A Qualitative Study of MSW Experiences with Homeless Clients:

Resilience Among Social Workers Working with Homeless Individuals Who Have Forensic Issues

Clifford Childs Green

A Clinical Research Project presented to the faculty of the Hawai‘i School of Professional Psychology at Chaminade University of Honolulu in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

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This Clinical Research Project by Clifford Childs Green, directed and approved by the candidate's Clinical Research Project Committee, was approved by the faculty of the Hawai'i School of Professional Psychology at Chaminade University of Honolulu in partial fulfillment of the requirements of the degree of Doctor of Psychology in Clinical Psychology.

Sean Scanlan, Ph.D., Program Director
Hawai'i School of Professional Psychology

Clinical Research Committee

Joy Tarji, Ph.D.
Chair

Lianne Philhower, Psy.D.
Committee Member

July 19, 2019
Date

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Clifford Childs Green

Hawai'i School of Professional Psychology at Chaminade University of Honolulu – 2019

Social workers, due to their often altruistic nature, are at a particularly high risk of developing compassion fatigue, also known as secondary traumatic stress or vicarious traumatization. Compassion fatigue is characterized by a decrease in one's compassion and a diminished ability to empathize that occurs gradually over time from exposure to clients' distress. Burnout is a chronic condition occurring after repeated experiences of compassion fatigue. Resilience is a protective factor and describes a person's ability to cope with crises, adapt to adversity, and to return to a state of psychological homeostasis following a crisis. This transcendental phenomenological study explored two social workers' unique experiences with compassion fatigue, burnout, and resilience. Participants engaged in three one-hour long semi-structured interviews that produced personal accounts of their struggles against compassion fatigue and strategies to develop and maintain resilience. What was revealed by the study were two wholly disparate approaches for managing and addressing compassion fatigue and burnout.

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CHAPTER I

INTRODUCTION

Situating the Study

Situating a study involves examining the relationship of the study to the researcher's personal experience and knowledge; it is an articulation of the researcher's bias with respect to why the study is important to do, based on something in his or her own personal life experience (Rossman & Rallis, 2017). It is important to situate a study in order to consider the moral praxis of the study and begin identifying one's bias with respect to the phenomenon. The rationale for situating a study is because the selection of a research focus, alone, is considered a bias that impacts the study.

I have been a social worker for nearly ten years and, in that time, have experienced compassion fatigue in greater or lesser degrees in some of the positions I have held. I have also worked with other social workers, case managers, human service workers, and others in helping professions who themselves experienced compassion fatigue or burnout at some point in their careers. I have been witness to the negative impact this can have on consumers and have seen how it adversely affects service delivery in general. However, I have also seen how building one's resilience can protect against succumbing to the effects of compassion fatigue or burnout. I have long been fascinated by this phenomenon and have endeavored to learn as much as I could about it throughout my career.

I selected two individual social workers from a local homeless shelter who represent opposite ends of the spectrum in terms of their experience of compassion fatigue and resilience. Both have been employed as case managers at a homeless shelter, but have approached the job differently. My first participant has been able to sustain her resilience throughout her long career, while my second participant has often struggled with compassion fatigue and has occasionally capitulated to burnout. I feel that their stories capture the intrinsic experience of what it feels like to struggle with compassion fatigue and the inherent work that building resilience entails. The two selected participants are particularly representative of the social work community in that they each have worked with countless clients over the years and have impacted the target population in numerous ways.

Review of Literature

A literature review is an integrated review of the current theoretical and research knowledge relevant to the phenomenon. It is a discourse intended to provide a framework which guides one's understanding of the research topic (Rossman & Rallis, 2017). In a qualitative study, the literature review also frames and focuses the study and is a process that is continued throughout the study (Glesne, 2015). A review of literature is conducted in an effort to frame a study and seeks an understanding of what is known or theorized about a phenomenon, as well as helping researchers to assess what is not known or poorly understood about the phenomenon being studied. By identifying and discussing major theoretical and empirical literature, one provides important boundaries around a study and shows gaps in that literature to which the study in question can contribute. Conducting a literature review helps to articulate one's perspective and establishes credibility as a researcher (Rossman & Rallis, 2017).

According to Figley (2015), "[c]ompassion [f]atigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper" (Did you know section, para. 1). Compassion fatigue results from empathic and compassionate engagement with clients, from assuming the perspective of the suffering (Figley, 2002). Moreover, one's ability to bear the suffering of others is significantly compromised by compassion fatigue. Traumatic stress is differentiated from secondary traumatic stress (STS) and secondary traumatic stress disorder (STSD). STS is "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," whereas STSD is "a syndrome with symptoms nearly identical to PTSD, except that exposure to knowledge about the traumatizing event experienced by the significant other is associated with the set of STSD symptoms, and PTSD symptoms are directly connected to the sufferer, the person in harm's way" (Figley, 2002, p. 1435). It is important to note that the sufferer of STSD is particularly tense and fascinated or preoccupied with the traumatized patient. He or she may re-experience the traumatic events, practice avoidance and generally avoid or become numb to reminders of persistent arousal, particularly anxiety, associated with the client (Figley, 2002).

Figley (2002) offers a causal model for understanding and predicting compassion fatigue. His model recognizes the necessity of employing an empathic approach fueled by emotional energy to effectively work with clients who are suffering from compassion fatigue. His model acknowledges the cost of caring for others and provides a means of preventing and treating vicarious trauma. The 11 variables that Figley suggests in his model include: Empathic Ability, Empathic Concern, Exposure to the Client, Empathic Response, Compassion Stress, Sense of Achievement, Disengagement, Prolonged Exposure, Traumatic Recollections, Life Disruption, and ultimately Compassion Fatigue (Figley, 2002).

Figley discusses four considerations in helping a care provider prevent and mitigate compassion fatigue. First, if it has been confirmed that a service provider has compassion fatigue, it is necessary to provide a comprehensive perspective for instructional purposes with the aim of educating the provider about compassion fatigue. Second, it is critical to "desensitize" the provider to "traumatic stressors" (Figley, 2002, p. 1438). Third, it is important to identify an appropriate measure of exposure to effect desensitization. This depends on the degree of exposure. Fourth, the individual's support system should be assessed in terms of both quantity and variety of relationships in an effort to view the provider as distinct from the therapist persona (Figley, 2002).

Figley (2002) concludes the article with references to the "conspiracy of silence" surrounding the discussion of compassion fatigue. He also promotes the dissemination of literature and video on the topic.

In an article by Kapoulitsas and Corcoran (2015), the authors discuss a qualitative research study focused on the relationship between compassion fatigue and resilience among social workers in Australia. The authors asserted that social workers are at risk for developing compassion fatigue because they are motivated by altruism to work toward improving the lives of others. Compassion fatigue is a possible effect of the stress associated with trauma exposure and empathy is a mediating variable in this process. Resilience is "a complex construct that refers to a person's capacity to overcome adversities that would otherwise be expected to have negative consequences" (Kapoulitsas & Corcoran, 2015, p. 87). Resilience is not necessarily understood to be a personality trait, but is a malleable construct that is influenced by a process whereby the individual interacts with his or her familial,

communal, and social environments. Successful responses to repeated challenges can lead to greater insight, growth, and knowledge. The process can also be very stressful albeit rewarding when social workers are engaged in work with vulnerable populations. Compassion fatigue, or STS, can also be thought of as "vicarious traumatization," and sufferers can exhibit cognitive symptoms including: "lowered concentration, apathy, minimization, and preoccupation with trauma"; emotional symptoms such as feeling "powerless, angry, guilty, depressed and experienc[ing] distressing dreams"; behavioral symptoms like "irritability, moodiness, and withdrawal"; and somatic symptoms including: "sweating, a rapid heart rate, and dizziness" (Kapoulitsas & Corcoran, 2015, p. 88).

In conducting their study, Kapoulitsas and Corcoran employed a social constructionist approach. They used criterion-based sampling to select six social workers for their study. All were female, between the ages of 23 and 32. All worked in a community service organization. The researchers transcribed each of the audiotaped, semi-structured interviews and used thematic analysis to analyze the transcriptions. Several themes emerged from the analysis, including "the complexities of social work; supportive and unsupportive contexts; promoting personal well-being; and resilience as a changing systemic and culturally complex process" (Kapoulitsas & Corcoran, 2015, p. 91). Kapoulitsas and Corcoran identified the primary limitation of their study to be their purposive sample which included only female participants who had obtained their social work degree from an accredited program.

In a study by Wagaman, Geiger, Shockley, and Segal (2015), researchers explored the relationship between empathy, secondary traumatic stress (STS), burnout, and compassion satisfaction among a sample of 173 social workers. The authors noted how empathy is a valuable and critical tool in the practice of social work and define it as "a multidimensional process involving cognitive and affective components of understanding and identifying with the thoughts, feelings, and emotional states of others" (Wagaman et al., 2015, p. 203). Empathy and understanding aid in the navigation of social relationships and provide a means for workers to engage clients on their own terms; it is the ability to put oneself in another's shoes, to appreciate viscerally what another is thinking and feeling. It is an integral part of clinical practice and is essential for ensuring positive therapeutic outcomes. It is also a combination of

physiological and cognitive processes (Wagaman et al., 2015). Ironically, empathy has been implicated as a mediating variable in compassion fatigue and burnout.

Secondary trauma, a contributory factor to burnout, is characterized by "overwhelming emotional exhaustion, depersonalization, and feelings of professional insufficiency" (Wagaman et al., 2015, p. 201). *Burnout* is a condition that builds gradually over time, rather than being triggered by a single event, and wears down natural defenses. *Compassion satisfaction* refers to "the positive feelings about people's ability to help" in relation to the quality of their work life (Stamm, as cited in Wagaman et al., 2015, p. 203). Compassion satisfaction can effectively diminish or moderate burnout and STS by providing a positive impetus to help in addressing and treating clients' trauma. It can also help social workers benefit from the outcomes and empowerment drawn from clients' personal improvement and therapeutic growth. It can be conceptualized as being in direct opposition to compassion fatigue, which will inevitably lead to burnout.

