their relations with the added services and increased the number of help-seekers accessing the Hotline.

Analysis of the 2021 focus group discussions brought forth three prominent themes: 1) Vicarious Trauma & Resilience: 2) Mental Health Coaching, and 3) Systems and Support. These themes are presented in Table 6 with explanations and descriptions summarized below. The first theme, Vicarious Trauma & Resilience, involves changes to the counselor's professional quality of life due to interacting with the help-seekers trauma stories while observing resilience in others positively impacts the counselors. For the second theme, Mental Health Coaching, the counselors' role expands to meet the need of rising mental health issues by coaching help-seekers in developing coping skills for well-being. The third theme, Systems, and Support denote systemic factors that can cause or prevent burnout. System factors need to be addressed to decrease VT and increase VR with relationships and support. Stakeholders in the external environment also have an important role to play in preventing burnout.

**Table 6**

*2021 Themes and Descriptions*

<b>2021 Themes</b>	<b>Description of Themes</b>
Vicarious Trauma & Vicarious Resilience	Involves changes to the counselor’s inner world due to interacting with the help-seekers trauma stories, while observing resilience in others positively impacts the counselors.
Mental Health Coaching	Counselors’ role expands to meet the need of rising mental health issues by coaching help-seekers in developing coping skills for well-being.
Systems and Support	Systemic factors can cause burnout while active coping strategies and relationships can be a source of support.

**Theme 1 (2021): Vicarious Trauma and Vicarious Resilience**

As mentioned in the literature review, the presence of VR does not necessarily mean the absence of vicarious trauma (Killian et al., 2017). Counselors’ descriptions of the positive and negative effects that they experienced during 2021 exhibited elements of both VT and vicarious resilience VR. Counselors’ experiences indicated the presence of emotional exhaustion and change in worldview by the intense issues raised by help-seekers, the frequency, and not knowing the outcome.

For me, intensity has increased since July for sexual abuse. So, in July, I would say probably every third chat that I had had something to do with sexual abuse. And I'm a digital services shift. And I went full-time in July. So, I'm doing 40 hours a week. I'm picking up chats frequently. And it got to a point where at the end of July, I ended up having to go to break because I had four sex abuse chats in a row. And I started crying. And I needed to take a break because it was just overwhelming. And it's just like every single day, I'm getting at least five or six contacts a day regarding sexual abuse. And now neglect. Another one now. (P19)

I had a text where the child literally said I'm in the closet using my tablet Hurry up, I need this number for blah, blah, blah, before my mom takes my tablet or phone or whatever they were using. And of course, I'm like trying to do it super quick. And then I see when I go back to the page, I see it says, the person has left

the chat. And you hope they call back or chat back. In this case, they actually did. I had them on a chat like maybe 10 minutes after that happened. So, I was glad about that. But um, you know, a lot of times you wish you can do more when you can, especially when they've done everything like called CPS, made a police report, and all of that, and you wish you could have given them more resources, but unfortunately, sometimes, you know, it's the investigation is still ongoing and they have to wait and you feel bad because you can't give more and the hard part is hoping that they've got the help that they needed because we don't get to follow up. (P26)

My favorite kind of definition that I've heard of vicarious trauma is that your worldview begins to change in response to the things that you've experienced or worked with people who've experienced it. I worked most, most my career in homeless services to some degree. And when I started, like driving down the street, and I would see like a spot of shrubs or something, and be like, oh, that would be a good place to sleep. I realized my mind is changed because of the work that I do. This also with stories of sexual abuse, especially childhood sexual abuse, like, I think, there are so many things that I see or pay attention to now. Like, grooming behaviors and things like that. (P6)

I think for me, um, one thing that does have like a negative effect is when we get those, um, it's mostly chatters. But when they're just like, trying to be inappropriate, they're not here to get help or anything. So, it gets really frustrating for me, especially because I'm wasting time with somebody in a chat that's doesn't need help, but just wants to be inappropriate, when I could be, you know, helping the child to actually, you know, they're taking up time for a child to actually needs help. So whenever I get those types of chats or calls, I do take a break, like a real break, but especially at the end of the night, when if I was on a really long call, and maybe I went over my shift, I make sure when I'm done and I disconnect, I go for a walk or I'll go for a drive or something or just do something that's going to help me you know, separate, like the end of my shift to like, Okay, now, this is my life. (P26)

And like P26 said, you don't know how it ends. That I think is the hardest part. (P23)

These findings help define how simultaneous responses to trauma work can be explained and validated. Furthermore, while it is their primary role to listen and be present, feelings of helplessness seemed to exist if help-seekers needed more than emotional presence, or resisted help, or presented triggers for the counselor.

It can be emotionally exhausting, especially for someone who's not used to this type of work. I mean, imagine if it's your, like, I noticed, I think it was P26 it was



like her first day or first couple of days. She got like, all of the different difficult themes that you could possibly get like phone calls, texts, and chats that were just like obscene, or repeaters or just didn't make any sense. All kinds of resistance. Like she got all of it in like three days. I think like her first shift. She got a little bit of everything. I think it was you right, P26? So like, if she had not been the type of person who can handle that, that might have scared her away from wanting to be a hotline counselor. Like, what did I sign up for? This is really difficult. (P25)

I think the ones are we get a lot of resistance. Like, oh, you're being abused, okay, you need to call CPS. No, I don't want to call CPS my dad's gonna go to jail. And then my mom doesn't have a job. So when the homeless Okay, well, can you tell talk to a teacher at school? No, I don't trust any teachers at school. Okay, well, do you have any friends? No, I don't have any friends. But what do you do for fun in your spare time? Nothing. I don't do anything. Okay, it's just resistance, resistance, resistance. And then you're like, okay, where are we, we get to the point where we will ask the help seeker, especially if it's a teenager, what would you like to see happen? Like, and a lot of times, it's like, I just want to go and live with a new family and have a new life. And we're like, well, you can't just order a change of life. I'm just trying to get that reality to them without sounding like a mean adult, you know, say just give them that reality. I think those are, those are difficult because they take a lot of time. (P26)

Also, with such a diverse group of help-seekers in which to serve consistency seems to be a challenge.

I'd say consistency is a challenge because there are so many different styles. There's not a lot of written policies and procedures like with reporting, one supervisor will tell you if to write a report one won't, you know, and there's nothing in writing that there's like a guideline, there's no concrete, like we were talking about frequent callers or certain people that are texting in two, three times a day, depending on who's there will depend on what you do, and what you would do for one might not be what the other one wants you to do and it's really hard to try and piece together and figure out who wants what and when and what you should do. (P10)

The following discussion between two counselors reflects on the challenges with consistency that they face at the Hotline. Issues of different supervisory styles and protocols were discussed in two of the three 2021 focus groups. The selected excerpt below shows a counselor expressing distress over the confusion on how to navigate

repeat help-seekers. Without a set policy this means counselors act in response to the shift supervisor. The second counselor agreed and brought up the issue of not having a clear protocol on when to report or intervene. Especially when it is a young person; this can add another layer of stress and leave the counselor with ruminating thoughts about what happened increasing feelings of helplessness, discouragement, and powerlessness that coincide with VT.

P10: Most distressing for me, in a sense is when there's not a set protocol on how to assist a certain person, especially if they're newer, and they don't have a profile yet, but they have been reaching out multiple times. And it's always about the same issues. But it's always when a different person is supervising, not to talk negatively about our supervisors, but we always get different protocols on how to handle situations depending on the person that's on and we don't have something that's set across the board until a profile is created. And so, I find that very confusing because I could have the same person three times in one day because they reach out via text or chat and the issues are the same, but then I get, you know, morning supervisor, I get one upper management, I get evening supervisor, whoever is they're always telling you well, handle it this way, handle it that way. And so those I think are the most distressing, especially when you're trying to think in the moment and try to get this person help. Or the ones that reach out in like a panic saying, I need emergency assistance now, and you have to redirect them and tell them to call 911 or Child Protective Services, whatever the case is. And they're like, no, I need you to do it. We can't do that we need you to call in. And I think that those are distressing, because you, they say that you need help immediately, but they're not willing to make this or do the steps to take to get the help.

P18: And I'd like to piggyback off P10. When we're in those moments, especially when it's like a child talking about homicide, wanting to slit their parent's throat, or something really extreme, not necessarily having a real clear protocol on when we can report things and when we can't, that can be pretty distressing for me at times.

A few counselors reported being balanced in the sense that they had not experienced VT and had an ability to cope with the distress and emotional impact.

I can't think of a call or chat or text that really made me so upset. And I don't know if it's like a shield that I have. But there's definitely you know, those difficult ones that stand out. But never to the point where I'm like, oh, this is so

upsetting. Like, I can't, my heart is broken. I don't know. It's not a shield. I'm not a cold person or anything. It's just, I don't know, like, I'm like very aware that these things happen in life. (P17)

In considering VT, counselors also discussed the enjoyment of a challenge and learning about new resources to help others.

I personally like, just me as an individual, like a challenge. So you know, getting those really unique calls, text chats that, you know, aren't the normal, you know, I'm being emotionally abused, but something really challenging that you don't see often it's, you know, I like that, and being able to, you know, get to a conclusion and might not be, you know, solving their whole problem, but it put them in a better position than when they first reached out. So, I like the challenges. (P17) Because the more you can do that, the more you really can kind of break down what it is they're looking for because sometimes people really don't know. And I do like that challenge. As a supervisor, I like helping the counselors grow through that and learn how to do that better as well. (P22)

For me, I think it's just hearing either on a call or a chat, when they're like, oh, I never thought of that before. I wouldn't have thought to do that. Or I had no idea until you know that they actually learned something and took something away from contacting the hotline. (P25)

Just as VT involves the change of the counselor through the engagement with clients' trauma stories, so too does the process of VR, but in a different, more positive, and healing direction. The VR literature contains evidence demonstrating that an understanding of traumatic processes and the capacity to reflect upon them are components that can reduce adverse effects and promote VR in practitioners focused on trauma work (Berger & Quiros, 2016; Neswald-Potter & Simmons, 2016).

I've had a couple of times now, or I would say that I've been here, maybe like two or three times, somebody reached out via text or chat that just has, I want you to know how much your hotline has helped me that you guys have saved my life. You guys have helped me get through my suicidal ideations. (P19)

This particular kiddo was going to school, I think he wanted to be like an epidemiologist or something, he had a very scientific mind. So, we talked about how using that, like, science-mind to navigate more emotional conversations, could be a good coping tool for him. And he talked about how, like, he thought it

was stupid that he had to be more like emotionally mature than his mom. And it was just a really, really powerful conversation, I think it is kind of, for my personal like, I wish somebody had been there to have that conversation with me. So that one was really cool, and really stood out to me. And he was very gracious at the end, and was kind of like, I didn't really think this was going to do anything for me. And it was actually really helpful. (P6)

VR emerged when counselors described the positive impact and purpose that their job brings them. They shared experiences of meaning and growth derived from their work that helped them stay motivated and handle emotional stressors. They also discussed providing resources and reframing help-seekers perspectives as a way to help. The benefit is when the validation is returned to the counselor from the help-seeker.

That definitely helps me in my personal life and also in the work, just to see the things that people are able to overcome, and like how you can keep smiling and be really excited about things after all you've been through. (P6)

I think, being able to realize the impact that we made, even if it was just during a two-minute call, or if it was a 15-minute call, I think that's very rewarding to notice that we've impacted someone's life just by giving them basic information that we already know. But I think it's really rewarding to be able to impact their life, even if it's just for that moment. (P26)

I can agree with that, especially the calls that come to a complete conclusion. When it feels like there's actually a difference that's been made. (P21)  
When I hear the thank you for all you do, that gives me tons of encouragement, knowing that I made a difference. (P24)

In particular, counselors outline factors that they believe contribute to increased capacity to remain present while listening to trauma narratives and identify optimism and hope as essential qualities in practice. They also noted how the help-seeker's resiliency positively impacted their self-perceptions and environment.

