Old Dominion University
ODU Digital Commons

Educational Foundations & Leadership Faculty Publications

Educational Foundations & Leadership

2019

An Interdisciplinary Approach: Using Social Work Praxis to Develop Trauma Resiliency in Live-In Residential Life Staff

Jason R. Lynch
Old Dominion University

Follow this and additional works at: https://digitalcommons.odu.edu/efl_fac_pubs

Part of the Higher Education Commons, Humane Education Commons, and the Other Educational Administration and Supervision Commons

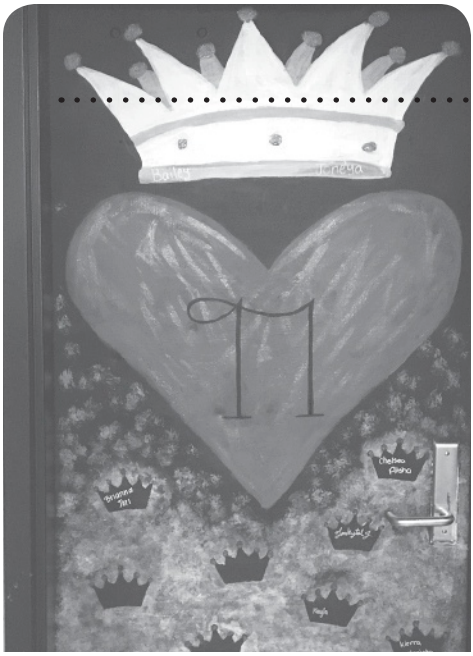
Repository Citation

Lynch, Jason R., "An Interdisciplinary Approach: Using Social Work Praxis to Develop Trauma Resiliency in Live-In Residential Life Staff" (2019). *Educational Foundations & Leadership Faculty Publications*. 57.
https://digitalcommons.odu.edu/efl_fac_pubs/57

Original Publication Citation

Lynch, R. J. (2019). An interdisciplinary approach: Using social work praxis to develop trauma resiliency in live-in residential life staff. *Journal of College and University Student Housing*, *45*(3), 42-55.

This Article is brought to you for free and open access by the Educational Foundations & Leadership at ODU Digital Commons. It has been accepted for inclusion in Educational Foundations & Leadership Faculty Publications by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.



An Interdisciplinary Approach: Using Social Work Praxis to Develop Trauma Resiliency in Live-In Residential Life Staff

R. JASON LYNCH
Adjunct Instructor,
Department of Educational Foundations & Leadership
Old Dominion University
rlync009@odu.edu

Louisiana State University, Baton Rouge, Louisiana

LIVE-IN COLLEGE RESIDENTIAL LIFE POSITIONS often involve extensive and diverse responsibilities including the support of residential students experiencing traumatic life events. While live-in staff undergo extensive training in regard to supporting these students, they are often ill-equipped to understand and prevent potential negative consequences associated with trauma support work including burnout, compassion fatigue, and secondary traumatic stress. Given the increase in students reporting traumatic life events including sexual violence, severe economic hardships, and severe mental health disabilities, it follows that live-in residential life staff are being called on more frequently to serve as first responders and support personnel for these students. Current literature highlights the potentially deleterious impact of trauma support work on helping professionals, but few publications exist that highlight ways to prevent these effects within a residential life context. This article looks outside of the higher education literature to explore how a related helping profession, social work, provides training and education to social work practitioners in order to mitigate potential negative outcomes stemming from their work with individuals experiencing trauma.

Scholars and practitioners in higher education have described a marked increase in the number of students who report experiencing a trauma event as well as an increase in the severity of student trauma (Center for Collegiate Mental Health, 2015). For example, the U.S. Department of Education (2016) reported a 25% increase in hate crimes on college campuses, and the 2014 National Survey of College Counseling Centers found that 43% of counseling center directors reported an increased number of students struggling with sexual assault as well as increases in students with severe psychological disorders (Gallagher, 2014). Despite the rise in student

The types of traumas students may experience are diverse and include, but are not limited to, severe mental health crises, sexual violence, domestic violence, severe economic hardship, the death of a loved one, eating disorders, hate crimes and discrimination, natural disasters, and substance abuse (Lynch, 2017; Silverman & Glick, 2010).

trauma, the ratio of licensed mental health professionals to students remains high (Association for University and College Counseling Center Directors, 2016). High ratios potentially create long wait times and limited capacity for long-term care. The types of traumas students may experience are diverse and include, but are not limited to, severe mental health crises, sexual violence, domestic violence, severe economic hardship, the death of a loved one, eating disorders, hate crimes and discrimination, natural disasters, and substance abuse (Lynch, 2017; Silverman & Glick, 2010). Crisis management and the support of students experiencing trauma are hallmark duties of live-in residential life professionals, even codified as professional competencies by the Association of College and University Housing Officers-International (Cawthon & Schreiber, 2012).

