SECONDARY TRAUMATIC STRESS AND STUDENT LEADER PARAPROFESSIONALS

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**SECONDARY TRAUMATIC STRESS AND STUDENT LEADER
PARAPROFESSIONALS**

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Abstract

In this research, I examined the prevalence and impact of Secondary Traumatic Stress (STS) on Student Leader Paraprofessionals (SLP) in a postsecondary environment, focusing specifically on residence life paraprofessionals within a medium-sized institution in Southern Ontario. I utilized a mixed-methods design, with data collection occurring in two phases. During Phase 1, the quantitative phase, 41 SLPs participated in an online survey comprised of demographic personal experience questions and Bride's (1999) Secondary Traumatic Stress Scale (STSS). During Phase 2, the qualitative phase, the three SLPS who scored the highest on the STSS participated in semistructured interviews that provided me with an in-depth description of how the SLPs were impacted by their work with students experiencing a traumatic event. In this research, I confirm the presence of STS within the SLP population and indicate the numerous ways in which STS influences the lives of the SLPs. Finally, I present possible applications of this research for SLPs, institutions of higher education, other SLP groups on campus, mental health in postsecondary environment, and professional industries outside of postsecondary institutions.

Keywords: Secondary Traumatic Stress, Student Leader Paraprofessional, Higher Education

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Chapter 1 Setting the Stage: Introduction and Background

Currently "Ontario is also experiencing increasing amounts of students transitioning into university with a mental illness, due to increased diagnosis and supports in the primary and secondary levels" (Perez, Murphy, & Gill, 2014, p. 25). This is an important statement when setting the stage for developing an understanding that students attending universities are a "high-risk population with respect to mental health issues. There are a number of internal and external factors behind this particular vulnerability, which often combine to increase the likelihood of the emergence of mental health issues during their undergraduate experience" (Perez et al., 2014, p. 27). Universities and colleges seek to assist students with this transition:

> Through the work of residence life staff, both professional (residence life managers and coordinators) and paraprofessional (resident and community assistants, and dons), as well as residence hall student councils, a well-structured residence life program strives to create a sense of community where residents feel at home and in turn feel a sense of connection to the institution and to the larger campus community. (Vetere, 2010, p. 79)

Although there is increased interest in the topic of mental health in the general population and significant work being done to decrease the stigma associated with asking for help with mental health (Walther, Abelson, & Malmon, 2014), it is my personal observation—as a chief student affairs officer (CSAO) at an Ontario university, former residence life coordinator, and former student leader paraprofessional (SLP)—that little attention is being paid to the potential for secondary traumatic stress (STS) (refer to Appendix A for a quick reference to definitions of frequently used terms) among frontline

service providers. Counsellors, nurses, social workers, and those who provide vital services suffer from some degree of stress yet, at present, there exist only a handful of research studies around this topic (Arvay & Uhlemann, 1996; Bride, 2007; Bride, Robinson, Yegidis, & Figley, 2004; Cerney, 1995; Dutton & Rubenstein, 1995; McCann & Pearlman, 1990; Ting, Jacobson, Sanders, Bride, & Harrington, 2005). These studies have contributed significantly to our understanding of stress among professionals working with populations experiencing or coping with trauma, including symptoms and conditions associated with STS; however, I have not been able to find any research that focuses specifically on a paraprofessional population. Within my role as a CSAO, I oversee the provision of student services and lead a team of both professional and paraprofessional staff to support each student's holistic development. Paraprofessional staff serve a dual role as a staff member, usually frontline support to professional staff, and as a student. I am particularly interested in the paraprofessional population given this unique dual role and the importance of obtaining a balance between the roles to ensure their personal and academic success.

In this study, I explore the topic of STS within a population of SLPs in a postsecondary environment and present an amalgamation of material produced for the comprehensive exam and research proposal. In this chapter, I present the purpose of the study, the personal context of the study, peer supports on university campuses, the research question, as well as the purpose statement of the study.

Purpose of the Study

An important function of university residence life programs is to respond to crisis situations. As part of their roles, SLPs are "expected not only to respond to a great variety of crises when they occur but also to support students or communities in crisis and to make

referrals to other campus and community services" (Vetere, 2010, p. 80). I have worked

professionally in the field of student services at various postsecondary institutions for 12

years, prior to which I was an SLP for three years while completing my undergraduate

degree. During this time, I have worked with young people experiencing many different

types of trauma. I believe I have experienced symptoms of STS in my SLP and professional

careers, yet I had no idea at the time as to what I was experiencing. As a result, I believe it is

of utmost importance that STS, a potential occupational hazard for SLPs, is studied.

In general, I believe that society recognizes that those employed in what are

considered helping professions are working in an emotionally charged field. The perception

of how workers deal with their emotional challenges has not received a great deal of attention

in the research literature, however.

From my experience as a student affairs professional, I have come to understand that

effective frontline or crisis support for students at a postsecondary institution cannot be

effectively executed from an office that is only open during regular business hours. Rather,

the day-to-day interactions between students and SLPs can provide the opportunity for

sharing of personal struggles at any time of day and sometimes when least expected, leaving

SLPs with little ability to prepare themselves for the news about to be shared with them.

Many students with serious emotional problems are reluctant to reach out for professional

help but will turn to a peer. As SLPs engage in their work, encountering peers in crisis is

likely to become a part of their daily lives. It is not unusual for an SLP to have to address

issues such as family conflict, suicidal ideology, violence, and sexual assault. This brief list

illustrates the fact that addressing crisis issues is a normal part of the role for SLPs:

In the course of an academic year, crises can include physical or sexual assault, self-

harming behaviour, suicidal threats and attempts, broken relationships, family

tragedies, medical emergencies, eating disorders, hate crimes, and even the death of a

community member. Since housing is a 24-hour operation, residence life staff are

often the first to see signs of problems, to respond to immediate crises, or to help a

student through a particularly rough patch. (Vetere, 2010, p. 80)

Caring can be life-altering. Figley (1995) wrote that "there is a cost to caring. Professionals

who listen to clients' stories of fear, pain and suffering may feel similar fear, pain, and

suffering because they care" (p. 1). SLPs are at risk and many may be suffering severe

personal repercussions from their caring. The current study provides insights into the

potential personal costs to SLPs. The cost to caring must be made explicit if adequate

supports are to be provided.

Secondary traumatic stress is of particular interest to postsecondary institutions, the

field of student affairs, and SLPs for several reasons. Little to no attention has been given to

the extent to which SLPs are exposed to traumatic material; the support environment they

experience; and how these systemic factors can relate to symptoms that may be associated

with STS or affect their academic performance. It would also be prudent for SLPs to be

cognizant of the signs and symptoms of STS and its possible effects on themselves and their

colleagues or teammates. This could help to ensure that postsecondary institutions take

appropriate steps to meet the needs of their frontline SLPs. This study contributes to the

small but growing body of knowledge and research surrounding STS in general and

specifically explores STS within a paraprofessional, first-responder population. This was

accomplished through the statistical analyses of Bride's (1999) Secondary Traumatic Stress

Scale (STSS) results and background demographic variables of the SLPs who voluntarily

participated in this study. This instrument will be described in detail in the Methodology and Methods chapter.

Personal Context of the Study

As noted earlier, I believe there is a cost to caring. A professional who listens to his or her clients' stories of pain, suffering, and fear may feel similar pain, fear, and suffering. There are many challenges facing those who choose to be a helper, and many more for those who choose to work with people who are experiencing a traumatic event. Often, the disturbing and traumatic experiences of a client can have a negative impact on the most skilled professionals who have undergone years of training to arrive at their careers. These interactions may have the same negative impact, and possibly a magnified effect, on a paraprofessional in a frontline position as they do on a professionally-trained and educated helper.

Dating as far back as I can remember, I would say that I have been a helper. I have never enjoyed being the centre of attention, but rather I feel I have always been there to help people when they are dealing with stressful situations or going through difficult times. I provided a shoulder to cry on and engaged in comforting conversations when needed. In the present, I have moved from a paraprofessional role to a professional one. The central focus in my job has shifted to a point where I am a helper of helpers.

I function as the Chief Student Affairs Officer at Nipissing University. Typically, I interact with students on a deeper or more personal level in only one or two situations. The first is usually in celebration of an accomplishment by the student: a leadership award, team banquet, or introductions at a ceremony. The second situation is usually when the student is in crisis and the institution is required to take some action regarding the student or the crisis.

The aspect of my job that I most enjoy and find the most rewarding is the relationships that I develop with students. Yet, one of the aspects of my job that I find the most difficult is the role that I play in responding to crisis situations. These are crises because one cannot plan for them, and they usually present at irregular hours and in formats that are less than ideal. When a crisis arises with a student, the relationship developed and the need to handle the crisis can sometimes collide.

A strong connection with students in crisis situations is an essential part of helping them deal with the emergencies they encounter. Developing this personal connection creates a somewhat mentoring relationship so that "students who see professionals reflecting on failure and mistakes, growing, learning, and facing shared challenges in productive ways will learn to do that themselves" (Woodard Jr., Love, & Komives, 2000, p. 66). This reflection is essential, as can be seen from the vignette below. Compassion, caring, and relationship building are essential to assisting students through crisis.

Vignette: *Preparing for bed, I place my cellphone on my charger and make sure that I have turned off my alarm clock. Sleeping in on a Sunday morning is a highlight of my week. It is the time that I have to myself and can spend cuddling with my dog. I view my Sunday rituals, drinking coffee and reading the newspaper, as an opportunity to decompress and reflect on my past week and plan for the one ahead. This particular Sunday, however, would not be the restful, stress-free day that I was planning.*

In the early morning hours of that Sunday, my phone awakens me from my peaceful sleep. The loud siren ringtone sends shivers through my body and I develop an instant sense of anxiety. Early morning phone calls rarely bring good news. I instantly tried to shake the cobwebs from my head.

On the other end of the phone is a member of the residence life staff (RLS). Members of this group are upper-year students responsible for the development of community within residence. These staff members are also trained and charged with the duty of being frontline responders to events that occur in residence.

As the RLS member on the other end of the phone begins describing the events that precipitated calling for assistance, I sense anxiety and concern. Her voice is cracking and she is talking at an abnormally fast pace. I ask her to take a few deep breaths and refocus her thoughts in an attempt to elicit a "relaxation response," a standard technique for reducing stress (DuBrin, 2014, p. 529).

After I provide a few coaching comments, the RLS member seems to be more calm and is able to provide me with a detailed description of the events of the evening. What she then describes is the beginning of what would prove to be one of the most traumatic events that I have ever experienced as a professional.

A first year student within the building had contacted the RLS member on call because the student was concerned about a roommate's recent behaviour. On this particular evening the student of concern had been drinking to an excess and began making overtures of committing acts of harm to self and to his or her roommates. The student of concern was now locked in the bathroom and not responding to attempts to gain his or her attention.

The RLS member used her master key to gain access to the washroom, finding the student of concern lying on the floor, unresponsive. Based on the contents of the room, it was clear that the student of concern had engaged in an act of self-injurious behaviour.

The RLS member describes the scene and the steps taken to address the situation. The area was secured by the RLS, backup RLS staff had arrived, and the roommates were

removed from the suite. Emergency responders arrived, and the student of concern was taken out of the residence on a stretcher in front of several groups of students watching on with confusion, concern, and care for the individual.

I arrive on campus to see the ambulance drive away. I meet the RLS member in the lobby and develop an action plan for moving forward.

Leading a debriefing with the roommates, we have a lengthy discussion about the situation, allowing them to express their emotions and concerns regarding the student of concern, and develop a plan for outreach and further supports.

After completing the discussion with the roommates, I turn my attention to debriefing the RLS member. The discussion moves from an initial review of the process followed to an acknowledgment of her ability to handle the stress of the situation and stay focused on the situation at hand without allowing her personal emotions to overshadow her response. We spend a great amount of time discussing the emotional side of the situation and what the RLS member can do to support herself. We determine an action plan for her continued support moving forward. As Bride (2007) identified with STS, "it has become increasingly apparent that the psychological effects of traumatic events extend beyond those directly affected" (p. 63). In this case, the effects extended beyond the roommates to the RLS member who was supporting them (and eventually to me).

As I travel home from the university, I replay both the event and the discussions with the students and RLS. While replaying every statement, I question myself as to whether I had said the right things. Did we put the right plan in place? Do the students and RLS feel supported? What could I have done better to prevent this incident? Am I going to get phone calls from parents or the president about this incident?

In the weeks to follow, there is ongoing debriefing and discussions with the roommates and the RLS. They continued to express concerns for the mental health of the student of concern and ensuring his or her safety. As Ting, Jacobson, Sanders, Bride, & Harrington, (2005)Ting et al. (2005) explained, "working with traumatized clients indisputably has negative effects upon the mental health professional, including social workers" (p. 179). Referrals were made to professional services at the university, and several students participated. Students seemed to be extremely affected by this situation, and it took several months of meetings to get them to the point where they felt comfortable enough to move forward without regular meetings.

Unfortunately, the student did not return to residence and passed away a few weeks following the initial incident due to self-inflicted injuries.

As mentioned earlier, this situation had considerable personal impact. The experience has assisted me in developing my resilience over time, as DuBrin (2014) defined as "the ability to withstand pressure and emerge stronger because of an experience being challenged and not breaking down" (p. 536). However, in the moment, I was not thinking how I would come to view this experience as a moment of growth. In the days and then weeks following the event, I had trouble falling asleep. I had dreams that caused me to wake up in the middle of the night, and now every time I receive a phone call in the middle of the night, my heart races and I worry about what the caller is going to say. These experiences are, as I have since learned, normal presentations of those suffering with STS. Ting et al. (2005) described the symptoms of STS as "intrusive thoughts or images, avoidant behaviors and emotional numbing, psychological distress and physiological somatic problems, hyper vigilance, and arousal as well as impairment in daily functioning" and considered them to be "common

negative reactions" (p. 179). These details described what I was experiencing, although I did not realize it at the time.

Peer Supports on University Campuses

Within its 2014 policy paper on student health and wellness, the Ontario Undergraduate Student Alliance (OUSA) presented a list of recommendations surrounding student health and wellness on university campuses. OUSA is a "coalition of student associations from across Ontario. They have come together to protect the interests of Ontario's undergraduate students by providing research and ideas to governments on how to improve the affordability, accessibility, accountability and quality of post-secondary education in the province" (Ontario Undergraduate Student Alliance, n.d., para. 4). As part of its recommendations, OUSA stated "institutions must work to include peer support programs as a method in which students can seek support and resources when experiencing mental health issues. Peer support should be a core component of the mental health services offered by each institution" (Perez et al., 2014, p. 34). OUSA further recommended that "institutions must embrace and work with peer support to reflect the value of this important mental health service. Referral to peer support services must not only come from campuses' wellness centres, but from all university units that interact with students" (Perez et al., 2014, p. 34). While OUSA acknowledged the value and importance of peer supports in addressing and supporting students' mental health on campus, OUSA also identified that "to adequately provide peer support, training guidelines…must be followed. This includes, but is not limited to, the education of the values, ethics, and principles of peer support such as dignity, respect, and social inclusion" (Perez et al., 2014, p. 34). OUSA concluded its recommendations surrounding peer supports with the statement that underscores the need for peer supporters to

have regular reviews with the program administrators to "ensure that the volunteers continue to follow their mandate as well as provide opportunities to check-in on the wellbeing of the peer supporters themselves" (Perez et al., 2014, p. 34). These recommendations from the OUSA support and acknowledge the importance of the work currently completed by SLP groups, such as the residence staff on university campuses, and the need to understand the impact of the work on peer supporters.

Research Question

University SLPs are increasingly called upon to assist as frontline first responders or peer supports at postsecondary institutions. As such, these student leaders are placed in positions to assist survivors of abuse, violence, crime, and disasters, as well as those experiencing thoughts of suicide.

With this in mind, I posed the following overall research question: In what ways might university SLPs in a postsecondary environment experience STS resulting from exposure to working with university students who have experienced traumatic events? This overall question acted as the umbrella focus of inquiry, as it positioned the phenomenon of STS from the perspective of those who may experience it—SLPs through their work with peers—in order to understand what impact STS might be having on SLPs. This overall research question provided the framework for the two specific questions associated with the qualitative and quantitative phases of the study.

Through the quantitative phase of the research project, the following research question was the focus of the project in identifying the existence and prevalence of STS in university SLPs in a postsecondary environment: Do SLPs experience STS resulting from exposure to working with students who have experienced traumatic events?

In the qualitative phase of this study, I investigated the meanings of the experiences of individuals experiencing secondary traumatic stress. I sought to answer the following question: What meanings do university SLPs make of their experiences with STS resulting from exposure to working with students who have experienced traumatic events?

Purpose Statement

This study addressed the presence of STS amongst SLPs in a postsecondary environment. An explanatory sequential mixed-methods design was used. The mixed-methods sequential explanatory design consists of two distinct phases: a quantitative phase followed by a qualitative phase (Creswell, Plano Clark, Gutmann, & Hanson, 2003).

This study first involved collecting and analyzing quantitative results with in-depth qualitative data. In the first phase of the study, survey data were collected from SLPs at a medium-sized university in Southern Ontario to determine the presence of STS and assess whether helping, or wanting to help, a traumatized or suffering peer related to the level of psychological stress experienced by paraprofessionals.

The second phase in the sequence was conducted and analyzed as a follow-up to the STS quantitative results; this phase provided meaning to the quantitative results that were obtained in Phase 1. The second phase, qualitative data collection, built on the data collected in the first phase, and the two phases were connected in the immediate stage of the research study. In this explanatory follow-up, a qualitative, semistructured interview was utilized to explore specific experiences of STS.

The rationale for this approach was that the quantitative data and its subsequent analysis provided a general understanding of the research problem. The semistructured qualitative data and its analysis further refined and explained the STS indicator scale

statistical results by exploring the SLPs' views in more depth (Creswell et al., 2003;

Rossman & Wilson, 1985; Tashakkori & Teddlie, 1998).

Summary

Ultimately, this study aimed to explore and identify factors related to STS within an

SLP population, specifically residence life paraprofessionals at postsecondary institutions. In

the following chapters, I will answer the overall research question and the focusing questions

for each of the research phases. Chapter 2 is a review of the literature on STS, the importance

of student engagement and transition within a postsecondary environment, and finally the

role of SLPs and the potential impact STS can have on a SLP population within a

postsecondary environment. In Chapter 3, I describe the methodology and methods used in

this study. I also describe the recruitment of participants and the phases and procedures used

in the collection and ongoing analysis of the data. Ethical issues arising from the process and

a summary of the limitations conclude Chapter 3. Chapter 4 is the presentation of the results

from both phases of the study, including statistical analysis of the STSS from Phase 1 as well

as an identification of the themes that connect the interviews from Phase 2. Chapter 5 is a

synthesis of the findings from the study; I present my analysis of the results and discuss my

own perspective on the study and findings, with final applications and implications of the

study.

Chapter 2 Understanding Historical and Theoretical Underpinnings: Literature Review

Introduction

As students undergo the transition from secondary school to postsecondary education, they are required to navigate increasingly adult roles as they assume new academic and economic responsibilities and, at the same time, adjust to and develop new social networks (Taylor, Doane, & Eisenberg, 2013). The time a student spends in postsecondary education can be an exciting and transformational life experience, but the transformation is not necessarily straightforward. However, the bumps and craters along the way, when met with the proper support and assistance, can provide students with the greatest journey to self-discovery. This unique stage of development for youth has been called emerging adulthood, a period during which youth actively pursue both physical and psychological autonomy and independence from their family and supporters while simultaneously maintaining emotional and material support for their adjustment and individual well-being (Aquilino, 2006; Arnett, 2007). Some students in this emerging-adulthood period assume the additional responsibility of working with peers in a helping capacity. They become members of the so-called helping professions when they accept a student leader paraprofessional (SLP) role.

The literature surrounding secondary traumatic stress (STS) suggests that those in other helping professions, such as child protection workers, shelter workers, and police, fire, and ambulance personnel, can experience STS (Conrad & Keller-Guenther, 2006; Stamm, 1997). Student leader paraprofessionals, too, are in a helping role as they nurture, care, and advocate for the needs of their peers. In this study, I explored the presence of STS among SLPs within a postsecondary environment. In this chapter, I introduce the theoretical background surrounding STS, reflect on the importance of student engagement within

postsecondary education, and finally present the potential impact that STS can have on an SLP in a postsecondary environment. This literature review provides the foundation for answering the overall research question: In what ways do SLPs in a postsecondary environment experience STS resulting from exposure to working with students who have experienced traumatic events?