Wagaman et al. employed a snowball sampling technique to yield a sample of 173 participants from a large southwestern university's school of social work. The sample was predominantly female (n = 151) and Caucasian (n = 127). Only 21 participants identified as Latino/a, and 10 identified as African American. The age of participants ranged from 20 to 70, with 58% (n = 101) being 40 to 60 years old (Wagaman et al., 2015). Most of the participants (n = 168) held a master's degree or higher, and 75% (n = 131) of the participants had been in the profession for 10 or more years. Most were also in direct practice, supervisory or administrative work, or both.

Participants completed an online survey that collected demographic information (gender, race or ethnicity, age), participants' highest level of education, as well as data regarding participants' professional careers and current work. Participants also completed formal measures, which included the Empathy Assessment Index (EAI), which measures the components of interpersonal empathy (affective response, self-other awareness, perspective taking, and emotion regulation) and the Professional Quality of Life Scale (ProQOL), which consists of three subscales: Compassion Satisfaction, Burnout, and STS (Wagaman et al., 2015).

Multiple regression analysis was used to analyze three models using the three variables: burnout, compassion satisfaction, and STS. Each model included as an independent variable one of the four component scores of empathy as measured by the EAI: affective response, self-other awareness, perspective taking, and emotion regulation. Researchers then controlled for the amount of time each participant spent in the social services field overall, the amount of time in their current position, and the type of work they performed in their current position, whether that was in direct practice, supervisory/administrative services, or both (Wagaman et al., 2015).

The results suggested that empathy might be used in preparing social workers to cope with and manage the dynamics related to burnout and STS. The study also found that empathy might help to stave off compassion fatigue, burnout, and STS so that social workers might be able to better maintain their own well-being over prolonged careers working in the field.

Berg, Harshbarger, Ahlers-Schmidt, and Lippoldt (2016) conducted a qualitative study among nurses in a trauma team to study compassion fatigue and burnout syndrome. The authors note that the presentation of compassion fatigue includes emotional exhaustion, sadness, depression, sleeplessness, and general anxiety, and an overall feeling of failure in the profession. They noted that prolonged exposure to trauma could contribute to symptoms similar to PTSD like “cognitive re-experiencing (e.g., nightmares, intrusive thoughts), avoidance behaviors, increased arousal, depression, suicidal ideation, anxiety, irritability, lack of confidence, decreased functioning in both professional and nonprofessional settings, a diminished sense of purpose or enjoyment in work, and an increase in self-destructive behaviors” even though the trauma they experienced was vicarious trauma (Berg et al., 2016, p. 3). Workers suffering from compassion fatigue also report decreased personal productivity, impaired concentration, inability to pay attention to detail, absenteeism, decreased morale, high turnover, diminished work engagement, medical errors, and high levels of depersonalization; compassion fatigue and burnout syndrome have also been known to be pervasively contagious in intensive care settings (Berg et al., 2016)

In the Berg et al. study, researchers employed a mixed method design. The researchers utilized three assessment tools and focus groups to examine compassion fatigue and burnout. The focus group

utilized by the researchers were primarily comprised of Caucasian, female nurses who were older than 40 years old. The three assessment instruments used included: the Holmes–Rahe Life and Stress Inventory, a 43-item scale used to examine how stressful life events can contribute to illness; the Professional Quality of Life Scales (the ProQOL), a tool used to measure compassion satisfaction (defined as feeling satisfied by one's job and from the helping itself) and compassion fatigue (defined as feeling overwhelmed by work); and a demographic survey designed by the researchers. The ProQOL included two subscales for compassion fatigue: Burnout (defined as feelings of unhappiness, disconnectedness, and insensitivity to the work environment) and secondary traumatic stress (feeling trapped, on edge, exhausted, and overwhelmed by others' trauma). The demographic survey asked participants to indicate their age, sex, ethnicity, religion, and professional expertise.

Statement of the Problem

The statement of the problem in a qualitative study provides a rationale for conducting the study, based on the social cost of omissions in the existing knowledge base, and is referred to by Rossman and Rallis (2017) as the should-do-ability of a study because it outlines a study's moral praxis. It is important to generate this statement because it addresses what is notably missing from and the social cost for those not represented in the extant literature.

It was my observation that while there is literature on compassion fatigue and burnout among social workers, the breadth of available studies is scant and limited. It is essential that this topic be explored systematically in order to better understand the challenges faced by social workers in the field. The experience of social workers facing burnout and compassion fatigue is not well documented in the literature, though this information could greatly impact intervention strategies; this supports further investigation into this topic.

Purpose of the Study

A statement of purpose should describe the intent of the study, reflect an intent to learn about the emic perspectives or phenomenology of the participants, ground it in specific qualitative genre or method of inquiry, discuss the central concept or idea being studied, provide a provisional definition of the

concept, stimulate the unit of analysis, and discuss the anticipated result of the study (Creswell, as cited in Rossman & Rallis, 2017).

The purpose of this transcendental phenomenological methodological study is to understand the experience of compassion fatigue, burnout, and resiliency among two social workers/case managers who have each been employed at a local homeless shelter. For the purposes of this research, compassion fatigue will be defined as a state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper (Figley, 2015).

Furthermore, the purpose of this study also entails looking at the balance between resilience and vulnerability, at experiences that contribute to a greater risk of compassion fatigue or burnout and at experiences that contribute to resilience. The aim is to explore how the construction of meaning with respect to the social worker's/case manager's experiences may contribute to a greater risk of developing compassion fatigue, as well as the constructions that may help to build resilience.

Research Questions

Research questions are those questions that help to identify the boundaries or perimeter of a study, as well as helping to identify its overall intent (Glesne, 2015). Research questions also focus or frame the study. In qualitative research, these questions are few in number, open-ended and nondirectional, and focus on perceptions (Rossman & Rallis, 2017).

There are four general categories of questions used in conducting phenomenological inquiries: descriptive, experiential, process, and meaning questions. Descriptive questions explore participants' perceptions of what the phenomenon is. Experiential questions explore the participants' perceptions of their experiences when engaged in the phenomenon. Process questions explore how the phenomenon unfolds or changes over time, and how meanings evolve or are constructed and reconstructed over time. Meaning questions explore the significance and meaning ascribed to the phenomenon (Glesne, 2015; Moustakas, 1994).

The research questions guiding this qualitative inquiry include the following:

(1) What do case managers do in their work with homeless clients with forensic issues?

(2) What is the experience of case managers who work with homeless clients with forensic issues?

(3) How do social workers/case managers describe the emotional process of working with homeless clients with forensic issues?

(4) How does the experience of working with homeless clients with forensic issues change over time?

(5) What does the provider draw from working with homeless clients with forensic issues?

Grand Tour Questions

Grand tour questions are questions used to facilitate the sharing of participants' lives and experiences. They are open-ended questions that translate the research questions into conversation questions that invite participants to show researchers around their phenomenological field; to give them a grand tour of their experiences (Glesne, 2015). They differ from research questions in that they encourage dialogue between researcher and participant to explore phenomenological experiences.

For this proposed study, the following grand tour questions are posed:

(1) Tell me about what your work with the homeless and forensically encumbered client entails.

(2) Can you describe the types of clients to whom you have provided services?

(3) Walk me through some typical experiences you have had as a social worker/case manager with homeless and forensically encumbered clients in distress.

(4) Walk me through some typical experiences you have had as a social worker/case manager with a homeless and forensically encumbered client who was not in distress.

(5) Walk me through a situation you encountered with a distressed client. How did you work with that client over time to address his or her issues?

(6) How does working with homeless and forensically encumbered clients impact you over time?

(7) There is a growing body of theory and research on compassion fatigue. Tell me about some situations you have experienced that seemed related to that concept. Tell me about an early career experience you had in which you said, "I wonder if this is what they mean by compassion fatigue." Tell me about a more recent experience you have had.

(8) There is also a growing body of theory and research on burnout. Tell me about some situations you have experienced that seemed related to that concept. Tell me about an early career

experience you had in which you said, “I wonder if I am burning out.” Tell me about a more recent experience you have had.

(9) What do you do for self-care?

(10) What do you draw from working with the distressed homeless client with forensic issues?

(11) What are some experiences that have made your work meaningful? Can you provide an illustrative example?

Significance of the Study

A statement of significance considers the potential audience of the study, addresses how this research will add to theory, policy, and practice in this area, and considers how the study would be a benefit or significance to the participants (Rossman & Rallis, 2017). The purpose of a statement of significance is to discuss what the benefit will be to stakeholders of addressing the research problem. Unlike those for quantitative studies, statements of significance in qualitative research address moral praxis and the utility of a study. In this section, they also identify other principal stakeholders of the study such as participants, gatekeepers to the participants; the potential audience of the study. Rossman and Rallis (2017) identify the following four domains in which the study may contribute to benefit potential stakeholders: “scholarly research and literature, recurring social policy issues, concerns of practice, and interest of the participants” (p. 115).

The key stakeholders for this proposed study include the social workers/CBCM (community-based case management) case managers employed at a local homeless shelter, as well as the clinical supervisors and program administrators, and the consumers served by the CBCM program. The study may also be of benefit to those involved in training programs. Since this study intends to address compassion fatigue, burnout, and resilience among social workers, it stands to reason that research illuminating these topics would benefit the case managers and social workers themselves. A better understanding of compassion fatigue would make it easier to protect against it. Likewise, the results of this study would address an issue that contributes to employee turnover, something that would interest program administrators. The results would also help clinical supervisors to provide more effective supervision. Finally, service consumers benefit directly from the cultivation of resilience in their workers.