In their role, practitioners are often required to complete some level of training related to professional helping skills; yet, the increase and complexity of student issues are outpacing traditional skillsets of student affairs practitioners (Spano, 2011). Scholars have found that frequent exposure to traumatized individuals can have a variety of negative impacts on professional helpers including burnout (Cieslak, Shoji, Douglas, Melville, Luszczynska, & Benight, 2014); compassion fatigue (Craig & Sprang, 2010); and secondary traumatic stress (Lynch & Glass, 2018; Cieslak et al., 2014). Recognizing the potential deleterious effect of this work, other helping professions have underscored the ethical imperative of training professionals to care for their personal wellness in order to be fully present for the clients they serve (American Psychological Association, 2002; Norcross & Barnett, 2008). Unfortunately, housing and residential life programs may not recognize and focus on this skillset as an area for intense and continued training and development. This oversight not only undermines the wellness of residential life professionals but may also cost departments and universities a great deal in monetary and human resources in the form of staff attrition and absenteeism. In 2015, The American Psychological Association Center for Organizational Excellence reported that 51% of employers view mental health as the biggest threat to employee health (Scott, 2015). The Centers for Disease Control and Prevention also identified that work-related stress is " . . . the leading workplace health problem and a major occupational health risk, ranking above physical inactivity and obesity. Productivity losses from missed work cost employers $225.8 billion, or $1,685 per employee, each year" (Centers for Disease Control and Prevention, 2016, p.1).

Although scholars and practitioners within student affairs and residential life have called attention to issues such as burnout (Rosser & Javinar, 2003) and have proposed practices and interventions to prevent potential negative outcomes related to the work of residential life practitioners (Rankin & Gulley, 2018), looking to other helping professions can provide a fresh perspective to build resiliency in residence life practitioners. In this article, the field of social work, another helping profession with responsibilities closely related to many live-in residential job descriptions, is explored in relation to how residential living leadership may develop interventions to build trauma resiliency in practitioners.

LINKING RESIDENTIAL LIFE AND SOCIAL WORK PRACTICE

Certainly, the duties of residential life professionals and social workers differ in many ways; however, a significant number of parallels exist in professional expectations and day-to-day functions. For instance, the U.S. Bureau for Labor Statistics (2018) identified several essential job functions of social workers such as identifying individuals and communities in need of help, performing needs assessments for individuals and communities, assisting individuals in adjusting to life changes and challenges, identifying resources, offering referrals, managing crisis response, managing casework, and developing educational interventions to support individuals. Similarly, professional standards for housing and residential life programs require professional staff members to be competent in crisis man-

Table 1

A Comparison of Common Social Work and Residential Life Duties

Common Social Worker Duties*	Common Residential Life Duties**
Identify people and communities in need of help	Identify residents and residential populations in need of support
Help clients adjust to changes and challenges in their lives, such as illness, divorce, or unemployment	Assist residents as they adjust to college living and sometimes provide initial assessment and referral or intervention for needs related to various hardships such as roommate conflicts and traumas including sexual violence, hate crimes, and severe mental illness
Research, refer, and advocate for community resources, such as food stamps, childcare, and healthcare to assist and improve a client's well-being	Become familiar with campus and community partners in order to provide resource referrals for issues such as behavioral, financial, career, health, academic, and social assistance
Respond to crisis situations such as child abuse and mental health emergencies	Respond to crisis through on-call emergency rotations and provide first-responder crisis intervention
Follow-up with clients to ensure that their situations have improved	Follow-up with students experiencing crisis and trauma as well as provide further access to resources for students of concern
Maintain case files and records	Maintain accurate and detailed reports regarding students of concern and conduct cases through on-call reports and database management
Develop and evaluate programs and services to ensure that basic client needs are met	Create and assess programs and services that meet residential student needs including community amenities, co-curricular programming, and social development

**As outlined in Bureau of Labor Statistics (2018)*
***As inferred from Cawthon & Schreiber (2012) & Council for the Advancement of Standards in Higher Education (2015)*

agement, resource identification and referral, needs assessment, and student advising and support (Cawthon & Schreiber, 2012; Council for the Advancement of Standards in Higher Education, 2015). Table 1 highlights similarities in common duties for both social workers and residential life practitioners.