I do get a lot of joy when you know I'm working with a counselor that's really struggling with something or maybe I had to do a corrective action and that sucks for everybody. But then seeing them like change and really like you know, turn a page and it's like that really does give me like a lot of joy and I'm like okay, and you know maybe it's like internally taking credit like okay worked with them I did

this or if it's like genuinely like you did that I don't know but it is definitely very rewarding to see someone like grow and you know, even open up and about really difficult things like there was a supervisory counselor that I was supervising when I worked evenings and she really struggled with like digital's and stuff and then having to give a corrective action and me working with her more Laurel murk working with her more we kind of discovered that she came off as like really cold on Digital's and what we kind of concluded and even with her like, I was like, this is what we've kind of come to the conclusion, let me know if this is true. And she agreed, you know, she works for CPS full time. And she's the one that deals with those really difficult cases like the, you know, deaths and all the, so when she comes to you know, her part time job and gets like these distressing teenagers, she's like, really, like, there's no bigger things to fry. But it was helpful to kind of know, you know, it's not like that person's colder. You know, everyone has like their own story and where it's coming from. So that was cool to kind of help her open up and maybe something that she didn't even realize she was doing. So, it was cool, so it's rewarding to see someone grow. (P17)

Repairing the world and, you know, giving back and contributing back what we've learned. And as far as incorporating self-care and teaching that to others, when they're in a vulnerable place, especially with COVID. And all these amplified stressors and anxiety, and this new norm and this new generation with these kids being, you know, doing virtual learning, not being in school, and just finding a way to cope with all of that just kind of, you know, like P18 said, getting back and just, you know, leaving work, you know, I, I did contribute a little bit of what I can put out there in the world and that energy, you know, and finding, like just that duality, that balance was just kind of riding within those waves and just kind of like trying to maintain that momentum in a way that's manageable. So that way they can at least get to that peace of inner happiness, in a sense, you know, and riding within those waves of space, so yeah, definitely for myself, it's so rewarding. (P2)

Overall, counselors were able to easily define VT and its role in hotline work, however, the awareness of VT was not as strong as VR, thus giving more credence to how awareness of VR may be beneficial for shaping counselor relationships. Also, in line with VR research, counselors described how the Hotline facilitates personal growth which gives them an increased sense of purpose and meaning in their lives.

## **Theme 2 (2021): Mental Health Coaching**

Counselors explained a soaring intensity of call, text, and chat on the hotline

during COVID. Our youth are having to weather isolation, fear, uncertainty, and counselors discussed more depression, anxiety, loneliness, and suicidality. Counselors also illustrated the importance of self-care for themselves and the help-seekers.

Empathizing with the help-seekers' struggles, in addition to coaching them with coping skills for change, felt rewarding and motivating to the counselors.

It's giving the self-care, teaching them about self-care, and them realizing oh my gosh, yeah, I've been meaning to learn this hobby, or this painting, or this skill or craft or whatnot. This is a perfect time to learn that. And I explain how therapeutic it is, and how it can help with trauma, and how it's healing. And that's usually almost every call. I try to coach towards self-care. It's a great distraction from, you know, all the feelings and everything, although you can feel it during it, but just very therapeutic and gives you time to think and process. And they've really appreciated that. (P24)

Yeah, I mean, the number one thing that they teach you in social work at ASU, was you have to meet the person where they're at. And so, you know, one of the best questions that I have learned to ask during texts and chat conversations is it's important that your voice is heard, what do you think would help the situation? Because if they are thinking, well, I'm just going to off my family, I'm going off myself, I'm going to go take drugs, I'm going to go drink, whatever their response is, less, it's not productive. Usually, then we have to kind of bring them back down to reality. And tell them Well, this is what's going on. These are some possible solutions that are healthier than drinking or suicide, homicide, whatever it is, and so meeting them where they're at, I think, is one of the biggest things now. (P22)

Coping and aiding help-seekers who express such desperation in self-harm or violence is new to the job and introduces a brand-new aspect of their role, especially for those counselors who have less experience in the field.

I'm pretty new at this. I've only been in the mental health field now for about a year. It's a big career change but I got a chat this week that said, please, help us, please help, child being abused and the address, emergency right away, and exclamation marks. So, I was like, oh my gosh, called 911. So that was distressing. So, stuff like that. Or when someone says, are there any other options besides self-care and killing myself? So, stuff like that kind of like, you know, I panic a little bit. (P24)

I dealt with more suicide calls in the first two months of the pandemic - suicide calls, texts, and chats - than I had in probably five-plus years. So, the intensity was very, very high. There was a sense of panic, and we were definitely feeling it and hearing it, and you felt it. (P1)

I think we probably all have gotten these chats before. Unfortunately, sometimes they are we get them very often when kids chat. And in their perspective, the only solution they have is self-harm or suicide. Um, but I think it's it's a big shift when the chat started that way. And at the end, you're able to give them any coping skills, or even if they need to reach out to a crisis line. Um, I think that's part of what makes us feel good about our job. Because if we didn't receive that chat, or if we weren't, you know, on shift that chat, I think, um, you know, what, if I would have said something different, or what if I would have said something else, and they didn't like that, you know, what could they have actually done, but I think it makes us feel really good when the chats have started so sad and to hear that they think the only option is suicide, but at the end of the chat, they've, you know, come to an agreement of what to try next. Whether it's counseling, a coping skill that you've let them know about, you know, anything new for them. (P26)

Counselors with a mindset that believes abilities can be developed through practice and effort, stretch themselves to learn new things, and consider themselves capable of learning through experience. In a growth mindset, if counselors experience compassion fatigue, they may view it as an opportunity to cultivate resilience. Reframing negative circumstances and applying present learning to the development of future strategies. Counselors explained that they held positive feelings toward interactions with help-seekers that were challenging. Furthermore, supervisors unanimously discussed how it gave them positive feelings to help fellow counselors develop their skills and it gave them a sense of growth and newfound knowledge to add to their toolbox.

It is definitely very rewarding to see someone grow and you know, even open up about really difficult things. There was a counselor that I was supervising when I worked evenings and she really struggled with text and chat and we kind of discovered that she came off as like really cold on text and chat. And she agreed, you know, she works for CPS full time. And she's the one that deals with those really difficult cases like the, you know, deaths and all that, so when she comes to you know, her part-time job and gets like these distressing teenagers, she's like, really, like, there are bigger things to fry. But it was helpful to kind of know, you

know, it's not like that person's cold. You know, everyone has their own story and where it's coming from. So that was cool to kind of help her open up and maybe see something that she didn't even realize she was doing. So, it was cool, it's rewarding to see someone grow. (P17)

The counselor's job is not to come up with the solution but to support the help-seekers to find their own way and tap into their existing strengths and abilities. Much of the counselor's skills are using open-ended questions to allow the conversation to be opened up and facilitate the client to explore their situation and problem solve. The counselor expresses empathy and non-judgment and flexes coaching skills that help facilitate understanding in the next steps.

### **Theme 3 (2021): Systems and Support**

I would say for me when I've had like a rough day, um, I and there were many difficult ones. I just I kind of meet, have a call with my supervisor just to kind of go over certain ones. And she kind of just reassures me that I did a good job and reminds me to go for a walk or to remember my own self-care. But yeah, it's I think, I think just that I think this support, I think is from coworkers and supervisors and then going outside. (P24)

COVID has disrupted the way we live our lives and has depleted our support systems.

The counselors claimed that relationships between co-workers and supervisors can be a source of support that buffers against stress.

I think I've been working with youth and kids for so long that are in like, distressing, you know, kids who have been abused and have trauma or have, you know, disabilities or medical issues for so long that I hate to say that I'm not numb to it, but I think I'm used to it. I'm very used to it. Um, but I think within Childhelp, one of the coping mechanisms that I have is just venting to the team, like on chats or venting to my direct supervisor, or a clinical program manager, about the types of patterns that I've been seeing lately, or any kind of chat that triggered me in a certain way. Just talking about it with people who understand, you know, what it's like to, to get those kinds of distressing contacts, not like friends and family who don't really understand it so much, but with coworkers and supervisors. (P25)



Social support has been documented in several studies to lower the risk of burnout and counselors affirmed that being a support system for others is rewarding.

I think it's when you can tell that they really, really do want help. And you can suggest coping skills or support systems. And they finally find that one thing that they're excited about, and they like or can't wait to try like they can't wait to go do it. I think that's the thing that makes me feel most good about what we're doing here. (P21)

Okay. Um, I haven't been at the hotline that long. But I would have to say it's definitely making that connection with the help speaker. Because the kids are so funny and don't tell you like, well, I don't like coffee. Or, you know, if I tried to say maybe have coffee with your mom and see if you could talk. But getting again, it says, aha, well, I do like music. And I do have a guitar. And then the other success would be when they actually have to end our call because they're on the line with the suicide folks. So, to me that's successful. Sounds weird. (P23)

I think mine is being able to support people through a system that is hard to navigate and often difficult and not what people expect or think. So just kind of, I almost see it as being like a translator between these two worlds and being able to link them and help people understand something that's really hard. (P20)

In addition, people who are survivors of trauma and who have healed from their own trauma are a vital source of support for others who have experienced trauma. Self-care is a component of safety and protection that is active and can help produce positive people and perspectives.

To piggyback off P1. So, like, for me, like this, in a sense, like navigating like the systems like for teams, which is has like positives, and then also it has a learning curve too. So it has those limitations and kind of learning along the way between like the chat so like, if we have a high volume, and there's two chats, and then we have the team chat, then you know, being a counselor, I'm wanting to be you know, all over but then again, kind of splitting our brain, you know, so to speak in half but like also wanting to ensure where our attention is on attending to the help seeker but also wanting to ensure attending to our team at the same time so kind of navigating the systems and finding a balance between so I'm finding kind of learning as they go tricks of the trade right so to speak. So in between if it helps seekers taking a little while to respond. Because, for me, I'm very thorough, takes me a little bit longer to read through things and process and I have to organize that and respond to us all like a process just like a computer, you know, reloading and that type of thing. So, I have that same similar situation as well. So, but you

know, that can be kind of the dance sometimes. And, you know, that can be a challenge that kind of learning to tweak and modify along the way. So, it is it is manageable. But that's always coming up for me, too, but that it's always about balance. So yeah, definitely. (P2)

I had a help seeker, this particular child was a 12-year-old child who had reached out I think five or six times by the time I got him, and he had escalated more and more a lot of homicidal ideations, a lot of very threatening language, and it was system failure where he had contacted CPS and felt like nothing was being done. So, I had to get on the phone with our hotline director and our clinical program manager. And we talked through it, and we ended up having to call PD. And so, our clinical called PD, and I called CPS and found out that this kid was telling us the truth about every single thing that he said and all his contacts, CPS was able to find him he was in their system, all the dates matched up with everything he was saying. And so, they were able to go to his house and follow up finally, so this kid who we thought was possibly a perpetrator, or possibly abusing the hotline, ended up being a kid who really, really needed our help. So that was great. (P19)

I had one a couple of weeks ago where it was a teenage girl whose dad had been sexually abusing her. And when her mom found out instead of supporting her, her mom kicked her out. So, I think it's really those situations where they're doing all the right things, but just nobody's set up to support them and they're not set up for success that I think those ones are the hardest. Just because you know they could be thriving if they were in the right environment. (P21)

Being aware of the best practices, policies, and protocols for this type of organizational change as well as optimal training options for these types of counselors can help build new models for transformative spaces and relationships. This is important as more hotlines and agencies start increasing access and support, including new digital technology like text and chat.

#### **Chapter Four Conclusion and Transition to Chapter Five**

In chapter four, counselors' narratives expressed the positive and negative experiences of their work discussed by year. Chapter five presents central and reoccurring themes that appear in all three years and six focus groups to understand what is shared across the hotline counselor's experiences.

## CHAPTER 5

### FINDINGS ACROSS YEARS

I've had a couple of times now, or I would say that I've been here, maybe like two or three times, somebody reached out via text or chat that just has, I want you to know how much your hotline has helped me that you guys have saved my life. (P19, 2021)

#### **Introduction**

This chapter presents an analysis and discussion of findings across years of focus group data and considers research questions 3 & 4 that reflect on the presence and role of vicarious resilience (VR) experienced by the Hotline counselors. The aim here is to identify and explore recurring patterns that arise from exploring all focus groups with VR considering the COVID-19 pandemic and the introduction of new digital technology to the Hotline. Interpretative Phenomenological Analysis (IPA) focuses on the lived experience of individuals and the meaning they make regarding the phenomenon of interest (Smith, 2011). In this study, the COVID-19 pandemic presented a unique opportunity to draw on resilience research to study the features and connections between trauma and resilience and how trauma work can be meaningful. The focus group discussions provide a rich source of contextual data with the interaction between multiple participants offering the opportunity for individuals to become aware of their thoughts and feelings in ways that are less likely in an interview (Tomkins & Eatough, 2010; Wilkinson, 2004). Furthermore, as very few of us work in isolation, it is vital to investigate the experience of individuals working in teams as components of larger organizations. The context in which the counselors operate is key to a phenomenological understanding of their ability to respond resiliently to stress.