Secondary Traumatic Stress

Although the term posttraumatic stress is common in everyday parlance, the idea of STS is not. The fundamental difference between the two seems to be the position of the stressor: In posttraumatic stress, the stressor may directly harm or threaten people (primary stressor), and in STS, the stressor is the traumatized individual who has been exposed to harm (secondary traumatic stressor) (Figley, 1995). Just as posttraumatic stress is a "natural consequence to a markedly distressing and unusual human event, secondary traumatic stress is a natural consequence resulting from knowing about or witnessing a traumatizing event that has been experienced by a significant other" (Figley, 1995, p.6). The significant other in the case of the SLP is a peer or student at the institution.

STS is defined by Figley (1995) as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). Figley (1999) stated that, "Empathy is a key factor in the induction of traumatic material from the primary to the secondary 'victim'" (p. 20). The process of empathizing with a suffering or traumatized peer helps student leaders or paraprofessionals understand the traumatic experience. Thus, as SLPs are indirectly exposed to the traumatic experiences of the peers that they support, powerful feelings can then be evoked for the SLPs themselves.

Consequently, SLPs are vulnerable to the experience of STS. In consideration of this, STS can be a hazard with possible adverse outcomes (Bloom, 2009, p. 2). Although STS in helping professions has been explored in the literature for well over two decades, there does not seem to be any research on the experience of STS by SLPs. The majority of all research on STS has focused on helping professions such as counselling, social work, nursing, or roles in which individuals take on different versions of caregiving. However, since SLPs are in similar roles to the above professions, their experiences with STS may be similar.

The impacts, both positive and negative, of providing support or empathically caring for someone who has experienced trauma have been studied and labelled in a variety of ways within the literature. While there are a number of names that have been used to describe this phenomenon, there is no doubt that the process of helping someone who has suffered a traumatizing experience has the potential to traumatize the helper. As Figley (1995) stated, "there is a cost to caring" (p. 1). Figley (1995) stated that STS is the natural consequence of caring that occurs between two people when one has been traumatized and the other is distressed by the first person's trauma. Unlike countertransference, STS is not so much a problem to be eliminated but should be viewed as a "natural by-product of caring for traumatized people" (p. 11). Indeed, all caregivers (whether professional or nonprofessional) are affected in the process of helping traumatized fellow human beings (Hope, 2006).

Various terms have been associated with the negative impact of working with survivors of trauma. Common terms appearing in the research literature involving populations of counsellors, nurses, pastors, social workers, youth counsellors, caregivers, child protection workers, mental health clinicians, adult probation workers, and support workers include compassion fatigue, compassion stress, STS, vicarious traumatization,

secondary victimization, covictimization, and secondary survivor stress (Figley, 1995). While other terms are used interchangeably, many researchers in the field consider STS to offer the most concise and clear description (Rebman, 2003). For purposes of this research, STS is the terminology that will be used for considering the impact of dealing with traumatic material second hand.

Arvay and Uhlemann (1996) defined primary victims of trauma as those "individuals who have directly experienced the trauma and secondary victims as those who in some way support the primary victim" (p. 194). In the context of this current study, SLPs are referred to as secondary victims, and the term secondary trauma is used to describe the process of a caregiver experiencing similar trauma symptoms to the primary victim (McCann & Pearlman, 1990). All caregivers (whether professional or paraprofessional) are affected in the process of helping traumatized fellow human beings (Hope, 2006). The degree to which an individual experiences the effects of STS can be measured using various indicator scales. For the present study, the presence of STS was measured using Bride, Robinson, Yegidis, & Figley's (2004) Secondary Traumatic Stress Scale, which is discussed in detail within this literature review.

In short, almost anyone who engages with an individual experiencing trauma is at risk for developing symptoms of STS when two factors are present: exposure and empathy. As Hope (2006) explains, it is the "ability to empathize with the victim in order to develop sufficient trust and rapport, to assess the problem and formulate a treatment approach" that is central to the role of a helper "but, ironically, it is that ability to understand an individual's experience of being traumatized" (p.27) that puts the caregiver at risk for developing symptoms of STS. STS and the relationship to SLPs is discussed in the final section of this

literature review.

   Theoretical conceptualizations of secondary traumatic stress. The present

research draws upon three theoretical models of STS cited in the literature to provide

possible explanations for the occurrence of STS among caregivers. The first model,

developed by McCann and Pearlman (1990), is a constructivist self-development model that

synthesizes aspects of therapists' reactions to traumatic material. The second model is from

Dutton and Rubenstein (1995) and is based on a factorial model that provides a list of

possible factors that underlie the phenomenon of STS. Finally, the third model originates

with Cerney (1995) who suggested a psychodynamic model that describes four

psychodynamic dimensions from which to understand STS reactions.

   McCann and Pearlman's (1990) constructivist self-development theory discussed

therapists' reactions to clients' traumatic material. McCann and Pearlman (1990) outlined the

theory as being "interactive in that it views the therapist's unique responses to client material

as shaped by both characteristics of the situation and the therapist's unique psychological

needs and cognitive schemas" (p. 136). McCann and Pearlman (1990) explored STS through

disruptions or changes to the schemas about self and the world that therapists hold, and noted

that "these changes may be subtle or shocking, depending upon the degree of discrepancy

between the clients' traumatic memories and the therapists' existing schemas" (p. 138).

McCann and Pearlman's (1990) theory emphasized that individuals experience and construe

events according to their own needs and schemes.

   The second model, proposed by Dutton and Rubenstein (1995), explains STS and the

reactions of practitioners through four conceptualizations:

- First, the traumatic situation to which the worker has been exposed, even if it is exposure to a single retelling of graphic details of a serious or devastating event;

- Second, the trauma worker's posttraumatic stress reactions, including unique features of exposure for workers: the source of the traumatic experience, relationship with the perpetrator, level of professional development, and role as a solo practitioner or part of a team of workers;

- Third, the coping strategies of the trauma worker in responding to the traumatic situation;

- Fourth, personal mediating factors, specifically individual and environmental factors: inner strengths, personal vulnerabilities, and the social, political, and economic context in which the worker lives.

In addition, Dutton and Rubenstein (1995) drew attention to social and cultural influences that factor into how emotions are expressed and must be taken into account, specifically in terms of gender, ethnicity, culture, and age.

Cerney's (1995) psychodynamic model of STS proposed that there are four psychodynamic concepts foundational to the understanding of STS. These four concepts are identified as transference, countertransference, projective identification, and identification. Transference, when present in a traumatic situation, is typically negative and can cause feelings of despair and depression for caregivers, "as they become the victim[s] and the clients assume the roles of cruel tormentors and persecutors" (p. 134). Countertransference is defined in the model as the "eruption of unresolved conflicts within the life of the therapist that are triggered by the client's story, overtake the therapist in the therapy session, and make

it difficult for the therapist to remain empathic" (p. 136). Cerney (1995) described projective identification as occurring through the course of therapy in which a patient experiences feelings of being persecuted and in turn projects them outward to the caregiver. The caregiver internalizes these feelings and then acts as a persecutor, resulting in the patient being victimized and the therapist's self-perception being damaged. The fourth and final concept is identification. Through identification, the caregiver can develop feelings of "rage and desires for revenge along with the client in situations where the client's life has been wronged and justice has not prevailed" (p. 137).

These three theoretical models of STS each represent a different view of the mechanisms underlying the development of STS. Dutton and Rubenstein (1995) factorial model, which describes all the factors they believe are determinants of STS, has several overlapping factors with McCann and Pearlman's (1990) constructivist self-development model. The self-development model builds on constructivist concepts and cognitive schemas in which a traumatized self has an identity and worldview that is shattered or disrupted. In comparison, Cerney's (1995) psychodynamic model links mechanisms of projection, countertransference, identification, and projective identification as components of STS, but the model excludes several of the environmental mediators discussed by Dutton and Rubenstein (1995).

In summary, these three theories offer different conceptualizations of STS. One perspective is not better than any other, and none is the only or true perspective on STS. All three theories offer distinct ideas that overlap in some areas to provide a foundation for the development of STS in individuals. For simplicity, in the present study, STS is the term used to embrace the consideration of the three models.

Student Transition and Engagement in Postsecondary Education

In order to situate the present study, it is important to understand several of the unique key features of the role SLPs hold within the postsecondary institution. To facilitate an understanding of these features, I present a background of student transition and engagement within the postsecondary environment. I finish this section by outlining the emerging adulthood theory as a framework for the SLP roles and their own personal development.

Transitioning to the first year of university can be one of the most exciting but also one of the most challenging times of life for a student. It is important, therefore, that institutions, as a collective of educators, "introduce difficult challenges but simultaneously provide the support necessary to 'really analyze' the challenges" (Baxter Magolda, 2003, p. 239). The notion underpinning student development challenge and support theory is to make higher education a little uncomfortable and more real, as "having real responsibility, facing tough issues, making hard decisions, and negotiating with others is uncomfortable. It is also part of everyday life" (Baxter Magolda, 2003, p. 239). Through their work outside of the classroom, SLPs can promote these ideals of challenge and support. SLPs can lead an out-of-the-classroom community in transforming higher education to promote student development while preparing students for the complex lives and lifelong experiences after convocation, where their support networks may not be as well defined.

Although universities do not act *in loco parentis* [in the place of a parent] to students who attend the institution, there is a level of support that institutions provide to ensure that students are safe and able to live in an environment that is conducive to their success. Universities are responsible for providing an environment that promotes students' academic and personal successes; however, at the same time, certain responsibilities are placed upon

students to assist in the development of a community. These tight-knit communities can provide many positives to students to assist with their transition to the university, but they may also have some potential drawbacks. Although universities attempt to provide a safe environment for students, every student who comes to university has a lifetime of personal experiences that they bring and that have brought them to the institution. Student development theories provide everyone involved in creating a community and fostering the development of students—from family and faculty members to administration and SLPs—an understanding upon which to ground their work with students. Gansemer-Topf, Ross, and Johnson (2006) acknowledged this idea by stating that, "student development theories offer frameworks for better understanding and enhancing the experiences' of students" (p. 19). Understanding student development theories empowers those involved with a student's journey to best support and challenge each individual student in order to promote the student's development and success at the institution and through life.

As the postsecondary education sector, specifically in Ontario, is experiencing budgetary concerns, it is also facing an increased need for student services and supports to aid students. In an attempt to combat the increasing need for services at a time of limited fiscal resources, universities are turning to peer supports in the form of the SLP role. SLPs receive training that allows them to act as an early detection system for students in need of support and as a referral system to professional services at the institution. Such SLP programs provide students with leadership opportunities and extensive training while also placing them on the frontline as an early alert system and as a service provider to many peers every day.

Kracen (2003) defined peers as "individuals who share related values, experiences and lifestyles and who are approximately the same age. Peer support is defined as a variety of interpersonal helping behaviours assumed by non-professionals who undertake a helping role with others" (p. 4). Peers serve as a source of support for students in university, a role that has been supported by Yazedjian, Purswell, Sevin, and Toews (2007) who concluded that "peer support appeared to be more critical to [university] adjustment than parental support" (p. 30). The SLP may appropriately be considered to have a helping role with the students, especially in residence.

Getting to know students on a personal level involves "deliberately developing personal, trusting relationships with students in order to know what students are thinking and to build rapport so the students would approach staff if they had a personal or organizational problem" (Smith & Rodgers, 2005, p. 479). Developing personal relationships and connections with students is essential in helping peers enduring traumatic situations and is also an essential part of creating a mentoring relationship between the SLP and their peers. The role of the SLP in relation to STS is explored later in this literature review.

Theoretical foundation of student leader paraprofessionals. This research used the theory of emerging adulthood as a grounding for understanding the role and experience of a SLP. It is important to examine the developmental issues and concerns that can be associated with this stage of a student's life when combined with the challenges of a postsecondary environment (Dennett & Azar, 2011).

According to Arnett (2000), emerging adulthood refers to a distinct period of time in the life of young people in industrialized society: "it is characterized by change and exploration for most people, as they examine the life possibilities open to them and gradually

arrive at more enduring choices in love, work and worldviews" (p. 479). This theory allows for an understanding from one's perspective of "what and why things may be happening. Emerging adulthood may not predict or determine outcomes; however, we feel that it does provide a better understanding of our peer educators, the psychological conflicts they encounter. And empathy for the process" (Dennett & Azar, 2011, p. 10).

While undertaking the role of an SLP, each individual student leader acts concurrently to support peers through their development while also undergoing their own personal development; SLPs are likely to use the experiences gained through their role as a vehicle to further discover themselves. As Dennett and Azar (2011) explained, "some experiences may create identity crises and anxiety, while other experiences will provide a sense of optimism and empowerment" (p. 10). When examined for their overall impact, each of the positive and negative experiences can provide SLPs with a deeper understanding of themselves in all areas of their personal development; in their academic-, work-, and worldviews; and as they move, emerge, and transition through to adulthood.

In examining the theory of emerging adulthood in relation to SLPs and this research, the concept of identity exploration is a key foundational component. As discussed earlier, SLPs can play various roles that include teaching, mentoring, counselling, and creating and presenting workshops and programs. Some SLPs may "feel congruence between these tasks and their sense of self. This can provide valuable…opportunities to expand their horizons" (Dennett & Azar, 2011, p. 11) at points throughout their experiences in their role at the institution. Conversely, other student leaders, or SLPs at specific points in their development, may feel "confusion and frustration in their attempts to accomplish these tasks. For instance, mentoring may result in [SLPs] feeling separate from their cohort and possibly lead to

feelings of loneliness and anxiety" (Dennett & Azar, 2011, p. 11). The role of identity development for SLPs while they manoeuvre through the year can present key areas for focus as they balance their personal development and requirements of their position.

Another foundational component of the emerging adulthood theory is the reconciliation of multiple roles. As discussed, SLPs are often developing different aspects of their personal identities while simultaneously completing their work. For instance, an SLP can also be a student, friend, romantic partner, and even serve in other leadership roles within the institutional community. According to Dennett and Azar (2011), "Negotiating and integrating the demands of multiple roles into one identity can be especially challenging for emerging adults who hold uncertainty and ambivalence about the meaning of each role in their lives" (p. 11). As SLPs attempt to provide meaning to their multiple roles, they may simultaneously "want and resist responsibility particularly if it affects their sense of freedom" (Dennett & Azar, 2011, p. 11). This negotiation of self can play an important part in the development of SLPs as they embark on their role and complete their work, pushing them to assess their experiences and how their role as SLP fits within their sense of self.

As SLPs balance their personal development and the needs of their role, they may feel conflict when their known self conflicts with the new emerging adult identity. For example, a student leader may facilitate a program designed to raise awareness of depression while promoting the services and benefits of the student counselling centre, or through their discussions with a student, refer him or her to the counselling centre because the student is expressing thoughts and feelings consistent with depression, yet the SLP may "resist counseling for his or her own depression due to having grown up in a family that values managing one's own problems" (Dennett & Azar, 2011, p. 11). When these roles and values

are in conflict, it can be challenging for a student leader to balance a consistent sense of self. As a result, the SLP may "experience internal distress and possibly resistance to the goals" (Dennett & Azar, 2011, p. 11) and responsibilities of the peer program.

Arnett (2000) also suggested that the balance between *Public Persona* and *Personal Needs* is an important aspect of emerging adulthood. Negotiating personal limits within an SLP role can be challenging, especially when "personal boundary-setting is often ambiguous and undeveloped for emerging adults"(p. 469). For instance, SLPs may struggle with self-care as they attempt to balance their multiple roles, as well as the expectations and responsibilities of their role within the institution. Student leaders may even know how to teach others to care for themselves, but lack the "ability or willingness to integrate self-care into their peer educator role and their own lives" (Dennett & Azar, 2011, p. 13). Balancing personal needs with their role within the institutional community and the needs of their community members can be a struggle for student leaders while they journey through development themselves as emerging adults.

In summary, as Arnett (2007) explained, the theory of emerging adulthood reflects a time of "instability and identity crises" (p. 28), and the SLP program may provide an opportunity for students to explore themselves and the community around them while completing their work and assisting their community members in developing themselves. As emerging adults, "their sense of self is often fluid, and as [SLPs] they are being challenged to balance and integrate multiple parts of their identities. [SLPs] may also be challenged by their own feelings and by ever-growing responsibilities" (Dennett & Azar, 2011, p. 13) as they continue on their journey of development and adulthood. Ultimately, the goal for SLPs

is to engage in experiences that will allow them to re-emerge from their time in higher education with a greater understanding of themselves and their place in the world.

Secondary Traumatic Stress and Student Leader Paraprofessionals

In this section, I link the role of SLPs and the experience of STS. As students transition to life at university, they move into a residence environment, live among a group of peers who are complete strangers, and are asked to work, study, and produce more academically than in high school. At the same time, they are "undergoing tremendous psychological adjustments in their transition to adulthood. In the day-to-day living environment of the residence hall, many of these growth experiences, emotional traumas and crises come to light" (Blimling, 2003, p. 9). In residence, students challenge each other's values, and SLPs are tasked with the role of helping their peers navigate through this experience.

University students, as a cohort of peers, share a distinctive history and are placed within a particular social context. They are often the initial point of contact for individuals when they undergo a time of distress; therefore, they play a valuable role in supporting each other. As Kracen (2003) stated, "often when a crisis arises, peers are willing to give their time and to offer themselves in the role of listener when professional help is not perceived to be available, accessible, or advantageous" (p. 4). SLPs in residence can play an important role in providing support services on university campuses because of the dual role that they play as both a peer and a counsellor (Boswinkel, 1986). Because SLPs interact on a daily basis with peers, they can identify potential problems before they turn into crises and then refer students to professional services when the concerns are beyond their level of training.

SLPs serve as important institutional representatives, as they play a dual role as both a peer and a counsellor. This role has been identified by the Campus Suicide Prevention Center of Virginia, which stated that "utilizing student peers is one vital avenue for improving the prevention, detection, and treatment of mental health disorders on college campuses" (Walther et al., 2014, p. 12). Students who are experiencing some form of trauma can often "reap numerous benefits, including talking with a fellow student in a casual setting, seeking support for transitional difficulties, and receiving referrals to professional services if the problems are beyond the capabilities of the peer" (Kracen, 2003, p. 5). This combination of roles and functions is an important factor in the potential for SLPs to experience STS.

In a survey of undergraduate students about where they would refer a friend who was suffering with depression, Brack, Runco, Cadwallader, and Kelley (2012) found that individuals who were in a position to refer a student facing mental health issues "were most likely to refer to the campus counseling centre. Referrals to the counseling centre were followed in rank order by an emergent set of social support options including parents, resident assistants, and friends" (Brack et al., 2012, p. 157). The same survey also showed that participants were least likely to refer a friend to professionals outside of the institution, "including psychologists, religious leaders, psychiatrists, and family physicians" (Brack et al., 2012, p. 157). This research highlights the importance of on-campus resources in supporting students while noting that because of the potential risk of disconnect between knowledge and intended action, specific and direct referral education is required for all individuals within a campus community.

Specifically, Brack et al. (2012) showed the important role that SLPs play on campus and the key foundational role that peers perceive Residence Assistants (RA) to play in

supporting students in need of support. More directly, this highlights the ideal that peers are more likely to refer their friends to institutional resources rather than off-campus resources. This ideal is further accentuated and made more profound by the result that RAs are ranked just behind the parents of the friend or peer in need of mental health support. Brack et al. (2012) believed that outreach to RAs is important because of their "role in offering a combination of social and institutional support" (p. 159). The combination of roles and functions is further explored within this literature review.

The referral process, especially for students in traumatic situations, can be slow and difficult, as students with high need can present the greatest resistance to seeking help. Many students with serious emotional problems are "reluctant to approach a professional therapist for help. They don't recognize their problems as treatable, resist treatment or are scared off by the stigma associated with psychotherapy. Too often, their problems go unrecognized and untreated until a serious crisis occurs" (Boswinkel, 1986, p. 53). An SLP with the ability to use his or her role creatively can have a great influence by providing information, assisting with problems, and overcoming resistance in supporting the student through the therapeutic process once it has started. Such an opportunity can provide the SLP with a prolonged role in supporting their peers through traumatic incidents. In general, the SLP should be aware that the referral does not end when the "[student] starts seeing a professional psychologist. After the referral has been made and seems initially successful, reverting back to more of a peer-role can put the [student leader/ paraprofessional] in a good position for monitoring progress" (Boswinkel, 1986, p. 61). Following a traumatic event, there can be ongoing debrief and discussions with the student experiencing the traumatic event. It is common that an SLP continues to express concerns for the mental health of the student of concern and for ensuring

the student's safety. Ting (2005) explained, "working with traumatized clients indisputably has negative effects upon the mental health professional, including Social Workers" (p. 179). The SLP needs to provide the additional or ongoing support the students are likely to need as they continue their therapy treatments.