POTENTIAL IMPACT OF TRAUMA SUPPORT WORK

As noted, the severity and number of students experiencing traumatic life events has increased (Gallagher, 2014; U.S. Department of Education, 2016), and residential life practitioners may be tasked with providing some level of support and intervention for these students (Cawthon & Schreiber, 2012). Yet, this type of support work has potentially severe consequences for live-in residential life staff. For instance, feeling fatigued when coming home from work is not uncommon, yet for some, aspects of their work such as trauma support can lead to negative, sometimes severe, outcomes beyond exhaustion. Champions of trauma stewardship, Lipsky and Burk (2009) highlight this distinction stating,

> There is a difference between feeling tired because you put in a hard day's work and feeling fatigued in every cell of your being. Most of us have experienced a long day's work and the reward of hard-earned exhaustion …That is one kind of tired. The kind of tired that results from having a trauma exposure response is a bone-tired, soul-tired, heart-tired, kind of exhaustion …(p.110).

Although not every professional will experience this type of exhaustion, scholars and practitioners have identified a number of negative outcomes related to trauma support including burnout, secondary trauma, and compassion fatigue.

Burnout

The American Institute of Stress (n.d.) defines burnout as " …a cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, not trauma-related" (p.1.). Newell and MacNeil (2010) also described burnout using three domains: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Several factors have been linked to burnout within college student affairs including gender (Howard-Hamilton, Johnson, & Kicklighter, 1998); poor supervision (Marshal, Gardner, Hughes, & Lowery, 2016); and low levels of job satisfaction (Buchanan, 2012). Burnout has also been linked to issues of turnover and attrition within the field of higher education (Mullen, Malone, Denney, & Dietz, 2018).

Secondary Traumatic Stress

Also called vicarious traumatization, secondary traumatic stress can be described as "…the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999, p. 10; McCann & Pearlman, 1990). Currently, diagnostic criteria exists within the *5th Edition of the Diagnostic and Statistical Manual of Mental Disorders* which links occupational exposure to traumatized individuals to symptoms of Post-traumatic Stress Disorder (PTSD) including avoidant behavior, intrusive thoughts, negative alternation to mood or cognition, and changes in arousal and reactivity (American Psychiatric Association, 2013). Lipsky and Burk (2009) also offered a set of

Although not every professional will experience this type of exhaustion, scholars and practitioners have identified a number of negative outcomes related to trauma support including burnout, secondary trauma, and compassion fatigue.

sixteen indicators associated with a secondary trauma response within professional helpers. These indicators may be found in Table 2. Development of secondary trauma has been found to severely impact the daily functioning of professionals including chronic fatigue, emotional detachment, existential questioning, and poor work performance (Hydon, Wong, Langley, Stein, & Kataoka, 2015).

Compassion Fatigue

For the purposes of this article, compassion fatigue is defined using the Barnes (2013) model where compassion fatigue is the result of the interplay between burnout (a function of job stress) and secondary traumatic stress (a function of exposure to traumatized individuals).

Although there is a real potential for residential life practitioners to be negatively impacted by their work, researchers have found that these impacts can be mitigated (Sansbury, Graves, & Scott, 2015) or even reframed as opportunities for personal growth (Gitterman & Knight, 2016). Yet, in order to develop resiliency in these individuals, leaders must also understand the nuance of what it means to be resilient. In the following section, a brief discussion of current scholarly understandings of human resilience is offered.