Lastly, it also highlights the true sense-making process, which is experienced in an environment usually with others (Smith et al., 2009).

While the previous chapter focused on a variety of themes among participants by each year, this chapter explores similar themes that resonated with harmony across experiences and years. This dual approach is advantageous in revealing both the idiographic themes expressed by participants as well as shared experiences across the group to produce a deep and broad understanding of the data. Research questions 3 & 4 are listed below for reference and are explored in this chapter throughout the review of the superordinate and sub-themes.

3. How have these changes from 2019 to 2021 impacted the counselors' vicarious resilience?

4. How does the Childhelp Hotline study inform our understanding of vicarious resilience?

Counselors' narratives revealed the power of reflection awareness, knowledge, and action planning. They voiced how reflecting, being present, and creating safe spaces can be a protective factor in the form of vicarious resilience and other positive effects.

### **Three Superordinate Themes & Six Sub-themes**

Three superordinate themes with six sub-themes were identified to help better understand the meaning counselors make of their experiences responding to change and adversity over the 36-month study. The concept of VR is evident in each of the three superordinate themes that emerge across all focus group participants' experiences. A discussion follows each theme summary with

quotes and references to current research to add depth to the interpretation of the participants' experiences. The themes are 1) The Power in the Past for the Help-Seeker and Counselor; 2) Disrupting Present Stress Through Connection and Support, and 3) Nurturing a New Future by Making Space for Compassion.

### **Superordinate Theme 1: The Power in the Past for the Help-Seeker & Counselor**

The past can be so powerful, especially in trauma and crisis work. Depending on your life context and perspective, it can hold you hostage or set you free. Advances in ACEs (Adverse Childhood Experiences) literature and science (Felitti et al., 1998) help prove that there is a need to reach child victims of abuse and neglect sooner rather than later and promote prevention. In addition to long-term health consequences, an individual's past can help and hurt in cultivating relationships which is another crucial element to well-being and health. In their discussions, counselors spoke about the influence of their past experiences and often compared it to the power of the help-seekers sharing their past and their fears. The counselors, in being trauma-informed, understand the impact of trauma and the significance of the past in healing and moving forward. Hence, as a group, from 2019 to 2021, they leaned into past reflections and experience to help define purpose and meaning for themselves while building a space of vulnerability and safety for their help-seekers promoting healing and resilience for both help-seeker and counselor.

#### **Subtheme 1: Help-Seeker Past Reflections**

For a help-seeker, it is often difficult to disclose the abuse and acknowledge the damage that it has caused to themselves or their families. Throughout all focus groups, counselors shared stories of powerful interactions with adult survivors and abused

children who often remain confused and frightened because either the abuse occurred during a vulnerable period of brain development, or they did not know they were being abused. Thus, reporting and processing the abuse usually does not happen till later in their life. A recent study provided statistics that on average it takes 17 years before victims disclose their abuse (Halvorsen, 2020) which is indicative of the trend counselors identified in hearing from survivors whose abuse was in their past. Disclosing abuse is very difficult and the offering of text and chat by the Hotline opened a new means for help-seekers to tell their story without having to say it out loud, as you would in a phone call, which can be difficult.

I had one texter just a couple of nights ago, tell me that they've carried their story around for years. And this was the first time they ever told someone their story. Because it was easier on text. –P10 (2019)

I have seen a lot of that as a trend at first once COVID was occurring... the college students in particular, like with previous past abuse, they have been forced basically to leave and that's their safety net, being away at college and you know, schools close and nowhere where to go and limited supports and having to go back to mom or dad's or stepdads or step mom's house, and they were their abusers. So, it's kind of like triggering all of that past abuse. –P2 (2020)

COVID-19 has become a collective trigger significantly impacting the mental health and well-being of most families. Irrespective of the fact that the abuse was in the past when help-seekers decide to disclose they need an appropriate supportive response. A positive reaction to the disclosure will help people in their recovery and be able to avoid self-blame. Internalized shame will deter disclosure and risk further trauma.

I don't remember the details of this one a lot, but it was during the pandemic. And I don't know if it was a male or female, but an older adult reached out and mentioned that they were sexually abused as a child. And now with COVID, they were scared, paranoid of everything. Their way of coping was bathing in bleach. Every day, consistently, no one was allowed at their house, they were a germaphobe, from their childhood thing and because of COVID. –P17 (2021)

This counselor went on to discuss how she remembers sitting in her hammock talking to the help-seeker like they were an old friend. I found it was customary for the counselors to intentionally respond to the help-seeker from a strength-based perspective. The counselors did not refer to the help-seekers as victims and moreover advocated that they deserve support and compassion with the aim of starting the recovery and healing process to a healthier life. They explained that they saw the help-seekers stronger than most having endured and survived unfair abuse.

I like to point out that for them, you've been so strong, you've been through so much, you're here. We're having a conversation about these issues. So, let's focus on the positive and the steps forward. –P12 (2019)

The counselors spoke about the help-seekers consumed with feelings of fear, shame, and self-blame, rather than condemning the abuser. A trend common to victims of abuse. These feelings can affect help-seekers' core beliefs of self-worth and act as barriers to speaking out about the abuse which text and chat seem to be helping with. Additionally, many times the abuser is a family member and help-seekers did not want to affect the relations among family and friends. The counselors understand these dynamics and thrive in providing a safe space that enables the survivor to recall and openly discuss how the counselor can empower and reframe feelings of shame and guilt that often accompany abuse and lead to negative self-esteem and behaviors (McElvaney et al., 2014).

I had an adult survivor reach out, who identifies as they, was raised as a boy, and had been in what they had believed was a consensual relationship with an older brother, when they were a teenager. I don't remember the exact ages. But I think it was like a 13- 17. The kind of deal where there was definitely a maturity and power imbalance. And through his life, or through their life, they had really had a lot of shame about this, like, a consensual, incestuous relationship. But now as an adult, they had started therapy, and their therapist had pointed out that this was

sexual abuse, like a sexually abusive relationship. And that had brought on this whole new wave of emotions of like, like, Was I a victim? And like, did my brother take advantage of me? And like, should this be something that I feel bad about, and like, kind of big bolts of thinking of their brother as an abuser, versus the guilt in thinking that they were in a consensual relationship with their brother. –P6 (2021)

Overwhelmingly, the counselors agree that those at risk of child abuse and neglect and those who have experienced child maltreatment need and deserve a safe place to access help, gather information, and feel supported. The Hotline counselors describe ways of traversing systems and breaking past cycles of violence in an unpredictable environment and see themselves as an initial ray of hope in a long journey. One counselor metaphorically described assisting various help-seekers with guidance and intervention for those who are “lost at sea.” Another counselor was specific in saying that you are supporting people through their trauma, in a complicated process, through a system that is hard to navigate.

It really grounds me in my role, contributing my background and skills, to a wide range of diverse issues and many different help seekers that call our hotline whether it's grandparents, children, mandated reporters, for instance, you know, whether whatever situation is going on, but I'm really helping and navigating the direction of the ship, so to speak, when they are lost at sea. –P2 (2020)

I think being able to support people through a system that is hard to navigate and often difficult and not what people expect or think. So just kind of, I almost see it as being like a translator between these two worlds and being able to link them and help people understand something that's really hard. –P10 (2021)

The counselors universally supported that the added features of text and chat had moved the Hotline and themselves in a new direction different from the traditional hotline approach of responding to just phone calls which were 90% adults in 2018. Many counselors were resistant to the change initially, but all agreed that it was beneficial to offer services that would be accessible and appealing for youth. Offering services through



text and chat provided a shift in the Hotline to better and more directly serve youth experiencing child abuse and neglect issues. It is refreshing to see how quickly the counselors adapted to the stressors of text and chat and now many of them, who in the past preferred call, are more comfortable with text and chat.

I agree, evolving with the tech-savvy world, you know, it's only going to keep progressing. –P4 (2019)

I would say I definitely prefer calls. That's just my wheelhouse. That's just what I enjoy. Because I like the tone of voice and all of that. But I will say, I've come a long way with text and chat. In the beginning. Everything made me nervous about am I conveying this right. And, you know, this is all in writing that makes me nervous, you know, who gets a hold of this, that kind of thing. But I certainly now I appreciate that I have the time to think of a response, you know, whether I need to reflect on something which you don't necessarily have in, in a conversation, I guess. –P1 (2020)

In their discussions, several counselors pointed out that their way of helping was from a lens of empowerment offering information, support, and resources that can help free someone from the emotional shackles of abuse. The counselors expressed this desire to free youth, adults, and families from cycles of abuse with empowerment. In the words of Toni Morrison, “the function of freedom is to free someone else.” The counselors use their strengths including their past stories and experiences to bravely risk freeing someone else which I discuss in the next subtheme.

## **Subtheme 2: Counselor Past Reflections**

Acts of self-reflection with counselors referring to their past were evident in focus group dialogue for all years, sharing their professional and personal experiences and stories of resilience. In fact, many of the counselors tied these developmental experiences back to the motivations as to why they work for Childhelp. One counselor was very open and shared that someone contacted the

Childhelp Hotline for her when she was a child; therefore, she finds it rewarding to help those like her not only find their voice but also replace desperation with hope. A different counselor who identifies as LGBTQ+ enjoys being there for those help-seekers exploring gender identity, sexuality, and family dynamics. She shared that her personal coming out process was scary as an adolescent and that she is now grateful to be part of the Hotline to help those like her.

I know just my personal coming-out process was so scary and I didn't even think, uh, I didn't even consider that there was somebody there who could help me with that. And so, the fact that for some reason, Childhelp is a place that people have learned about and think like, okay, this is a safe place for me to go with this really scary thing. Um, both for that kind of coming out type, and also for like, discovering abuse. I'm grateful to be a part of an organization that can provide a safe space for people when there's kind of no other space in the world where they feel safe with that information. And I think that is so amazing. –P6 (2021)

These counselors use memories and empathy to achieve greater fulfillment along with gratitude. There is something to be said for feeling valued and adding value to society in the counselor's estimation of meaning and purpose in life.

One of the reasons that I moved into this work was because I remember feeling really lost when I was like, a teenager, and I wasn't able to find the avenues to support me at that time. So, I think that's like, what I find so satisfying that you know, even if it is a 30-second call, or it's an hour text, it's, it's somewhere, you're going to make a difference to that individual. And that's, that's the passion. And that's the reason why I feel like I need a job like this to make sure that I am helping and feeling like there can be a change, people can be helped. –P11 (2020)

While a personal account of trauma can lead to triggers or vicarious trauma, the opposite was true for most Hotline counselors.

Okay, I think I'm probably going to be the only one that thinks this. But I really struggled with saying I'm sorry. And we seem to say it all the time. I have a daughter that's got a serious illness. And when people say, Oh, I'm sorry. I'm like, no, don't say I'm sorry, we're fine. –P7 (2019)

Their suffering forced them to seek meaning in their life and help develop emotional boundaries and protective factors preventing a trigger response.

But I remember, I was like, why am I like why am I spinning? What's going on with me? I had to learn quickly, like do your own work, work on your internal boundaries. Yeah, I'm probably not going to explain this very well. But I know because I'm kind of like P17 now hearing the calls and the chats where I'm just kind of like, is there something dead inside me now? But it's more because I'm like, I only know that I can only do so much. And as long as I'm confident that I've done enough that I that all that I can do. –P22 (2021)

At present, there is limited research on the impact of a counselor's trauma and how that might intersect with VR. The results in this study indicate that long-term field experience helped the Hotline counselors develop protective factors and healing experiences that are essential to integrate into one's resilience practice and essential for VR.

Because of my full-time job, I'm a victim advocate with the Department of Corrections. So many times, I'm advocating for the victims who experienced crime, sexual crimes against them as children 20, 25, 30, even 40 some years after the crime and I see the impact that that trauma had on them. But I also see how they've been able to overcome or learn to cope and have a life after those many times, extremely traumatic and violent incidents which sometimes we get those initial calls. So, it's like full circle. A very unique experience. –P3 (2019)

Accordingly, the results of this study also suggest that counselors who endorsed a personal experience with trauma, in addition to years in the field, indicated the presence of VR in their professional lives, which also disputes previous findings that those who have experienced childhood trauma or chronic stress are less likely to manifest resilience (Alim, 2008). Because of their struggles, they have fostered strength and borne purpose and meaningful professional relationships that foster more resilience.