The notion of peer counselling as practised by SLPs dates back to the paraprofessional movement of the 1960s. Since that time, "there has been a growing acceptance of peer counseling or paraprofessional peer supports, particularly on university and college campuses" (D'Andrea, 1987, p. 39). The act of peer counselling by SLPs is defined "as the active use of listening and problem-solving skills together with knowledge about growth and development by students in order to help, advise, and counsel other students" (D'Andrea, 1987, p. 39). To put it more simply, the SLP assists other students by clarifying thoughts and feelings, exploring options, or providing needed information.

The basic premise underlying the peer-led initiatives is that "when young people deliver messages to their peers these messages are often perceived as being more credible than those delivered by adult authority figures" (Kracen, 2003, p. 5). The success of these collaborations between peer-led paraprofessional programs and institutional professional services is explained by Kracen (2003), who suggested that it can be attributed to relying upon the "commitment and participation of students coupled with the provision of training and on-going support from student services personnel" (p. 5). Kracen (2003) explained that ongoing supervision by "professional student services staff is essential for providing a responsible peer support programme" (p. 5). Additionally, it is important that the members of the paraprofessional support program understand that their role is to complement the

professional services offered at the institution, rather than to seek to replace the professional services offered by the institution.

The SLP is "viewed as a front-line resource in a network of supportive services" (D'Andrea, 1987, p. 53). SLPs are persons who are selected, trained, and given "responsibility for performing functions generally performed by professionals. They do not possess the requisite education or credentials to be considered professionals in the field in which they are working, but they do perform tasks central to the function of the agency" (D'Andrea, 1987, p. 43). Therefore, in the context of this current research, the SLPs working in residence are hired by the institution, usually in the spring, and then return to campus prior to the start of the fall term to undergo training by various institutional departments, including student counselling services, in order to perform their duties.

The day-to-day interactions between students and SLPs present the opportunity for sharing personal struggles at any time of day and sometimes when least expected, providing SLPs with little ability to prepare themselves for the news about to be shared with them. As Boswinkel (1986) stated "sometimes the [SLP] will suddenly find [themselves] discussing a broken relationship with a student who just came in for a Band-Aid" (p. 54). Many students with serious emotional problems are reluctant to approach professional help and would rather turn to a peer. It is the personal relationship that can provide the SLP with the best opportunity to help students who are "experiencing minor problems and to identify students who are experiencing major problems. Identification of students who are undergoing a personal crisis or severe depression can literally save someone's life" (Blimling, 2003, p. 10). The influence of SLPs seems to be a critical factor in overcoming stigma that surrounds

emotional difficulties and encouraging students in crises or undergoing stressful situations to seek treatment.

When working with a student experiencing a traumatic event, SLPs must acknowledge their ability to handle the stress of the situation, stay focused on the situation at hand, not allow their personal emotions to overshadow their response, and determine an action plan for their continued support moving forward. As Bride (2007) identified with STS, "it has become increasingly apparent that the psychological effects of traumatic events extend beyond those directly affected" (p. 63). In the case of SLPs, the effects extend beyond the student with whom they are working to the SLP who is or who was supporting the student.

The Mental Health Commission of Canada (MHCC) has also highlighted the value and importance of peer support networks in supporting individuals experiencing life-changing events. Within the *Mental Health Strategy for Canada* prepared by the MHCC in 2012, Goal Five calls for people to have "equitable and timely access to appropriate and effective programs, treatments, services, and supports that are seamlessly integrated around their needs" (O'Hagan, Cyr, McKee, & Priest, 2010, p. 9). This goal recognizes the full range of services and supports, such as peer support, which may provide benefit.

In September 2010, the MHCC released *Making the Case for Peer Support*. The recommendations of the report included a call for the creation of various sets of guidelines to support the development of peer support within Canada. The MHCC made the point that "peer support can be an effective prevention strategy, can moderate the effects of life-challenging events and provide a sense of empowerment. Research also indicates that peer

support can help a person gain control over their symptoms, reduce hospitalization, offer social support and improve quality of life" (O'Hagan et al., 2010, p. 12).

MHCC noted, "regardless of its setting, peer support is considered to have value, either on its own or as a complement to clinical care" (O'Hagan, 2010, p. 11). A key benefit was the "trusting, safe and accepting environment of peer support where people could 'talk openly', and 'feel validated'" (Sunderland, Mishkin, Peer Leadership Group, & Mental Health Commission of Canada, 2013, p. 53). Clearly, through advocacy and various publications, the MHCC supports the development of peer support programs. Although the MHCC is not specific to a postsecondary environment, there are several transferable and relatable key foundational principles present in the role of SLPs.

University can be a very hectic time in any student's life but even more so for SLPs due to the added responsibilities of their role. They must navigate not only the day-to-day pressures of academic work but also the "stress associated with the intensity of personal relations strained by [the] responsibilities and magnified by living with the students [they] are trained to assist" (Blimling, 2003, p. 17). This stress, often present on a day-to-day basis, is the research that Bliming (2003) reported in his findings: "Psychologists have found that a person undergoing a series of major stresses in a short period of time can become overstressed or burned out" (p. 17). This type of stress that is present in the lives of SLPs and the effect that it has on their lives is explored in this current study.

As SLPs are indirectly exposed to the traumatic experiences of the peers whom they support, powerful feelings may be evoked for the SLP themselves. Figley (1999) stated that, "Empathy is a key factor in the induction of traumatic material from the primary to the secondary 'victim'" (p. 20). The process of empathizing with a young person helps

individuals understand their traumatic experience. Thus, as SLPs (such as residence life staff members) are indirectly exposed to the traumatic material of the university students that they support, powerful feelings can then be evoked for themselves. Consequently, as caregivers, they are "vulnerable to the experience of STS, which may be a hazard with possible adverse outcomes" (Bloom, 2009, p. 2). Such adverse outcomes could include ineffectiveness in their role as a student leader; an inability to focus on their academic studies; extended sick leave; withdrawal from studies and the institution in general; and any future impacts if the potential adverse outcomes are not addressed. Possible manifestations of STS in their daily lives as described in Ting et al. (2005) may include "intrusive thoughts or images, avoidant behaviors and emotional numbing, psychological distress and physiological somatic problems, hyper vigilance, and arousal as well as impairment in daily functioning" (p. 179). Putting aside personal emotions to assist those who are in crisis can become a constant struggle in the life of SLPs. DuBrin (2014) used the term *emotional labour* to define this action: the "process of regulating both feelings and expressions to meet organizational goals" (p. 525). The opportunity to experience STS is accentuated by the fact that it is very difficult to turn off emotions. Individuals can find themselves struggling to leave work at work, especially in the case of residence life staff who live where they work. Individuals have to work on compartmentalizing the various aspects of their lives so that they can be effective in supporting their peers and maintaining their academic and personal lives.

In selecting paraprofessionals, residence life supervisors attempt to choose individuals who "exhibit capacity for empathy, warmth and sensitivity and that by contrast the selection process for professionals is typically predominated by intellectual indices primarily grade point averages and performances on the graduate record examination"

(D'Andrea, 1987, p. 44). D'Andrea (1987) highlighted the difference in function and roles

for the paraprofessional, who may have more of a social relationship with their peers, versus

the professional, who works through specific counselling methods learned through years of

study.

Summary

This chapter explored the theoretical foundations of STS, student engagement within

postsecondary education, the emerging adulthood theory with consideration of SLP

development, and the notion of conflict and competition within the workplace. Research

regarding STS has been completed primarily with professional populations such as

counsellors and social workers. As outlined in this review, there is a unique relationship

developed by SLPs in postsecondary institutions who are in the midst of their own

development and are therefore in a vulnerable position for exposure to STS. Although there

is a difference between the professional helpers' (nurses, social workers, counsellors, etc.)

and paraprofessionals' educational attainment and training, there remains a significant

overlap between the two, as they both engage in helping relationships focused on

"[nurturing] the growth of, or [addresses] the problems of a person's physical, psychological,

intellectual or emotional constitution, including medicine, nursing, psychotherapy,

psychological counseling, social work, education or coaching" (Graf, Sator, & Spranz-

Fogasy, 2014, p. 1). The expression of STS symptoms by SLPs can lead to a range of

impacts on various aspects of the SLPs' lives, including the personal impact or relationship

with friends and family, the professional impact in terms of their academic studies, and the

potential impact to the employment experience or opportunity for employment for the SLP.

In the next chapter, I will present the methodology and methods that were utilized in this study.

Chapter 3 Outlining the Process: Methodology and Methods

In this chapter, I outline the specific methodological issues considered in the design of this research. I utilized a mixed-methods design of data collection to investigate the phenomenon of secondary traumatic stress (STS) from the perspective of student leader paraprofessional (SLP)s. This chapter comprises the following sections: methodology, participants, quantitative and qualitative instruments, ethical considerations, and limitations.

Methodology

Mixed methods. A mixed-methods approach addresses the individual weaknesses of separate qualitative and quantitative methodologies while accentuating the strengths of both designs. Through this approach, "the investigator gathers both quantitative (closed-ended) and qualitative (open-ended) data, integrates the two, and then draws interpretations based on the combined strengths of both sets of data to understand research problems" (Creswell, 2015, p. 2).

Johnson, Onwuegbuzie, and Turner (2007) present the following composite definition of mixed-methods research:

> mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and corroboration. (p. 123)

Denzin and Lincoln (2011) highlighted this definition of mixed-methods research and a perspective that mixed-methods research is more than just a combination of methods, but a methodology of its own:

In this definition, the authors do not view mixed methods simply as methods, but more as a methodology, that spans from viewpoints to inferences. They do not view mixed methods as only data collection, but rather as the more general combination of qualitative and quantitative research. They incorporate diverse viewpoints, but do not specifically mention paradigms…or philosophy (p. 271)

Creswell (2015) stated, "a core assumption of this approach is that when an investigation combines statistical trends (quantitative data) with stories and personal experiences (qualitative data), this collective strength provides a better understanding of the research problem than either form of data alone" (p. 2). This combination is an essential characteristic of mixed-methods research, which Hammersley (1996) referred to as methodological eclecticism. Hammersley (1996) originally defined this characteristic as follows: "What is being implied here is a form of methodological eclecticism; indeed, the combination of quantitative and qualitative methods is often proposed, on the ground that this promises to cancel out the negative weaknesses of each method" (p. 167). Specifically, a survey alone provides an incomplete picture or understanding of the research problem being investigated and further explanation is needed. Creswell and Clark (2011) explained, "quantitative research is weak in understanding the context or setting in which people talk. Also, the voices of participants are not directly heard in quantitative research" (p. 12). Thus, if a quantitative research or statistical analysis of survey data were to be the sole source of data in this project, the results only would have been able to show that there was or was not a presence of STS amongst the student leader population, and the stories and personal experiences would be missing.

In comparison, "qualitative research is seen as deficient because of the personal interpretations made by the researcher" (Creswell & Clark, 2011, p. 12), and it would have told the story of only a few participants. As such, if the qualitative, semistructured interview data had been the sole source of data used to determine the results, the research would have shown only the experience of a few population members and would not have provided an empirical measure as to the presence of STS.

In summary, the complexity of this research problem required data "beyond simple numbers in a quantitative sense or words in the qualitative sense. A combination of both forms of data provides the most complete analysis of problems" (Creswell & Clark, 2011, p. 21). This is also supported by Denzin and Lincoln (2011) who stated that, "A simple way of saying this is that narratives (stories) are intrinsically more interesting (and often more enlightening) than numbers to many researchers, the participants in their studies, and their audiences" (p. 286). Therefore, this project utilized a mixed-methods methodology to situate the statistical results in the context of the words of the participants and framed the experiences of the participants with statistical analysis of numbers, data, and trends.

Explanatory sequential design. In this study, I utilized an explanatory sequential design, as I felt it best fit the research problem at hand. Within an explanatory design, the overall purpose is to use qualitative data to provide an explanation to the initial quantitative data. As Creswell and Clark (2011) explained, "this design is most useful when the researcher wants to assess trends and relationships with quantitative data but also be able to explain the mechanism or reasons behind the resultant trends" (p. 82). This explanation situates the proposed aim of this project, allowing for a deeper exploration of the STS experiences by SLPs who exhibited characteristics of STS.

Sequential timing was utilized, as it allowed for the implementation of the qualitative and quantitative forms of data collection in "two distinct phases, with the collection and analysis of one type of data occurring after the collection and analysis of the other type" (Creswell & Clark, 2011, p. 66). This specific timing method allowed for the results of the quantitative survey to inform the qualitative, semistructured interview process.

For this project, the data "connection [occurred] by using the results of the first strand to shape the collection of data in the second strand by specifying research questions, selecting participants, and developing data collection protocols or instruments" (Creswell & Clark, 2011, p. 67). As such, during the first step of this project, I "[implemented] a quantitative strand that [included] collecting and analyzing quantitative data." Once completed, the research "[connected] to a second phase—the point of interface for mixing— by identifying specific quantitative results that call for additional explanation and [used] these results to guide the development of the qualitative strand" (Creswell & Clark, 2011, p. 83).

Therefore, by bringing the explanatory and sequential design components together, the data collection occurred in two distinct, interactive phases whereby the qualitative phase depended on the results of the quantitative phase. Through this process, "the researcher [interpreted] to what extent and in what ways the qualitative results [explained] and [added] insight into the quantitative results and what overall is learned in response to the study's purpose" (Creswell & Clark, 2011, p. 83). As such, this process provided a research design that included both breadth, in determining the presence of STS within an SLP, and depth, by exploring the details of the experiences.

Participants

The quantitative phase and qualitative phase of this research study both employed purposive sampling through the strategic choice of SLPs in a postsecondary institution's student housing operation. I selected the purposive sampling method, as it provided for a richness and depth of data that could be collected through the selection of "information-rich cases" (Patton, 1990). As discussed by Patton (1990), "the logic and power of purposeful sampling lies in selecting *information-rich* cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research…" (p. 169).

This specific participant group was selected as the focus for this research study because of the unique relationship that the SLPs in residence may develop by living on the same floor as the peers with whom they engage and interact, combined with their responsibilities as a first point of contact for peers. I describe this unique relationship and its individual components in greater detail within the literature review in the next chapter.

For this study, I selected a medium-sized university in Southern Ontario with an SLP population of approximately 100 in order to provide a generalizable, quantitative, representative sample size. Although every institution has its own SLP job description, institutions across the province use similar statements to identify the responsibilities of and relationships developed between SLPs and the students in their residence. Here is a small sampling of the various statements from multiple institutions. The residence don job description from Nipissing University stated that staff are responsible for "Foster (ing) a positive, friendly and inclusive atmosphere in their section and throughout the residence community" (Nipissing University, 2016, p. 1). The job description further stated that staff

are required to "Demonstrate and maintain sensitivity and awareness for the needs of students," and "must be available to students as outlined by supervisor to meet the needs of the community" (Nipissing University, 2016, p. 1).

Residence assistants in Student Housing Services at the University of Guelph are "senior students who are expected to act as mentors and offer support to students living in their assigned community" (University of Guelph, 2015, p. 1). There are several notations within the job description for RAs, which relate specifically to the role that SLPs play in supporting students. Specifically, RAs are expected to "establish, develop and maintain an open relationship with each member of [their] community, regularly interacting with each resident. Be available to residents regularly, particularly in the evenings and on weekends and provide information to them as to when you will be available" (University of Guelph, 2015, p. 1). The job description also stated that RAs are expected to "be familiar with academic and personal services on campus and refer students as required, understanding your own personal limits" (University of Guelph, 2015, p. 1). Meanwhile, the job description for a residence don at Wilfrid Laurier University stated that dons are required to "establish, develop and maintain an open relationship with each member of the community by having regular and meaningful interactions with them" (Wilfrid Laurier University, 2016, p. 2). The description also indicated that dons are required to "Assist residents proactively with their personal and community concerns within the limits of training and capability" (Wilfrid Laurier University, 2016, p. 2).

In comparison, the job description from the University of Toronto Mississauga stated that staff members are responsible to "Maintain an open door policy in your community— post availability and have a method where students can leave you a message" (University of

Toronto Mississauga, 2016, p. 3). In describing the relationship with students, the job

description stated that the don is required to "develop personal relationships with the

residents to ensure good communication, to prevent alienation, and to foster a cohesive

community" (University of Toronto Mississauga, 2016, p. 3). Under the working-conditions

section, the job description included "Exposed to residence students' concerns and demands"

(University of Toronto Mississauga, 2016, p. 6). A residence don at Trent University is

required to "establish, develop and maintain an open relationship with each member of your

community by regularly interacting with each member and by being available to your

students" (Trent University, 2016, p. 1). Meanwhile, Ryerson University's RAs are required

to "Live on a floor in residence with students to act as a role model and provide leadership,

guidance and support," "act as front line crisis management in emergency situations," and

"Be available to students for reasonable amounts of time in person / online" (Ryerson

University, 2016, p. 1). Finally, a residence don at Brock University is required to "provide

residents with a secure foundation for their transition and growth into university life" (Brock

University, 2015, p. 1). The Brock description also stated that residence dons are required to

"establish, develop and maintain an open relationship with each member of your community,

regularly interacting with each member on your H/H/C/B" and "be available in the H/H/C/B

as much as possible" (Brock University, 2015, p. 1).

In summary, although the specific wording within a job description may vary

between institutions, the samples provided show a consistent theme of requirements for SLPs

in residence to develop relationships with their students and to be available to them.

Quantitative Instrument

During the quantitative phase of the research study, all SLPs within the student

housing services operation were asked to complete an electronic survey (Appendix B) that

comprised three separate components: (1) demographic and historical background questions;

(2) yes or no questions, to determine exposure to a peer experiencing a traumatic incident;

and (3) Bride's (1999) Secondary Traumatic Stress Scale (STSS) to assess stress levels,

dependent upon their exposure to a student who has experienced a traumatic event (as

explained below).

In the first section, I collected demographic and historical background information

from the SLPs including the participant's age, year of study, program of study, and years in a

student leadership position in a postsecondary environment. During the data analysis portion

of the research study, the information collected was used to provide a description of the

students within the SLP positions in general and, more specifically, to determine if there was

a correlation between any of the background factors and the existence of STS.

The second section of the survey was a set of yes or no questions to determine

whether or not the SLP had been exposed to an individual(s) who had experienced a

traumatic event. The survey included a specific yes or no question to identify whether the

SLP was directly involved in discussions that contained traumatic material and personal

history of trauma, family history of trauma, and incidence of trauma among peers. The yes or

no questions provided a clear definition of a traumatic event (see below) that was utilized

throughout the research study to ensure that there was a consistent understanding for the

participants:

For the following questions, please use the following definition of trauma:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- Exposure to war as a combatant or civilian

- Threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse)

- Threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking)

- Being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters

- Severe motor vehicle accidents

- Violent personal attack, suicide, serious accident, serious injury

- Threatened or serious injury, unnatural death, physical or sexual abuse of another person due to violent assault, domestic violence, accident, war, or disaster

* Developed based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (American Psychiatric Association, 2013)

The third section of the survey was a specific diagnostic measuring tool. In this section, the STSS developed by Bride (1999) was utilized to measure the STS levels present in SLPs. For this research study, participants were provided with an edited STS (as permitted by Bride, 1999) that aligned *clinical work* and *traumatized clients* with *student work* and *traumatized students* from their perspective. This was done to minimize the possibility that

participants would endorse items based on an experience of direct trauma (Bride, Radey, & Figley, 2007). This particular tool was chosen based on its length and straightforward design. The tool comprises 17 questions, which are posed in a manner to measure how the participants were impacted by their interactions with traumatized peers, using a five-point Likert response scale format. This diagnostic tool specifically targets feelings related to the event as opposed to general feelings of distress.

The reliability and validity of the STSS has been demonstrated in various research studies to date. Within their work, Bride et al. (2004) presented evidence of reliability and factorial validity of the STSS. Internal consistency estimates for the total STS score is .93. The alpha value for the Intrusion subscale is .80. The alpha value for the Avoidance subscale is .87, and the alpha value for the Arousal subscale is .83. The STSS has demonstrated construct validity through factorial analyses (Bride et al., 2004).

Procedure. The survey was provided in an electronic format to all individuals who held an SLP position within the student housing services operation at the institution. In order to allow participants the greatest amount of time to develop relationships with their students and the opportunity to experience the majority of a full academic year upon which to reflect, I deployed the first phase of the research study in early March 2016. Participants were recruited through an email invitation sent to all SLPs by a member of the leadership team within student housing services at their institution. The invitational email included a participant information letter describing the study (Appendix C); a mention of support for the research project from the housing department; and a link to the survey that was hosted on an electronic platform (SurveyMonkey). SLPs received two follow-up email reminders of the research study at the one-week and two-week marks following the initial email.

Data analysis. Bride's (1999) STSS is made up of three subscales: Intrusion, Avoidance, and Arousal. The STSS was scored in two different ways to determine the presence of STS, and then further analyzed in relation to the historic and demographic data to determine any correlation(s) present between factors. The first method of scoring required summing up the scores on each of the three subscales. Bride (1999) identified specific questions from his STSS for each of the subscales. Once the subscale scores were totalled, I then added the subscale totals together for an overall STSS score. Data were presented using Bride's (2007) categorical approach, which classifies the individual scores into levels of STS. Bride (2007) presented five levels of STS ranging from little or no STS, mild STS, moderate STS, high STS, and severe STS, depending on their rank according to normative scores.