CHAPTER II

APPROACH

Rationale for Use of Qualitative Methodology

The goals of qualitative inquiry differ greatly from those of quantitative inquiry. Quantitative inquiry is largely defined by a positivistic view of science, which argues that we learn about reality by testing hypotheses through experiments, quasi-experiments, or correlations. Researchers assume that they can control, or seek to control, the various influences affecting the variables by defining the conditions in which an intervention or treatment is applied. They utilize control groups to compare the effectiveness of an intervention or treatment and select participants through statistically determined methods. This kind of research seeks outcomes that are measurable with a number, such as a score, rating, or amount. Qualitative inquiry, by contrast, refers to research that is oriented toward the natural world. It developed in part as a critique of the artificial settings of the laboratory, searching for ways the systematically understand people's lived experiences. Qualitative research takes place in the field where people are; people are not extricated from their everyday worlds. It focuses on context, is emergent rather than tightly prefigured, and is fundamentally interpretive (Rossman & Rallis, 2017).

Qualitative inquiry has four main uses. Its instrumental use involves applying knowledge to specific problems and providing solutions or recommendations. Its enlightenment use contributes to general knowledge, enhances understanding, and offers heuristic insight; Its symbolic use involves providing new ways of expressing phenomena, crystallizing beliefs or values, and reconceptualizing public perceptions. Finally, its transformative use involves participants as co-researchers or consultants, inviting them to take actions that empower them to change oppressive structures and practices (Rossman & Rallis, 2017).

With regard to this study, the two uses that directly apply are instrumental and enlightenment use. While it is unlikely that this study will arrive at a targeted solution for compassion fatigue or burnout, it is wholly conceivable that the research may lead toward the development of recommendations to mitigate the impact of or prevent compassion fatigue. Primarily, however, this study seeks to understand and gain insight into compassion fatigue and burnout.

Role of the Researcher

Intersubjectivity refers to the relationship between people and can be contrasted with solipsistic individual experience (Moustakas, 1994). It emphasizes our inherently social nature. This presents a paradox for the qualitative researcher; the conflict arises when one attempts to capture the subjective, insider experience of the participant without imposing one's own subjective experience onto the participant. Fully representing the subjective experience of the participants is ultimately an unachievable goal, as qualitative researchers strive to represent clearly and richly their understanding of what they have learned because they are inevitably unable to disengage themselves completely from their beliefs, values, and assumptions. What is written, then, is their own interpretations of participants' interpretations or understandings of their worlds (Glesne, 2015). To address this issue, qualitative researchers must be actively self-reflexive and employ various strategies such as methods of verification and constant comparative method (Rossman & Rallis, 2017). This helps to ensure that interpretations of participants' experiences and other research findings are not merely a reflection of the researcher's own subjectivity.

The researcher may also adopt a role as *participant-observer*, wherein the researcher operates on a continuum, shifting between assuming a mostly participant or mostly observer role in relation to the participant while gathering data. In this way, the researcher actively engages directly through conversations and possibly activities if appropriate. The advantage of assuming a mostly participant role is that the researcher, by participating directly in the culture or phenomenon being studied, is able to formulate first-hand accounts of their experiences and acquire unique insights. Often, by taking part in the culture being studied, one is able to gain distinctive access to the lives being studied. On the other hand, assuming a primarily observer role, the researcher may be better able to account for his/her own biases. One can reflect on how their experiences, ethnicity, race, gender, sex, sexual orientation, etc., might influence their research. Bias is inherent in qualitative research as the researcher must ultimately decide what to observe and then what to record or document.

Ethical Considerations

Rossman and Rallis (2017) identify four ethical theories that are important to qualitative research: the "ethics of consequences," "rights and responsibilities," "social justice," and "care" (p. 59). The moral

principles derived from consequentialist ethical theories focus on outcomes (Rossman & Rallis, 2017). According to this theory, any discrete action is neither good nor bad, intrinsically right or wrong. Rather, the results of an action within a distinct context of a situation determine its rightness or wrongness, that is, it is defined by the consequences. Researchers need to be cognizant of the potential outcome of any particular action within a study and its probable effect on participants (Rossman & Rallis, 2017).

The ethic of individual rights and responsibilities "upholds the unconditional worth of and equal respect to which all human beings are entitled and the corresponding obligations (or responsibilities) that individuals have to protect those rights" (Rossman & Rallis, 2017, p. 60). It acknowledges the fundamental rights that people are endowed with and recognizes their inherent value.

The ethic of social justice transcends individual rights and advocates for the "redistribution of resources and opportunities with the goal of achieving equity, especially in cases of social and economic disadvantage" (Rossman & Rallis, 2017, p. 60). Also known as critical ethics, this category of ethical theories requires the researcher to make a positive contribution to the well-being of those researched. This commitment to well-being also takes precedence over obligations to the wider community or other special communities (Rossman & Rallis, 2017). This may include advocacy to a particular group, but the principle challenge of research governed by critical theory remains the challenge of balancing the needs of science with the needs of advocacy; the needs of the researcher with the needs of the participants.

The ethic of care, also called covenantal ethics, emphasizes concrete circumstances over abstract principles (Rossman & Rallis, 2017). This category of ethical theories involves obligation to host societies, the public, students, sponsors, colleagues, and one's professional discipline. It includes the principles that guide our relationships with others. At the heart of a covenant is the exchange of promises, an agreement to shape the future between two parties. It acknowledges the mutual indebtedness between collaborating parties (Rossman & Rallis, 2017).

The qualitative researcher's ethical responsibilities lie in challenges that include anonymity, confidentiality, informed consent, as well as researchers' potential impact on study participants and, contrarily, the participants' impact on researchers (Rossman & Rallis, 2017). With regard to anonymity

and confidentiality, researchers must ensure that not only are the identities of participants kept private, but they must also ensure that participants cannot be readily identified in the results of a study.

In qualitative research, which focuses on exploring, examining, and describing people and their natural environments, the rights of participants include on the most basic level their decision and desire to participate in a research study and their willingness to share their experiences. Rights of participants extends beyond this, however, and include fundamental rights such as "the right of free consent, of privacy, of freedom of conscience, of free speech, and of due process" (Rossman & Rallis, 2017, p. 60). It should be noted that fully informed consent is not a single event in which a form is signed. Rather, it is an ongoing and evolving process between the researcher and the participant that extends for the length of the study. Though it is offered willingly, participants should be informed that they may withdraw their consent at any time without fear of reprisal or prejudice. Informed consent should seek to protect participants' identities and privacy. It is also important to indicate the purpose of a study in any informed consent process and to make assurances of confidentiality (Creswell, 2012; Rossman & Rallis, 2017). Participants should also be informed that although assurances for confidentiality and anonymity are made, they will be quoted directly and in their own words and if investigated, someone may be able to discern the identity of who was quoted, particularly if the data sets contain references to specific places and persons. Confidentiality may also be breached by deductive disclosure. "Deductive disclosure, also known as internal confidentiality, occurs when the traits of individuals or groups make them identifiable in research reports" (Kaiser, 2009). Other limits of confidentiality include situations in which the researcher, as a possible mandated reporter, must disclose information to authorities if something is learned during the study that warrants reporting, such as the incidence of ongoing abuse, neglect, or maltreatment of a child or older person (Rossman & Rallis, 2017).

Data storage and data security pose another ethical concern. A researcher needs to define how data will be stored, who will have access to data, and how they will be able to access data. Data that is retained in a digital format must be anonymized and password protected or encrypted. Computer files that contain personal or identifiable data should also be password protected or encrypted and only accessed by the researcher or agreed members of the research team. Data should only be shared if

anonymized and care must be taken to only utilize or share data according to the terms of the participants' consent. Hard copies such as interview notes, records, signed forms and consents, transcripts, or video or audio recordings need to be kept securely locked away, such as in a locked filing cabinet. One needs to also consider if anonymized data will be stored separately from personally identifying data. Again, access is an issue. For hard copies stored in a locked facility or cabinet, it is important to decide who specifically will have access to the key and to the data being stored. Plus, one must consider how hard copies will be dealt with in the period between data collection and data storage.

In qualitative research, ownership and proprietorship of data is yet another aspect requiring discrete attention. Consideration should ideally be undertaken on a case by case method. The ownership of data is a complex issue that involves the primary researcher, the sponsoring institution, the potential funding agency, and any participating human subjects. At a minimum and on the most basic level, a researcher must obtain permission to report the stories told by participants and inform those participants of the purposes and uses of their stories at the beginning of the study (Creswell, 2012). A discussion should be had on who will own the data and who can review and edit any written account, narrative, or report that results (Rossman & Rallis, 2017).

The narrative analysis of in-depth interviews undertaken by researchers raises additional ethical concerns. It is important to note that "it is the researcher who ultimately determines what constitutes data, which data arise to relevance, how the final conceptualizations portraying those data will be structured, and which vehicles will be used to disseminate the findings" (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). Thus, understanding that the investigator essentially functions as interpreter of the data derived from participants' stories, those interpretations generate findings that define the interpretive authority or credibility of the researcher which transcend the researcher's artistic license. Moreover, the inherent vulnerability of participants, who may be susceptible to exposure, makes the question of who should control the interpretive process more critical (Josselson, 1996).

Purposive Sampling and Bounding of the Study

Purposive sampling refers to a strategy that seeks to include participants who can help capture the complexity of the social phenomena being explored, rather than assessing the distribution of those

experiences (Rossman & Rallis, 2017). Purposive sampling involves purposefully selecting information-rich cases or individuals and sites that produce a great deal of information relevant to the issues being examined that are central to the purpose of the study. This differs from sampling in quantitative inquiries in that in quantitative research sample units are chosen on the basis of their representativeness of a wider population of units. In qualitative inquiries, the researcher then stratifies the sample in an attempt to gain an understanding of what is normative or typical of people's experiences (Rossman & Rallis, 2017). In order to capture the breadth and depth of a particular experience, thereby enhancing understanding of the phenomena, purposive sampling is used to select participants who have the most direct knowledge of the phenomenon.

Bounding is a process through which the purpose of a study is focused in order to elicit thick, rich data from participants. It is not possible in qualitative research to gather data about all qualities and facets of the phenomenon being studied; therefore, it is essential to bound the study, to specify the setting, participants and context that the researcher will investigate. By limiting and clarifying the scope of a study, the methodological rigor is strengthened (Rossman & Rallis, 2017).