I think I had a kiddo that had the kind of the same situation that I went through as a child, and I had to practice a lot of mindfulness during that interaction. I think it was a chat. So, there wasn't any tones or any, you know, but just ensuring that I was able to stay present, objective, not crossing over my own, you know, internal, temperature and that hope for them to move forward. And it's very healing. And it just grounding, the gratitude that they provide to us is just so rewarding in itself to know that they're navigating forward and taking those tools with them. –P2 (2021)

## **Superordinate Theme 2: Disrupting Present Stress by Being Present in Connection and Support**

The world presently faces a universal stressor, the COVID-19 pandemic. The pandemic has had significant impacts on mental health (Park et al., 2020; Brooks et al., 2020), increased caregiver burden, child-parent conflict (Russell et al., 2020; Spinelli et al., 2020), increased partner and family violence which are all influencing factors that increase the risk for child maltreatment (Humphreys et al., 2020). It has increased grief, sickness, and death and tragically has also magnified disparities in health, income, housing, and education worldwide. These effects are felt second-hand by the counselors.

Well, I feel like we're getting quite a bit. I mean, they don't necessarily use the word COVID. But when you're talking to a teen, or you're texting, chatting with a team that saying they can't be locked up with their parents anymore, or they've got to go for a walk, they've got to get out of the house. I mean, I think just this, in general, has affected them. For sure. And the custody issues, especially with the calls in the morning has been just overwhelming. I mean, everything from I don't want to return my child. They're not social distancing. They're not doing this and that, and I don't feel it is safe, and wanting to make their own legal decisions, and looking to us to give legal advice that we can't do. So, it's definitely been quite a bit. –P1 (2020)

The pandemic has caused two years of collective trauma and the counselors encountered COVID challenges that tested their capacity to help in a shut-down society.

### **Subtheme 3: Present Stress**

In this time of crisis and extreme stressors including COVID, there is an increased need for hotline services and counselors. With these negative impacts, the pandemic creates an enormous challenge to remaining socially connected and being present, especially as people recede behind screens. The counselors stressed that maintaining positive connections amid the pandemic was essential, yet difficult with an unpredictable social, economic, and political climate that is consistently breeding fear, anxiety, and desperation. The increased volume and intensity in the hotline sparked both vicarious trauma and resilience that is to be noted and acknowledged for resilience building across all levels. Yet the results of this study show that counselors and especially supervisors understand that stress can be a part of the manifestation of VR. Also, counselors expressed having a helping spirit along with internal gifts to help others and that made them feel good. Yet during the pandemic, finding proficiency in the face of new challenges was difficult, especially with remote working and loss of connections with co-workers. With new text/chat features, so many different populations to serve, and the loss of so many coping mechanisms due to COVID, made it difficult for some counselors to feel successful in their outreach.

So, it kind of forced us to really think of out-of-the-box, new things. – P5 (2019)

I found chatting and texting really, really tricky, I'm still adjusting to it, to be honest with you...So this morning, I was on a text and it was a potential suicidal situation. And I just felt so like also looking at the screen like, I've just got no idea what to say. Because even though I know exactly what I need to say, but like, how do I say it? –P11 (2020)

As far as the pandemic, I think the challenges that I struggled with mightily, we're having everybody in the house with me, while I'm taking these calls and trying to not have my children hear what I am talking about. –P10 (2021)

I think at first it was you know, a free for all where nobody knew what anything was going on. And they were just we were just trying to help people sort stuff out what was opened, it was closed. In that's gone down quite a bit. You know, there there's a lot of initially a lot of people trying to use COVID to, you know, with their custody with custody issues that weren't necessarily related to abuse. The parents were either exposing their kids or taking your kids to large gatherings and, is that considered something reportable? You know, nobody really knew. –P14 (2020)

Something that's distressing to me is when we get angry callers who think we are Child Protective Services and just unleash on us, and a lot of times, you're able to say we're a non-profit hotline, and they like, oh, okay, but sometimes they don't believe us, or they still think we should take a report or they think it's our fault that, “you know, you don't care about this child, this child is going to die you people, you people,” and they don't take like the actual input. We're not that or they'll say, “what do you do then? If you don't take reports?” “What do you do?” On those, I'm like, ouch. Let me tell you what we do. And I'm happy to tell them what we do. But it does get my heart racing when I get an angry person. But then when they don't kind of calm down after you've clearly told them we are not the agency you're mad at. And they just want to be mad. So sometimes we have to take some quote-unquote, abuse to an extent on those kinds of calls, no other calls where people are angry or abusive, or inappropriate or obscene. No, we don't play around with those. Nope, we're not here to be abused. We're not here to hear the most grotesque things that you may want to tell us because sometimes it's people trying to unfortunately get a reaction from us. Okay, I'll stop there. Anyways, we try to cut those people off pretty quick, so they don't become repeat callers. –P18 (2021)

Further, many of the counselors brought up how there is an increase of help-seekers who have started to use the hotline as a source of counseling and a way to cope with stress and trauma. Repeat help-seekers are becoming more common and also present different issues in the way of impacting the counselor.

That was the kiddo that P24 was talking about. So um, and in an individualized education plan. So, this particular help seeker had reached out about 15 times before P24 got them. We actually don't know if it's a boy or girl. The only thing we know is that they're from New York and say they are 17 most of the time. – P25 (2021)

From a supervisory role, it's hard when I guess counselors get like the repeat help seekers, I don't find them distressing or difficult but the mentality that some counselors have; they've already reached out before why are they reaching out again. They don't realize that sometimes people need to reach out a few times to take action they need to hear the same message said several times or in different ways to take action and it can be hard to kind of you know in real-time coach a counselor of like, "stop don't think like that. –P17 (2021)

I can personally say that a lot of the repeat callers. Sometimes when you feel like you're not getting anywhere with them. When have given all the resources we can, we've all said and done the same things that we can think of and come up with new ideas. We feel like we've kind of exhausted what we can do with them. But yet, they're still calling kind of with the issue over and over again, those can not be so much distressing, It's just frustrating at times. –P20 (2021)

#### **Subtheme 4: Connection and Support**

Additionally, the loss of human connection was negatively experienced at the beginning of the pandemic by counselors as they struggled with an efficient way to communicate with each other. Social connections are strongly associated with improved psychological outcomes. The Hotline counselors are a team, and it is about creating conditions that will enable people to feel valued at work. Like the help-seeker, the counselor requires a space to be heard and understood. It feels good to have the support of others, to feel heard, respected, and cared about. These are elements crucial to maintaining emotional regulation and combating compassion fatigue. Feeling valued at work creates a psychological climate of safety and acceptance where people can be honest and human. Fostering a culture of inclusion and safety is vital to the counselors and it requires effort on everyone's part as a collective responsibility.

I think for me, a big part of it is the friendships that I've made to the people that I've met, and it's almost like, you know if I really if I would feel bad not being there for them, and watching them grow as like a person and, you know, in the counselor role. Um, so a lot of it's like the relationships and working from home helps. –P17 (2021)

In high-performing teams, members add value and pay attention to the needs of

their peers, and this is supported in the discussion with the counselors. Childhelp's implementation of Microsoft Teams between 2019 and 2020, was a way to help facilitate communication and foster camaraderie that was lost due to remote work. Thus, just like text and chat for the help-seekers, this form of digital chat for the counselors created a bridge that was much needed to make sure that supervisors could check in with counselors, observe their interactions and help them in real-time if they were having a difficult call. Access to technology helps generate opportunities to meet the needs of various populations that can enhance community resilience across generations. (Tsai, 2012).

I'm pretty confident in my skills and what I can do, but like, for whatever reason, I'm always questioning it. I'm working on that. But everyone here has just been great, I appreciate the transparency of Childhelp. I really do, and the fact that like, they'll tell you like, Hey, I'm human, too. I can just send a meme or whatever because we just need to decompress. But they're very good. And we kind of had a meeting about it last night; reflectively supervising you so they're not, you don't come to them based in shame. And I feel like, for me, that's been really helpful for them to be like, no, like, I hired you. Because I believe in you. So, what do you think? That has been? Awesome, and I think I'm self-doubting less, which is great. –P22 (2021)

The Hotline meets the needs for belonging, dignity, and growth, which means sharing triggers or stressful events, values, and boundaries without judgment or shame. The counselors find it rewarding to help and be helped. Helping parents and caregivers when there has been a disclosure of abuse, and they have no idea what to do next, to navigate and being able to be there for people that don't have another place with a positive, yet realistic understanding of the developing situation is such a great asset.

I think my overarching theme is like being able to be there for people that don't have another place. So, whether that's there's a new disclosure, and parents just have no idea what to do and no idea who to call and being able to help them navigate that. –P6 (2021)



The severity of COVID-19 illness can affect the counselors' resilience, yet positive emotions have been shown to mitigate the negative impact of stress (Tugade, 2004). Resilience is easier for some than others depending on the impact of past traumatic experiences, medical and mental health conditions, and access to helpful information and resources. Studies show the frequency and intensity of stress matter (Hobfoll, 2011), and an individual's resilience is strongly influenced by external support and available resources.

### **Superordinate Theme 3: Nurturing a New Future by Making Safe Spaces for Healing and Compassion**

Creating discursive spaces and support networks can help build VR. These spaces are established through a range of strength-based approaches. Effectively working through something hard, and learning from struggle, enables the counselors to respond to the help-seeker and oneself with patience and empathy in the face of persistent stressors. Self-compassion is at the heart of empowerment, learning, and inner strength. We connect to the fact that all people suffer and are imperfect through self-compassion. Having compassion for oneself is no different than having compassion for others. That empathy involves feeling moved by others' suffering so that your heart responds and relates to their pain.

#### **Subtheme 5: Safe Spaces for Healing**

I really enjoy that we are a safe space for people. –P11 (2020)

In the positive stories shared about their work, the participants expressed their enjoyment in working for an agency that provides a confidential outlet for

people who do not feel heard or lack support. The participants made it evident that safety was a vital part of work with help-seekers. They found their connections to be rewarding and inspiring and expressed appreciation to be in a space where they can offer their skills to help others.

I felt like I did something great for the day contributed back energy out there. You know, so someone that kind of resonated with me, you know, like, not being afraid to speak up, but, you know, keeping herself safe, and, you know, being her own advocate and learning how to advocate for herself for that matter, you know, and kind of incorporating those tools so she can utilize that in order to have her own going forward as well and other situations that matter that may arise. –P2 (2021)

Counselors agreed that people just want to be heard and that they have had the opportunity to hold that space for them which makes them feel good.

Interestingly, participants expressed an unspoken yet shared tenet among them; they help everyone even if it is unrelated to child abuse. The idea that “we are here for everyone” was clear. Also central throughout the conversations, was the pattern of listening to distressed help-seekers get through a hard time by validating and allowing them to vent, release emotions, and although “you may not solve anything, they walk away feeling better, grounded, and refreshed.” The notion of “just listening” or “making them feel heard” was a simple yet effective tool the counselors employed to help all different types of help-seekers. In addition, repeated practice with the digital help-seekers facilitated best practices for text and chat.

Typically, we are the first person that heard them out. That didn't rush them, gave them the time and space that they needed, and made them feel heard. Just letting them know that you're listening. It is a very powerful, positive way to impact. Even if you can't provide the answers. –P

It was interesting to explore the focus group discussions collectively and see

the different ways that “space” was referenced by the counselors, physically, emotionally, and virtually. (See Table 6). Holding space for the help-seeker was a predominant theme in which the counselors see themselves as part of that process thus striving to create an environment in which the help-seeker could trust the counselor enough to provide personal, intimate, and sometimes painful information that can turn into a reciprocal act.

**Table 6**

*Keyword table for “space” used in transcripts*

<b>Keyword table for the word "space" in transcripts</b>	
1	to everyone, we hold that <b>space</b> for them, not just child abuse...
2	people didn't have options, no <b>space</b> , no school counselor, couldn't call
3	Giving them that <b>space</b> giving enough to come up
4	now that people get breathing <b>space</b> , go to school. Some increased
5	comfortable being true self. Hold <b>space</b> for them. Listen and validate
6	freely. This is their safe <b>space</b> to be validated and heard
7	feel I have to fill the <b>space</b> .
8	and you know, goes into <b>space</b> and your thing goes blank
9	I had to fill the <b>space</b> , whereas with a text, I
10	child abuse, we'll hold that <b>space</b> for them.
11	have the opportunity to hold <b>space</b> for them, listen, validate.
12	gave them the time and <b>space</b> they needed
13	And we're in a cubicle and people know that it's your <b>space</b> , and all that
14	after the call I just needed to be like okay, lean into my self-care in my <b>space</b> .
15	And just like you all are saying, you know, this is their safe <b>space</b> to express themselves and feelings
16	riding within those waves of <b>space</b> , so yeah, definitely for myself, it's so rewarding.
17	Feels good to be able to be that person to hold <b>space</b> for them.