The second method of scoring utilized a measure of the STSS (Bride, 2007) to determine whether a specific STS symptom was endorsed or not in the responses provided by the individual participant. As expressed in Bride (2007), a symptom was thought to be endorsed if the participant indicated that the symptom was experienced *occasionally*, *often*, or *very often*.

The data collected through the survey were analyzed to measure means, standard deviations, and ranges for the Intrusion, Avoidance, and Arousal subscales and the full STSS. These data were then compared to the historical and background data to explore specific correlations between individual factors and STSS scores. I conducted a correlation analysis to determine whether there was a relationship between the demographic characteristics and the STSS results.

Qualitative Instrument

A semistructured interview tool was used in the second phase to explore the meanings made of STS by the SLP participants. Semistructured interviews are described by Fylan (2005) as a "[conversation] in which you know what you want to find out about—and so have a set of questions to ask and a good idea of what topics will be covered—but the conversation is free to vary, and is likely to change substantially between participants" (p. 65). For the purposes of this research study, this approach provided an information-rich set of data to complement the quantitative data and truly highlight and give significant depth to the experiences of the participants.

The use of semistructured interviews proved advantageous in this study. As described by Fylan (2005), "by changing the questions and the areas discussed during the interview we can address aspects that are important to individual participants, and by doing so we can gain a better understanding of the research question" (p. 66). This structure was also identified by Fylan (2005) as "provid[ing] a more appropriate format for discussing sensitive topics," which was important given that these situations would have been identified, through Phase 1, to be stressful for participants to some extent (p. 67).

In summary, the first phase of the explanatory sequential design—the survey containing the STSS—provided significant quantitative data with respect to the breadth of STS within the population, whereas the second phase of the design—the qualitative, semistructured, open-ended interviews—provided a depth and understanding of the influence of the STS on the student leader.

Procedure. The semistructured interviews were conducted with three SLPs who were chosen based upon the results of the STSS. The three participants selected were the

individuals who scored the highest on each of the three subscales of the STSS (Intrusion,

Avoidance, and Arousal). I contacted the three individuals selected to participate in the

second phase of the study by email and invited them to participate in an interview to be

conducted prior to the start of the final exam period in April 2016. Interviews were

conducted at a time and location agreed to between each of the individual participants and

me. A location on their campus was selected, with specific consideration given to access,

comfort, and confidentiality.

The interviews were recorded using audio-recording equipment that was placed in the

open and left in continuous view. An interview protocol was developed with the introduction

and core questions (Appendix D) that I formulated as part of the proposal and research ethics

approval phase of the study. I provided participants with copies of the Participant

Information Letter (Appendix E) as part of the invitation to participate. Hard copies were

available at the interviews, and all interview participants signed a Participant Information

Letter prior to the interviews commencing.

Data analysis. I prepared verbatim transcripts of the participants' audio-recorded

interviews using the Interview Scribe software. Attention was given to listening to the

various aspects of each participant's speech, including laughter, pauses, silences, crying, and

tone of voice. I also made note of any inaudible speech. After I completed the transcription, I

provided a copy of the individual text to each of the interview participants. Each participant

was then asked to review his or her own transcript for content, to ensure accuracy of

perception and recall.

I provided participants with general instructions for the review of the transcript to

allow them to provide any clarification or to elaborate on any aspect of the transcript they felt

necessary. Once I received feedback from the participants, I examined each transcript using a thematic analysis method, through the use of Microsoft Word software, to highlight themes. I sorted the transcripts according to the responses for each question. I then reviewed the responses to each question, looking for common themes amongst the interviews. Through the thematic analysis, I was able to organize the responses according to both their similarities and their differences. I identified specific themes and cut and pasted quotes from the interviews into a separate document to track the common themes. Through this process, I identified emerging themes with specific quotes. I further analyzed and combined these 11 themes to create three main overarching themes. I then combined the identified themes and content of the interviews with the scoring from Phase 1 and specific subscale of the STSS to provide depth and meaning as identified by the SLPs. These themes are presented in Chapter 4.

The priority (Creswell et al, 2003) in this study was given to the qualitative phase because it focused on in-depth explanations of the results obtained in the first, quantitative phase and involved data collection from multiple sources. The quantitative and qualitative phases were connected (Creswell et al., 2003) when the three participants were selected for the qualitative interviews based on the results from the STSS from the first phase. The results of the quantitative and qualitative phases were integrated (Creswell et al, 2003) during the discussion of the results, implications, and applications of the entire study.

Ethical Considerations

As this research study involved human participants, research ethics approval was required prior to the beginning of research. As the study involved participants from another postsecondary institution, I obtained research ethics board approval from both Nipissing

University (Appendix F) and the board at the institution where the study was conducted (Appendix G). The ethical considerations will be explored through four specific lenses: do no harm, privacy and anonymity, confidentiality, and informed consent.

Do no harm: Perhaps the cornerstone of ethical conduct is to do no harm. Through the design process, I worked to safeguard against doing anything that would cause harm to the participants of the study. Due to the sensitive nature of the research study topic, participants could potentially experience discomfort in recalling their interactions with their peers who had experienced traumatic events. In order to address this potential concern, participants were provided with information for their campus and community support services.

Privacy and anonymity: Individuals participating in this study could not be guaranteed anonymity. Although steps were taken to remove identifying information from data and within the data analysis and reporting of results, there was still a possibility that information might reveal their identity. Participants were informed of this risk.

Confidentiality: Information collected during this study was treated in a confidential manner. During the research, I learned a considerable amount of personal information due to the nature of the topic and research tools. Electronic data, including survey results and electronic documents, were stored behind password-protected websites and storage devices. All hard-copy documents were stored in a locked filing cabinet. I was the only individual with access to the electronic password and the locked cabinet. I informed participants of all data storage procedures, as well as the potential future of the data and what would happen to the data once the research project is completed.

Informed consent: Participants were provided detailed information on the study in advance to enable them to make an informed, voluntary decision regarding their

participation. As part of the informed consent process, I provided participants with information regarding the purpose of the study, expected duration of each phase, procedures of the study, their right to withdraw at any point, potential risks or discomfort from participating in the study, and contact information for the Nipissing University Research Ethics Board and the Research Ethics Board at the institution where the study was conducted. Participants were asked to provide informed consent of their voluntary participation for both phases of the research prior to the beginning of each phase.

Limitations

Because both the quantitative and the qualitative phases that were used in this research study relied on self-reported data, the information obtained may have been influenced by several factors including social desirability bias and the limitations of recall of past events. Participants in the interviews may have hesitated to share all of their personal opinions because of the face-to-face conversations. Participants in both phases may have also feared being labelled and felt hesitant to report all the symptoms that they had experienced.

Summary

This chapter explored the methodological issues in my methodology and methods for my PhD dissertation. Through the use of a mixed-methods explanatory sequential research design, this study explored the research question: In what ways do university SLPs in a postsecondary environment experience STS resulting from exposure to working with a student who has experienced a traumatic event. In the next chapter, I will present the data collected from both phases of the study, highlighting the survey results and the common themes from the interview participants.

Chapter 4 Presenting the Data: Survey Results and Interview Themes

Introduction

In this chapter, for the purpose of clarity and for deeper understanding, I present the results of this study in two distinct sections. I first present the survey results by exploring the demographics of the participants, and then look specifically at the personal experiences of trauma as well as the individual symptoms of trauma and the secondary traumatic stress scale (STSS) results. In the second section, I consider the interview data in order to provide greater depth to the survey statistics through the description of the three overarching themes.

Survey Results

Of the 95 SLPs who received the link to the survey, a total of 41 completed the survey. This represents a 43% participation rate in Phase 1 of the study. Baruch (1999) indicated that the norm of response rate for academic studies in the behavioral sciences should be within one standard deviation from the average. The overall average response rate determined by Baruch (1999) was 55.6% with a standard deviation of 19.7%. When specifically looking at the education sector, Baruch (1999) indicated that the average response rate was 57.6% with a standard deviation of 15.9%. Given these norm response rates in academic studies, the 43% response rate achieved in Phase 1 of the study was within the range for all academic studies in behavioral sciences and for the specific education sector.

Demographics. As presented in Table 4.1, an analysis of the demographic information collected during the survey phase of the study revealed that study participants had a mean age of 20.54 years ($SD = 0.86884$), with the majority indicating their gender as female (70.7%). Survey participants had a mean current year of study of 3.33 ($SD = 0.85896$)

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and a mean number of years in an SLP role of 2.00 ($SD = 0.7746$), with a range of 1–4 years

respectively. Twenty-seven participants (65.9%) indicated that they were assigned to a

traditional-style residence, eight participants (19.5%) were assigned to a suite-style

residence, and six participants (14.6%) were assigned to a townhouse-style residence.

Additionally, the majority of participants (18) were enrolled in a Bachelor of Arts program

(43.9%), 16 (39.0%) were studying in a Bachelor of Science program, five (12.2%) were

enrolled in a Bachelor of Applied Science program, one (2.4%) participant was enrolled in a

Bachelor of Arts and Science program, and one (2.4%) participant was in a Bachelor of

Engineering Program.

Table 4.1

Summary of Demographic Information

Demographic Variable	n	M	SD	%
Age	41	20.54	0.86884	
Current Year of Study	40	3.33	0.85896	
Years as an SLP	41	2	0.7746	
Gender				
Female	29			70.7%
Male	12			29.3%
Residence Style				
Traditional	27			65.9%
Suite	8			19.5%
Townhouse	6			14.6%
Program of Study				
Bachelor of Arts	18			43.9%
Bachelor of Arts and Science	1			2.4%
Bachelor of Science	16			39.0%
Bachelor of Engineering	1			2.4%
Bachelor of Applied Science	5			12.2%
Years in an SLP Role				
1	11			26.8%

2	20	48.8%
3	9	22.0%
4	1	2.4%

Experience with trauma. Student leader paraprofessional (SLP)s' experiences with trauma are shown in Table 4.2. Eighteen of the 41 participants (43.90%) indicated that they had personal experience with trauma, and 16 (39.02%) indicated that they had experienced trauma within their immediate family. When asked about their experience of trauma in their role as SLPs, 34 of the 41 participants (82.93%) indicated that they had engaged in a supportive role with a student who had experienced or was experiencing a traumatic event. Additionally, 39 of the 41 participants (95.12%) acknowledged that they were aware of a fellow SLP who had supported or was supporting a student through a traumatic event.

Table 4.2

Participant Experiences of Trauma

Experiences of Trauma ($N = 41$)	n	$\%$
SLPs with a personal experience of trauma	18	43.90
SLPs with an experience of trauma within immediate family	16	39.02
SLPs who have engaged in a supportive role with a student who has / is experiencing a traumatic event	34	82.93
SLPs who are aware of a fellow SLP who has / is supporting a student through a traumatic event	39	95.12

Given the survey results concerning trauma experiences, 34 of the 41 participants were given access to the Secondary Traumatic Stress Scale (STSS) section of the survey. Of

these 34 participants, only 33 chose to complete the scale. Of the 33 completing the STSS, the mean age was 20.55 years ($SD = 0.83258$), with the majority indicating their gender as female (69.7%). Participants in this section of the survey had a mean current year of study of 3.34 ($SD = 0.82733$) and a mean number of years in an SLP role of 2.09 ($SD = 0.6784$), with a range of 1–4 years respectively; both results were slightly higher than the total participant population. Twenty-one participants (63.6%) indicated that they were assigned to a traditional-style residence, six participants (18.2%) were assigned to a suite-style residence, and six participants (18.2%) were assigned to a townhouse-style residence. Additionally, the majority of participants (15) were enrolled in a Bachelor of Arts program (45.5%), 13 (39.4%) were studying in a Bachelor of Science program, four (12.1%) were enrolled in a Bachelor of Applied Science program, and one (3.0%) participant was enrolled in a Bachelor of Engineering Program.

Levels of secondary traumatic stress categorical approach. In his work, Bride (2007) recommended presenting the scores of the STSS using a categorical approach. In this approach, Bride suggested using the participants' scores to classify them into specific categories based on percentiles, such that scores at or below the 50th percentile (less than 28) are categorized as little or no experience of secondary traumatic stress (STS). Bride (2007) further suggested that scores following between the 51st to the 75th percentile (28 to 37) are categorized as mild STS, scores within the 76th to the 90th percentile (38 to 43) are categorized as moderate STS, scores within the 91st to the 95th percentile (44 to 48) are categorized as high STS, and finally scores above the 95th percentile (49 and above) are categorized as severe STS. Twenty-eight (84.8%) of the 33 survey participants who completed the STSS experienced some level of STS. As shown in Table 4.3, five (15.1%) of

the SLPs who responded to the STSS had a full STSS score of less than 28, suggesting that

participants had little to no experience of STS. Six (18.2%) of the respondents experienced

mild STS while six (18.2%) experienced moderate STS. Nine (27.3%) SLPs experienced

high STS and seven (21.2%) of the SLPs experienced severe STS.

Table 4.3

Bride (2007) Levels of Secondary Traumatic Stress Categorical Approach

Level of Secondary Traumatic Stress	*n*	*%*
Little to no experience of STS	5	15.1
Mild STS	6	18.2
Moderate STS	6	18.2
High STS	9	27.3
Severe STS	7	21.2

Individual symptoms of trauma. The STSS measures individual symptoms of

trauma, which are then grouped as three subscales of Arousal, Intrusive, and Avoidance

symptoms. Table 4.4 provides the scores of each of the individual symptoms. Each symptom

is discussed separately below. Each symptom of trauma is reflective of a specific question

within the STSS; therefore, participants can express different combinations of symptoms. I

will discuss this in more detail later in the chapter. An STS symptom is considered to be

expressed if the participant indicates that the symptom was experienced occasionally, often,

or very often in the preceding seven days.

Intrusive symptoms. In the section of the survey dealing with Intrusive symptoms, 23

(69.70%) of the SLPs reported thinking about the student in trauma when engaged in other

non-related activities while another 18 (54.55%) reported a sense of reliving the student's

trauma. The third most expressed symptom in the Intrusion grouping was cued physiological

reaction, as 42.42% indicated that their heart started pounding when they thought about their

work with students. Thirteen of the 33 participants (39.39%) expressed the cued

psychological distress symptom by indicating that reminders of their work with students

upset them. The group of Intrusion symptoms also contained the least frequently endorsed

overall symptom of disturbing dreams about students, with only five participants (15.15%)

indicating disturbing dreams about their work with their students.

     Avoidance symptoms. Expression of the seven Avoidance symptoms ranged from

18.18% (six participants) for diminished activity level, indicating that they felt less active

than usual, to 66.67% (22 participants) who indicated an expression of the foreshortened

future or feeling discouraged about the future, the fourth most frequently expressed of the 17

symptoms overall. Rates of endorsement for the remaining Avoidance symptoms were as

follows: inability to recall student information or noticing gaps in their memory about their

work with students (24.24%), detachment from others or having little interest in being around

others (27.27%), avoidance of people, places, or things that reminded the participant of their

work with their students (39.39%), emotional numbing or feeling emotionally numb as a

result of their work with students (48.48%), and the avoidance of students symptom where

participants indicated that they wanted to avoid working with some students (54.55%).

     Arousal symptoms. The group of five Arousal symptoms contained the two highest

frequently reported symptoms. As can be seen in Table 4.4, the most frequently reported

symptom was difficulty sleeping, with 75.76% of participants indicating that they had trouble

sleeping as a result of engaging in a helping relationship with a student (Table 4.4). The

second most frequently reported symptom was difficulty concentrating, with 72.73% of

respondents indicating that they had trouble concentrating, as a result of their work

supporting a student (Table 4.3). Hyper vigilance was the third most expressed symptom

with 57.58% indicating that they expected something bad to happen. The second least reported symptom within the Arousal symptoms was irritability, with 54.55% indicating that they found themselves easily annoyed. The least reported symptom of five Arousal symptoms was being easily startled, with only 13 of the 33 participants (39.39%) reporting an endorsement for feeling jumpy following their work with a student experiencing a traumatic event.

Table 4.4

Prevalence of Trauma Symptoms

Criterion (Survey Question #.)	Never		Rarely		Occasionally		Often		Very Often		Expressed			
	n	*(%)*	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*	*M*	*SD*
Intrusion Symptoms														
Intrusive thoughts about students (10)	4	12.12	6	18.18	8	24.24	10	30.3	5	15.15	23	69.7	3.18	1.26
Disturbing dreams about students (13)	14	42.42	14	42.42	3	9.09	1	3.03	1	3.03	5	15.15	1.82	0.95
Sense of reliving students' trauma (3)	9	27.27	6	18.18	11	33.33	6	18.18	1	3.03	18	54.55	2.52	1.18
Cued psychological distress (6)	5	15.15	15	45.45	13	39.39	0	0	0	0	13	39.39	2.24	0.71
Cued physiological reaction (2)	6	18.18	13	39.39	11	33.33	3	9.09	0	0	14	42.42	2.33	0.89
Avoidance Symptoms														
Avoidance of students (14)	12	36.36	3	9.09	10	30.3	8	24.24	0	0	18	54.55	2.42	1.23
Avoidance of people, places, things (12)	12	36.36	8	24.24	11	33.33	1	3.03	1	3.03	13	39.39	2.12	1.05
Inability to recall student information (17)	18	54.55	7	21.21	5	15.15	3	9.09	0	0	8	24.24	1.78	1.02
Diminished activity level (9)	14	42.42	13	39.39	4	12.12	2	6.06	0	0	6	18.18	1.82	0.88
Detachment from others (7)	11	33.33	13	39.39	8	24.24	1	3.03	0	0	9	27.27	1.96	0.85
Emotional numbing (1)	6	18.18	11	33.33	12	36.36	4	12.12	0	0	16	48.48	2.42	0.94
Foreshortened future (5)	3	9.09	8	24.24	12	36.36	8	24.24	2	6.06	22	66.67	2.94	1.06
Arousal Symptoms														
Difficulty sleeping (4)	0	0	8	24.24	14	42.42	9	27.27	2	6.06	25	75.76	3.15	0.87
Irritability (15)	6	18.18	9	27.27	12	36.36	4	12.12	2	6.06	18	54.55	2.61	1.12
Difficulty concentrating (11)	2	6.06	7	21.21	14	42.42	8	24.24	2	6.06	24	72.73	3.03	0.98
Hypervigilance (16)	6	18.18	8	24.24	11	33.33	7	21.21	1	3.03	19	57.58	2.67	1.11
Easily startled (8)	10	30.3	10	30.3	10	30.3	3	9.09	0	0	13	39.39	2.18	0.98

Range of STS symptoms. The possible range of participant scores on the full STSS

(across all three subscales) went from a low of 17 to a possible high score of 85. As shown in

Table 4.5, SLP participants in this study scored a range of 24 on the low end to a high of 55.

The SLPs scored a mean of 41.12 on the full STSS with a standard deviation of 9.63.

Table 4.5

Range of STS Participant Scores

	M	(*SD*)	Range Possible	Observed
Intrusion Subscale	12.09	3.21	5–25	6–18
Avoidance Subscale	15.39	3.85	7–35	7–22
Arousal Subscale	13.63	3.49	5–25	7–20
Full STSS	41.12	9.63	17–85	24–55

Analysis of the individual subscales revealed that on the Intrusion subscale (possible

range from 5–25), SLP participants scored a range of 6 up to 18 with a mean score of 12.09

and a standard deviation of 3.21. On the Avoidance subscale (possible range from 7–35),

SLP participants scored within a range of 7–22. The mean score on the Avoidance subscale

was 15.39 with a standard deviation of 3.85. For the Arousal subscale (possible range of 5–

25), a range of scores from 7 to a high of 20 was observed. SLPs scored a mean of 13.63 on

the Arousal subscale with a standard deviation of 3.49.

Number of STS symptoms expressed per participant. Table 4.6 shows the overall

number of STS symptoms that were expressed through the STSS per participant. Of the 33

participants, 21 (63.63%) expressed eight or more of the 17 possible symptoms, with seven

participants (21.21%) falling into a very high range of between 12 and 17 STS symptoms

expressed. Of the 12 (36.36%) remaining participants, five (15.15%) participants expressed a

moderate level of STS symptoms, ranging from 4–7 symptoms expressed. Only seven

participants (21.21%) fell within a low range, expressing three or fewer STS symptoms.