UNDERSTANDING RESILIENCE

Resilience may be defined as "the process of adapting well in the face of adversity, trauma,

Table 2

16 Warning Signs of a Trauma Exposure Response (Lipsky & Burk, 2009)

Feeling hopeless/helpless	Dissociative moments
A sense that one can never do enough	Sense of persecution
Hypervigilance	Guilt
Diminished creativity	Fear
Inability to embrace complexity	Anger & cynicism
Minimizing	Inability to empathize/numbing
Chronic exhaustion/physical ailments	Addictions
Deliberate avoidance	Grandiosity or inflated sense of importance related to one's work

Within the context of residential life, resilience may be directly cultivated by intentional reflection and personal capacity building within individual practitioners.

tragedy, threats or even significant sources of stress" (American Psychological Association, 2014, p.1). Yet, it should be understood that resilience has been defined in a number of ways across multiple disciplines including psychology (Yates & Masten, 2012); education (Wosnitza, Peixoto, Beltman, & Mansfield, 2018); and social work (Gitterman & Knight, 2016). Scholars hold a wide range of views as to whether resilience is an innate personality characteristic or one informed by social and environmental contexts as well as to what extent, or if, resilience can be cultivated in an individual (Palma-Garcia & Hombrados-Mendieta, 2014). The fixed nature of resilience has also been questioned with some scholars calling attention to contextual resilience (Luthar, Cicchetti, & Becker, 2000). For example, a person who demonstrates resilience in the face of professional hardships may not demonstrate the same level of resilience in the face of personal or family hardships. Resilience has also been described as a two-fold process where an individual demonstrates an ability to cope with an immediate stressor but also is able to integrate what they have learned in order to overcome future stressors (Palma-Garcia & Hombrados-Mendieta, 2014).

If one takes the perspective that resilience may be cultivated, particularly within different contexts, it follows that this trait may be specifically developed in bolstering the resilience of residence life practitioners who provide support for students experiencing crisis. In the section that follows, a framework from the field of social work is presented that may be useful in building capacities to develop resilience in residential life practitioners.

A THREE-PRONG MODEL OF RESILIENCE: *I AM, I CAN, I HAVE*

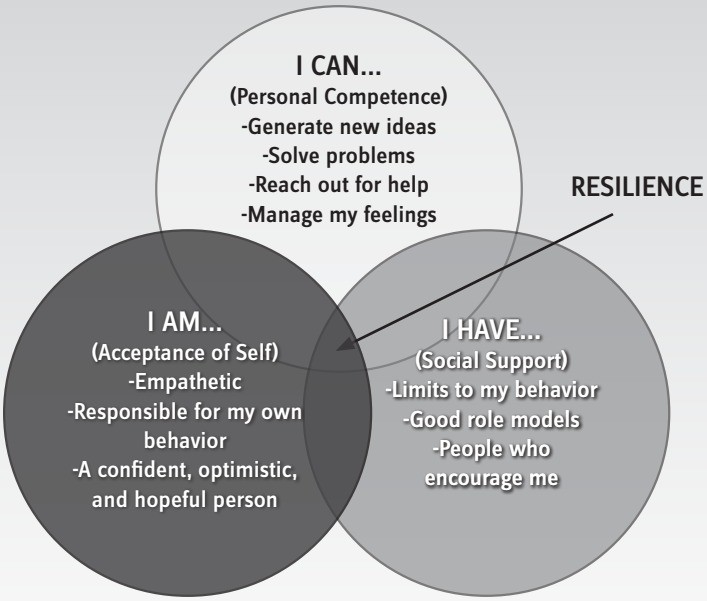
Within the context of residential life, resilience may be directly cultivated by intentional reflection and personal capacity building within individual practitioners. Numerous frameworks of resilience exist, yet one model, originally published in Grotberg (1995) and Grotberg (2003), may be especially impactful and more easily infused into the daily work of residence life practitioners: *I am, I can, I have*. This framework was originally used within the context of social workers managing cases involving children and parents who experienced hardships. The model posits that resilience develops as a function of perceived internal factors (*I am and I can*) and external factors (*I have*). More recently, Palma-Garcia and Homobrados-Mendieta (2014) explored the use of this framework for understanding resiliency within social work practitioners. Figure 1 presents a visual depiction of the relationship between the three factors that comprise the framework.