For the purposes of this study, the sample being used consists of two CBCM case managers who are currently or recently employed at a local homeless shelter. This sample was identified using extreme case selection which involves selecting two participants on opposite ends of a phenomenological continuum (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2013)—in this case, resilience. This strategy was chosen in order to gain more thick and rich data regarding the nuances of social workers attempting to cope with providing service to homeless individuals with forensic encumbrances. The intent of this case selection strategy is to see in what ways the experiences of compassion fatigue and burnout are similar and different for those who appear more resilient and those who have experienced more challenge in working with complex cases.

Data Collection and Analysis

Entry

Rossman and Rallis (2017) indicate that pre-entry is a process that occurs over time, involves preparation and reflection of the proposed qualitative research, and precedes entry into the research field.

Pre-entry fieldwork typically includes a review of researcher biases to enhance the methodological rigor of a study; pre-entry also "entails reading, choosing an approach, meeting the gatekeepers, identifying potential obstacles, and negotiating some reciprocity that would be of mutual benefit for all parties" (Rossman & Rallis, 2017, p. 128). Pre-entry is an essential part of the process as it provides an opportunity for the researcher to build rapport with the participants, and sometimes to identify potential gatekeepers. Moreover, a clearly articulated conceptual framework is important for entry as it helps to clarify one's focus and purpose and provides a rationale for research decisions (Rossman & Rallis, 2017).

Entry

In qualitative inquiry, entry is conceptualized as an ongoing process that facilitates the establishment and maintenance of the relationship or rapport between the researcher and participants (Rossman & Rallis, 2017). Moustakas (1994) suggests that researchers must make disciplined and systematic efforts to set aside prejudgments regarding the phenomenon being investigated in order to conduct a study that is devoid of preconceptions, beliefs, and knowledge gained through prior experiences of the phenomenon so that the researcher may approach the study with a methodology that is "open, receptive, and naïve" (p. 22). Researchers must have a well-articulated strategy and purpose, which is essential for entry, because it affects the participants and influences the way in which they will perceive the researcher (Rossman & Rallis, 2017).

Informed consent. Additional fundamental aspects of entry concern the use of a two-part informed consent protocol and immersion. The two-part informed consent protocol is a process of obtaining consent whereby initially the study's purpose and interview process are elucidated to the participant, including the promise of confidentiality and anonymity; consent can be obtained orally if necessary. Secondly, participants will be provided an explanation outlining the nature, purpose, and requirements of the study in detail (Moustakas, 1994), as well as delineating the responsibilities of the primary researcher and their rights (e.g., who to contact with questions and concerns) and the potential risks and benefits of continued participation (Rossman & Rallis, 2017). Participants will be informed of their right to waive or defer on answering questions. Their participation will be voluntary and they maintain the right to withdraw from the study at any time without cause or concern regarding negative

consequences from the researcher or Chaminade University of Honolulu. They may also withdraw their data from the study at any time without cause or concern regarding negative consequences from the researcher or Chaminade University of Honolulu. Thirdly, the participants will be informed about how the data they provide will be secured by the researcher. Use of a two-part or two-step informed consent protocol ensures the maximization of participant comprehension and satisfaction.

It is also important to note that there are limits to confidentiality and anonymity provided by informed consent. Although participant names and identities are changed or withheld, with the permission of participants, direct quotes from the participants are used. It is possible that someone may discern the individual's identity by context clues within those quotes. This may be particularly evident in the proposed study. If I identify the participants of the study as case managers at the homeless shelter, then their identities are most assuredly revealed as there is only one shelter organization in the city and a limited number of case managers working there. Moreover, one of my participants is no longer working for the homeless shelter where I will begin my search for participants. This makes her identity all the more apparent due to her new position, which she may openly identify during the interviews. The fact that she is now employed with Adult Protective Services is pertinent to the study but may contribute to her identification.

Immersion. Immersion involves remaining in the field for a prolonged period of time, as determined by the nature of the phenomenon being studied. It is strongly associated with analytical generalizability. As the researcher interacts with participants over an extended period of time, the researcher gains access to increasing depth and breadth or detail with respect to participants' experiences (Rossman & Rallis, 2017). Immersion involves repeated cycles of data collection and analyses until theoretical saturation is achieved. This study limits my interaction with participants to three interviews and one member check. This may limit the theoretical saturation of the study.

Constant Comparative Method

In qualitative inquiry, constant comparative analysis is a method for analyzing data to identify, refine, and contrast analytic categories. Data collection and analysis inform each other and are conducted systematically in iterative cycles, each of which explores the phenomenon a little more deeply

and enhances the researcher's theoretical sensitivity and immersion (Creswell, 2012; Rossman & Rallis, 2017). A number of strategies enhance the methodological and ethical rigor of a qualitative study, including ongoing entry, documentation of field method and data collection strategies, collaboration with participants, and associate researchers such as debriefers and peer examiners, as well as member checking (Rossman & Rallis, 2017).

Often, following the process of obtaining of appropriate consents, the first major component of the constant comparative method that is undertaken is the collection of data, usually by semi-structured interviews. The constant comparative analysis in this study will end with the final member check, and review of the final informed consent and release of information protocol (Creswell, 2012; Rossman & Rallis, 2017).

Semi-structured interiews. In the semi-structured interview format, the participants maintain their role as experts and are invited to participate through the use of semi-structured interviewing. The semi-structured format will be used to help bound the study while encouraging each participant to increasingly guide the conversation toward what is meaningful about the phenomenon from her own perspective. Three, one to one-and-a-half hour interviews and a member check will be conducted with each participant.

Peer debriefing. A peer debriefer is a peer who provides methodological consultation before, during, and after data collections in the field. The peer debriefer provides backup for the researcher's own internal reflexive process of questioning inferences, exploring alternative plausible hypotheses, and brainstorming methodological refinements meant to address problems encountered in the field (Lincoln & Guba, as cited in Rossman & Rallis, 2017). Peer debriefers also provide the inquirer with an opportunity for catharsis, thereby clearing the mind of ruminations that may be clouding judgment or preventing emergence of sensible next steps. It is the debriefer's role to listen emphatically to these feelings, defuse as many as possible, and assist the inquirer in devising coping strategies (Lincoln & Guba, as cited in Rossman & Rallis, 2017). The peer debriefer is at once devil's advocate and sounding board, a process that supports exploration of inquirer biases, meanings, and interpretations.

Microanalysis. In qualitative inquiries, the process of coding data occurs during data collection so that the researcher can determine what data to collect next (Creswell, 2012). The researcher reviews the transcribed data line-by-line and begins to label or name what he or she thinks may be captured in that piece of data. If a researcher is conducting an ethnographic, phenomenological, or case study, he or she will try to remain close to the actual phraseology of the participants. If, however, the researcher is conducting a grounded theory study, it is helpful to move as rapidly as possible to pre-existing professional constructs and categories while remaining open to those yet to be discovered (Rossman & Rallis, 2017).

In transcendental phenomenological inquiries, data analysis employs three levels: phenomenological reduction, imaginative variation, and synthesis. The first level, phenomenological reduction involves deconstruction of text data into smaller meaning units. In integrated qualitative method, ethnographic terminology is often used, so this process of deconstructing the data is sometimes referred to as open coding (Moustakas, 1994; Rossman & Rallis, 2017). From open coding, the researcher proceeds to imaginative variation and the development of a coding paradigm (Creswell, 2012; Moustakas, 1994). This next level of coding involves clustering of the smaller meaning units into larger categories; and clustering smaller meaning units within categories into subcategories (Moustakas, 1994). In integrated qualitative method, ethnographic terminology is used, so this process is referred to as axial coding (Rossman & Rallis, 2017). The researcher begins by looking at his/her emerging list of open codes and then clustering the ones that seem related on the basis of content or process. The researcher compares each unit of data against others that have already been coded. Through this constant comparing of meaning units, the researcher determines whether each new chunk of data is different enough from others examined to warrant a new label. The researcher attempts to define or describe each axial and subaxial code (Creswell, 2012; Rossman & Rallis, 2017). These are written up as memos in the researcher's field journal.

Process coding is a particular instance of imaginative variation that involves identification of sequences or iterative cycles characterizing a phenomenon (Moustakas, 1994; Rossman & Rallis, 2017). The intent of this process is to capture the essential aspects of the phenomena under study with clarity

and specificity. In that process, the more literal, identifiable, and idiographic components of the story are often removed.

The final process of coding involves selective coding, in which codes representing emergent data units that replicates already identified themes are removed. Interrelated clusters continue to be linked together. Over time, the clusters of categories begin to become nested in higher and higher order categories, and the larger or essential story emerges with greater clarity. In phenomenological method, textual-structural analysis converges toward an understanding of the essence of the phenomenon (Moustakas, 1994). In transcendental phenomenological inquiries, thematic analysis can be used to preserve emic portrayal. In phenomenological method, this process is referred to as synthesis (Rossman & Rallis, 2017). The reconstruction of data continues in this phase. As the researcher moves from open to axial coding, codes are grouped together based on their similarities. These categories are then organized on the basis of the broader conceptualization strategy. The categories may identify stages of an unfolding process, or may describe the emerging challenges faced by a particular participant group (Rossman & Rallis, 2017).

Methodological consultation. To ensure the essential components of the experience are not lost in this process, a crew of debriefers, peer examiners, and participants are enlisted as collaborators. The data analysis approach utilized in a qualitative study must be designed to provide the researcher with a systematic and rigorous means of breaking through the biases and assumptions he or she brings to the research process (Rossman & Rallis, 2017). The peer examiner checks the fit between the data units and codes assigned to them, and also examines the fit between the larger categories and smaller subcategories or meaning units subsumed under these categorical codes. The peer examiner is also tasked with examining whether the coding structure is integrated into a rich, unified sense of the emerging core concept, theme, or meaning of the study (Glesne, 2015).