## **Subtheme 6: Compassion for Self and Others**

Across the board, participants discussed the ability to hold space for self-compassion and the need to show compassion to ourselves to afford compassion for others. It is vital to take regular time-outs together and discuss non-work-related events. Self-compassion facilitates mental fortitude during difficult times, better preparing us for future challenges (Neff, 2003). It enables a certain connection, common humanity, and witnessing of others' trauma that is healing for others and the counselors give evidence to the miracles that can happen when you sit and listen to people's stories with no judgment and curiosity.

Your job is to understand who is in front of you without bringing your own stuff. It can be challenging to break down who the person is and how they need help. Supervisors like helping the counselors grow through that. – P22 (2021)

Compassion can be extended towards the self when suffering occurs through no fault of one's own—when the external circumstances of life are simply painful or difficult to bear. This is the human condition, a reality shared by all of us. Self-compassionate people recognize that being imperfect, failing, and experiencing life difficulties are inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals.

But we're human, and, you can, you know, to take it to heart, because we want to help and have it, you know, when these situations happen and, you know, kind of leaning in to how do I take care of myself, you know, so that way I can continue to serve. –P2 (2021)

People cannot always be or get exactly what they want; when this reality is denied or fought against, suffering increases in the form of stress, frustration, and

self-criticism. When this reality is accepted with sympathy and kindness, greater emotional equanimity is experienced. Also, this acknowledgment of experiences and self-reflection helps foster a growth mindset and helps learn through difficult experiences. Success does not mean solving the problem, success can be the act of being human that can also be deeply authentic and healing.

Sometimes people who call just want to be heard. And I feel like that really helps a lot to just listen, we may not solve anything, which is hard, like when you want to help people. But sometimes, a lot of times you don't solve anything, they just walk away feeling better and kind of refreshed, grounded, and so they can function or make a different choice. –P15 (2020)

### **Chapter Five Summary**

In this chapter, I reflect on the presence and meaning of vicarious resilience (VR) through the experiences of the hotline counselors over a three-year period. Specifically, I analyze ways in which changes in their workplace from 2019 to 2021 were impactful to the counselor's resilience and whether this study can further the understanding of vicarious resilience, particularly in those who work in helping professions and on the frontlines of our human-built systems that are being tested during a crisis felt by all, albeit in varying degrees. The COVID-19 pandemic has fatigued us all but there is a particular dip in the well of well-being among the "helpers", and we need to ask, how can we strengthen their resilience, which will, in turn, strengthen others? The compassionate presence displayed by the counselors can be seen as a protective factor in many ways that allows the counselors to stay calm in the face of others' suffering and also enjoy their job because they find it meaningful and healing to empower others in difficult situations. Finding meaning in difficult situations is complicated, and these counselors dedicate themselves to

that challenge with every call, text, or chat. These counselors work with emotions, uncertainty, and failure is part of the learning process. Learning from failures requires and builds resilience. Resilience is a practice, and almost like exercising a muscle, you can make the resilience muscle stronger to perform more efficiently. I believe the counselors are more experienced in working this muscle. Their ability to face others' suffering with compassion strengthens our capacity to meet the challenges in our own lives with resilience. Resilience and compassion are essential skills for the challenges ahead professionally, personally, and collectively.

In the concluding chapter, Chapter 6, I describe possibilities and suggest options for resilience awareness, especially in the workplace. I recap the study, briefly discuss its present implications for individual and organizational change, and how the ideas from the focus groups are being put into practice. I end with sharing ideas for my future research on this topic and other related subjects that can contribute solutions to a safer and healthier world.

## CHAPTER 6

### CONCLUSIONS AND IMPLICATIONS

It's that hope for them to move forward. And it's very healing. And it just grounding. And just like, you know, the gratitude that they provide to us is just so rewarding in itself to know that they're, they're navigating forward and taking those tools with them. (P2)

#### **Synthesis of Findings to Research Questions**

In this dissertation, I have examined and sought to answer four research questions collaboratively constructed to explore the lived experiences of child abuse hotline crisis counselors during the COVID-pandemic coupled with work stressors over a three-year period. In addition, I explored the concept of vicarious resilience in counselors engaged in trauma work utilizing new communication formats (text/chat) during a time of collective crisis. In this final chapter, I synthesize the findings for each research question and connect these findings to practical suggestions for helping professionals, as well as organizations exploring how to use VR in the professional workplace. I conclude the chapter with implications and ideas for future research.

I have organized the first part of this chapter around the research questions guiding the study.

1. How has the implementation of text and chat altered the Childhelp counselors' professional quality of life?
2. How has COVID-19 and remote working altered the Childhelp counselors' professional quality of life?
3. How have these changes from 2019 to 2021 impacted the counselor's vicarious resilience?

4. How does the Childhelp Hotline case study inform our understanding of vicarious resilience?

### **Responses to Research Questions**

#### **How has the implementation of text and chat altered the Childhelp counselors' professional quality of life?**

Throughout this research, counselors expressed higher levels of compassion satisfaction over compassion fatigue as a result of the hotline offering text and chat. From the counselors' experiences, there was a consensus that the younger generation favors texts and chats over phone calls, and this new communication format presents clear benefits for a help-seeker needing a confidential and professional space to disclose abuse.

Counselors described how text and chat can foster the creation of a safe space that allows for vulnerability and storytelling, especially for youth. The screen acts as a shield protecting from embarrassment, guilt, or shame, allowing people to reach out inaudibly. In addition, text and chat increase the ability to create a space for growth, reflection, and empowerment for both the help-seeker and counselor.

However, this new type of counselor interaction requires new skills. Counselors highlighted the move from speaking to writing yet knowing that it is still a language that has the capability to facilitate helping and healing. The rewarding feeling they get working with text and chat help-seekers helps keep their levels of compassion satisfaction, and happiness up. They agreed that most text and chat help-seekers would not have reached out and connected with Childhelp if no text or chat option was available, thus it is critical to provide high-quality chat/text services to survivors of abuse.



Understanding the impact that these counselors have experienced in adapting to the implementation of text and chat is beneficial. I believe more research like this study is needed to prepare organizations for a digital advocacy model that offers text and chat with quality implementation, evaluation, and dissemination. The need for future research and this knowledge gap became more urgent during the COVID-19 pandemic.

**How has COVID-19 and remote working altered the Childhelp counselors' professional quality of life?**

Helping professionals have long experienced high levels of stress and burnout, and the COVID-19 pandemic only exacerbated the problem with counselors seeing an unprecedented number of help-seekers with compounded trauma (i.e., deep psycho-spiritual wounds, embodiment and expression of ACEs, intergenerational trauma, bullying, system stressors, family stressors, shame, racism). Technology also became a central issue for many during the pandemic, including the counselors with remote work, who saw it as a blessing and a curse. As a result of the uncertainty of COVID and other societal stressors, the counselors discussed the need to be aware and reflect on the risks and warning signs of compassion fatigue, including burnout and vicarious trauma, and not be afraid to take breaks or ask for help.

Counselors' professional experience and years were voiced as a strength and a useful part in building one's knowledge about strategies to promote well-being for others and themselves. On the whole, counselors expressed the importance of stopping on a regular basis to slow down, take pauses, reflect, and ask oneself if current activities are consistent with self-care supports attempts to integrate self-care into daily life. While many mentioned the positives of being at home (pets, family, pictures of loved ones,

nearby bathroom, medicine cabinet), many agreed that they were still adapting and concerned about the loss of socialization with co-workers. Counselors suggested that compassion fatigue could be minimized during COVID by setting firm work boundaries as well as having a supportive work team including good relationships with supervisors and co-workers.

There were many areas of growth for the counselors and while this can be rewarding, it can also be difficult as they work through the growing pains of responding to COVID and its pervasive impacts. Counselors expressed concern for youth who are now facing intensifying trauma and need help with emotional regulation and coping skills. These concerns by the counselors strengthen the need to teach those on the front lines of this mental health crisis how to coach the help-seeker in getting support and infusing coping skills that they need to thrive.

**How have these changes from 2019 to 2021 impacted the counselors' vicarious resilience?**

The changes from 2019 to 2021 altered the counselor's professional quality of life more positively than negatively, also affirming the presence of VR. Studying the lived experiences of the counselors and VR created themes that reflect healing the past in order to forge a better future. Each call, text, or chat a counselor responds to begins with the help-seeker reaching out with a story. The counselor is essential to creating a safe space and building trust in a short amount of time so that the help-seeker can share their story, a scary and difficult process.

Counselors coach help-seekers face fear and reality with empathy and compassion. Trauma is good at making people shut down when asked to face fears, it

makes you want to withdraw and surrender. Also, our society does not give people the right tools to engage or know how best to proceed when dealing with trauma. The counselor is excellent for reframing and projecting a new image of the situation for the help-seeker which is rewarding to the counselor. Helping is healing and despite the challenge of healing shame wounds, counselors enjoy empowering survivors and those in need.

The counselors' past and previous experience are very important as it provides a lens through which they see the world and mirror that to others. It takes an incredible amount of vulnerability and hard work to reflect and change especially, before shining the light to help others see in the dark or giving them skills to shine their own light. So often the layers of trauma and healing are dismissed particularly for the most vulnerable and marginalized, and we live in a society that capitalizes on ignoring these wounds or pretending they do not exist. Vulnerability is being human, flawed, and humble, and it gives others permission to also be vulnerable. Therefore, learning from the counselors how to use vulnerability as a strength and vehicle for more authentic interactions is a potential outcome of this work. I believe we need to develop more safe spaces that provide a professional and trauma-informed response to disclosure or seeking resources related to violence or abuse. The counselors respect the relationship between vulnerability and truth-telling and discuss that success is not solving the help-seekers problems but creating a safe space where the help-seeker can be heard, validated, and given tools to help them manage their safety or the safety of others.

Our present life is problem-focused and typically works to solve problems using a deficit lens rather than an asset-based lens. This erodes our capacity to dream and re-

imagine a world that prioritizes love, respect, and well-being. In creating the presence of something, we are replacing absence. In developing connection and support, the counselors found that they could connect on a deeper level for creating transformative relationships and safe spaces for healing and compassion. Their philosophy and vision for creating spaces to heal also present the ability to start developing a language that cultivates compassion, care, and hope.

Cultivating a capacity for kindness, empathy and other positive ingredients of humanity is necessary for engagement in deeper forms that can be lasting and impactful for the future and contribute to VR. The counselors' ideas of care for the self and others move us as a society to a better place, taking risks, feeling discomfort, doing hard things, and growing from it. The counselors also remind us of the importance of space, time, and rest. Particularly, the use of space by the counselors (holding space for others, breathing space, workspace, technological and virtual space) was vital in examining other factors taking place as the words and stories of the help-seekers are shared.

The concept of time was addressed by the counselors in a couple of related issues such as how much longer it takes in building a relationship with the help-seeker in a text and chat session. Also, the amount of time in the field, and needing time for breaks and self-care. Sadly, rest in our society is a privilege and the counselors shed light on a larger issue of rest inequality. Those in helping professions often do not take the time to take care of their health and well-being because they work so much. Advocacy organizations can be better informed on how to facilitate a healthier work culture and climate by looking at how to give their counselors time to rest and re-energize, as part of a community of care and mutual support.

## **How does the Childhelp Hotline case study inform our understanding of vicarious resilience?**

Based on these findings, the counselors discussed ways they counterbalanced professional and personal adversity and stress, with purpose and deep personal satisfaction developed by helping and witnessing resilience. This confirms the established VR recipe of witnessing struggle and strength into a dynamic, reciprocal healing exchange. This study also confirms that the construct of VR is a transformative lens of care for a trauma worker that can support the retention of counselors in the helping field. The data in this study also highlight the importance of bringing awareness and its positive effects to organizations and agencies responsible for leading and guiding helping professionals. Time and space for self-care should not fall solely on the individual and a healthy trauma-informed work environment should prioritize self-care and foster community. Building with encouragement, culture building, healing spaces, and using a trauma-informed framework is crucial in this type of work.