I Am

The *I am* factor centers on the importance of practitioners' acceptance and celebration of self. In developing this factor, practitioners

Figure 1

Visual representation of a three-prong approach to building resiliency in individuals



Based on Palma-Garcia & Hombrados-Mendieta (2014) and Grotberg (2003).

may be asked to reflect on their beliefs about themselves as well as how they believe they are perceived by others. For instance, does a practitioner believe they are empathetic and are perceived as empathetic by peers or residents? Do they believe they are an achiever or a person who respects themselves and others? Do they believe that they are able to be helpful in meaningful ways? The *I am* factor may serve as a foundation for practitioners' self-concept, self-efficacy, and response to external pressures.

I Can

The *I can* factor centers on practitioners' personal competence. Practitioners may be prompted to explore various competencies they hold in regard to a particular type of resilience. Within the context of trauma support in residential living, practitioners may be asked what skills they possess that could be used to address student traumas; about their own emotions regarding student trauma; and about their ability to problem solve to reach out for

help. The *I can* factor illustrates self-efficacy and can be directly involved in how practitioners view themselves. This factor may also serve to empower practitioners to develop specific skills in which they do not feel competent.

I Have

The *I have* factor centers on practitioners' perceived and received social support. These social factors may serve to prevent feelings of isolation as well as serve as sources of normalization for crisis management practice and internal crisis-support response. Practitioners questioning their level of social support may ask themselves: Do I have another person outside my family I can trust? Do I have people who encourage me? Do I have good role models? Do I have access to the health, education, and social services that I need?

Taken together, the model aims to emphasize the interplay between the three factors with each factor informing the other two. Palma-Garcia and Hombrados-Mendieta (2014) found that social workers demonstrated a natural gradual development within the *I am* factor as they became more experienced in the field. Their experience seemed to translate to a more concrete self-concept. This did not hold true for the *I can* and *I have* factors. In particular, social workers reported a lack of overall perceived social support. While the *I have* and *I can* factors have not been studied outright within the context of college student affairs and residential life, some studies have reported perceived lack of social support (Hensel, Ruiz, Finney, & Dewa, 2015) or lack of self-efficacy (Lynch & Glass, 2018) as factors related to the development of burnout, secondary trauma, and compassion fatigue.

The *I am, I can, I have* model of fostering resilience is useful in the sense that it is straightforward and can be easily implemented within residential life practice.

USING *I AM, I CAN, I HAVE* IN PRACTICE

The *I am, I can, I have* model of fostering resilience is useful in the sense that it is straightforward and can be easily implemented within residential life practice. In the following sections, ways in which the model could be used at various levels within the profession are briefly identified.

Internal Factors *(I Am and I Can)*

Self-efficacy and self-concept may be addressed in several ways by individual practitioners, supervisors, and departmental leadership. Perhaps most importantly, training and education to increase awareness of signs and symptoms of the potential negative impact of trauma support work should be a regular part of practitioner training and professional development. Several models for training exist including Stress Inoculation Training, a cognitive-behavioral training involving a three-step [education, training, and exposure] approach demonstrated to be effective in mediating the impact of secondary trauma and enhancing coping skills (Bercier, 2013). Sansbury et al. (2015) also underscored the utility of practitioners creating self-care action plans to document planned behavior changes, list resources, identify internal signs of stress, and anticipate

future challenges. This self-care plan could be done at the beginning of each academic year during professional staff training, during an early staff meeting, or during supervisor meetings. The plan can then be reviewed at the end of each semester or as needed. Finally, supervisors and departments could engage in activities where practitioners are asked to intentionally reflect on their self-concept and specific competencies related to trauma support. One such activity includes keeping a reflective log or journal throughout the year which may also be added as a part of regular supervisory reports. At the end of each semester or year, practitioners may be asked to read through their entries and engage in meta-reflection or meta-journaling (Stevens & Cooper, 2009) to identity key aspects of positive and negative self-concept and self-efficacy.

External Factors ***(I Have)***

Factors involving personal competence and acceptance of self can be directly addressed through supervisory and departmental interventions such as structured questions during supervisory meetings or group processing during staff meetings. Yet the development of the *I have* factor may be more complex. Most directly, supportive supervision has been found to be a significant factor in mitigating or exacerbating the negative effects of trauma support work (Gentry et al., 2004; Lynch, 2017). Training supervisors should be a key imperative for departments and the profession at large, particularly in recognizing signs and symptoms of maladies such as secondary traumatic stress. Housing and Residence Life departments may also increase practitioners' perceived support by simply holding regular discussions about their experiences supporting residents through trauma or using debriefing models to review particularly complex student trauma cases in order to bolster competencies and allow practitioners to express their experiences and emotions (Bercier, 2013). Periodic group debriefing or support groups help to normalize practitioner emotions and experiences. On a national level, organizations such as ACUHO-I, ACPA, and NASPA may increase perceived support by creating national standards for addressing issues of burnout, secondary trauma, and compassion fatigue. Additionally, national organizations may consider funding research to better understand outcomes associated with trauma support duties in residence life or