Table 4.6

Number of STS Symptom Expressions per participant

	n	*M*	*SD*	*%*
Overall Expressions	33	8.06	4.29	
Range				
0–3	7			21.21
4–7	5			15.15
8–11	14			42.42
12–17	7			21.21

Summary. In summary, there are several significant points to highlight from the survey phase of the study. Specifically, in looking at the range of STS symptoms expressed by participants, a clear majority (63%) expressed more than half of the symptoms of STS (Table 4.6). It is also important to highlight that the overall score on the STSS ranged from 24 to 55 with a mean score of 41.12 (Table 4.5).

In analyzing the data, there were no significant correlations found between specific demographic variables and a participant's score on the STSS. This indicates that any SLP can present symptoms of STS, and that it is not correlated to specific demographic variables. These points will be discussed in greater detail in the next chapter.

Interview Data

In the following section, I present the themes arising from the interviews conducted with the three survey participants who scored the highest on each of the STSS subscales (Avoidance, Intrusion, and Arousal). The discussion that follows provides depth and a greater sense of imagery to the prevalence and impact of STS on SLPs, as indicated on the

surveys. First, I introduce the three participants and then explore the themes that were present in their interviews.

       Participant portraits. As indicated earlier in Chapter 3, three survey participants were selected to participate in the Phase 2 interviews. The following section provides a brief portrait of each of the three interviewees. Each interviewee was given a pseudonym for confidentiality purposes. To provide an individual contextualization of their experiences, individual responses to the following question are included: "When faced with traumatic stress we might have difficulty remembering things, we might isolate ourselves, have difficulty sleeping or nightmares, feel angry or irritable for no apparent reason, we might feel afraid or feel anxious, have no energy, or overwork ourselves. Have you experienced these or other things that might be related to trauma?"

       "Emma," a 21-year-old Bachelor of Applied Science student, was in her fourth year of study and her second year within a residence SLP role. She indicated that she had experienced both personal trauma and trauma within her immediate family. Further, Emma noted that she had engaged in a supportive role with a student who had experienced a traumatic event and was aware of a fellow SLP who had engaged in a supportive role with a student who had experienced a traumatic event. On the full STSS, Emma scored 50, placing her within the severe STS category, according to Bride (2007); in terms of the individual subscales, she scored the highest overall score on the Avoidance subscale and expressed a presence of 12 of the 17 symptoms of STS. In her individual contextualization of her experiences, Emma expressed, "Yes.…Sometimes if I can't help them I feel irritable for sure. And sometimes I tend to isolate myself if I am feeling overwhelmed." Emma continued, "I

would say that I do overwork myself and have no energy at times because of this but I really like to help people so it just goes with that."

"Olivia" was also a 21-year-old Bachelor of Arts student in her fourth year of study and second year in a residence SLP position. Although she indicated a personal experience of trauma, she had no experience of trauma within her immediate family. Olivia indicated that she had engaged in a supportive role with a student who had experienced a traumatic event and was aware of a fellow SLP who had assumed a supportive role with a student who had experienced a traumatic event. On the full STSS, Olivia scored 55, placing her within the severe STS category, according to Bride (2007); in terms of the individual subscales, Olivia scored the highest on the Intrusion subscale and expressed a presence of 12 of the 17 symptoms of STS. In Olivia's individual contextualization of her experiences, she stated, "Yeah, I definitely think so," in reference to having experienced the behaviours. She went on to add "the irritable one. And yeah, isolating, difficulty sleeping, the irritable one, probably the anxious one. I am kind of an anxious person to begin with and definitely the no energy one."

"Liam," a 20-year-old Bachelor of Arts student, was in his third year of study and second year in a residence SLP role. Liam indicated that he had both personal experience of trauma and an experience of trauma within his immediate family. He also indicated that he had engaged in a supportive role with a student who had experienced a traumatic event and was aware of a fellow SLP who had played a supportive role with a student who had experienced a traumatic event. On the full STSS, Liam scored 46, placing him within the high STS category, according to Bride (2007); in terms of the individual subscales, Liam scored the highest on the Arousal subscale and expressed a presence of nine of the 17

symptoms of STS. In his individual contextualization of his experiences, Liam expressed similar agreement with the behaviours: "Ya, a lot of those. So, sleep deprivation is a big one. More so, because we end up working very late but sometimes a situation can keep you up or if you are thinking about it or if you are not sure if handled [sic] something right." Liam also shared a dream that occurred one evening that caused him to further react on the day following:

> As for the nightmares I use that term sorta loosely because it is not like they are terrifying but it is nightmares in the sense that in the dreams I have caught myself doing things that I really shouldn't be doing. So for example, there was this one where a couple students and I forgot the context of it, but one of them was really being an asshole and I just lost it on him. I forgot what provoked me, but something did but I just don't remember what it was. Obviously, I wouldn't do that in real life but when I woke up the next day, I was super freaked out about it. I was in a bit of a state for the whole day, I didn't really say anything to anyone. And I don't normally withdraw like that.

As evident in their participant portraits, all three interviewees expressed agreement with the introduction of the question and proceeded to provide some further context for their specific behaviours. All three participants also expressed a certain level of agreement with the specific behaviours of isolation, sleep deprivation, irritability, anxiousness, low energy levels, and a tendency to overwork themselves.

All three of the interview participants further indicated that they had engaged in a supportive role with a student who had experienced a traumatic event, and each expressed a majority of the individual symptoms of STS. When asked what kind of traumatic events they

had supported students through, all three individuals indicated multiple types of events ranging amongst physical violence, sexual violence, death of family members and friends, suicide attempts, serious illness, and incidents of self-harm.

Three overarching themes emerged from the participant interviews: boundaries, training and support, and impact.

Boundaries. Discussions related to the theme of boundaries reflected several connotations and highlighted various understandings including physical boundaries, time and availability of campus resources, student preference, understanding personal limits, and relationships.

Physical boundaries. The notion of physical boundaries first emerged in relation to SLPs living in the same physical space as their students. Emma bluntly acknowledged that "I live with them so I can't escape it." In discussing the need for around-the-clock availability, Olivia stated, "You aren't going to be like, 'Hey hold up on having your crises until I am done my essay'." Emma acknowledged her inability to draw boundaries with students at times "because you are trying to help them as much as you can…they want to talk to you, they want to tell you what is going on and tell you everything." In contrast, however, Liam highlighted some of the benefits associated with the lack of physical boundary SLPs face when living in proximity to students,

> It's good because it allows you to be in tune with what their regular rhythms are and what they are like on a daily basis and when you see that something is a little off, a little red flag then that gives you the opportunity to approach them and check in with them to make sure that everything is ok and if you find out that something isn't ok

then you take it to the next level and make sure that that is being dealt with. So it's

good in terms of connections.

As noted by all three participants, the notion of physical boundaries was integral to the

overarching boundaries theme and the impact, negative or positive, that STS can have on the

SLP population.

Time and availability of campus services. Boundaries related to time and the

availability of campus services were identified by Liam. In particular, the inability to put

boundaries in place when supports from campus services, such as counselling, are only open

during regular business hours. As Liam explained, "there have been a couple times when I

am like 'So, what now'…At that point, the situation is managing itself but I am still there as

an ear for them because counselling is not going to be there for them 24/7 by any means."

Liam continued to explain, "So when that is not available or they don't feel comfortable

doing that they will probably just end up coming to us, which is not a probably because it has

happened. So that's when my job is still there and supporting them. Even if they have already

been going to counselling for a month or so." Boundaries related to time and the availability

of campus services were also identified by Olivia. When asked if there were adequate

services on campus to support students, Olivia stated,

> I think they are there, I just don't think that they are very accessible. For example,
>
> counselling services isn't open for the first three days of orientation week. Which I
>
> would assume like because it is like Labour Day and the long weekend. But that is
>
> when a lot of people go through stuff. And like you get to see the counsellor like once
>
> every two weeks unless you are actively trying to commit suicide. Like there are three

> hours of drop in hours but you need to arrive right in the beginning or you are not getting in. There are a lot of resources, I don't think that they are that great.

The notion that time and availability of campus services has an impact on the overall student population at the institution, in turn, has a domino effect on the supports that are requested and also those provided by SLPs, impacting the occurrences of STS amongst the SLP population.

Student preference. In yet another aspect of the boundaries theme, Olivia presented the following explanation of the unique situation SLPs experience when a student is reluctant to seek out professional support despite multiple referrals but continues to reach out to an SLP for support:

> Ya, like referring only works like once or twice. Like if they never go. Which I get, a lot of times they just want to talk and I think that there is this sorta thing that if you go to counselling then it's a problem. Whereas talking to your RA, it is just you talking, it is not a thing. So ya, that the thing they tell you is refer, refer, refer you are not qualified to deal with this blah blah blah but a lot of the time the student doesn't give a shit they just wanna talk to you. And we're like no, I am not a counsellor. And then they keep coming back looking for support. So I am like well, I don't know what I can do.

The notion of student preference and the reluctance of students to seek out professional support was also confirmed by Emma when asked if she had students who continue to seek support from her despite her referring them to professional services:

> Yes, I do have students that do that. And I just keep encouraging them and to seek those services. Essentially, but there are students that do that and I try to figure out

the answers to their questions to the best of my ability and I will also sit there with

them and look up the service just as encouragement and just let them know that this is

something I don't know and that I would seek the service myself and just keep on

encouraging them to seek the resources.

Emma explained that students just "want to talk to you, they want to tell you what is going

on and tell you everything." In discussing her feelings surrounding this notion, Emma said

that she was "a little frustrated. Knowing that they could receive better help. But again, I

know that I am doing what I can."

The boundaries theme was represented in several levels from the paraprofessional

support, to the SLP, to the professional support from counselling. Regardless of professional

support, the very proximity of the SLP in the living space means that students will continue

to call on the SLP for additional help.

Understanding personal limits. I asked participants the following question: If you

were able to go back in time, what would you tell yourself about supporting students through

traumatic events? The constant theme among participants was the idea of understanding your

limits (discussed here) and seeking support (discussion to follow). Liam expressed, "I would

probably say it would be something along the lines of know your limits because I tend to get

myself into things and not realize how deep in I am getting." Emma combined the notion of

both understanding her limits as an SLP and the need to seek support for herself:

I would make sure that you seek support and make sure that you are getting the

support that you need to assist the student. That is something that I realized this year

alone is that you can't hold the entire world up by yourself—you do need that help.

So even if you are having a conversation with that student and supporting them to

make sure that you are having that conversation with then [*sic*] someone that is your

support in order to better support the first situation. And just approach them, just do

it, just talk to someone about it, don't let it sit in your own head. You can't hold the

world up by yourself essentially.

The participants identified that understanding personal limits is an important component of

being able to set boundaries.

Relationships. A lack of boundaries between SLPs and their students also impacts the

relationship between other SLPs and their respective manager. Olivia highlighted the

following unwritten set of expectations for SLPs: "Like in training and such, they don't

outright say, 'Drop everything for your students' but like I think that there would be some

questions (if you didn't)." Emma highlighted similar pressure as she acknowledged, "There

is a certain sense that you want to be there if it is one of your students. If it is your student,

you want to be the one dealing with it." This statement aligns with Olivia's notion, "There is

a certain amount of feeling like, if it is your student you care about them so, you are going to

drop most things if they need you."

Liam expanded the theme of boundaries and its overall importance by presenting the

impact of breaking boundaries on relationships with other SLPs and managers. Liam said, "I

am pretty ok with it because breaking certain boundaries has an impact on the way managers

will perceive us and also has impacts on the community as well." The development of

personal relationships among SLPs, including dating and engaging in partying or drinking

activities together, is an example of the certain boundaries Liam referenced in his interview.

Liam further discussed the presence of a fine line between supporting students and the

perception that other students or SLPs have about the level of support that an SLP is

providing to a student. He shared,

> Those are all things that can impact the community as well as the relationship with
> other teams or sorry other coworkers because all it takes is one student to a) start
> spreading rumours and it gets blown out of proportion b) people start to think that you
> are trying to play favorites c) your coworkers start to trust you less because they
> wonder what types of rules you are breaking, what types of shortcuts are you taking
> and really how much you care about your job and how much you are in it for the sake
> of helping people versus personal gain.

The fine line of boundaries is present on multiple levels, which adds further concerns and

stressors for SLPs.

The first overarching theme of boundaries provides an in-depth look at the struggles

presented by SLPs through the various understandings of physical boundaries, time,

understanding personal limits, student preference, and relationships. I will now explore the

second overarching theme of training and support.

Training and support. The second of the three overarching themes presented within

the interviews is training and support. Within the training and support theme there are three

understandings, which I will explore here: training preparation, managerial support for SLPs,

and understanding personal limits, and seeking support.

Training preparation. All three interviewees referenced the training program that the

student housing department provides to SLPs in advance of students moving into residence

each year. They all indicated an appreciation for and a belief that that the training provided a

level of preparation for responding to or supporting students through traumatic events.

According to Emma, "There is a lot of support in the training about how to approach someone who is experiencing something that is getting them down and how to have that conversation with them and getting them to services." Emma also commented, "Just being able to have a conversation with a student about something that is upsetting them. That has helped a lot." In addition, Olivia commented that training "teaches you the practical skills of like who to call, how to write it down, what to do. And there is some verbal stuff, like stuff to say stuff like 'are you thinking of committing suicide' and the importance of saying that out loud."

In addition to discussing the benefits of the training program, the interviewees commented on the limitation of the training, such as the gaps they felt existed in their preparation for assisting students through traumatic events and the difference between how such events actually play out and the training SLPs receive. Specifically, Olivia recounted such an experience:

> But I found a lot of the kinda "How do you talk to a student face to face" makes you think that it is going to be a ten-minute conversation. You get them to admit that they have depression or that they are self-harming or they are going to commit suicide or something. You write it down on a contact sheet or you call the manager and boom that's it.

Olivia continued to state that providing context through training is important, "even just like mentioning maybe that hard situations take up a lot of time. Like those conversations will probably take a few hours." Liam echoed this perception and discussed the fact that although training may be very effective in a controlled environment, the training environment can provide a false sense of security when dealing with real situations:

So, I would say that pressure comes in that situation and you really have to, and at that point it is relying on your instincts and sometimes going by the book and going by word by word what the training tells you to do, it's not always going to be 100% effective and that is where things get really risky. Because when people are emotional they are very hard to deal with, they are hard to predict.

All three SLPs acknowledged the benefits of training and how it prepared them for their roles at the beginning of the year, which provides a basis for every situation and for when the SLPs are in the moment of an incident.

Managerial support for SLPs. Another understanding of training and support that was present in all three interviews was the support the SLPs felt they received from their manager. The manager serves as the supervisor and primary contact for the SLPs when dealing with student issues within residence. Liam indicated that he feels comfortable approaching the manager "because [of] the relationships that I have had with my managers…I felt that if I needed anything, I felt comfortable talking to them because they are very good at being there to support us." Emma echoed, "My managers are very supportive and I find from being an RA this year as well as last year they are also very accommodating and helpful." Emma went on to state, "They will essentially do anything to help you, well that they can do to help you."

Although there was a general sense of comfort in approaching their manager for support, a counterpoint to this theme also arose. Although Olivia noted that she did not feel comfortable asking for support from the manager, she said, "I think that is just a personal thing. I don't think that is a reflection on everyone but I'm not a big fan of telling managers things because…there would be a contact sheet out there about me." In the same vein, but for

different reasons, Emma also commented, "There are some times that I would not ask for support unless it is a personal friend or something like that because if [*sic*] is something I won't feel comfortable talking to a manager about. But if it is about students then I will always go to my manager for support or another staff member on the team." These comments provide an interesting distinction between the personal and professional roles of SLPs.

Another barrier related to support was the perception of competition amongst SLPs (discussed later in this chapter). For example, Olivia noted that when her manager asked her if she was "good" in front of another SLP, she responded "yes" in the moment, but stated that "in retrospect, [I] probably [was] not [good]. My coworker was totally fine. I talked to her afterward and she was like 'Ya, I'm fine'. So, I was like 'Oh, Ok'." Later in the interview, Olivia commented in relation to the same situation, "clearly my partner didn't have any kind of left over feelings after dealing with it and I did." This suggests that although staff are aware of the support from a manager, they may not always feel comfortable reaching out for support because of a concern about the perception of the manager and other SLPs.

Seeking support. As introduced earlier, when participants were asked if they were able to go back in time, what would they tell themselves about supporting students through traumatic events, the constant theme among participants was the idea of understanding your limits and seeking support. Olivia stated her need for support, "I don't know, probably just to tell people more." Emma combined the notion of both understanding her limits as an SLP and the need to seek support for herself:

> I would make sure that you seek support and make sure that you are getting the
>
> support that you need to assist the student. That is something that I realized this year
>
> alone is that you can't hold the entire world up by yourself—you do need that help.

So even if you are having a conversation with that student and supporting them to

make sure that you are having that conversation with then someone that is your

support in order to better support the first situation. And just approach them, just do

it, just talk to someone about it, don't let it sit in your own head. You can't hold the

world up by yourself essentially.

All three participants noted that understanding their personal limits and seeking support for

themselves in their role of supporting a student through a traumatic event were critical.

The overarching theme of training and support as presented here includes three

understandings: training preparation, managerial support for SLPs, and seeking support.

Next, I will explore the third overarching theme of impact.

Impact. The third overarching theme is impact; it explores the impact that STS has

had on the interview participants. In this section, I will explore the overarching theme

through the understandings of academic impact, personal impact, and professional impact.

Academic impact. All participants discussed an impact on their academic pursuits as

a result of supporting a student through a traumatic event. They also acknowledged reaching

out to faculty to ask for accommodation on academic issues, but not always in every situation

when they should have. Liam explained, "I don't normally like to do that but when I am

backed into a corner I will. I don't really have a choice. But, I don't really like to do that."

When asked if there was a specific reason why he did not want to ask for support, Liam

continued, "I think I am just stubborn like that…so, I was just like this isn't worth my time.

In the grand scheme of things it's not worth a lot."

Academic impacts are not only on assignments—as Olivia explained, her work

assisting students through traumatic events has also impacted her performance on midterms.

Olivia noted that after an evening of supporting students, she "fully slept through one of my midterms. And then did just shit at the second one." She went on to explain that "I just have this personality where I just let things happen so, I didn't report it to anyone or complain about it in anyway. I was just sorta like, my mark can take the beating."

In summary, based on the interviews with the students, it is evident that the SLPs had, on multiple occasions, put their academics aside in order to assist students. In Emma's words, "If there is a situation that comes up with a student, I will deal with that before I deal with my academics." This academic impact also relates back to the open-ended boundaries discussed above. The inability of SLPs to draw boundaries between the student, staff, and personal roles leads to a blurring of the lines and, for a multitude of reasons explored earlier, SLPs place their staff responsibilities above their academic requirements. These competing responsibilities combined with a refusal to seek support from faculty lead the SLPs to sacrifice their academic standing through lower quality assignments and a generally lower overall grade.

Personal impact: building positive relationships. All three interviewees stressed the personal, positive aspects of supporting a student through a traumatic event. When asked about some of the personal, positive aspects of working with students who have experienced traumatic events, Liam highlighted, "The relationships that come afterwards." He elaborated, "It's those heavier situations that I have dealt with this year and last year the relationships that I have formed with those students afterwards have just been absolutely amazing. It's literally the reason that I keep coming back." Liam noted the importance of such acknowledgement from students because at times the SLP role can be unappreciated:

There was a point earlier in this year when I didn't know if I even wanted to work

with RLS anymore because of the situations with those students that don't have a lot

of perspective and don't understand what goes on behind the scenes so part of it was

that I kinda just felt like unappreciated almost but then situations like those happen

and I remember that those are the people who appreciate me, those are the people that

I come back for and that is why I ultimately decided to come back for another year.

The idea of the positive relationships that develop through supporting students was also

suggested by Olivia who stated, "I am sure that it is good for them.…I kinda view them as

siblings. Like I wouldn't say that I'm friends with them…but I would say that we are close."

The importance of the personal relationship and the impact of SLPs' actions were

complemented by Emma, who stated the significance of "knowing that what you are doing is

helping them even if it is just by the littlest bit. What you are doing is going to make a

difference no matter what." Emma related a secondary personal, positive effect of supporting

students through traumatic events: "It helps me with my problems as well recognize things in

myself that I wouldn't have known without talking to the students." From the interviews, it is

important to note the positive impact that supporting fellow students has had on the

interviewees.

There was a second occurrence of the notion of personal impact: the concept of

positive relationships was presented when interviewees were asked about the impact on the

SLPs' relationship with other students on their floor when responding to traumatic events

affecting a student in their community. Interviewees noted an increased comfort or positive

relationship between the SLP and other students in their community. As Liam expressed,

"Students ultimately started coming to me when they saw red flags and I honestly didn't

picture those students in the comfortable place to be able to do that." Liam went on to say that his students better understood "the kind of support that I was and they thought that they could trust me and I think that that helped my relationship with them." Emma echoed the positive impact and stated, "I would say in a lot of aspects it has made relationships better because I can connect with them at that level and I can share that experience with them essentially and the feelings that they are having." Interview participants were united in their belief that supporting a student experiencing a traumatic event had a positive impact on their relationship with other students within their community.