Constructing the narrative. Writing up the participant's story as a narrative occurs simultaneously with the data analysis process; and gives form to the emerging codes, stimulates the researcher's thoughts, and helps identify new connections. Writing also involves a continual process of organizing and reorganizing the findings of the study (Glesne, 2015). The narrative is written to be more

explanatory, more discursive, and more probing of the assumptions and meanings for individuals in the study; and it describes the interrelationships among categories (Creswell, 2012). The researcher's responsibilities include maintaining fidelity to research respondents and portraying their lives with respect and dignity. The reduction of risks to the research participants is also important in the final narrative. Researchers have a responsibility to the larger community of social scientists and must minimize the harm a study might have on the scientific community by maintaining rigor and conducting research in that context in the future (Glesne, 2015).

Member checking. Once the codes have been back-translated into the essential themes of the human story, the story is shared with participants during the member check. Conducting a member check is the final step in the constant comparative method. Member checking is a process of participant inclusion in the research process whereby participants in a study by asked to review the researcher's work and asked to provide feedback regarding the accuracy of the researcher's portrayal of the participant's experiences of the phenomenon in question (Glesne, 2015). The researcher asks the participant if their story was satisfactorily captured, or if there is anything they would like to retract, add, restate, or change (Rossman & Rallis, 2017). The researcher and participant also discuss information that may be highly sensitive or which may unintentionally reveal the participant's identity.

The degree to which a researcher involves the participant as a consultant varies, but the participant may be involved in design, identification of informants, data collection, data analysis, and write-up (Glesne, 2015). The most common approach to member checking involves asking the participant to review documents and write-ups.

The final member check can be used as a time to thank participants for their collaboration in the study and to seek final release of information. An exit informed consent procedure can be incorporated into the design of the study as a complement to the earlier informed consent (lay summary) that focuses on informing participants about the nature and structure of the study, participants' rights, and the possible risks and benefits of participation (Glesne, 2015). The final informed consent serves as an opportunity to review the initial agreement between the researcher and participants as a release of information. It provides participants with an opportunity to grant informed consent of the researcher for use of the

information shared during the course of the study—especially, now that the participant knows what disclosures he/she has actually made.

Methods of Verification

In qualitative research, methods of verification refer to the strategies that the researcher employs to assess the methodological rigor of a study. Validity in qualitative research refers to the credibility of a study, which delineates how congruent the findings of a study are with participants' realities. Validity also refers to the confirmability of a study; that is, a study must provide assurance that the findings are the result of the experiences and ideas of the participants, rather than the characteristics and the preferences of the researcher (Rossman & Rallis, 2017). Validity is assessed in the following ways: the use of well-established research methods, methodological transparency, purposive sampling, epoché (review of the biases), debriefing, peer debriefing, triangulation, immersion, and member checks (Rossman & Rallis, 2017).

Analytical generalizability, or transferability, involves comparing the results of a case study to a previously developed theory of the phenomenon being studied; this may be more widely applicable beyond the individual case being studied. The researcher is able to make projections about the transferability of findings with respect to theoretical analysis of the phenomenon (Rossman & Rallis, 2017). Analytical generalizability is assessed by examining purposive sampling (the number and diversity of participants taking part in the study, and the bounding and delimitations of the study), the data collection methods employed, immersion (the number and length of data collection sessions, the amount of time the researcher spent in the field collecting the data), and the replication of the study with similar or different bounding and delimitations. In qualitative research, dependability is akin to reliability. Reliability is determined by the extent to which a replicated study will produce comparable findings. This is supported by theoretical saturation. The more thick and rich the data is, the more likely it is that the findings will go beyond the idiographic experiences of the participants and begin to capture aspects of the phenomenon that go beyond current understandings of the phenomenon. Reliability is enhanced by establishment and maintenance of entry as the strength of the rapport one has with participants contributes to increased sharing and greater authenticity. Moreover, reliability is enriched by adherence

to relational ethical principles and effective role management as this heightens the sense of safety and fidelity in a study. These relational aspects of field method enhance analytical generalizability by supporting increased sharing of thick and rich, authentic disclosures by participants.

Analytical generalizability is also enhanced by the documentation of emergent method as this helps the researcher maintain his or her presence and attention to the details of the emergent methodology and findings of the study. This increases the reflexive rigor of the constant comparative analysis process, in particular, and helps the researcher saturate the codes or propositions of the phenomenon emerging in the field data. It also helps other researchers who decide to replicate the study through the provision of added methodological details.

Constant comparative analysis enhances analytical generalizability by challenging the researcher to conceptualize the phenomenon using low-inference descriptors that stay close to the voice of the participants. The inclusion of a peer debriefer and a peer examiner in a qualitative study further enhances analytical generalizability of the study by lending rigor to the constant comparative analysis process. Finally, member checking enhances analytical generalizability by challenging the researcher to stay very close to the language of participants, and, therefore, be able to see the subtle differences between participants' lived experiences.

In this study, I will employ epoché or a rigorous and ongoing review of biases, peer debriefing, peer examination, and member checks. Epoché, or bracketing, refers to the setting aside of identified personal prejudices, assumptions, and biases in the examination of a particular phenomenon in order to obtain data that is less encumbered by one's own interests. It enhances emic accuracy in a study by attempting to reduce the influence of biases and focus more on available qualitative data (Moustakas, 1994; Rossman & Rallis, 2017). Utilizing epoché will help me as researcher to manage pre-existing theoretical, methodological, and personal assumptions about the participant's experiences that may negatively impact or compromise the rigor of a study (Rossman & Rallis, 2017). The review of biases will acknowledge initial biases that the researcher is aware of and discusses how they may impact the study. It will begin prior to entering the field and continue throughout the data collection and analysis processes. The review of biases will be used by the researcher, peer debriefer, and peer examiner to generate

questions that enhance researcher reflexivity relative to areas of potential bias (Rossman & Rallis, 2017). Peer debriefing and peer examination, previously defined, will promote the management of any countertransference and role management issues. Member checking will provide the participants with an opportunity to collaborate with me in verifying the accuracy of the transcripts, emergent hypotheses, and final narrative of the study (Glesne, 2015; Rossman & Rallis, 2017). Participants will be invited to edit data as appropriate, expand or elaborate, change, correct, or delete information as necessary during member checking.

CHAPTER III

EMERGENT FIELD METHOD

[The following chapter includes a discussion of the implementation of the field method proposed in Chapter II. While the approach to the study proposed in Chapter II remains the same, this chapter documents details of how the approach was implemented to better participants' emic experiences.]

Pre-Entry

Review of Biases

A review of biases in a qualitative proposal discusses and documents the theoretical, professional, methodological, and personal biases held by the researcher that may negatively impact or compromise the rigor of a given study (Rossman & Rallis, 2017). A review of biases acknowledges initial biases that the researcher is aware of and discusses how they may impact the study. Throughout the study, they are identified and monitored closely to ensure that the participants' life experiences are captured rather than the assumptions or etic interpretations of the researcher. It is important that the researcher develop an action plan to accomplish this.

In qualitative research, intersubjectivity between researcher and participant is inherent to the study's process (Glesne, 2015; Rossman & Rallis, 2017). The subjectivity of both the researcher and participant impact the structure and outcome of a study. This poses a significant challenge to the phenomenological researcher whose responsibility is to capture the emic experiences of participants. The complexity of the this role relationship between researcher and participant may contribute to some issues such as boundaries, role management, selection bias, over-identification, and exclusion from parts of the field (Rossman & Rallis, 2017). In order to maintain perspective while in the field, it is necessary to employ reflexive strategies to challenge one's biases.

Theoretical biases. In qualitative research, a researcher with a clinical background may have difficulty separating himself from his role as therapist when in the field. In particular, his theoretical orientation, generally based on meaningful events in his life, may inform how he approaches the researcher-participant relationship (Glesne, 2015).

My theoretical orientation is based largely in cognitive-behavioral theory (CBT) but is informed by psychodynamic principles. I have also worked for several years as a social worker and have internalized

the principles and perspectives of that profession. As one of my participants is a social worker who has left the field of case management to pursue an administrative role with Adult Protective Services, my support of empowering ideologies and a strength-based approach likely colored my perceptions of that participant's story, particularly with regard to any feelings of compassion fatigue the participant may have felt in her role as a service provider.

In order to prevent myself from allowing my theoretical and experiential background from impacting my relationship with my participants, information gathering and analyses, I endeavored to remain deliberately cognizant of the fact that each participant's story deserved to be appraised with an open, nonjudgmental mind. I tried to set aside this particular bias and kept in mind that I was not engaging with my participants as a colleague, but rather as a researcher whose goal was to gather as much data about their unique experiences as I could. Additionally, since my primary role in recent years has been that of a therapist, I carefully monitored a pull to engage my participants as a therapist. In an effort to prevent this, I initially tried to limit my interactions with participants to the use of the interview questions I had developed, as well as any probative inquiries that naturally resulted from our conversations. Over time, though, I utilized peer debriefing to supplement this process.

Methodological biases. A researcher with a background or training in quantitative methods or who views research through the positivist paradigm can allow these assumptions to infiltrate the qualitative frame of research he or she is attempting to apply (Glesne, 2015). Since my previous research experience and training adheres to a quantitative or positivist perspective, I did struggle to a limited degree by inadvertently allowing this orientation to impact the qualitative process.

To address this, I observed the tenets of qualitative inquiry closely and carefully to ensure that the qualitative frame remained intact. Moreover, my use of a peer debriefer aided in screening for any resulting conclusions that strayed from the frame.

Role management. This is something that I definitely felt at risk of doing as much of my previous experience has been quantitative in nature. However, this experience did not grossly shape or define my interactions with my participants. I feared that I would have selected biased or leading questions to confirm or disprove primordial hypotheses that took shape in the initial stages of my research, but this did

not prove to be the case. What was essential in this process was the regular use of member checking and the use of a peer examiner.

Methodological drift. When presenting findings, a researcher with deeply ingrained positivist methodological roots may find it difficult to accurately portray participants' authentic viewpoint. With respect to my aforementioned quantitative experience, there did exist a potential threat to the maintenance of the qualitative frame, but this was effectively addressed by regular member checking and peer debriefing.