> Using this framework, practitioners, supervisors, and national organization leaders may be better equipped to cultivate interventions aimed at developing trauma resilience in live-in residential life practitioners thus preparing them for the current landscape of student support and potentially buffering the onset of burnout, secondary trauma, and compassion fatigue.

provide institutes or other trainings regarding trauma support work.

MOVING FORWARD

The rate of students experiencing trauma is not likely to decline in the near future. As campus counseling centers become more resource strapped, live-in residential life staff may find themselves increasingly acting as first responders for students experiencing trauma or acting in sustained support capacities. Increased caseloads and lack of awareness of the negative impact of this type of student support work may have detrimental outcomes for live-in professionals who may perceive themselves as unable to escape their work environment or lack social support. In this article, a framework from the field of social work, a closely related helping profession, was explored to build trauma resilience in live-in residential life practitioners. Using this framework, practitioners, supervisors, and national organization leaders may be better equipped to cultivate interventions aimed at developing trauma resilience in live-in residential life practitioners thus preparing them for the current landscape of student support and potentially buffering the onset of burnout, secondary trauma, and compassion fatigue.

REFERENCES

American Institute of Stress. (n.d.) *Definitions.*Weatherford, TX: Author. Retrieved from https://www.stress.org/military/for-practitionersleaders/compassion-fatigue

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders(5th ed.)*. Washington, DC: Author.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060–1073.

American Psychological Association. (2014). *The road to resilience*. Washington, DC: Author. Retrieved from: https://www.apa.org/helpcenter/road-resilience

Association for University and College Counseling Center Directors. (2016). *Association for University and College Counseling Center Directors Annual Survey.* Indianapolis, IN: Author. Retrieved from: https://www.aucccd.org/assets/documents/aucccd%202016%20monograph%20-%20public.pdf

Barnes, M. F. (2013). *The role of resiliency and self-care in organizational and employee wellness.* Presentation at the 40th Annual Winter Symposium Addiction, trauma, and family systems, Colorado Springs, CO. Retrieved from: https://www.slideshare.net/MFBarnes51/barnes-understanding-compassion-fatigue-phoenix-ms

Bercier, M. L. (2013). *Interventions that help the helpers: A systematic review and meta-analysis of interventions targeting compassion fatigue, secondary traumatic stress and vicarious traumatization in mental health workers.* (Doctoral dissertation). Loyola University Chicago, Chicago, IL.

Buchanan, J. (2012). *Factors that influence attrition of new student professionals in student affairs.* (Doctoral Dissertation). Widener University, Chester, PA.

Cawthon, T. W., & Schreiber, P. J. (2012). *ACUHO-I core competencies: The body of knowledge for campus housing professionals.* Columbus, OH: Association of College & University Housing Officers-International.

Center for Collegiate Mental Health. (2015). *2015 annual report.* College Station, PA: Author. Retrieved from: http://ccmh.psu.edu/publications/

Centers for Disease Control and Prevention. (2016). *Workplace Health Promotion.* Retrieved from: https://www.cdc.gov/chronicdisease/resources/publications/aag/workplace-health.htm

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. (2014). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services, 11*(1), 75–86.

Council for the Advancement of Standards in Higher Education. (2015). *CAS professional standards for higher education (9th ed.)*. Washington, DC: Author.

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping, 23*(3), 319-–39.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed., pp. 3–28). Lutherville, MD: Sidran.

Gallagher, R. P. (2014). *National survey of college counseling centers.* Alexandria, VA: The International Association of Counseling Services, Inc.

Gitterman, A., & Knight, C. (2016). Promoting resilience through social work practice with groups: Implications for the practice and field curricula. *Journal of Social Work Education, 52*(4), 448–461.

Grotberg, E. H. (1995). *A guide to promoting resilience in children: Strengthening the human spirit.* La Haya, Holland: Bernard van Leer Foundation.