Personal impact: worldview. When the participants were asked in what ways their work with a student experiencing a traumatic event had influenced them or what changes they had noticed in themselves or about the way they saw the world in general, two participants responded that they had developed an overall more negative view of the world. Olivia stated, "I think that it has made me more pessimistic. Which is kinda sad." Emma had a similar perspective: "Yeah, I have noticed that I feel more negative. I would say about the world in general. There is just a lot going on so I just feel like I am not hearing all the good things that are going on but rather just a lot of negatives."

Another example of this personal impact was the worldview notion in participants' responses to this question of how their work with a student experiencing a traumatic event had influenced them or what changes they had noticed in themselves or about the way they saw the world in general. The participants described an increased awareness of the need for a deeper understanding of situations for the others. Emma indicated that in terms of the way in which she sees other people, she is "more compassionate and understanding about what things they could be going through and their actions and why they do things." Olivia, too,

explored the idea of a deeper understanding and awareness. She noted that she feels like her "awareness of people's personal issues and the amount of traumatic stuff that people have dealt with" has increased. Liam, too, expressed, "Everybody has their stuff, everybody has their challenges that they deal with.…they don't see it they don't see what is going on behind this closed door, they don't see the impact of what they are doing." Liam went a little further to relate this theme to his role and responsibilities as an RA indicating, "They just need this perspective and I just feel as though I just feel some obligation to give it to them but there is no guarantee that I can." In summary, the impact of the participants' work with students experiencing a traumatic event had produced a more negative outlook on the world in general combined with a deeper understanding of the underlying issues in a situation.

Personal impact: feeling overwhelmed. When participants were asked about their reactions to hearing disturbing, stressful, or traumatic material from a student, they all discussed feelings of being overwhelmed. As Emma stated, "essentially, I get overwhelmed sometimes, but I am able to take a deep breath and collect myself and help the student." Liam explained that he has no initial reaction because he is "listening the whole time." He went on to explain that sometimes he will just "zone out," and "that is just something that I do and I have zero clue why I do it." The theme of feeling overwhelmed was also highlighted by Olivia, who characterized her initial reaction as "dread." Olivia continued with an explanation of this feeling:

> Because you are going to have to deal with it and it is going to take a long time and
> its [*sic*] going to be emotionally draining and probably nothing will happen. And it
> doesn't even need to be serious things, even if one of my students indicates that they
> might have a roommate conflict. Its [*sic*] like UH, and there it is, like eight hours of

my life. Roommate conflicts are stressful in the same kind of way. Like not as badly but like you just can't fix them. And they just want like a magical band aid solution where you come in, tell them what to do and they are best friends again. But, it doesn't work like that.

All participants indicated feeling overwhelmed when hearing disturbing, stressful, or traumatic material from a student.

Personal impact: increased awareness. When asked how encountering a student experiencing a traumatic event is affecting or has affected their approach to the position as an RA, participants noted an increased awareness of subtle cues or actions. Emma noted that she was "more inclined to notice the little things. So, just the subtle things like body language or verbal cues that relate to someone being stressed or brought down by something." Olivia expressed this same increased level of understanding of subtle cues and her perception of the prevalence of traumatic events within the student population. She said, "More just in the way that I view things and I take little things seriously. Which like probably before I was in this role, how many people did I know that are suicidal? I would say zero. But now I am just kind of on the watch for anyone so like anything that anyone kinda says, even just on Facebook and stuff. Even if it is just vaguely suicidal, I have red alerts going off." The participants' responses highlight the impact that supporting a student through a traumatic event has resulted in an increased level of awareness amongst participants.

Professional impact: competition. Interviewees noted that on multiple occasions they have heard SLPs comparing the incidents that they have experienced. Liam expressed that "Every now and then people will start, because everyone wants…to be that person that believes they have it the shittiest and regardless of what situations they have it's the impact

that it has on them that is more important." Liam continued to describe a situation in which "I have definitely heard people say oh you know I dealt with this and this sucks and then another person will say like Fuck, I dealt with two of those last week and this happened and this happened and its [*sic*] like oh man, here we go."

The notion of competition between the SLPs over the incidents they deal with was also explored by Olivia: "that there is kind of a weird tendency with RAs to use other people's traumatic stuff to kind of one up each other." Olivia even suggested a perception that such competition has been a basis for staff selection or promotion: "Some people are pretty sure they got promotions because of it. So it is stuff like that. And if you do enough of the like 'oh I helped my student through this, like maybe you get a promotion'." This perception was escalated when Olivia suggested that the competition extends to the professional staff as well, which could present a barrier to the SLPs with respect to reaching out for support. Olivia said, "I feel like you guys [the managers] go gossip with each other and are like 'oh I am such a good manager because I helped my staff member through this and they are going through a really tough time and I am such a good manager' and I just don't want to be someone's one up." I will explore support provided to SLPs and their tendency to reach out for support next.

As presented here within the impact theme, it is clear that STS has various impacts on the SLPs who were interviewed. These impacts cross various areas of the SLPs' lives, as outlined in the three understandings of academic, personal, and professional impacts.

Summary. In summary, through the interviews with the survey participants who scored highest on the respective subscales of the STSS, three overarching themes were presented: boundaries, training and support, and impact. Within these overarching themes,

several understandings were explored, specifically training preparation, managerial support for SLPs, understanding personal limits and seeking support, academic impact, personal impact, and professional impact. These themes provide further depth to the results of the STSS and an opportunity to relate or weave the survey data and the interviews together to show the breadth and depth of the prevalence of STS amongst the population of SLPs, which will be discussed further in the following chapter.

Chapter Summary

Of the 95 SLPs working within the housing services operation at the Southern Ontario university, 41 completed the survey as part of Phase 1 of this study. Of the survey participants, 34 SLPs or 82.93% indicated that they supported a fellow student through a traumatic event. The survey data show the overall prevalence of STS symptoms within the SLP population, with 63.63% (21 participants) expressing eight or more of the STS symptoms. The interview data complement the breadth of the survey data by providing a greater depth and understanding of the impact that supporting a student through a traumatic event has on SLPs; the data also allow for further understanding of the story of each participant. The analysis of the interview data presented three themes with multiple subthemes, which highlight the shared experiences of the interview participants. These findings will be discussed in relation to each other and the literature available on the topic of STS in the next chapter.

Chapter 5 Exploring the Findings and Impacts: Discussion

As discussed in Chapter 2, the work of Bride (2007), Conrad and Keller-Guenther (2006), and Stamm (1997) suggested that professionals in helping professions, such as social workers, nurses, police officers, child protection workers, firefighters, and ambulance personnel, do experience secondary traumatic stress (STS). In beginning this study, I wondered whether it was possible that members of the participant group of this study, student leader paraprofessional (SLP)s, could be experiencing some degree of STS as a result of their exposure to a peer or student undergoing a traumatic experience, disrupting their everyday understanding of how the world should be. I anticipated that they would be confronting the difficult task of reconciling these disruptions with their previously held core beliefs (e.g., good versus evil; hope versus despair; safety versus vulnerability) and, potentially, would also be struggling with physical, psychological, and social effects. In the following chapter, I discuss the links between the findings of this research study and existent literature, describe both the strengths and limitations of this study, present applications to practice, and highlight opportunities for future research. This discussion also includes my personal reflections about my experiences as a researcher and former SLP.

Research Question

As stated earlier, the heart of my research involves exploring the following question: In what ways do SLPs in a postsecondary environment experience STS resulting from exposure to working with students who have experienced traumatic events? In order to answer this question, as part of my research study I first had to establish whether SLPs do, in fact, work with traumatized populations. To do so, the research question for Phase 1 asked, "Do SLPs experience STS resulting from exposure to working with students who have

experienced traumatic events?" To which, 82.93% of SLPs responded in the affirmative, indicating that they had worked with peers who had experienced a traumatic event. Only 17.07% reported not having had that experience. This result is a noteworthy revelation, as it acknowledges that a significant portion of the SLP population is supporting students through traumatic events. Further, 95.12% indicated that they were aware of at least one other member of the SLP population who was supporting a student through a traumatic event. Even though 17.07% of participants were not actively supporting a student through a traumatic event, 12.19% knew someone who was; therefore, they did have knowledge of the work on campus.

Quantitative Phase: Discussion and Comparator to Existing Literature

The quantitative survey totals for the individual subscales and full STSS, displayed in Table 4.4, indicate how specifically STS might be present for SLPs. Table 5.1 shows the comparison between Bride's (2007) research on the prevalence of STS in a population of social workers and the SLP population. Bride's research explored the experiences of 282 licensed social workers in the Southern United States (47% response rate). I used Bride's research (2007) as a comparator, as it provided the foundation for the reporting of STS data that I utilized as a starting point to display data in the Results section; Bride was one of the initial developers of the STS; and Bride's research had a similar response rate. Overall, the SLPs had a mean score of 41.12 with a standard deviation of 9.63 compared to a 26.69 mean score with a 10.74 standard deviation for the social workers in the full STSS. When comparing the range of scores on the full STSS, the SLP population had a shorter range of scores (24–55) compared to the social worker population, which had a range from 17–74.

An interesting comparison between the mean scores of the SLPs in the present study and the social workers in Bride (2007) comes in the order in which the three subscales rank with respect to highest scores (Table 5.1). In the case of both populations, the Avoidance subscale scored the highest, followed by the Arousal subscale, and finally by the Intrusion subscale. Looking at the individual subscales of the STSS, the SLP population scored higher on all three individual subscales in comparison to the social worker population in Bride's 2007 study (Table 5.1). Looking specifically at the Avoidance subscale, the highest scored subscale in both populations, the SLPs had a mean score of 15.39 compared to the social worker mean score of 12.58. The Arousal subscale had a mean score of 13.63 within the SLP participant group, whereas the social workers had a mean score of 8.93. In the third subscale, Intrusion, the SLPs had a mean score of 12.09 compared to a mean score of 8.18 for the social worker population in Bride's 2007 study. These results are important to note, as the STSS scores show a resemblance between the paraprofessional population and the social worker professionals. Although the specific mean scores are elevated in all the subscales and the full STSS for the SLPs, Table 5.1 shows that the three subscales rank in a similar order for both populations.

Table 5.1

Comparison of STSS Participant Scores between Student Leader Paraprofessionals and Bride's 2007 Research with Professional Social Workers

	Student Leader Paraprofessionals				Bride 2007–Professional Social Workers			
			Range				Range	
	M	(SD)	Possible	Observed	M	(SD)	Possible	Observed
Intrusion Subscale	12.09	3.21	5–25	6–18	8.18	3.04	5–25	5–21
Avoidance Subscale	15.39	3.85	7–35	7–22	12.58	5.00	7–35	7–31
Arousal Subscale	13.63	3.49	5–25	7–20	8.93	3.56	5–25	5–24

| Full STSS | 41.12 | 9.63 | 17–85 | 24–55 | 29.69 | 10.74 | 17–85 | 17–74 |

In comparing the individual symptoms on the STSS, the SLP and social worker populations both had the highest mean score on the *intrusive thoughts about clients* symptom within the Intrusion subscale (3.18 and 2.23 respectively). The highest individual score within the Arousal subscale was *difficulty sleeping* for the SLPs, with a mean score of 3.15 (third highest for social workers with mean score of 1.87), whereas the highest individual score for the social workers was *irritability*, with a mean score of 2.02 (fourth highest for SLPs with mean score of 2.61). On the Avoidance subscale, the SLP population had the highest mean score (2.94) on the *foreshortened future* symptom (third highest for social workers at 1.90), whereas the social workers had their highest mean score (2.02) on the *avoidance of clients* symptom (tied for the second highest score for SLPs, with mean score of 2.42). These comparisons illustrate the more specific STSS score differences between the SLP population and the professional social worker population. Although the two populations have different highest individual characteristics for two of the subscales, the overall rank order for the subscales is similar. A possible factor at play in this comparison relates back to the availability and live-in requirement of the SLP position, as both of the high-scoring characteristics could be impacted by the overarching theme of boundaries, as discussed in the previous chapter, which differentiates the SLP and social worker populations.

Returning to the original Phase 1 research question—Do SLPs experience STS resulting from exposure to working with students who have experienced traumatic events?— based on the results of the STSS, the answer to this question is yes. It is clear from the STSS results that the SLP population within this study experienced varying levels of STS and

endorsed individual symptoms as a result of their work with students who had experienced a traumatic event.

Qualitative Phase: Discussion and Comparator to Existing Literature

The qualitative data collection that occurred in Phase 2 was designed to gather information to add to the depth of the understanding of the STSS scores. Specifically, Phase 2 had the purpose of answering the research question, "What meanings do university SLPs make of their experiences with secondary traumatic stress resulting from exposure to working with students who have experienced traumatic events?" Again, the goal was to understand the ways in which STS might be impacting SLPs through the meanings of the experiences of individuals experiencing STS. As the interviews proceeded, it became clear that the three SLPs had some similar experiences when talking about the impact that STS had on them. These experiences were summarized in the Results chapter within three overarching themes of boundaries, training and support, and impact.

Srdanovic (2009) master's thesis explored the impact of traumatic stories on support workers in domestic violence shelters. Srdanovic completed nine interviews with support workers from local domestic violence shelters in British Columbia. I have selected this study as a comparator given the reported types of trauma to which SLPs were exposed and the similarity to the types of situations to which the professional support workers indicated that they were exposed in their work. Srdanovic presented her research in terms of four *areas of impact*: emotional distress, psychological shift, physical risks, and social effects. The areas of impact were then broken down into *categories of experience*, as displayed in Table 5.2.

As discussed earlier, the SLP has a unique relationship and living arrangement compared to professional staff members such as the support workers within Srdanovic's

research. Given this difference in relationship, combined with the training and support

differences between paraprofessional and professional positions, the main area of comparison

with Srdanovic's research is the overarching theme of impact, as explored in Chapter 4. In

comparing the research, there is a strong comparison between the themes and understandings

of impact. The personal impacts noted by the SLPs within the worldview, feeling

overwhelmed, and increased awareness subthemes appear to correspond with Srdanovic's

categories of experience of frustration and irritability, feeling overwhelmed, emotionally

drained, burnout, heightened awareness of danger, sense of an unjust world, jaded, and

regular exhaustion or fatigue.

I will now present specific quotations from Srdanovic's (2009) work to elaborate on

the similarities between the SLP population and the support workers in domestic violence

shelters. Within the frustration and irritability category of experience, a participant named

Wanda noted that "[I have been] not lashing out, but just weird—getting annoyed really

easily or certain things frustrate me quicker than they normally would" (Srdanovic, 2009, p.

42). This category of experience appears to map to the understanding of personal impact:

worldview, as described in Chapter 4.

Participants' experiences noted within the feeling overwhelmed category of

experience included Carol's, who stated, "I think I just had to be okay with it [avoiding the

resident] because it was getting to be too much—too, too much" (Srdanovic, 2009, p. 43).

Carol's experience of feeling overwhelmed appears to map to the understanding of personal

impact: feeling overwhelmed within the impact theme, as described in Chapter 4.

Within the emotionally drained category of experience, Colleen noted "I don't want

to listen to anyone anymore. I find it really hard, so much so that I've been looking at other

jobs and stuff. It's mentally and emotionally exhausting because it's eight hours a day listening to women in crisis" (Srdanovic, 2009, p. 44). This category of experience appears to correspond to the understanding personal limits notion within the boundaries theme, as described within Chapter 4.

Anna's statement highlights the comparison surrounding the category of experience of burnout: "I've heard that the longer you work here, the more exhaustion will build up so that it can be the smallest story that will be the straw that broke the camel's back" (Srdanovic, 2009, p. 45). This category of experience appears to map to the understanding of personal impact: feeling overwhelmed within the impact theme, as described in Chapter 4.

Carol provided a statement that was used to elaborate the heightened awareness of danger category of experience. She said, "I know that with seeing and hearing the stuff that I hear I'm a lot more aware of things that go on in the real world I guess. Now I'm overprotective with my daughter" (Srdanovic, 2009, p. 46). This category of experience appears to map to the understanding of personal impact: increased awareness within the impact theme, as described in Chapter 4.

The personal impact: worldview understanding described in Chapter 4 appears to map to the sense of an unjust world described in Srdanovic's research. In the description of the sense of an unjust world category of experience, Wanda stated, "It just gets you thinking about how unjust things can be. Even some of the stories you hear women relay to you about their experiences with the RCMP and how they are treated; you get angry and you get sad and it makes you question humanity a lot" (Srdanovic, 2009, p. 47).

The category of experience identified as jaded, provided the following quote from Lee, "It used to make me sick that this [violence against women] is happening all over the

world, but then you start to feel, well, jaded, because nothing is changing—you are still seeing everything. So why are we even bothering because it's just getting worse for women" (Srdanovic, 2009, p. 48). This category of experience appears to map to the understanding of personal impact: worldview within the impact theme, as described in Chapter 4.

Within the regular exhaustion or fatigue category of experience, Carol stated, "I mean it takes a lot out of you. I'm usually tired after work, but now I'm finding myself quite drained quite a bit because we've been so busy and so full—it's just been nonstop lately" (Srdanovic, 2009, p. 52). This category of experience appears to map to the understanding personal limits notion within the boundaries theme, as described within Chapter 4.

In contrast, an area of difference between my study and Srdanovic's research is the academic impact expressed by the SLP population, most likely because the support workers do not operate within an academic environment. The most significant difference is the subtheme of competition, which was present within the SLP population but was not identified in Srdanovic's research. This difference could be due to several reasons. For example, the subtheme of competition could have fallen outside of the realm of Srdanovic's research or it was not present. I will explore this subtheme in more detail below.

Table 5.2

Srdanovic's (2009) Reported Impact of Exposure to Women's Accounts of Trauma

Area of Impact	Categories of Experience
Emotional Distress	Frustration and irritability
	Feeling overwhelmed
	Emotionally drained
	Burnout
Psychological Shift	Heightened awareness of danger
	Sense of an unjust world
	Jaded
	Novel perspective

Physical Risks	Temporary body reactions
	Regular exhaustion or fatigue
Social Effects	Social isolation

Returning to the research question for Phase 2, "What meanings do university SLPs make of their experiences with STS resulting from exposure to working with students who have experienced traumatic events?", based on the results of the interviews, these meanings have been categorized into the three overarching themes of boundaries, training and support, and impact. These themes and the understandings align with those that have been reported for professional staff experiencing STS. In summary, SLPs identified signs and symptoms that indeed may find their genesis in STS. The application of these findings will be explored in the following section.

Applying the Research

Applications to student leader paraprofessionals. Historically, I believe that the majority of SLPs enter into the role of SLP without the knowledge or understanding of what STS is and the impact that STS can have on them and their academic and personal lives. The present study offers SLPs entering the role with an introduction to this and will help to create a knowledge base for paraprofessionals.

What this research study highlights is a possible understanding of the linkage between helping professionals and the work undertaken by SLPs. With this increased level of understanding, SLPs may not only develop an internal process of self-care, but they may also feel more comfortable reaching out for help from both their personal and institutional support networks in addition to realizing the importance of drawing boundaries between their work as an SLP and their professional and personal lives.

Another important application to SLPs, specifically those working in residence life, is the lack of any significant relationship between the SLPs' type of residence, year of study, years in an SLP role, personal experiences of trauma, and the SLPs' score on the STSS. As noted in the Results section, I ran statistical tests on all the demographic characteristics and no significant relationship was found between any of the characteristics and SLPs' score on the STSS. This is important to note, as it shows that any SLP could be susceptible to STS, and STS is not dependent on any of these characteristics. Anecdotally, residence life professionals commonly think that students in traditional-style housing have greater engagement within the residence system, and that those in suite or townhouse styles are less engaged with programming and staff due to their more independent-living style. This common thought extends to the degree to which an SLP is able to develop a personal relationship with their students which, as discussed earlier, is an important foundation to students feeling comfortable approaching their SLP for support or assistance. It is this common thought that leads to a perception that students may not necessarily feel as comfortable in approaching their SLP if they live within a suite- or townhouse-style residence. Therefore, this study provides empirical evidence to the contrary of this common thought from residence life professionals.

Applications to institutions of higher education. This study provides evidentiary substance to current literature on the topic of STS, specifically the recognition of a link between SLPs and STS. This recognition and new knowledge brings relevance not only to residence life staff as SLPs with a helping role on university campuses, but also to the greater campus-wide SLP population as a whole.

In an effort to draw attention to the work that SLPs perform daily on campus, it is important to engage those in a position of selecting, training, and supporting SLPs when there is new research added to the field of study in higher education. Specifically, it is important for those individuals responsible for the selection, training, and support of SLPs at university and colleges to utilize this study in the creation of training sessions and support programs and response networks for future SLPs. It is vital that an understanding and an increased awareness of the prevalence and impact of STS on SLPs be passed on to all individuals in a supervisor role and those in SLP positions.