Personal biases. A researcher's worldview is shaped by his/her experiences and socialization. The researcher's unique background may be divergent from that of participants, which could lead to a misrepresentation of participants' emic perspective if researchers allows their subjectivity to interfere (Glesne, 2015).

My own personal biases regarding the research goals of this study were largely centered around my prior experience as a social worker. It was my belief that social workers should draw firm boundaries between themselves and their clients' experiences in order to prevent burnout or compassion fatigue, and provide optimal service to clients. Part of the impetus for choosing this research topic was that I feared I viewed burnout with some denigration, rather than with sympathy or compassion, and I wanted to better understand this phenomenon through the lives of others.

Throughout the study, I worried that this would be reflected in any conclusions or interpretations I might draw from the material gathered. This motivated me to endeavor to review my own biases regularly and to remain adherent to the constant comparative method.

Actions taken in the field to address biases. During the course of my research, I found it necessary to regularly conduct member checks against the data I acquired. My first participant, Amy, was less concerned about my perceptions of her experiences; however, my second participant, Jessy, expressed strong concerns about being portrayed in a positive light. She described very clear examples of compassion fatigue that she had struggled with in the course of her career, and feared that by disclosing these experiences, she would appear to be ineffective at her job, or at worst, detrimental to her clients. Understanding this conflict Jessy felt was essential in capturing the whole of her experience, but

to do so demanded that I regularly review my own perceptions and interpretations of her story for emic sensitivity and accuracy. Several times during the course of the interviews, Jessy felt compelled to stop the recording to clarify questions being asked of her, rehearse her responses, or review a remark or comment she had just made. At first, I had some difficulty with this, as I would have preferred unedited, spontaneous responses and interactions, but I realized that her attempt to structure her answers and compose a precise portrayal of herself actually communicated a great deal of information about her.

One other bias I encountered was that I found myself inadvertently comparing Jessy's experiences with those of Amy. Amy, who appears by all accounts to be highly resilient, demonstrated highly effective and proficient skills as a social worker. I had trouble preventing myself from unconsciously characterizing her as a superior worker, when in fact Jessy and Amy are just different people and take different approaches to their jobs. In order to address this, I labored to consistently and deliberately remind myself of this point. I reminded myself that neither was better than the other; they simply differed in how they managed and coped with compassion fatigue and burnout, and how they develop and maintain resilience.

Entry

Gatekeepers and Recruitment

I began the process by presenting my research proposal to the Institutional Review Board (IRB) at Chaminade University of Honolulu for review and certification. Once I obtained the necessary approval to conduct my research, I approached the Clinical Director (CD) of a local homeless shelter, who then directed me to the Director of Clinical Administration (DCA), who was the immediate supervisor of the CBCM program (Community Based Case Management). As a former CBCM case manager/social worker with this agency, I was closely acquainted with the CD, however, the individual employed as the DCA was unknown to me, largely because that role was created later out of necessity to better serve the clients in the program sometime after I left my job there. The DCA served as gatekeeper, though in fact I was already acquainted with the individuals that ultimately agreed to participate in my study.

Due to the nature of my sampling strategy (extreme case sampling), I only sought two participants. One of the individuals I had hoped would participate in my study was no longer employed by

the shelter as a case manager, as she left the job to pursue work as an attorney. Though she initially agreed to participate, she later opted out of the study without being required to provide a reason. The next individual I asked to participate readily agreed but preferred the use of the pseudonym "Amy"; she had been employed with the shelter as a case manager/social worker for several years and had a long prior history of employment in the human services field. The last individual I asked to participate in my study was also no longer affiliated with the shelter, though she had previously been employed there as a CBCM case manager/social worker for three years and later served as a program supervisor. She preferred the use of the pseudonym "Jessy" throughout the study.

Informed Consent

The process of explaining and presenting the informed consent was straightforward and unproblematic as both of my participants, by the nature of their profession, were well-versed in the minutiae of the process. I concentrated on providing a comprehensive explication of the phenomenon I was studying and strove to ensure that they understood that capturing their unique experiences was the goal of the study. I remained open to questions throughout the interview process and sought to regularly clarify the parameters of the study and address any concerns that arose. During the interviews, I reiterated the fact that each had the option of refusing to answer any question in full or part, and that each could withdraw at any point without consequence. Both expressed their understanding and approval of the final consent procedure and member check.

Constant Comparative Method

Interview Process

All interviews were arranged by phone/text and the location of the interviews was a decision I left up to the participants. Amy chose to meet at a local fast food restaurant for the first interview, and at a coffee shop for all remaining interviews and meetings. Jessy chose to meet at local restaurants for all interviews and meetings. As my schedule was quite flexible at the time, arranging for a mutually convenient time provided little difficulty. Interviews took place over approximately 10 days, with adequate time intervening between interviews in order to review audio recordings, produce transcriptions, and

develop mini-tour and follow-up questions. Each participant was interviewed a total of three times for roughly one hour each, using a semi-structured format.

I found it necessary to check-in throughout the interview process with Jessy in particular to assess for any unease or anxiety that might be arising. While she did not directly express discomfort at any time, she did identify some concerns during interviews regarding how she was being perceived based on her answers. She preferred to stop the recording regularly to review or rehearse her responses to ensure her perspective was being accurately communicated and captured. She also asked for deeper clarification on several questions before offering an answer. Nearly all of her responses were well-thought out and carefully constructed. I did not encounter the same thing with Amy. She preferred to power through the interviews, but still produced responses that were articulate, eloquent, and comprehensive. One got the clear impression that Amy was an individual who knew herself well and was confident in the image she presented to the outside world.

Debriefing

Following the completion of each interview, I reviewed the audio recording and my notes of the interview to aid in the development of questions to discuss with my debriefer, who was also my committee chair. We discussed at length any emergent themes as well as any biases that may have surfaced. This process proved to be fundamental to the research method as it allowed me to process the data with another person, to appreciate an alternative perspective and evaluation of the emergent findings.

Transcription and Auditing

After each interview was completed, I enlisted the aid of a transcriptionist to produce verbatim transcriptions of the audio recordings. I then audited each transcript to ensure its accuracy. Having the opportunity to review the transcripts of the interviews multiple times helped me to identify themes that may have been emerging in the process, which then helped to inform the development of additional exploratory interview questions aimed at deepening my understanding of participants' experiences of the phenomenon being studied. This process of auditing and review contributed to and strengthened my approach to the coding process.

Coding

My approach to the coding process was to start by broadly identifying one or two core codes related to each interview, and then to move categorically into narrower units. Once I finished auditing each transcription, I generated open codes while developing mini-tour and follow-up questions that would explore, expand, and deepen the breadth of those emergent themes. I then grouped similar codes into clusters, identifying themes and subthemes as they emerged. My goal was to distinguish meaning among the codes that highlighted poignant passages extracted from the interviews. These quotes would comprise significant stories that were central to participants' experiences and which identified thick and rich data illuminating the phenomenon.

I struggled to avoid interpreting their stories and attempted to retain their unique voice in an effort to maintain their emic perspectives. Peer debriefing, peer examination, and member checking helped me to remain experience near to the phenomenology of the participants. What emerged was a literary presentation of the themes, synthesized as they were into a cohesive whole.

Peer Examination

I worked closely with my advisor to discuss the coding process and distill emergent themes into a structured narrative framework. This process involved strategizing to identify a narrative fluency connecting prominent themes and subthemes. My advisor played an essential role in helping me to arrive at unbiased conclusions and to codify each participant's stories into an insightful account revealing intrinsic truths about their experiences and understanding of compassion fatigue, burnout, and resilience.

Generating the Narrative

Once the coding process was complete, I started work on developing a narrative of the participants' experiences. I discovered that this process was made markedly simpler having the codes clustered thematically. Their stories emerged naturally, and as the narrative was being constructed from the codes, which were themselves produced through a rigorous process, it was less of a struggle to remain faithful to the participants' stories and privilege what was meaningful to them.

Member Checking

Final member checks were conducted following the completion of narrative findings. Participants were invited to review the final drafts of transcripts as well as their respective narratives. This process was completed via phone and email.

Amy expressed little interest in reviewing the documents related to her interviews. I ascertained that this was largely because she maintained a strong sense of confidence in her presentation; she knew the story she had told and was comfortable with any resulting perception an outside reader may have of her.

I feared that Jessy would be displeased with the way she was characterized in the narrative, but this did not prove to be the case. She did not view it with any level of skepticism, but rather was able to appreciate the insights drawn from her interviews. She was even able to find some humor in it and assented to the portrayal of her experiences depicted in the study. She was also thankful that the study had been completed in the first place as she found motivation to work towards better self-care and resilience. Jessy identified a few instances in which the information in the study emphasized areas of growth for her. For example, she noted that she had not been aware that she changed jobs every two years as a means of coping with mounting compassion fatigue.

The last stage included a review of the final consent protocol. Each participant was reminded of the parameters of the study and the means of withdrawing any or all information gathered from the interviews. Each participant signed the Final Consent and Release of Information form after acknowledging their understanding of its contents and portents.

CHAPTER IV

NARRATIVE FINDINGS

Through the course of my research, my aim was to capture the emic experience of social workers as they build and cultivate resilience in the face of compassion fatigue and impending burnout, which so often characterizes the work they do.

Amy

[This participant elected to be referred to as "Amy" in the delineation of her story. She will be referred to using this pseudonym throughout the following text.]

Some social workers, like Amy, are resilient such that they are able to resist succumbing to the ravages of compassion fatigue despite the inherent stressors of the job or the risk factors that predispose many to this struggle. Those who are resilient against compassion fatigue and burnout have learned to nurture natural protective factors and to engage in and foster self-care. Over three interviews, Amy described at length her personal philosophy that guides the work she does, informs her counsel, feeds her soul, and buoys her in the darkness.