In this study, counselors affirmed the importance of preventative wellness while highlighting the impact related to the lack of attentiveness towards counselors' well-being such as impairment, vicarious trauma, compassion fatigue, and burnout. The VR lens includes substantial benefits for the counselor's well-being when collaborating in a trauma-informed environment central to listening, validating, and reframing.

Empowerment and resilience were particularly notable with the supervisors who supported their counselors in assisting help-seekers. The counselors established that their work not only has a positive effect on their professional quality of life but also provides tools of empowerment for difficult decision-making that can add to the contributing

positive effects like VR. Further, counselors vocalized a shared theme that described how they felt empowered and satisfied in connecting with people in need of support, whether that was a help-seeker or a fellow hotline counselor. They spoke about the ability to feel invigorated when providing direction to help seekers and other counselors assisting help-seekers. The practice of new skills can enhance the skills of the counselor to provide trauma-informed services. It is important to provide an environment that includes space in which counselors feel open to discussing all aspects of their professional quality of life, the good, the bad, and the ugly. Thereby promoting vulnerability as a strength and well-being as an organizational principle.

The themes reflected in chapters 4 and 5 reflect VR as a dynamic exchange that is reciprocal. These themes and perceptions are those that can add to the concept of VR, as the counselor's stories give way to a better understanding of facilitating adaptation and resilience, in a work setting. Sharing this information among researchers is not enough, it needs to be shared with the public, community, stakeholders, leaders, and policymakers.

### **Implications for Research and Theory**

Real-world implications from my data are practical and social-justice oriented. I will begin with the practical, and present some of the changes that have been applied at the Childhelp Hotline since the start of the research with counselor focus groups. I then apply a social justice lens to the findings to suggest future research and contributions to theory.

As a result of the initial focus group, the Hotline began introducing Trauma-Informed Programming in 2019 by training the hotline staff on the tenets of TIP and demonstrating the application of these tenets in Hotline and Crisis counseling work. In

2020, after the start of the pandemic, the Hotline started using Microsoft Teams for internal chat which was instrumental in helping the counselors internally communicate as well as provide a platform for support when counselors were struggling. In 2021, the Hotline pivoted to an intentional focus on the need for leadership buy-in and modeling TIP. In this endeavor, the model of supervision provided to counselors was examined. The Reflective Supervision and Consultation model was found to be the most widely used in Trauma-Informed Programs and the concept was introduced to the leaders and supervisors through an introduction to the reflective supervision module. A trainer was hired to determine areas of strength and growth and topics were developed for further training. On a monthly basis, targeted topic training (e.g., giving corrective feedback) has been provided to supervisors in monthly supervisor meetings.

Per a social justice lens, these findings indicate that more discussions around healing trauma by disclosing emotions and fears that are often overlooked, ignored, or deemed inconsequential. Therefore, through these share stories of the counselors, I urgently see the necessity for more healing spaces and discussions of trauma, particularly in a workspace. Organizations can make a big difference by becoming more vicarious trauma-informed and working to proactively address the impact of vicarious trauma on their staff. In addition, talking to colleagues about signs of distress and supporting them in taking steps to take care of themselves, including connecting them with resources is essential. Emotionless ways of existing are reinforced and we need to go further than just being aware, we need to live these concepts. The counselors' stories of resilience and fortitude are grounded in concepts of listening, validating, processing, and giving tailored support with opportunities, loving connections, and structure. In order to enhance their

sense of well-being and sustain a high quality of work, this means the employer takes on the responsibility of being aware of risk factors that may contribute to developing compassion fatigue in the form of becoming burnt out or experiencing vicarious trauma reactions. Helpers often lack the insight, knowledge, or energy to develop and sustain effective self-care strategies. They may also work in institutions or settings that do not emphasize, support, or promote healthy work environments or the well-being of staff.

As a researcher and social justice advocate, I believe we need to apply new frameworks and positive ways of approaching trauma rather than a deficit lens. There are ample opportunities for positive outcomes for health and mental health clinicians who choose to work with survivors of trauma. The consequences of engaging in such work are not all negative. VR and developing trauma-informed practice can counterbalance the harmful effects of vicarious trauma on trauma clinicians and promote their well-being and ability to continue their chosen careers for years to come.

### **Concluding Thoughts on VR and the Future**

The occurrence of burnout amongst helping workers and other helping professionals is a persistent problem, despite efforts made by individuals and organizations to prevent negative effects. Quantitative studies consistently validate the correlation between stress and burnout and while these studies are important, there is so much more to the story. The aim of this study was to put forth a qualitative, in-depth long-term study that brings to light the many human layers that exist within his relationship to better inform trauma literature and trauma work.

Social change is connected to our own healing and well-being. Especially working with young people dealing with so many environmental factors. There are very



few spaces for these young people to deal with all their wounds. Responsibility for those of us who love justice, we look to our ancestors and their strength and resilience. The potential for VR in professional settings can touch and illuminate layers of perceptions, like shining a flashlight into a dark room uncovering what is concealed by the dark. For the wounded, and the healers, there is trauma, and we need to invest as a society in healing those wounds, reducing trauma. Some of us are walking a path of healing, some of us are walking a path of awakening, and others are not on the path. Yet, understanding that we are all interconnected as we are part of each other, and everything is part of a circular pattern of sacred give and take and it is our responsibility to help those who give of themselves to help others. VR shed light and exposed positive effects, purpose, and meaning that can come from helping others.

This is a prescription for how we should treat each other as human beings. It is the antithesis of dehumanization. The Mayan civilization conceived the universe as a great unity where everything is connected. The people, the community, the animals, plants, and spirits are all one, and nothing exists without a relationship to the other. We are pieces that are part of a whole and nothing can be separated from the other. This concept and ancestral wisdom is called *In Lak'ech AlaK'in*, which means I am you, and you are me. (Valdez & Paredes, 1968). At a time of extreme stressors, In Lak Ech also permits us to understand our body, mind, and spirit connection to everything. If we love ourselves, we will take care of ourselves and in turn love others. In Lak Ech is the love of others, the love of ourselves, the love of humanity, the love of life, the love of the universe, we create peace, dignity, equality, and justice. As humans, we are living beings that are interconnected to all life forms and constantly engaged in transformations.

To simply know and be familiar with and understand concepts like VR is meaningless. We need to acknowledge the pain that lives in us and our collective. We need to make space for families to heal without re-traumatizing. If the concepts are not lived, thus there is no way to create a positive reality for all life. Healing lineages is healing lives so that hurt people stop hurting other people. That is the long-term impact goal, restoring wholeness and a sense of dignity and awareness of connections we are taught to ignore. VR also has the potential to allow us to create a better world than the one we live in now and a better world for those generations that will follow us.

The current outcomes have surpassed my hope of being able to influence and assist the hotline and its counselors in a small way. For further research, I would like to expand a section of this work on gender and the fact that most of these counselors are women. Moreover, it has been suggested that researchers studying resilience should employ prospective and longitudinal qualitative methods to explore the process over time (Bryan et al., 2019) and I agree and would like to continue researching the counselors and conducting more focus groups in 2022 to gain further awareness of their resiliency as the pandemic continues and environmental stressors continue.

## REFERENCES

- Abell, J., Locke, A., Condor, S., Gibson, S., & Stevenson, C. (2006). Trying similarity, doing difference: The role of interviewer self-disclosure in interview talk with young people. *Qualitative Research*, 6(2), 221-244.
- Acevedo, V. E., & Hernandez-Wolfe, P. (2014). Vicarious Resilience: An Exploration of Teachers and Children's Resilience in Highly Challenging Social Contexts. *Journal of Aggression, Maltreatment & Trauma*, 23(5), 473-493. <https://doi.org/10.1080/10926771.2014.904468>
- Acevedo, V. E., & Hernandez-Wolfe, P. (2020). Community Mothers and Vicarious Resilience: An Exploration in a Colombian Community. *Journal of Humanistic Psychology*, 60(3), 365-383. <https://doi.org/10.1177/0022167817717840>
- Afuape, T. (2011). *Power, Resistance and Liberation in Therapy with Survivors of Trauma: To Have Our Hearts Broken* (1st ed.). Routledge. <https://doi.org/10.4324/9780203806401>
- Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, 19(2), 181-188. <https://doi.org/10.1080/09515070600811899>
- Barrio Stories Project. (2019). *Urban Renewal for Slum Clearance and Redevelopment of the Old Pueblo District- Tucson, AZ 1961*. <http://www.barriostories.org/wp-content/uploads/2015/11/Urban-renewal-for-Slum-Clearance-by-City-of-Tucson-1961.pdf>
- Barrios, R. E. (2016). Resilience: A commentary from the vantage point of anthropology. *Annals of Anthropological Practice*, 40(1), 28-38.
- Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment. *Journal of Public Economics*, 190, 104258.
- Bartoskova, L. (2015). Research into post-traumatic growth in therapists: A critical literature review. *Counselling Psychology Review*, 30(3), 57-68.
- Branson, D. C., Weigand, D. A., & Keller, J. E. (2014). Vicarious trauma and decreased sexual desire: A hidden hazard of helping others. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(4), 398-403. <https://doi.org/10.1037/a0033113>
- Beck, C. T. (2011). Secondary Traumatic Stress in Nurses: A Systematic Review. *Archives of Psychiatric Nursing*, 25(1), 1-10. <https://doi.org/10.1016/j.apnu.2010.05.005>
- Becker-Blease, K. A., Turner, H. A., & Finkelhor, D. (2010). Disasters, Victimization, and Children's Mental Health: Disasters, Victimization, and Mental Health. *Child Development*, 81(4), 1040-1052. <https://doi.org/10.1111/j.1467-8624.2010.01453.x>

- Berger, R., & Quiros, L. (2016). Best practices for training trauma-informed practitioners: Supervisors' voice. *Traumatology*, 22(2), 145–154. <https://doi.org/10.1037/trm0000076>
- Bell, S., Hopkin, G., & Forrester, A. (2019). Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: An Exploratory Survey. *Issues in Mental Health Nursing*, 40(4), 304–309. <https://doi.org/10.1080/01612840.2018.1534911>
- Boscarino, J. A., Adams, R. E., & Figley, C. R. (2010). Secondary trauma issues for psychiatrists. *Psychiatric Times*, 27(11), 24–26.
- Budinger, M. C., Cwik, M. F., & Riddle, M. A. (2015). Awareness, Attitudes, and Use of Crisis Hotlines among Youth At-Risk for Suicide. *Suicide and Life-Threatening Behavior*, 45(2), 192–198. <https://doi.org/10.1111/sltb.12112>
- Butler, J. (2011). *Bodies That Matter: On the Discursive Limits of Sex* (1st ed.). Routledge. <https://doi.org/10.4324/9780203828274>
- Childhelp National Child Abuse Hotline. (2021). *Final Evaluation Report*. Hotline Research. <https://childhelphotline.org/research/>
- Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. C. (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services*, 11(1), 75–86. <https://doi.org/10.1037/a0033798>
- Collins, S., & Long, A. (2003). Too tired to care? The psychological effects of working with trauma. *Journal of psychiatric and mental health nursing*, 10(1), 17-27.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE publications.
- Dalenberg, C. J. (2000). *Countertransference and the treatment of trauma*. American Psychological Association. <https://doi.org/10.1037/10380-000>
- DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review*, 30(9), 995–1008. <https://doi.org/10.1016/j.childyouth.2007.12.017>
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 179–194). London: Sage.
- Edelkott, N., Engstrom, D. W., Hernandez-Wolfe, P., & Gangsei, D. (2016). Vicarious Resilience: Complexities and Variations. *American Journal of Orthopsychiatry*. <https://doi.org/10.1037/ort0000180>
- Elwood, L. S., Mott, J., Lohr, J. M., & Galovski, T. E. (2011). Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implications

for trauma-focused treatment. *Clinical Psychology Review*, 31(1), 25–36.  
<https://doi.org/10.1016/j.cpr.2010.09.004>

Engstrom, D., Hernandez, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. *Traumatology*, 14(3), 13–21.  
<https://doi.org/10.1177/1534765608319323>

Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of phenomenological psychology*, 43(1), 13-35.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.  
[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

Figley, C.R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *J. Clin. Psychol.*, 58: 1433-1441. <https://doi.org/10.1002/jclp.10090>

Figley, C. & Kiser, L. (2013). *Helping Traumatized Families*. New York: Routledge – Taylor & Francis Group.