Grotberg, E. H. (Ed.) (2003). *Resilience for today: Gaining strength from adversity.* Westport, CT: Praeger.

Hensel, J., Ruiz, C., Finney, C., & Dewa, C. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress, 28,* 83-91.

Howard-Hamilton, Johnson, & Kicklighter. (1998). Burnout and related factors: Differences between women and men in student affairs. *College Student Affairs Journal, 17*(2), 80–91.

Hydon, S., Wong, M., Langley, A. K., Stein, B. D., & Kataoka, S. H. (2015). Preventing Secondary traumatic stress in educators. *Child and Adolescent Psychiatric Clinics of North America, 24*(2), 319–333

Lipskey, L., & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others.* Oakland, CA: Berrett-Koehler.

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

Lynch, R. J. (2017). *Breaking the silence: A phenomenological exploration of secondary traumatic stress in U.S. college student affairs professionals.* (Doctoral dissertation). Retrieved from: https://digitalcommons.odu.edu/efl_etds/43/

Lynch, R. J., & Glass, C. (2018). The development and validation of the secondary trauma in student affairs professionals scale. *Journal of Student Affairs Research and Practice.* (In Press).

Marshall, S. M., Gardner, M. M., Hughes, C., & Lowery, U. (2016). Attrition from studentaffairs: Perspective from those who exited the profession. *Journal of Student Affairs Research and Practice, 53*(2), 146–159.

Mullen, P. R., Malone, A., Denney, A., & Dietz, S. S. (2018). Job stress, burnout, job satisfaction, and turnover intention among student affairs professionals. *College Student Affairs Journal, 36*(1), 94–108.

Newell, J., & MacNeil, G. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health, 6*(2), 57–68.

Norcross, J. C., & Barnett, J. E. (2008). Self-care as ethical imperative. *The Register Report,* Spring 2008. Retrieved from: http://www.nationalregister.org/trr_spring08_norcross.html.

Palma-Garcia, M.O., & Hombrados-Mendieta. (2014). The development of resilience in social work students and professionals. *Journal of Social Work, 14*(4), 380–397.

Rankin, P. R., & Gulley, N. Y. (2018). Boundary integration and work/life balance when you live where you work: A study of residence life professionals. *Journal of College and University Student Housing, 44*(2), 64–81.

Rosser, V. J., & Javinar, J. M. (2003). Midlevel student affairs leaders' intentions to leave: Examining the quality of their professional and institutional work life. *Journal of College Student Development, 44*(6), 813–830.

Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma, 17*(2), 114–122.

Scott, K. (2015). 51% of employers view mental health as biggest threat to staff health. *Employee Benefits.* Retrieved October 17, 2016, from http://www.apaexcellence.org/resources/research/detail/7279

Silverman, M. G., & Glick, R. (2010). Crisis and crisis intervention on college campuses. In J. S. Kay & V. Hoboken (Eds.), *Mental Health Care in the College Community* (157-178). Newark, NJ: Wiley & Sons.

Spano, D. B. (2011). Supporting collegians' mental health: Collaboration and role differentiation. In P. Magolda & M.B. Magolda (Eds.), *Contested issues in student affairs: Diverse perspective and respectful dialogue* (315–327). Sterling, VA: Stylus Publishing.

Stevens, D. D., & Cooper, J. E. (2009). *Journal keeping: How to use reflective writing for learning,*

teaching, professional insight, and positive change. Sterling, VA: Stylus.

U. S. Bureau of Labor Statistics. (2018). *Occupational Outlook Handbook, Social Workers*. Washington, DC: Author. Retrieved from https://www.bls.gov/ooh/community-and-social-service/social-workers.htm

U.S. Department of Education. (2016). *Campus Safety and Security*. Retrieved from: https://ope.ed.gov/campussafety/Trend/public/#/answer/2/201/trend/-1/-1/-1/-1

Wosnitza, M., Peixoto, F., Beltman, S., & Mansfield, C. F. (2018). *Resilience in education: Concepts, contexts, and connections*. New York: Springer.

Yates, T. M., & Masten, A. S. (2012). Fostering the future: Resilience theory and the practice of positive psychology. In P. A. Linley & S. Joseph (Eds.), *Positive Psychology in Practice* (521–539). Hoboken, NJ: Wiley.