The Divine Plan

One theme that seemed to characterize all of Amy's personal stories and inform her work ethic is her belief that when it comes to the delivery of services by social workers, there is an integrated, master plan that is itself of divine origin. She does not practice from the perspective of social justice as many in the field do. Rather, she perceives all people as part of a whole that is greater than that which we are typically aware. We are all linked by our common experiences and collective struggles, and whatever we survive, enlightens. Several subthemes emerged from this context.

Everyone is rescuable; everyone can change. Amy sees her life along a spiritual continuum and her work as an extension of her spiritual path. Her connection to clients arises from her own battles with addiction, personal conflicts, trauma experiences, and crises of identity. Amy also sees her work as an integral part of a greater calling. She has long sought to reshape the public perception of *the system* as a whole. Rather than sharing in the common characterization of the system as a bloated, cancerous, inefficient and unfeeling machine, Amy sees it in purely human terms. Amy relates to her clients on a deeply personal level, finding commonality where others might only see an endless series of mistakes,

blunders through a life wrought with pain and suffering. To her, social workers are integral part of a system that is motivated by altruism, though perhaps not purely. Social workers are not the bogeymen who snatch crying children from the arms of doting parents; they are not motivating the courts to terminate parental rights simply because parents have made mistakes nor are they the legal representatives who whisk parolees back to prison for failing a random urinary drug screen. They are simply people who *care*, whose sole job is to attend to the wellbeing and betterment of their client's lives.

> For me, my passion for helping people and my experience in my own life with addiction...Just having a hard life in the beginning, in my own life puts me in their shoes and how it must be. I always say that I always want to help people to make their lives better. I didn't understand legal stuff. I didn't understand social work stuff. And I wanted to. It was always scary to me. To have social workers or CPS come into your life at a young age, and parents getting divorced, and abuse, and molestation, and all of that into my own life, it led me to addiction, which led me to my work, because I want to help people to understand their rights, and understand that the community or social work or human service field is there to help them, not to get them busted, or get them put away or anything. But to utilize that so that they can get out of their situation. Just to help them understand what social work field is all about. It's actually help, but a lot of people think it's the system that makes them...That takes away their children, that forces them to go to treatment.

Amy does not consider what she does as *work*, but as life, a calling. To her, healing is something very spiritual in nature. Service is a profoundly existential communion with the divine and believes that her own experiences, which may be considered traumatic by others, are in fact gifts given to her to help her understand the human condition and the suffering her clients have endured or continue to endure. Her client's victories, though often small and seemingly insignificant, are in fact miraculous.

> Yeah, I had to parent the siblings from age 10. Then even before my mom was home, I was always the mom's little helper. So, for me to help someone, to me, I think it's in my DNA. I feel I'm really good at it, and I have endurance for work, and I'm not afraid of work. I also grew up poor. So, I don't look down on anyone. For me to get out of addiction to me is a miracle. It's a miracle. I feel that if I can do it, anybody can do it… because, you know I also had mental health problems when I was in addiction. You know, I didn't go to jail, but I went in and out of the psych unit, so I know exactly what it feels like to be a client or patient in the psych unit. I know what it's like to be the social worker that visits. So, you know, I can see both in the spectrum, I feel. That was my goal for myself. When I was an addict, when I was in treatment, people like us that's in treatment didn't like counselors that was book smart. They didn't understand addiction. They didn't understand what it's like to be addicted to drugs. So, then I felt that I wanted to be that counselor so that I could understand, and help people understand, or help people to have a easier time to trust someone, because I know exactly what it feels like.

All one needs is deep compassion and an expression of love. Amy does not fear love, as some others might. She does not worry herself with concerns about liability, though she is careful to maintain strong boundaries. She sees the love she can offer clients as transcendent, akin to agape, a

spiritual expression of love through which divine solace and healing flow. Love is limitless, without boundary or confinement. She believes love is a fundamental component of the human condition and thus must be cultivated and nurtured in order to support the healing process. It is a strength many clients overlook or do not realize they possess. Moreover, she posits that divinity is not a fixed concept but one that is uniquely defined by each individual.

> But there's others that don't have responsibilities. All those that don't even have anyone to love. They don't have any family. You know those are the ones that I find most challenging because I just want to love them. Then I tend to enable them or go over boundaries because there's no one loving on them. But I cannot get attached, and I can only demonstrate God's love, and help them to see that this love that I'm demonstrating, or showing or expressing, is not me loving you. It's God loving you. It's the universe, or whatever they believe. So, I find out what their belief system is so that I can hone in to that so that they can commit. Not make other people believe in my higher power, but to reach out so that they can use their higher power, whatever that power is.

For Amy, expressing love for a client that is of spiritual origin does not betray any ethical code because she is not proselytizing, preaching, or converting, but merely strengthening her clients' resolve and self-worth by providing a basic human connection.

> Right. I'm not pushing my religion or my God onto anyone. But to—I guess what they say is attraction more than promotion. The attraction or the formula for my love from my higher power filling me up, overflowing onto other people. And that's what they see. Like "Oh, wonder what makes her..." you know, not bragging or anything like that, but when people see that, when people feel like, somehow, they know it has to be from God. Right? So, they're like, there's nobody who can love you that much. So, for me to conduct myself without preaching on my religion or my spirit or my belief system onto somebody else.

I am a vessel. One prominent theme that is threaded through her story is Amy's assertion that she is a receptacle through which God's will is done. She does not feel she should be credited for any of her successes with clients nor does she feel burdened by any of the problems, worries, or hardships borne by her clients. As a vessel of God, these figurative millstones are lifted up so that hope and healing may flourish.

> But for me to leave all that behind, or to accept that the main goal was not achieved, is doing that little bits at a time. And a lot of it is living it. Like I don't take on their burdens. I give it to God. That's my main solution…I'm not here to save or heal anyone. I'm just here as a vessel to give hope or try to give my best so that person can be served.

Amy even uses this concept as means to measure her own personal growth. If her clients recognize an expression of love as spiritual in origin, and if this promotes positive change, then she has done her job well.

> My personal growth is being aware that I am a vessel. Like being aware that I, for me, if I conduct myself according to what I think God wants me to be, like knowing that awareness and knowing my purpose and my place. That I'm not here to save anyone, I'm not here to take the credit, I'm here just to be the vessel so that I can be helpful so that God's love can work through me. So that other people know that someone loves them. So that other people know that the love that comes from me to you, comes from God. But without me telling them that. You know what I mean?…For me, I don't take on people's problems. Yes, I have a soft heart, and I want to help, and I want to take you home with me, but I'm a vessel. I'm here to help folks in front of me. And if I can give the best help and the best compassion and love, you know, as much as I can without going overboard, to be helpful, then that's, my job is done.

Addiction is Hell. Underscoring the theme that she is a vessel, is another theme describing what she referred to as "the depths of addiction." She referred to this literally as Hell.

> And then addiction, and then I fell into it...I called it Hell. The depths of addiction is Hell. Never thought I would be able to come out of that. I always thought I would probably die an addict.

Moreover, Amy feared spiritual retribution if she failed to escape the "depths of addiction." There was always the possibility that things could get worse, and who knew what was waiting for her beyond this life.

> So back then it was a fear for God, that God's going to punish you, punish you, and you do wrong he'll punish you. And that, I think, saved me. Because if I didn't have that fear that I was going to be punished by God if I did something bad, I probably would have end up way worse, way worse than what I am. No, what I had been.

Surrender is salvation. According to Amy, working with clients who are still struggling with the throes of addiction, who are coping with homelessness, and who may be caught in the tangle of the criminal justice system is not an obligation, but a privilege. Their fight echoes what had once been her fight, and she understands that the reward is not just in getting clean but is in the transcendent gratification that results from getting clean.

> Then finally, when I did get clean, and I learned what surrender, and I learned what God's will is, because I always thought, my will, my strong will to make myself do something, was the will of God. I didn't understand the concept. So, I understand the concept, and I surrendered it to God. Only then that I actually got...I just went all in. I went all in with treatment, as time went on I as I got clean, that respect, that fear, and that gratitude of being taken out of the addiction. And actually fulfilling my life...only then that I could actually fulfill my spiritual need. And so, for me, to understand the depths of Hell is my passion to give to others, or to help others get out of it, the depth of Hell.

Psychological resilience is not a singular, discrete quality one acquires, but is something more complex that develops and evolves over time and incorporates several varying factors. It is more than just being able to cope with hardship and suffering; it is the ability to draw strength from adversity, to grow

from painful experiences, to meet life's challenges with acceptance. The source of Amy's resilience is partly due to her ability to transform the stress, tension, anxiety, and strain imposed by the work she does with clients into a benediction of sorts, one that fosters not only greater resilience, but also enlightenment and self-actualization. Her traumas were not suffered in vain. It is because of her life history that she is able to be so effective as a social worker.

> And because I've been there, and I've done that, and I know exactly what it's like. Some people have worse experiences...some people...you know. But I can understand the obsession of addiction. And that's where I connect with people. And even living poor and living here in Hawai'i, being molested, and sexually abused, being physically abused, mentally abused, then mentally unstable, there's a lot that I can offer to other people. And them...watching them and helping them get through their stuff helps me accept and get through my things too. I get to be helpful. And I don't regret anything. Because everything bad that I went through, is now being used for good. And that's the powerful part of it all.

Amy's connection to her clients is her parallel experiences. While not necessary to becoming a good social worker, it is in this case an asset to her work. She operates under the principle that the spiritual self fuels long-term recovery and drives people with addictive disorders to accomplish their short-term goals. Divinity need not be wholly understood or defined. Even in abstraction it serves to support the individual struggling to get of the Hell of addiction. There is no need for universal agreement on one's spirituality either. It is enough that clients have some semblance of a belief system in place to anchor their recovery.

> So, spirituality so that they can feel the sense of just being, or honing into that power, because we cannot do this on our own—We can't do anything on our own. We have to have a belief system, especially in the depths of addiction, the depth of Hell, of whatever reason or traumatized experience that had caused them to become that low of a human being—and then the spirituality, to center them or to find them, or to even start to build their relationship with their higher power, whatever power, whatever belief system they have. So that they can use that power to help them get out of whatever situation, or use that as a support system, to believe that there is something greater than us. And that, if we take the time to feel it and understand it, or whatever...not quite understand it, and know that, understand that that spiritual sense is there, to help you feel loved. And help you to give you power and endurance and motivation to get done whatever you need to get done.