Figley (1999), stated that "practicing professionals have a special obligation to train other workers on this occupational hazard" (p. 22). This is an important requirement for those within regulated professions such as social work; however, the work of SLPs is not a regulated profession (or a profession at all), and there is no mandate for either a minimum educational requirement or training for SLPs. Thus, it is a challenge for those within the SLP role, who face the possibility of working with traumatized young people, to have any knowledge of STS.

With this new knowledge of STS in SLPs, institutions need to focus on prevention and self-care practices for the symptoms of STS. The literature suggests that prevention and self-care are of the most importance, as the cost of caring can be high for helping professionals who work with traumatized young people (Figley, 1999; Stamm, 1997). I am sure that there are few who would disagree with the importance of self-care; however, in most cases, such as the work of SLPs, practising self-care can be more easily said than done. This challenge was highlighted in the narratives of the interview participants. Universities and colleges may wish to consider a collaborative approach between all institutions and their

representative organizations (Ontario Association of College and University Housing Officers, Canadian Association of College and University Student Services) towards the creation of a policy or model that makes prevention of STS and the self-care of SLPs a priority. A call for institutions to respond in a meaningful way to support SLPs is also imperative. Such a collaborative approach, with representatives from across institutions, could involve partnering with industry professionals to review and report on best practices for implementation at institutions. These best practices could be accompanied by a tool kit with educational instruments that can be used as a foundation at institutions to develop their own self-care practices.

Application to other student leader paraprofessional groups on campus. As noted earlier, the participants in this study included only members of the residence life staff of residence advisors and senior residence advisors within housing services, one specific subset of the entire SLP population present at each university and college. As the idea of STS among SLPs gains momentum, research will need to be conducted with other SLP populations including, but not limited to, peer mentors, peer educators, peer tutors, orientation leaders, and any SLP who has the opportunity to develop a supportive relationship with a student experiencing a traumatic event. If the phenomenon of STS exists among this extended population, research could identify procedures for educating supervisors responsible for the selection, training, and support of SLPs across the institutional campus locally and through the postsecondary education system provincially and nationally.

Although they were not part of the subset population upon which this research was focused, institutions and supervisors who are responsible for the selection, training, and support of any population of SLPs across campus should be providing SLPs with the same

training programs and support networks surrounding STS and its impact on SLPs. Again, while not the population studied, institutions should take appropriate precautions to be proactive in the absence of research on the presence of STS to the greater campus SLP population.

   Application to mental health in postsecondary. Within its 2014 policy paper on Student Health and Wellness, the Ontario Undergraduate Student Alliance (OUSA) stated that "the prevalence and severity of student mental health concerns has been escalating at Ontario postsecondary institutions and recognition of the need to focus on prevention while providing more services for students has been growing" (Perez et al., 2014, p. 24). This escalation of mental health concerns on college and university campuses requires institutions to expand current supports to students while also exploring new ways to foster success at a time when institutions are facing budgetary limitations or cutbacks. A natural step for institutions will be to expand peer support programs. This notion of peer support expansion is included as a recommendation by OUSA in its paper. OUSA continued on to state that "Peer support is an essential component of mental health services" (Perez et al., 2014, p. 26) and that "while peer support services greatly contribute to the holistic mental health care students should receive and have access to, the limitations of peer support must be acknowledged" (Perez et al., 2014, p. 26). If colleges and universities are, in fact, going to be pursuing the expansion and development of peer support networks, it will be important to pay attention to the findings presented here in order to support SLPs and, in turn, support students at the institution. In simple terms, with an increasing number of students who have mental health concerns, institutions will need to provide enhanced services to their students. In doing so, the institution must make sure that it is not doing further harm to the individuals who sign up

to act as peer supports by not supporting and training them appropriately. The findings support the fact that SLPs are invaluable members of the resources within institutions; however, this comes at a cost to the SLP.

Application to professional industries outside of postsecondary institutions. Since commencing my work on STS, the province of Ontario has passed legislation that acknowledges and supports a "presumption that post-traumatic stress disorder (PTSD) diagnosed in first responders is work-related" (Government of Ontario, 2016, p. 1). The Supporting Ontario's First Responders Act has been reported to

> allow for faster access to WSIB benefits, resources and timely treatment. Once a first responder is diagnosed with PTSD by either a psychiatrist or psychologist, the claims process to be eligible for WSIB benefits will be expedited, without the need to prove a causal link between PTSD and a workplace event. (Government of Ontario, 2016, p. 1)

According to the press release from the Ministry of Labour, this presumption will apply to "police officers, firefighters, paramedics, certain workers in correctional institutions and secure youth justice facilities, dispatchers of police, firefighter and ambulance services and emergency response teams" (Government of Ontario, 2016, p. 1). The Act goes further in also providing the Ministry of Labour the ability to request and publish "PTSD prevention plans from employers of workers who are covered by the presumption" (Government of Ontario, 2016, p. 1). While this new legislation only applies to a select group of professions, it does highlight an understanding that "evidence shows that first responders are at least twice as likely compared to the general population to suffer from PTSD, due to the risk of frequent exposure to traumatic stressors" (Government of Ontario, 2016, p. 1). The current research

can lay a foundation for future research (as discussed below) and a future application and understanding of the need for supports for SLPs and professionals who are also affected by STS.

Ethical Considerations for Institutions of Higher Education

Given the unique role that SLPs have within an institution and the expectations placed upon them, either through their job descriptions or through SLPs' beliefs about their supervisors' and paraprofessionals' expectations, I believe that institutions of higher education have an ethical requirement to ensure that SLPs are made aware of the potential for STS symptoms as a result of their work as an SLP. This ethical responsibility, as a human resources function, is heightened with this group of employees given the paraprofessional nature of the SLP position and a lack of regulation or oversight for the SLPs. I acknowledge it is unlikely that SLPs will have the opportunity to read this research and, as such, believe that the responsibility for informing SLPs of the potential impacts of STS needs to be assumed by supervisors and institutional departments.

Conflict and Competition in the Workplace

Within the impact theme, the professional impact subtheme highlighted a sense of conflict and competition amongst the SLP population. This section will explore the topic of conflict and competition in the workplace. Although there is limited research into the topic of conflict and competition in the helping-profession workplaces, it is important to understand the role that conflict and competition can have in helping professions.

In Australia, there is a form of conflict and competition known as "tall poppying." Australians call successful people "tall poppies," and cutting them down to size is called tall poppying. More specifically, Larsen (n.d.) explained that "Conspicuous success aroused

envious hostility, and modern Australian culture began with a shared attitude of hostility

toward successful people and behaviors to thwart them and ruin their success" (para. 3) . The

1988 edition of the Australian National Dictionary defined a tall poppy as a "person who is

conspicuously successful and 'frequently' as one whose distinction, rank, or wealth attracts

envious notice or hostility" (Ramson, 1988, p. 494). To "tall poppy is to cut an apparently

successful person down to size. Tall poppy syndrome (TPS) refers to the tall poppying of tall

poppies" (Mouly & Sankaran, 2002, p. 37). Larsen (n.d.) went on to explain the actions that

employees engage in while in the process of engaging in TPS, "employees are able to

transform reasons for commendation into reasons to criticize. They are also able to create the

impression that these criticisms are valid, impartial, and widely agreed upon by other

employees" (para. 8) . Larsen (n.d.) also explained that the transformation from

commendation to criticism is "encouraged by incentives for performance, appraisal practices

that identify individuals with outstanding performance, and uncertainty in the evaluation

criteria" (para. 9). The presence of TPS in relation to envy within organizations will be

explored further in the next paragraph.

Mouly and Sankaran (2002) directed their research on TPS within an organization

and explained "in organizational contexts, TPS would appear to be closely related to the

expression of professional envy" (p. 38). Envy is defined by Mouly and Sankaran (2002) as

"the angry feeling that another person possesses and enjoys something desirable—the

envious impulse being to take it away or to spoil it" (p. 54). Mouly and Sankaran (2002)

continued to explain that their "fundamental finding is that a social construction underlies the

enactment of envy in peer evaluation mechanisms, whereby shortcomings are imputed to the

high achiever and are legitimized as valid and impartial bases for discrediting him or her" (p.

51). More specifically, that "central to this social construction is the management of meaning by peers" (p. 51). It is this management of meaning by peer assessors in an evaluation mechanism that Mouly and Sankaran (2002) then determined as "[emerging] as a critical element of the enactment of envy. The ability of peers to forge interpretations might be facilitated by ambiguity in the stated criteria for evaluation" (p. 51). Later in their work, Mouly and Sankaran (2002) discussed the notion of a "slanted representation and/or misrepresentation of facts" (p. 52) that emerge as "additional critical elements of the enactment, because they enable peers to detract from the accomplishments of their high-achieving colleagues" (p. 52). Through their work, Mouly and Sankaran (2002) explored TPS within organizations and the role that envy plays in peer evaluation mechanisms. I will now further explore the notion of envy within a workplace.

Vestal (2006) explained the role and pressures of the nursing profession as "a caring profession with a strong communal pressure to sacrifice our individual concerns in favor of the nurturing and emotional good of the patients and the work team" (p. 6). Within her work exploring conflict and competition within the nursing profession, Vestal (2006) explained that "the workplace fosters conflict and competition that is hard to detect but seeps into relationships with coworkers. In our quest to be nice and politically correct, we may be missing the opportunity to learn to be honest and assertive and to build healthy relationships with our peers" (p. 6). Vestal has provided a view on the impact that conflict and competition can have in a professional setting that is focused on caring for others.

Conflict and competition in the workplace amongst SLPs has not been described in any of the research that I was able to find. The comparison to the helping professions, like nursing from Vestal's research, provides an understanding of the phenomenon and how it can

manifest within the SLP population, as described earlier in Chapter 4. Specifically, the topic of tall poppying can be applied to the incident and perception described by Olivia with respect to staff selection or promotion. Olivia suggested that SLPs who support a student through a difficult situation are likely to get promoted. Further, this notion of conflict and competition in the helping-profession workplace related back to the examples provided by Liam in Chapter 4, specifically in his discussion of the one-upmanship that occurs between SLPs. The comparison of SLP experiences to the workplace experiences of the helping professionals has been highlighted through the discussion around conflict and competition within the workplace.

Limitations

In the following section, I present limitations related to this study. Specifically, there are four limitations, which will be explored: the STSS tool, memory distortion, the population of study, and online survey response rates.

STSS tool. Although the STSS was a serendipitous find, as it is the only tool that focuses specifically on measuring the presence of STS, its one-of-a-kind nature may require additional refining for the SLP population. As described in Bride et al. (2004), The STSS was developed and validated with a population of licensed social workers. I chose the STSS for its ability to offer a brief self-administered format. Further, the STSS differs from other questionnaires, as the stressor in the instructions was identified as clinical work with traumatized clients. I edited the stressor to reflect SLPs' work with their students, and to minimize the possibility that SLPs would endorse symptoms based on other sources of trauma (Bride et al., 2007). This revision to the survey should be taken into consideration later in the future research section.

Memory distortion. The data gathered within this research study were obtained retrospectively, and it is quite possible that respondents' memories and perceptions of incidents could have become distorted over time. Although this research looks at the prevalence and impact of STS on an SLP, the memory and perceptions of the SLP involved in the study could have been impacted by memory distortion.

Population of study. The focus population was SLPs at one specific university located in Southern Ontario. Although this institution and the SLP population at the institution serve as an appropriate representation of a medium-sized comprehensive university in a medium-sized community, there are an additional 20 publically-funded universities and 24 community colleges within Ontario. Therefore, the scope of the population in this study may not be representative of SLPs from various institutions across the province. While this study serves as an initial starting point for research on this topic, the notion of expanding the population base of research will be explored further in the future research section.

Online survey response rates. Although a 43% response rate was realized in this study—which, as discussed earlier, is a successful response rate determined to be a representational of the population—a general limitation of online surveys is a tendency for low-level response rates. Another possible limitation is that those who take the time to respond may be motivated to do so, while the unmotivated participants may be adversely impacted by STS. For example, Bride (2007) suggested that although he had a respectable response rate from the social workers in his study, they were less likely to respond for fear that it would increase their level of distress.

Summary. I have explored the potential limitations of this study, including the STSS tool, memory distortion, the population of study, and online-survey response rates in general. A strength of my research is that this is the first study I am aware of that has investigated the prevalence of STS in a SLP population. With that being said, as the current research is the first study to explore STS in an SLP population, I am not able to query whether my results could be generalized to the larger population of SLPs within an institution or across institutions, which presents a limitation.

Future Research

Next, I will present suggestions for future research. These avenues for future research include expanding the sample population, data collection tool, and developing a strategy to support SLPs.

Expanding the sample population. Additional research is necessary to validate these original findings. I would like to expand the participant pool for the research to include multiple universities and community colleges. By expanding to include representatives from the three designations of universities (primarily undergraduate, comprehensive, and medical or doctoral) as well as community colleges, a more complete understanding of the prevalence of STS in a SLP population can be realized. Expanding to include these multiple locations will allow for a comparison of the prevalence of STS across a variety of demographic characteristics including institution size, location, program offerings, access to community resources, undergraduate versus graduate level students, and the potential difference between universities and college SLP populations.

Data collection tool. As discussed in the limitations section of this chapter, the STSS tool utilized in this research study was created and validated using a population of licensed

social workers. In looking to future research opportunities, I would consider refining the STSS tool or creating a new tool that is more directed towards an SLP population, their paraprofessional designation, and industry language.

Developing a strategy to support SLPs. A further area of study involves looking at the most effective means for coping with STS and the activities, practices, and attitude shifts that protect and maintain caregivers' meaning in life and, therefore, their emotional well-being. Future research and work on STS with SLPs will need to focus on helping SLPs and their supervisors within institutions of higher education to recognize and prepare for exposure to traumatic stress. Creating a strategy to support the resiliency of SLPs is likely to have beneficial outcomes for the SLPs and the university population and could have a positive impact on effectiveness. This research should consider the need and value of having mandatory debriefing following a traumatic event or critical incident, which could be a smaller component of the institution's critical-incident response plan. Future research might also seek to determine the content and value of developing a critical-incident response plan related to crisis self-care for SLPs and could craft a model to be utilized across the institution and industry for various SLP subgroups. This research could also motivate institutions, and potentially Ministry of Training, Colleges and Universities officials, to make such a response plan a mandatory safety precaution for all SLPs at risk due to their engagement with students experiencing a traumatic event.

I have explored three avenues for future research, including an expansion of the sample population, a refinement of the data collection tool, and development of a strategy to support SLPs. These proposed avenues for future research will expand on the original

research in this study and provide for a greater understanding of the prevalence and impact of STS in a SLP population.

Personal Reflections and Conclusions

One of the benefits of reworking one's worldview is that one develops a more complex and complete understanding of the world. While one may experience changes that occur as a result of working to support a student through a traumatic event that may instil a sense of sadness or pessimism, one can also be inspired and strengthened by supporting those who have experienced trauma and have emerged into the light of hope again. As SLPs witness the strength and courage and resiliency of the human spirit, they are challenged to also find strength and purpose and to add to their personal definition or understanding of the meaning of life.

My focus was to identify STS in SLPs. Utilizing qualitative methodology added the voices of SLPs in a way that quantitative data collection alone would not have been able to capture. As I reflect on my personal experiences, including the vignette in chapter one, I find myself relating to the experiences and struggles of the SLPs whom I interviewed. I can see myself in their descriptions, and I wonder how my personal experience as an SLP would have, or could have, been different if I had been aware of the impacts that STS can have on students. There were several themes from the SLP interviews that, through my professional career working with SLPs, I would never have thought about, for instance, the conflict and competition in the workplace for RAs.

I look back at my own rationale for focusing on this topic and realize how my journey into the field of student services has mirrored my own struggle as an SLP. I believe that I am a student services professional who has always advocated for the needs of SLPs in any

professional position that I have held within the field. My experiences have included working with a team of colleagues as an entry-level residence life coordinator, creating training programs and on-call responsibilities for SLPs, to my current role as a chief student affairs officer, in which I advocate to internal bodies (such as the university management group and institutional budget committee) and external bodies (such as the Ministry of Training, Colleges and Universities) for increased resources for SLPs and all students in the university. My journey through this PhD program and this research study has allowed me an opportunity to both increase my personal understanding and add to the research knowledge in student services, which can assist in my own professional advocacy efforts.

Through this research, I have had the opportunity to give back to the SLP role that provided me with a foray into the world of student services. Through my SLP role, my interest in pursuing a professional position within the student services field and passion for work that could make a difference was fostered. Research plays an important role in validating a profession in general, but within the field of student services in Canada, there is a deficit of research compared to the student services field in the United States of America. I believe that student services in Canada is longing for research to overcome this deficit. This research study adds to the depth of knowledge not only in Canada but also internationally, especially in the area of identifying the experiences of SLPs in higher education who work with students experiencing a traumatic event. With the recent expansion of services around mental health and introduction of Bill 132 dealing with the topic of sexual violence in Ontario, postsecondary institutions are facing a need to expand services to support students. It will be important to keep this research in mind while doing so.

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    46.

Appendix A – Quick Reference Frequently Used Terms Defined

Term	Acronym	Definition
Secondary Traumatic Stress	STS	STS is defined by Figley (1995) as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7).
Secondary Traumatic Stress Scale	STSS	The STSS developed by Bride (1999) was utilized to measure the stress levels present in student leaders who have identified exposure to peers experiencing traumatic events. The tool comprises 17 questions based on how they were impacted with respect to working with traumatized peers in a postsecondary environment, using a five-point Likert response scale format (l = *never*, 2 = *rarely*, 3 = *occasionally*, 4 = *often*, and 5 = *very often*). This scale targets feelings related specifically to the event as opposed to general feelings of distress. The STSS is composed of three subscales (Intrusion, Avoidance, and Arousal).
Student Leader Paraprofessional	SLP	SLPs are persons who are selected, trained, and given "responsibility for performing functions generally performed by professionals. They do not possess the requisite education or credentials to be considered professionals in the field in which they are working, but they do perform tasks central to the function of the agency" (D'Andrea, 1987, p. 43).
Ontario Undergraduate Student Alliance	OUSA	The Ontario Undergraduate Student Alliance (OUSA) represents the interests of over 140,000 professional and undergraduate, full-time and part-time university students at eight student associations across Ontario.
Mental Health Commission of Canada	MHCC	The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues. Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes (Mental Health Commission of Canada, 2016).

Appendix B – Phase 1 Quantitative Survey Tool

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Secondary Traumatic Stress and Student Leader Paraprofessionals

Participant Information Letter

Project Title: Secondary Traumatic Stress and Student Leader Paraprofessionals
Principal Investigator: Casey Phillips, Ph.D. Candidate, Schulich School of Education, Nipissing University

Letter of Information

1.   Invitation to Participate
You are being invited to participate in this research study exploring the topic of Secondary Traumatic Stress among Student Leader Paraprofessionals in a University population due to your current role as a Student Leader Paraprofessional.

2.   Purpose of the Letter
The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research study.

3.   Purpose of this Study
The purpose of this research study is to explore the prevalence and impact of offering peer support to students experiencing trauma on the Student Leader Paraprofessionals providing the support.

This survey will ask you to recall your experiences of supporting a student experiencing a traumatic event. As such, it is possible that this recall of events could cause feelings of discomfort or feeling distraught when completing the survey (interview). The questions contained within the survey could elicit distressing memories and feelings.

4.   Inclusion Criteria
Individuals who currently hold a student leader paraprofessional role as a Residence Assistant or Senior Residence Assistant within ▉▉▉▉▉▉▉▉▉▉ at the ▉▉▉▉▉▉▉ are eligible to participate in this study.

5.   Exclusion Criteria
Individuals who do not currently hold a Student Leader Paraprofessional role as a Residence Assistant or Senior Residence Assistant within ▉▉▉▉▉▉▉▉ at the ▉▉▉▉▉▉ are not eligible to participate in this study.

6.   Study Procedures
If you agree to participate, you will be asked to complete an online survey. It is anticipated that the entire survey will take 20 minutes to complete. There will be a total of ▉ Student Leader Paraprofessionals invited to participate. At the conclusion of the survey, you will be asked for your interest in participating in a follow-up interview. By providing your name and contact information in the survey, you are providing consent for the researcher to review your survey results, and you are acknowledging that you are aware the researcher will know your specific scores on the survey for the purpose of selecting participants for the interview. Further, by providing your name and contact information in the survey, you are consenting to the researcher using the contact information provided to contact you directly, if you are selected to participate in the follow-up interview.

7.   Possible Risks and Harms
The possible risks and harms to you include potential discomfort in recalling interactions with a peer who has experienced traumatic event.