Fitzpatrick, M., Benson, C., & Bondurant, S. (2020). *Beyond Reading, Writing, and Arithmetic: The Role of Teachers and Schools in Reporting Child Maltreatment* (No. w27033; p. w27033). National Bureau of Economic Research.  
<https://doi.org/10.3386/w27033>

Flick, U. (2007). Qualitative research designs. *Designing qualitative research*, 109-114.

Flowers, P., Knussen, C., & Duncan, B. (2001). Re-appraising HIV testing among Scottish gay men: The impact of new HIV treatments. *Journal of health psychology*, 6(6), 665-678.

Garmezzy, N., & Masten, A. S. (1986). Stress, competence, and resilience: Common frontiers for therapist and psychopathologist. *Behavior Therapy*, 17(5), 500–521. [https://doi.org/10.1016/S0005-7894\(86\)80091-0](https://doi.org/10.1016/S0005-7894(86)80091-0)

Gentry, J. E., & Baranowsky, A. B. (2002). *Compassion fatigue resiliency – a new attitude*. 24.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Duquesne University Press.

Griffith, A. K. (2020). Parental Burnout and Child Maltreatment During the COVID-19 Pandemic. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-020-00172-2>.

- Gould, M. S., Greenberg, T., Munfakh, J. L. H., Kleinman, M., & Lubell, K. (2006). Teenagers' attitudes about seeking help from telephone crisis services (hotlines). *Suicide & Life-Threatening Behavior*, 36(6), 601–613. <https://doi.org/10.1521/suli.2006.36.6.601>
- Gould, M. S., Cross, W., Pisani, A. R., Munfakh, J. L., & Kleinman, M. (2013). Impact of Applied Suicide Intervention Skills Training (ASIST) on National Suicide Prevention Lifeline Counselor. *Suicide & Life-Threatening Behavior*, 43(6), 10.1111/sltb.12049. <https://doi.org/10.1111/sltb.12049>
- Gould, D. (2016). Quality coaching counts. *Phi Delta Kappan*, 97(8), 13–18. <https://doi.org/10.1177/0031721716647012>
- Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training*, 46(2), 203–219. <http://dx.doi.org.ezproxy1.lib.asu.edu/10.1037/a0016081>
- Hatcher, R., & Noakes, S. (2010). Working with sex offenders: The impact on Australian treatment providers. *Psychology, Crime & Law*, 16(1-2), 145–167. <https://doi.org/10.1080/10683160802622030>
- Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the Impact of Trauma on Therapists: Vicarious Resilience and Related Concepts in Training. *Journal of Systemic Therapies*, 29(1), 67–83.
- Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma. *Family Process*, 46(2), 229–241. <https://doi.org/10.1111/j.1545-5300.2007.00206.x>
- Hernández-Wolfe, P., & Acevedo, V. E. (2020). Helping injured animals helps the helper, too: Vicarious resilience and the animal–human bond. *Ecopsychology*. <https://doi.org/10.1089/eco.2020.0038>
- Hernández-Wolfe, P. (2018). Vicarious Resilience: A Comprehensive Review. *Revista de Estudios Sociales*. <https://revistas.uniandes.edu.co/doi/full/10.7440/res66.2018.02>
- Hernández-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious Resilience, Vicarious Trauma, and Awareness of Equity in Trauma Work. *Journal of Humanistic Psychology*, 55(2), 153–172. <https://doi.org/10.1177/0022167814534322>
- Hurley, D. J., Alvarez, L., & Buckley, H. (2015). From the zone of risk to the zone of resilience: Protecting the resilience of children and practitioners in Argentina, Canada, and Ireland. *International Journal of Child, Youth and Family Studies*, 6(1), 17–51.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Northwestern University Press.
- Killian, K., Hernandez-Wolfe, P., Engstrom, D., & Gangsei, D. (2016). Development of the Vicarious Resilience Scale (VRS): A Measure of Positive Effects of Working With Trauma Survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi.org/10.1037/tra0000199>

Knowles, R., Sasser, D. D., & Garrison, M. E. B. (2010). Family resilience and resiliency following Hurricane Katrina. In R. P. Kilmer, V. Gil-Rivas, R. G. Tedeschi, & L. G. Calhoun (Eds.), *Helping families and communities recover from disaster: Lessons learned from hurricane Katrina and its aftermath* (pp. 97–115). American Psychological Association. <https://doi.org/10.1037/12054-004>

Knox, K. S., & Roberts, A. R. (2016). The Crisis Intervention Model. In N. Coady & P. Lehmann (Eds.), *Theoretical Perspectives for Direct Social Work Practice* (pp. 249–272). Springer Publishing Company. <https://doi.org/10.1891/9780826119483.0011>

Lambert, S. F., & Lawson, G. (2013). Resilience of Professional Counselors Following Hurricanes Katrina and Rita. *Journal of Counseling & Development, 91*(3), 261–268. <https://doi.org/10.1002/j.1556-6676.2013.00094.x>

Larkin, M., Shaw, R., & Flowers, P. (2019). Multiperspectival designs and processes in interpretative phenomenological analysis research. *Qualitative Research in Psychology, 16*(2), 182-198.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development, 71*(3), 543-562.

Liebling, H., Davidson, L., Akello, G. F., & Ochola, G. (2016). The experiences of survivors and trauma counselling service providers in northern Uganda: Implications for mental health policy and legislation. *International Journal of Law and Psychiatry, 49*, 84–92. <https://doi.org/10.1016/j.ijlp.2016.06.012>

Lounsbury, C. J. (2006). *Risk and protective factors of secondary traumatic stress in crisis counselors* (Order No. 3220694). ProQuest Dissertations & Theses Global. (305300249). <http://login.ezproxy1.lib.asu.edu/login?url=https://www.proquest.com/dissertations-theses/risk-protective-factors-secondary-traumatic/docview/305300249/se-2?accountid=4485>

Love, B., Vetere, A., & Davis, P. (2020). Should interpretative phenomenological analysis (IPA) be used with focus groups? Navigating the bumpy road of “iterative loops,” idiographic journeys, and “phenomenological bridges”. *International Journal of Qualitative Methods, 19*, 1609406920921600.

Masten, A., & Coatsworth, D. (1998). The Development of Competence in Favorable and Unfavorable Environments: Lessons from Successful Children. *American Psychologist 53* (2): 205–220.

Masten, A. S., & Cicchetti, D. (2012). Risk and resilience in development and psychopathology: The legacy of Norman Garmezy. *Development and Psychopathology, 24*(2), 333–334. <https://doi.org/10.1017/S0954579412000016>

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology, 23*(2), 493–506. <https://doi.org/10.1017/S0954579411000198>

- Masten, A. S. (2014). Global Perspectives on Resilience in Children and Youth. *Child Development*, 85(1), 6–20. <https://doi.org/10.1111/cdev.12205>
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131–149. <https://doi.org/10.1007/BF00975140>
- McCormack, L., & Adams, E. L. (2016). Therapists, complex trauma, and the medical model: Making meaning of vicarious distress from complex trauma in the inpatient setting. *Traumatology*, 22(3), 192–202. <https://doi.org/10.1037/trm0000024>
- Meffert, S. M., Musalo, K., McNeil, D. E., & Binder, R. L. (2010). The Role of Mental Health Professionals in Political Asylum Processing. *Journal of the American Academy of Psychiatry and the Law Online*, 38(4), 479–489.
- Michalchuk, S., & Martin, S. L. (2019). Vicarious resilience and growth in psychologists who work with trauma survivors: An interpretive phenomenological analysis. *Professional Psychology: Research and Practice*, 50(3), 145–154. <http://dx.doi.org.ezproxy1.lib.asu.edu/10.1037/pro0000212>
- Miller, M. K., Flores, D. M., & Pitcher, B. J. (2010). Using Constructivist Self-Development Theory to Understand Judges' Reactions to a Courthouse Shooting: An Exploratory Study. *Psychiatry, Psychology and Law*, 17(1), 121–138. <https://doi.org/10.1080/13218710902930309>
- Morgan, D. L. (1996). *Focus groups as qualitative research* (Vol. 16). Sage publications.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage publications.
- Nelson, C., & Cyr, K. S. (2015). What factors are associated with vicarious resilience. *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience*, 99-105.
- Neswald-Potter, R., & Simmons, R. T. (2016). Regenerative supervision: A restorative approach for counsellors impacted by vicarious trauma. *Canadian Journal of Counselling and Psychotherapy*, 50(1), 75–90.
- Nuttman-Shwartz, O. (2015). Shared Resilience in a Traumatic Reality A New Concept for Trauma Workers Exposed Personally and Professionally to Collective Disaster. *Trauma, Violence, & Abuse*, 16(4), 466–475. <https://doi.org/10.1177/1524838014557287>
- Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative research in psychology*, 7(2), 99-121.
- Pearlman, L. A., & Saakvitne, K. (1996). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York, NY: W. W. Norton.
- Priest, G. (2002). *Beyond the limits of thought*. Oxford University Press.



- Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: A discussion and critique. *Nurse researcher*, 18(3).
- Pyles, L. (2020). Healing Justice, Transformative Justice, and Holistic Self-Care for Social Workers. *Social Work*, 65(2), 178–187. <https://doi.org/10.1093/sw/swaa013>
- Quitangon, G., & Evces, M. R. (Eds.). (2015). *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience*. Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9781315761343>
- Radey, M., & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35, 207–214. <http://dx.doi.org/10.1007/s10615-007-0087-3>
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The psychologist*.
- Richardson, J. I., & National Clearinghouse on Family Violence (Canada), P. H. A. of C. (2001). *Guidebook on vicarious trauma: Recommended solutions for anti-violence workers*. National Clearinghouse on Family Violence, Public Health Agency of Canada.
- Rippon, D., McDonnell, A., Smith, M., McCreadie, M., & Wetherell, M. (2020). A grounded theory study on work related stress in professionals who provide health & social care for people who exhibit behaviours that challenge. *PLOS ONE*, 15(2), e0229706. <https://doi.org/10.1371/journal.pone.0229706>
- Rogers, K. C., Bobich, M., & Heppell, P. (2016). Further Consideration of Systems, Stigma, Trauma, and Access to Care. *Pragmatic Case Studies in Psychotherapy*, 12(2), 139–157.
- Russell, D., Hopkins, J.S., Deneen, S. (2020). *Amid COVID-19, Calls and Texts to Mental Health Helplines are Surging*. Columbia Journalism Investigations, the Center for Public Integrity and Investigate West, <https://www.invw.org/2020/04/24/amid-coronavirus-calls-and-texts-to-mental-health-hotlines-are-surfing/>
- Saakvitne, K. W., Tennen, H., & Affleck, G. (1998). Exploring thriving in the context of clinical trauma theory: Constructivist self development theory. *Journal of social issues*, 54(2), 279-299.
- Schauben, L. J., & Frazier, P. A. (1995). Vicarious Trauma: The Effects on Female Counselors of Working with Sexual Violence Survivors. *Psychology of Women Quarterly*, 19(1), 49–64. <https://doi.org/10.1111/j.1471-6402.1995.tb00278.x>
- Schwab-Reese, L., Kanuri, N., & Cash, S. (2019). Child Maltreatment Disclosure to a Text Messaging–Based Crisis Service: Content Analysis. *JMIR MHealth and UHealth*, 7(3), e11306. <https://doi.org/10.2196/11306>
- Shaw, R., Burton, A., Xuereb, C. B., Gibson, J., & Lane, D. (2014). *Interpretative phenomenological analysis in applied health research*. SAGE Publications, Ltd..
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, 22(2), 63-75.