In the event that you do experience discomfort recalling your interactions and would like support, here is the contact information for support services available to assist you.

Student Counselling Services: ▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉

Student Health Centre: ▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉▉

After Hours Resources:
Crisis Line ▉▉▉▉▉▉

Good2Talk (866) 925-5454

8. Possible Benefits
The possible benefits to participants may help participants explore previously unattended to effects of Secondary Traumatic Stress and receive support or develop self-care techniques. The possible benefits to society may allow institutions to develop staff training

programs and ongoing supportive relationships with their Student Leader Paraprofessionals, in hopes of limiting the affects of Secondary Traumatic Stress on the Student Leader Paraprofessionals, as they progress through their own personal journey of development.

9.   Compensation

You will not be compensated for your participation in this research.

10.   Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on your current or future employment with Student Housing Services.

11.   Confidentiality

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. All data collected will remain confidential and accessible only to the researcher and the Faculty Supervisor of this study. If the results are published, your name will not be used. Survey data will be displayed as aggregate data and no specific individual scores will be identified. Survey data will be anonymous, unless you provide your name and contact information for participation in phase 2 of the research, in which case, the researcher will be aware of your identity. Given the anonymity of the survey, if you choose to withdraw from this study without having provided your information for participation in phase 2, your data cannot be removed from the aggregate data. If you choose to withdraw from this study, after providing your personal information, all data you provided will be deleted from the data set. Electronic data, including survey results and electronic documents will be stored behind password protected websites and storage devices (Hard and Cloud based). Any hard copy documents will be stored in a locked filing cabinet in the home office of the Researcher. The Researcher will be the only individual with the password and access to the locked cabinet.

12.   Contacts for Further Information

If you require any further information regarding this research project or your participation in the study, you may contact:

Researcher: Casey Phillips, 705-358-1119, caseyp@nipissingu.ca.

Faculty Supervisor: Dr. Sharon Rich, 705-474-3450 ext. 4680, sharonr@nipissingu.ca.

13.   Rights of Research Participants

You may withdraw your consent at anytime and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the Nipissing University Research Ethics Board and the ███████████ Research Ethics Board.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact:

Ethics Coordinator
Nipissing University
100 College Drive
North Bay, ON P1B 8L7
Telephone: 705-474-3450, ext. 4055
E-mail: ethics@nipissingu.ca
Fax: 705-474-5878

14.   Publication

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please contact Casey Phillips via email at caseyp@nipissingu.ca.

15. Subsequent Use of Data
Data obtained during this research project may be used in subsequent research projects and expanded versions of this current study. Future research projects could include data collection at multiple institutions and using this data as a base line comparison.

16.   Disposal of Data
The researcher will dispose of all data post publication. Electronic data will be disposed of through secure deletion. All files stored on the password protected cloud storage will be removed and securely deleted. Files stored on data storage devices or on a computer hard drive will all be disposed of through secure deletion. All paper data will be disposed of through cross cut shredding at the researchers home office.

17.   Consent
Completion of this survey is indication of your consent to participate.

Please print a copy of this Letter of Information for future reference.

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Secondary Traumatic Stress and Student Leader Paraprofessionals

Demographic and Background Questions

Please provide your personal demographic and background information:

1. Gender?

◯ Male

◯ Female

◯ Transgender

2. Age?

◯ 16

◯ 17

◯ 18

◯ 19

◯ 20

◯ 21

◯ 22

◯ 23

◯ 24

◯ 25+

5

3. Current Year of Study?

○ 1

○ 2

○ 3

○ 4

○ 5

○ 6+

4. Degree Program?

○ Bachelor of Applied Science

○ Bachelor of Arts

○ Bachelor of Arts & Sciences

○ Bachelor of Bio-Resource Management

○ Bachelor of Commerce

○ Bachelor of Computing

○ Bachelor of Engineering

○ ████████████████████

○ Bachelor of Science

○ Bachelor of Science in Agriculture

○ Bachelor of Science in Environmental Sciences

○ ████████████████

○ Associate Diplomas

5. Other Involvement at University? (Please select all that apply)

☐ **Central Student Association**

☐ **College Government**

☐ ▮▮▮▮ **Council**

☐ **Varsity Athlete**

☐ **Club-level Athlete**

☐ **Intramurals**

☐ **Specific Program of Study Club** (Psychology Society, The English Students' Society, Undergraduate Philosophy Student Society, ▮▮▮ Engineering Society, Fine Arts Network, Accounting Society of ▮▮▮, etc)

☐ **Cultural / Religious Organizations** (Inter-varsity Christian Fellowship, Ismaili Muslim Student Association, Pakistani Students Association, ▮▮▮▮▮▮▮▮▮, etc)

☐ **Political Organizations** (NDP Youth, ▮▮▮; Young Liberals, ▮▮▮▮; ▮▮▮ Campus Conservative; etc)

☐ **Peer Support Organizations** (OUTline, OVC Community Outreach Program, Peer Helper Program, etc)

☐ **Clubs Specializing in Specific Hobbies** (Harry Potter Alliance, Table Tennis Club, ▮▮▮▮ Chess Club, ▮▮▮ ▮▮▮ Debating Society, etc)

☐ **Community Service Organizations** (Habitat for humanity, Heart4Heart, Right to Play, Roraract, etc)

6. Years in a Residence Student Leader Paraprofessional Position?

◯ 1

◯ 2

◯ 3

◯ 4

◯ 5

◯ 6+

7. Style of Residence that you are Currently Living / Working in?

◯ **Traditional Style** (▮▮▮▮▮▮▮▮▮▮▮▮▮)

◯ **Townhouse** ▮▮▮▮▮)

◯ **Suite Style** (▮▮▮▮▮▮▮▮)

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Secondary Traumatic Stress and Student Leader Paraprofessionals

Experiences with Trauma

For the following questions, please use the following definition of trauma:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
· Exposure to war as a combatant or civilian,
· Threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse),
· Threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking),
· Being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters,
· Severe motor vehicle accidents.
· Violent personal attack, suicide, serious accident, serious injury.
· Threatened or serious injury, unnatural death, physical or sexual abuse of another person due to violent assault, domestic violence, accident, war or disaster.

*Developed based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

<u>Personal Experiences with Trauma</u>

8. Have you had a personal experience of trauma?

◯ Yes

◯ No

<u>Family Experiences with Trauma</u>

9. Have you had an experience of trauma within your immediate family?

◯ Yes

◯ No

<u>Student Leader Experience with Trauma</u>

10. Within your role as a student leader paraprofessional, have you engaged in a supportive role with a student who has / is experiencing a traumatic event?

○ Yes

○ No

11. Within your role as a student leader paraprofessional, have you been aware of a supportive role played by a fellow student leader paraprofessional with a student who has / is experiencing a traumatic event?

○ Yes

○ No

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Secondary Traumatic Stress and Student Leader Paraprofessionals

Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past *seven (7) days* during your experience supporting a student who has / is experiencing a traumatic event by selecting the corresponding circle next to the statement.

12. I felt emotionally numb

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

13. My heart started pounding when I thought about my work with students

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

14. It seemed as if I was reliving the trauma(s) experienced by my student(s)

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

15. I had trouble sleeping

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

16. I felt discouraged about the future

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

17. Reminders of my work with students upset me

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

18. I had little interest in being around others

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

19. I felt jumpy

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

20. I was less active than usual

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

21. I thought about my work with students when I didn't intend to

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

22. I had trouble concentrating

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

23. I avoided people, places, or things that reminded me of my work with students

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

24. I had disturbing dreams about my work with students

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

25. I wanted to avoid working with some students

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

26. I was easily annoyed

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

27. I expected something bad to happen

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

28. I noticed gaps in my memory about discussions with my student

Never	Rarely	Occasionally	Often	Very Often
○	○	○	○	○

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Secondary Traumatic Stress and Student Leader Paraprofessionals

Phase 2 Request for Participants

Thank-you for participating in this Research Study. Please note that there is a second phase of the Research Study that involves a face-to-face interview for participants based on the score on the survey you just completed.

If you are willing to participate in the second phase of the study, the researcher will associate your name with the survey score and will contact you directly for follow-up should you be selected for an interview.

29. If you wish to be considered for phase 2, please enter your name and contact information below.

Name:

Email address:

Thank-you for your participation in the survey and for your consideration of participation in phase 2 (face to face interview).

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Secondary Traumatic Stress and Student Leader Paraprofessionals

Support Services Contact Information

In the event that you do experienced discomfort recalling your interactions and would like support, here is the contact information for support services available to assist you.

<u>Student Counselling Services</u>: ███████████████████████████████

<u>Student Health Centre</u>: █████████████████████████

<u>After Hours Resources:</u>
Crisis Line (519) 821-0140

Good2Talk (866) 925-5454

Appendix C – Survey Participant Invitation Email

Good day Residence Assistants and Senior Residence Assistants:

Enclosed in this email is an invitation to participate in a research study that is exploring a topic that may be of interest to you.

Please note that the researcher and the research study have no direct affiliation to the ▆▆▆▆▆▆ or Student Housing Services. Your choice to participate is voluntary and will have no impact on your role, or future roles at the ▆▆▆▆▆. The researcher is external to the ▆▆▆▆▆▆ and all results shared with the ▆▆▆▆▆ will be anonymous or aggregate.

I encourage you to consider participating. I will be sending two reminder emails for this research study, one week from this original email.

Sincerely,

<mark>SENDER</mark>

You are being invited to participate in a research study that I, Casey Phillips Ph.D. Candidate, am conducting as part of my Ph.D. dissertation, due to your current role as a Student Leader Paraprofessional. Briefly, the study involves exploring the topic of Secondary Traumatic Stress among Student Leader Paraprofessionals in a university population. If you agree to participate, you will be asked to complete an online survey. It is anticipated that the entire task will take less than 20 minutes to complete. If you choose to withdraw from the survey after starting, you are free to do so, as outlined in the letter of information.

If you would like to participate in this study please click on the link below to access the letter of information and survey link.

https://www.surveymonkey.com/r/STSStudentLeaderParaprofessionals

Thank you,

Casey Phillips

Schulich School of Education, Nipissing University

caseyp@nipissingu.ca

705-358-1119

Appendix D – Phase 2 Qualitative Semistructured Interview Questions

1. Tell me about your work as a member of the residence life team?
    Prompt > What are the main duties and responsibilities of a residence
       assistant or senior residence assistant?
    Prompt > What is the most difficult situation you regularly deal with in your
       role?

2. The survey you completed earlier this year, in phase one, was designed to indicate
    whether a person might be experiencing stress from supporting someone experiencing
    a traumatic situation. Your score indicated that you might be experiencing stress from
    supporting someone experiencing a traumatic situation. Why might that be?

3. Based on the definition of a traumatic event that was provided (provide copy during
    interview) during the survey, you indicated that you have assisted a student(s) who
    was experiencing / had experienced a traumatic event. Please outline the kind(s) of
    traumatic incidents your students have shared, without mentioning names or specifics
    about the incident?

4. In what ways do you think your experience of supporting a student experiencing a
    traumatic experience has influenced you?

5. When faced with traumatic stress we might have difficulty remembering things, we
    might isolate ourselves, have difficulty sleeping or nightmares, feel angry or irritable
    for no apparent reason, we might feel afraid or feel anxious, have no energy, or
    overwork ourselves. Have you experienced these or other things that might be related
    to trauma?
    Prompt > Can you tell me how encountering a student experiencing a
       traumatic event is or has affected your academic standing?
    Prompt > Can you tell me how encountering a student experiencing a
       traumatic event is or has affected your approach to your positions as a
       residence assistant / senior residence assistant
    Prompt > How has it affected your relationship with other students in
       your floor or residence section?
    Prompt > How has it affected your relationship with friends and family?
    Prompt > When you hear disturbing, stressful, or traumatic material from a
       student, what are some reactions you experience?

6. Were (Are) there any other changes in yourself that you have noticed with regard to
    how you see others or how you see the world in general after working with a student
    experiencing a traumatic event?

7. What are some personal positive aspects of working with students who have
    experienced traumatic events?

8. What do you do in your life that helps you to deal with some of the stories that you hear in your role? (e.g., see a counsellor yourself, do yoga, meditations)

9. Do you feel comfortable asking for support when you need it?

   Prompt > If yes, where would you go to seek support?
   Prompt > If yes, what factors led you to feel comfortable asking for support?
   Prompt > If not, why do you think this is?

10. Is there anything else you would like to add that you feel is important with respect to the topic of STS among SLPs that we have not talked about?

Appendix E – Phase 2 Participant Letter of Information

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Project Title: Secondary Traumatic Stress and Student Leader Paraprofessionals

Principal Investigator: Casey Phillips, Ph.D. Candidate, Schulich School of Education, Nipissing University

Letter of Information

1. **Invitation to Participate**

   You are being invited to participate in this research study exploring the topic of Secondary Traumatic Stress among Student Leader Paraprofessionals in a university population due to your current role as a Student Leader Paraprofessional.

2. **Purpose of the Letter**

   The purpose of this letter is to provide you with the information required for you to make an informed decision regarding participation in this research.

3. **Purpose of this Study**

   The purpose of this research study is to explore the prevalence and impact of offering peer support to students experiencing trauma on the paraprofessional student leaders providing the support.

   This survey will ask you to recall your experiences of supporting a student experiencing a traumatic event. As such, it is possible that this recall of events could cause feelings of discomfort or feeling distraught when completing the survey (interview). The questions contained within the survey could elicit distressing memories and feelings.

4. **Inclusion Criteria**

   Three participants from phase 1 will be selected to participate in this phase as it represents one participant from each of the subscale measurements within the Secondary Traumatic Stress Scale (Intrusion, Avoidance, Arousal). The three participants selected will be based upon the scores from the Secondary Traumatic Stress Scale completed in phase 1 of this research study.

5. **Exclusion Criteria**

   Individuals based on their score of the initial survey and individuals who do not currently hold a Student Leader Paraprofessional role as a Residence Assistant or Senior Residence Assistant with ▮▮▮▮▮▮▮▮▮▮▮▮▮ at the ▮▮▮▮▮▮▮▮▮ are not eligible to participate in this study.

6. **Study Procedures**

   If you agree to participate, you will be asked to complete an in person, face to face interview and review and edit the transcript of the interview once completed. It is anticipated that the entire task will take 90 minutes over 2 sessions. The first session will be the interview, which is anticipated to take 60 minutes. The second session, will be the opportunity to review and edit the transcript of the interview for accuracy, which is anticipated to take 30 minutes. The interview will be conducted

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on-campus at the ███████████ in a location agreed to by the researcher and participant. The review of the transcript will be completed electronically. The researcher will contact you following the interview and provide you with an electronic copy of your interview transcript for you to review, edit electronically, and email back to the researcher. There will be a total of 3 participants for this portion of the study.

7. **Possible Risks and Harms**

The possible risks and harms to you include potential discomfort in recalling interactions with a peer who has experienced traumatic event.

In the event that you do experience discomfort recalling your interactions and would like support, here is the contact information for support services available to assist you.

Student Counselling Services: ███

Student Health Centre: ███████████████████████████████████████

After Hours Resources:

Crisis Line ████████████████

Good2Talk (866) 925-5454

8. **Possible Benefits**

The possible benefits to participants may help participants explore previously unattended to effects of Secondary Traumatic Stress and receive support or develop self-care techniques. The possible benefits to society may allow institutions to develop staff training programs and ongoing supportive relationships with their Student Leader Paraprofessionals, in hopes of limiting the affects of Secondary Traumatic Stress on the Student Leader Paraprofessionals, as they progress through their own personal journey of development.

9. **Compensation**

You will not be compensated for your participation in this research.

10. **Voluntary Participation**

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your current or future employment with S███████████████.

11. **Confidentiality**

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. All data collected will remain confidential and accessible only to the researcher of this study. If the results are published, your name will not be used. Pseudonyms will be used to identify and distinguish interview participants. If you choose to withdraw from this

study, your interview data will be removed and destroyed from the database. While I will do my best to protect your information there is no guarantee that we will be able to do so. The inclusion of your experiences may allow someone to link the data and identify you, despite the use of pseudonyms. Electronic data, including survey results and electronic documents will be stored behind password protected websites and storage devices (Hard and Cloud based). Any hard copy documents will be stored in a locked filing cabinet in the home office of the researcher. The researcher will be the only individual with the password and access to the locked cabinet.

12. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study, you may contact:

Researcher: Casey Phillips, 705-358-1119, caseyp@nipissingu.ca.

Faculty Supervisor: Dr. Sharon Rich, 705-474-3450 ext. 4680, sharonr@nipissingu.ca.

13. Rights of Research Participants

You may withdraw your consent at anytime and discontinue participation without penalty. You can choose to not answer any specific question within the interview and still remain in the study. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the Nipissing University Research Ethics Board and the ████████████ Research Ethics Board.
If you have any questions about your rights as a research participant or the conduct of this study, you may contact:

Ethics Coordinator   **Telephone: 705-474-3450, ext. 4055**
Nipissing University   **E-mail: ethics@nipissingu.ca**
100 College Drive   **Fax: 705-474-5878**
North Bay, ON P1B 8L7

14. Publication

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please contact Casey Phillips via email at caseyp@nipissingu.ca.

15. Subsequent Use of Data

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Data obtained during this research project may be used in subsequent research projects and expanded versions of this current study. Future research projects could include data collection at multiple institutions and using this data as a base line comparison.

16. Disposal of Data

The researcher will dispose of all data post publication. Electronic data will be disposed of through secure deletion. All files stored on the password protected cloud storage will be removed and securely deleted. Files stored on data storage devices or on a computer hard drive will all be disposed of through secure deletion.

All paper data will be disposed of through cross cut shredding at the researchers home office.

17. Consent

This letter is yours to keep for future reference.

<u>Consent Form</u>

Project Title: Secondary Traumatic Stress and Student Leader Paraprofessionals

Study Investigator's Name: Casey Phillips, Ph.D. Candidate, Schulich School of Education, Nipissing University

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____

Person Obtaining Informed Consent (please print): _____

Signature: _____

Date: _____

Appendix F – Nipissing University Research Ethics Board Approval

February 10, 2016

Mr. Casey Phillips
Nipissing University
100 College Drive
North Bay, ON P1B 8L7

Dear Casey:

Re: REB File # *100835* (Please quote on all correspondence)
        Project Entitled: **Secondary Traumatic Stress and Student Leader Paraprofessionals**

It is our pleasure to advise you that the Research Ethics Board at Nipissing University has granted ethical approval for your research project noted above. ***Ethics approval is valid for one (1) year and will <u>expire on 02/09/17</u>.*** It is your responsibility as a researcher to keep track of the expiry date.

Annual Renewal: If you require additional time or an extension you are required to complete a *Request for Renewal of an Approved Protocol* form ***prior*** to the anniversary of your expiry date.

Modifications: If there are any modifications/changes to the approved project you are required to submit a *Request for Modifications to an Approved Protocol* form.

Final Report: According to the Tri-Council Policy Statement (TCPS) you are required to submit a Final Report. A Final Report is due once you are no longer actively involved with participants/data collection.

Please note that all forms are located on the Romeo system at <u>https://nipissing.researchservicesoffice.com/Romeo.Researcher/Login.aspx?ReturnUrl=%2fromeo.researcher%2fdefault.aspx</u>

At any time during your research should any participant(s) suffer adversely you are required to advise the Research Ethics Board at Nipissing University, (705) 474-3450 ext. 4055 within 24 hours of the event.

We wish you all the success in completion of your research.

Sincerely yours,

Dr. Dana R. Murphy, Chair
Research Ethics Board

cc: Dr. Sharon Rich

Appendix G – Southern Ontario Medium-Sized University Research Ethics Board

Approval

██████   ████████████████
          ████████████████████████
          █████████████████

APPROVAL PERIOD: February 9, 2016
EXPIRY DATE: February 9, 2017
REB: G
REB NUMBER: 16JA030
TYPE OF REVIEW: Delegated Type 1
PRINCIPAL INVESTIGATOR: ████████████████████████████
DEPARTMENT: ██████
SPONSOR(S):   None
TITLE OF PROJECT: Secondary Traumatic Stress and Student Leader
                              Paraprofessionals

The members of the ████████████████████████████ have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement, 2nd Edition.

The REB requires that researchers:
- Adhere to the protocol as last reviewed and **approved** by the REB.
- Receive approval from the REB for any **modifications** before they can be implemented.
- Report any **change in the source of funding.**
- Report **unexpected events or incidental findings** to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.
- Are responsible for **ascertaining and complying with all applicable legal and regulatory requirements** with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.

The Principal Investigator must:
- Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.
- Submit a **Status Report** to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.

The approval for this protocol terminates on the **EXPIRY DATE**, or the term of your appointment or employment at the ████████████ whichever comes first.

Signature: Date: February 9, 2016

Chair, Research Ethics Board-General