- Silveira, F. S., & Boyer, W. (2015). Vicarious Resilience in Counselors of Child and Youth Victims of Interpersonal Trauma. *Qualitative Health Research*, 25(4), 513–526. <https://doi.org/10.1177/1049732314552284>
- Sinclair, S., Raffin-Bouchal, S., Venturato, L., Mijovic-Kondejewski, J., & Smith-MacDonald, L. (2017). Compassion fatigue: A meta-narrative review of the healthcare literature. *International journal of nursing studies*, 69, 9–24. <https://doi.org/10.1016/j.ijnurstu.2017.01.003>
- Sinko, L., He, Y., Kishton, R., Ortiz, R., Jacobs, L., & Fingerman, M. (2021). “The Stay at Home Order is Causing Things to Get Heated Up”: Family Conflict Dynamics During COVID-19 From The Perspectives of Youth Calling a National Child Abuse Hotline. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-021-00290-5>
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39 – 54.
- Smith, J. A., & Osborn, M. (2009). Interpretative Phenomenological Analysis. *Qualitative Psychology*, 28.
- Smith, J., Flowers, P., & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. In *Qualitative Research in Psychology* (Vol. 6).
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health psychology review*, 5(1), 9-27.
- Smith, J. A., & Nizza, I. E. (2021). *Essentials of Interpretative Phenomenological Analysis*. American Psychological Association. <https://books.google.com/books?id=A6RXzgEACAAJ>
- Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumatology*, 4, 10.3402/ejpt.v4i0.21869. <https://doi.org/10.3402/ejpt.v4i0.21869>
- Sorenson, C., Bolick, B., Wright, K., & Hamilton, R. (2017). An Evolutionary Concept Analysis of Compassion Fatigue. *Journal of Nursing Scholarship*, 49(5), 557–563. <https://doi.org/10.1111/jnu.12312>
- Sparrowe, R. T., & Mayer, K. J. (2011). Publishing in AMJ—part 4: grounding hypotheses. *Academy of Management Journal*, 54(6), 1098-1102.
- Splevins, K. A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious Posttraumatic Growth Among Interpreters. *Qualitative Health Research*, 20(12), 1705–1716. <https://doi.org/10.1177/1049732310377457>
- Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology*. Sage.

- Stamm, B. H. (2010). *The concise ProQOL manual*. Retrieved from [https://nbpsa.org/images/PRP/ProQOL\\_Concise\\_2ndEd\\_12-2010.pdf](https://nbpsa.org/images/PRP/ProQOL_Concise_2ndEd_12-2010.pdf)
- Tomkins, L., & Eatough, V. (2010). Reflecting on the use of IPA with focus groups: Pitfalls and potentials. *Qualitative Research in Psychology*, 7(3), 244-262.
- Ungar, M. (2011). *Social Ecology of Resilience: A Handbook of Theory and Practice*. New York: Springer.
- Ungar, M. (2013). Resilience, Trauma, Context, and Culture. *Trauma, Violence, & Abuse*, 14(3), 255–266. <https://doi.org/10.1177/1524838013487805>
- U.S. Department of Health & Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). *Child Maltreatment 2018*. <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, New York: Viking.
- Werner, E., & Smith, R. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Bannister and Cox.
- Wiley, Lindsay F. (2014) "Health Law as Social Justice," *Cornell Journal of Law and Public Policy*: Vol. 24: Issue 1, Article 2. <https://scholarship.law.cornell.edu/cjlp/vol24/iss1/2>
- Willig & Stainton Rogers, W. (2017). *The SAGE handbook of qualitative research in psychology* (Second edition.). SAGE Reference.
- Wilson, J. P., & Lindy, J. D. (1994). *Countertransference in the treatment of PTSD*. Guilford Press.
- Weingarten, K. (2003). *Common shock: Witnessing violence every day*. New York: Dutton.
- Yates, T. M., & Masten, A. S. (2012). Fostering the Future: Resilience Theory and the Practice of Positive Psychology. In P. A. Linley & S. Joseph (Eds.), *Positive Psychology in Practice* (pp. 521–539). <https://doi.org/10.1002/9780470939338.ch32>
- Zeidner, M., Hadar, D., Matthews, G., & Roberts, R. D. (2013). Personal factors related to compassion fatigue in health professionals. *Anxiety, Stress & Coping*, 26(6), 595–609. <https://doi.org/10.1080/10615806.2013.777045>
- Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior*, 40(4), 381-383. 381-383.

APPENDIX A  
2019 FOCUS GROUP QUESTIONS

1. Let us go around and have everyone share a positive experience regarding the hotline's text/chat services.
2. What advantages does text/chat have for the help seeker?
3. From the counselor perspective, what suggestions do you have for improving text/chat services?
4. What counselor skills are important in text/chat interactions that are different from phone call interactions?
  - a. Does the age of the help seeker play a role in the difference of the interaction? If so, how?
5. Tell us important practices for text/chat interactions that you have learned.
  - a. Are those practices the same or different from phone calls?
6. To what extent was the training process satisfactory in preparing you to handle text/chat interactions?
  - a. What additional training would be helpful to prepare you to handle text/chat interactions?
7. Are you able to provide feedback to decision makers regarding text/chat services?
  - a. Do you feel that your input regarding text/chat services is valued and heard?
  - b. Do you feel supported by the (shift) supervisors in real time when you are engaged in a text/chat conversation?
8. Do you believe that offering text and chat is a good direction for the hotline and why?

APPENDIX B  
2020 FOCUS GROUP QUESTIONS

Reflecting on the last 4 months since the start of COVID -19 lockdowns (March, April, May, June)

1. How frequently are you hearing distressing content pertaining to the COVID-19 pandemic?
  - a. To what degree do you think the frequency of contacts has increased due to the COVID-19 pandemic?
2. What kinds of stories are particularly distressing in reference to COVID-19?
3. Due to the added stress of the COVID-19 pandemic, is your hotline work more challenging with respect to your personal well-being? If yes,
  - a. Do you receive support from your organization and/or supervisors?
  - b. What coping mechanisms, if any, have you developed to help mitigate the potentially negative effects of increased distressing content?
4. Does organizational culture encourage you to use resources to prevent, mitigate and/or treat the adverse impact of trauma exposure?
  - a. Which of those resources have been used? Which are found to be the most useful and why?
  - b. What are some self-care strategies that you can use to support the difficulties you may experience at work?
5. Do you have any suggestions for staff who experience vicarious trauma/compassion fatigue?
6. What training has been offered to raise awareness of or mitigate the adverse impact of trauma exposure?

7. What additional training would you like offered to raise awareness of or mitigate the adverse impact of trauma exposure?
  - a. Possible examples
    - i. ACES – education about trauma triggers
    - ii. Resilience - Handling the emotional impact of helpline work
    - iii. First Things First
    - iv. Office of Sex Trafficking Intervention Research



APPENDIX C

2021 FOCUS GROUP QUESTIONS

1. Let us go around and have everyone share what you find most rewarding as a hotline counselor?
2. Would anyone like to share a story of a call, text, or chat session that made you feel good about your work?
3. Can you share what types of call/text/chats are particularly distressing to you?
4. What is your number one challenge at work?
5. To what degree has the intensity of call/text/chats increased due to the COVID-19 pandemic?
6. Due to the stress of the pandemic, can you share to what extent your work has been more challenging for your well-being?
7. What forms of support do you get from your organization or supervisors?
8. What coping mechanisms, if any, have you developed to help mitigate the potentially negative effects of distressing content?
9. Can you talk about some essential practices for working with youth in text/chat that you learned with PACTECH?
10. Have you heard of the concept of vicarious trauma?
  - a. How do you define or think about vicarious trauma?
11. Have you heard of the concept of vicarious resilience?
  - a. How do you define or think about vicarious resilience?
12. Can you share why you stay working as a counselor at the hotline?
13. Any reasons you can think of as to why a counselor would leave the hotline?
14. Can you think of anything that would make your workday easier?

15. Is there anything else you would like to share or ask about this research before concluding the focus group?

APPENDIX D  
INFORMED CONSENT

**FOCUS GROUP CONSENT LETTER**

**TITLE OF RESEARCH STUDY: CH NATIONAL CHILD ABUSE HOTLINE QUALITATIVE DATA ANALYSIS**

My name is Marisol Diaz, and I am a Senior Research Analyst with the Southwest Interdisciplinary Research Center (SIRC) working with Dr. Wendy Wolfersteig at Arizona State University (ASU). SIRC is pleased to collaborate with the non-profit Childhelp (CH) to implement and evaluate the Prevent Abuse of Children Text and Chat Hotline (PACTECH) project. The research will help identify best practices for the hotline and the care needed for counselors who vicariously experience trauma through their work. In addition, the data collected in the focus groups and survey will be utilized for a dissertation that explores the concepts of compassion satisfaction, compassion fatigue, and resilience.

We invite you to participate in this brief survey and virtual focus group because we are interested in hearing about you and your quality of professional life as a hotline counselor. You must be 18 years old to participate in the study. The study will involve a short online survey that will take about 5 minutes to complete and a 90-minute focus group on Zoom. Your participation in this study is voluntary. Participation in this research includes meeting virtually with other counselors and sharing your responses to the facilitator's questions about the hotline, COVID-19, and the impact on your professional quality of life. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. We expect an average of 5-8 people to participate in each focus group. There will be three focus groups, one with supervisors, counselors that have been there over a year, and one for new counselors who have been there less than a year. You have the right not to answer any question and to stop participation at any time.

We cannot promise benefits to you from taking part in this research. However, the knowledge you provide may help develop best practices to provide high-quality responses to help-seekers and best practices to care and retain hotline counselors as well as other helping professionals. The risks of participation may include some emotional discomfort due to the sensitive nature of the issues being discussed, although some topics you may choose the extent of your involvement during the focus group, whatever is most comfortable for you.

I would like to audio and video record the focus groups. Before I start recording, I will confirm that everyone is okay with the audio and video recording. If you choose to withdraw from the study at any time, there will be no penalty. All quotes from the focus group will be reported anonymously and summarized/shared as a group so that no individual data can be traced back to a particular participant. Due to the group nature of the discussion, complete confidentiality cannot be guaranteed.

Focus group notes will be stored using existing data storage procedures as approved by Arizona State University, and only personnel associated with this project will have access to this information. Solely the research team will have access to the recordings. The recordings will be deleted after 120 days, and any published quotes will be anonymous. The results of this study will only be shared in the aggregate form and may be used in reports, presentations, dissertations/theses, or publications, but no identifying information will be used. De-identified data collected as a part of the current study will not be shared with others.

If you have questions, concerns, or complaints, contact Dr. Wendy Wolfersteig, PhD, Principal Investigator, at (602) 496-1086 or [wendy.wolfersteig@asu.edu](mailto:wendy.wolfersteig@asu.edu).

This research has been reviewed and approved by the Social Behavioral IRB at Arizona State University. You may reach them at (480) 965-6788 or by email at [research.integrity@asu.edu](mailto:research.integrity@asu.edu).

By signing below, you agree to be part of the study.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX E  
IRB APPROVAL



APPROVAL: MODIFICATION

[Wendy Wolfersteig](#)  
[WATTS: Southwest Interdisciplinary Research Center \(SIRC\)](#)  
602/496-1086  
[WENDY.WOLFERSTEIG@asu.edu](mailto:WENDY.WOLFERSTEIG@asu.edu)

Dear [Wendy Wolfersteig](#):

On 10/19/2021 the ASU IRB reviewed the following protocol:

Type of Review:	Modification / Update
Title:	CH National Child Abuse Hotline Qualitative Data Analysis
Investigator:	<a href="#">Wendy Wolfersteig</a>
IRB ID:	STUDY00009763
Funding:	Name: HHS: Administration for Children and Families (ACF), Grant Office ID: FP00017101
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"><li>• Consent for Focus groups and survey , Category: Consent Form;</li><li>• Hotline Qualitative Protocol Modification Oct 2021.docx, Category: IRB Protocol;</li><li>• Questions for Focus Group and Survey.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);</li></ul>

The IRB approved the modification.

When consent is appropriate, you must use final, watermarked versions available under the "Documents" tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

*REMINDER - All in-person interactions with human subjects require the completion of the ASU Daily Health Check by the ASU members prior to the interaction and the use of face coverings by researchers, research teams and research participants during the interaction. These requirements will minimize risk, protect health and support a safe research environment. These requirements apply both on- and off-campus.*

*The above change is effective as of July 29th 2021 until further notice and replaces all previously published guidance. Thank you for your continued commitment to ensuring a healthy and productive ASU community.*

Sincerely,

IRB Administrator

cc: Marisol Diaz  
Wendy Wolfersteig  
Diane Moreland  
Esther Gotlieb  
Isabel Larsen  
Mary Harthun  
Chanler Hilley  
Patricia Dustman  
Grant Yoder  
Marisol Diaz  
Maria Aguilar-Amaya  
Holly Figueroa



## BIOGRAPHICAL SKETCH

Marisol Juarez Diaz is a proud Arizona Native enjoys spending time with her family. She is a Senior Research Analyst at the Arizona State University's Southwest Interdisciplinary Research Center. Marisol received her J.D. from the Sandra Day O'Connor College of Law at Arizona State University, her M.Ed. from Northern Arizona University, and her B.A. from the University of Arizona. Marisol is passionate about prevention research and grounds her work in community-centered and culturally inclusionary research methods with importance in health equity for all.