Spiritual endurance is the key to preventing burnout. Amy discusses having adequate endurance to do the work she does and to prevent succumbing to burnout. For her, endurance is both a blessing and a skill one can hone, refine, and sharpen. The perils of burnout can also be staved off and soothed by engaging in appropriate self-care. The secret to long-lasting resilience is recognizing life's blessings, acknowledging the warning signs of burnout, and being able to serve as an example to those

whom we serve and to those workers who are at risk of developing compassion fatigue. Ultimately, one's spirituality serves as the strongest protective factor.

> I believe it's all spirituality because that's what helps me. And knowing that my purpose in life, and my God-given talent, or endurance—I think my talent is endurance. But not everybody is blessed with endurance. A lot of people give up pretty quickly. And just knowing the signs, and taking...self-care actually. Self-care, and making sure you don't get to that point where you're so fatigued that you just want to quit today and not give in, you know, and just start looking for other places. I mean, it's good that you know what you want, but for me, I don't give up too easily. And I'm glad because I'm not spoiled like that. You know? I was raised with nothing, so everything is a blessing. So if I see everything as a blessing, and not an entitlement. Yes, I do have rights, and I make sure that I respect...that my rights are respected, but if I look at it, if everything's a blessing, then I can be a blessing to other people. And I think that's why I don't...I've been in this for 15 years. I'm not even close to burn-out. I love my job, and I would even do this for free.

Love is not a boundary problem. Love is not a bad word, but it can be taboo among professionals when working with vulnerable populations. Love is complex and it is an important part of the recovery process and building resilience and, therefore, an important part of the job. Amy perceives love as a force capable of lifting people out of darkness rather than being something unprofessional and consequently to be avoided. The common fear is that love will cloud one's clinical judgment and blur boundaries that have been established to protect both client and social worker. However, the rationale for expressing love, even spiritual love, to a client is that this simple act may be among the first times a client has felt loved or a sense of importance. This may be the vital component regarding the overall support a client receives, which may in turn make the difference between successfully achieving one's recovery goals or ultimately yielding to relapse. More importantly, it can promote a client's independence and give them the fortitude to live life on their own, without the regular support of a case manager.

> So, I think it's both parents and the child, or the person, the client, that needs to learn how to not be so codependent but be independent. But yet feel loved and connected. So that is a work in progress….And I have known a lot of clinicians throughout these 15 years that I've been in this field, all say I have a boundary problem. And it's only recently, since…this past four years. Some people do say, "Amy, you do too much," but I feel that my boundary, I think it's okay. And sometimes...it depends...because I'm not going to say it's excellent, because I do do too much. But I feel that I'm giving my best, giving my best to a person without having them go co-dependent on me….My goal is to make them independent on their own and help them believe that they can do it, and that they are loved and that they are worth it, and that they belong. You have a right to be here.

Amy also employs a kind of allegory to her own life as both a metric against which she measures all of her actions and as an aspirational goal she strives toward. As expected, this allegory is spiritual in nature and establishes the concept of an ideal self, which she attempts to embody daily. She is not

aiming for perfection, however; she has no intention of equating perfection with wholeness, and the goal is really to be able to fully realize one's own self.

> So there's a picture some agencies use, we're all holding hands, we're all angels. To me I feel that we're all angels around the globe, taking care of so many different people, all people. Just helping them and guiding them, like an angel….And that's how I feel. But I'm an angel in—to me, like being on earth and being a human is practice for being an angel. If I can't do it here, what makes you think I can do it in heaven? So, I try to live that to my full potential, as much as possible as I spiritually could. And it doesn't mean I don't sin. I mean, I do bad things. I sometimes get pissed off, I snap at people, I honk my horn at the car who just cut me off….I'm never going to be perfect, but I can be the best I can be today.

Aloha is the Heart of Service

The concept of *aloha* is a complex one. It has many layers of meaning beyond its use as a greeting or farewell. It is literally translated as *the presence of breath*, with *breath* assuming divine qualities; it is often likened to *the breath of life*. Beyond this literal definition, however, it is used to refer to love, peace, mercy, compassion, mutual respect and affection, maintaining harmonious relationships with the land and people of Hawai'i, and much more than can be explicated in this text. To possess the spirit of aloha is to sincerely possess all of these qualities without expecting any obligation in return. *To live aloha* is to embrace all that it encompasses. Amy endeavors to live aloha in her daily life and in her work.

Amy's responsibility, as she sees it, is to nourish her clients with hope and to act as a gateway to access services. It is her job to provide a connection to a client's higher power so the person feels they are worthy of transformation and change. She also sees the remedy for burnout as knowing what one's purpose is; one must make a commitment to God's plan, and things will fall into place. Amy sees her role as a selfless process, needing to help people to seek reconnection with their maker to understand the bigger plan. What Amy strives for is to help her clients see themselves through the eyes of God versus their previous views, which were often marked by abuse, neglect, and other traumas. She has lived the life she did so that she could better serve her clients.

Clients have inherent value and deserve respect. Compassion fatigue is a slow growing malignance. It corrupts the interactions between social worker and client and prevents growth and positive change. The relationship becomes ineffective, and both parties suffer. In Amy's experience, clients are typically aware that something is amiss, even if they do not fully understand the process that led to the breakdown or the phenomenon of compassion fatigue.

> The risk factor [for developing compassion fatigue] is you take your frustration out on your clients, and you're not giving....You know, for me, if I'm serving a client and they can sense my frustration or I give them attitude, it affects them…'cause they're the one who's looking for help. And if I'm unable to provide that help, or if I'm transferring my feelings or my beliefs or my frustration onto my client, what good am I? Why am I doing this?...There's something that needs to change, because our clients that we serve does not deserve that. They deserve the best service we can provide. But if we're irritated and we're overloaded and, you know. And then we take it out on them; sometimes, some of us, we don't realize...that we're brushing off the client. Client can sense that, anybody can. They can sense you're brushing them off, or you're forgetful, or you're this, or that, you know?

Amy is not herself immune to the pitfalls of compassion fatigue. The job she faces is challenging and at times overwhelming. Her strategy is to always maintain awareness of her own limits, to prioritize tasks, and to focus on today only.

> Yes, the client is just one person. They only have to think about one case manager, but the one case manager has to think about 30-40 other people, and sometimes it's hard. It gets hard to juggle. For me, it's setting priorities, which is hard because sometimes you have to determine what is more important, 'cause all clients are equally important. It's just that some needs are greater than the other ones are. Not saying that "put this one on the back burner" but sometimes that's what happens. Even myself, as spiritual as I can be, I get, you know, I get overloaded. I get overwhelmed….But, I can only do what I can do today.

Preventing burnout lies in balancing existential responsibilities with one's own faith. Amy functions on what can be considered an existential philosophy, despite her distinctly Christian beliefs. For her, the particulars about one's beliefs regarding divinity are less important than actually having a strong spiritual self that encourages one to ask life's deeper questions, as she does. Moreover, she acknowledges the basic value and worthiness of all people and their inherent charge to conduct themselves in a positive manner.

> Yeah, so some people don't like the word "higher power" or "God" or "spiritual connection," so your own soul, right, or you know, the voice in your head or what do you call that? Conscious, the subconscious. Yeah? It's all a spiritual connection somehow, if you think about it. Well, for me, that's my belief. And it's the good spirit that's within you. I believe we're all born spiritually. I believe we're human beings, I believe we're spiritual beings living human lives. So we all come from some kind of spirituality, whatever that may be for anyone 'cause we're all born good.

God does not have to be understood in precise, unambiguous terms, nor defined explicitly. It is enough to acknowledge the *possibility* of a higher power in order to be the recipient of transcendent succor. She intimates that a kind of pervasive anxiety regarding any conversation of God and spirituality has infiltrated collective mores and conventions such that the mere mention of it is a threat to the fabric of

our society; yet there remains value in having that discussion. We do not necessarily have to agree on any outcome.

> There's a lot of things that they're taking the word "God" out of. Like in Narcotics Anonymous and Alcoholics Anonymous, they still use the word "God" but it's taught...so that people don't feel like they all have to worship one belief of God, that everybody has a choice of their own belief of God. Even if it's to—you can feel a spiritual connection. I mean, even the agnostic people. They know, they believe in the universe. So we all know there's something, there's some kind of higher power. We just don't understand what it is.

Another element that exemplifies Amy's outlook on social work and life in general is the perception of universal interconnectedness. The social connection between people impacts all aspects of an individual's persona.

> Relationships, you know everything is intertwined and it also affects your health, because your mental health is unbalanced. And now you're worried about certain things and now it's affecting your health. So…mind, body, and soul—I fully believe it's all connected.

Amy draws on her spirituality, which is a fully integrated component of her personality, work ethic, and perspective on life, to support her resilience. There is no specific time set aside for prayer per se; rather she engages in near-constant communion with God, sometimes on a subconscious level. This informs her practice, her level of emotional and psychological engagement, and her means of coping; but it also aids in limit-setting.

> I always say, "Your grace upon this matter" or "Your will be done," 'cause sometimes my thinking, it just keeps going. And then I think I'm doing the best I can by thinking of a solution, but when I get too cluttered it takes me too long to figure something out, I'm not centered. So, every day, I have to pray for me to be centered. You know, you guide me, your will be done, you know, there's a lot of things, not a lot, but certain things that I pray for every day.

Clients are always where they need to be. Despite the dictums of the transtheoretical model, the process of change is nonlinear, multifaceted, and distinctly idiosyncratic. One cannot approach all clients in the same manner nor is there a universal intervention that can be applied to all clients en masse. Social workers must develop individualized treatment plans that highlight a client's unique strengths. Additionally, part of the work that goes into helping a client is normalizing treatment options for them and helping them to accept and appreciate that recovery is not often a solitary journey. It is peopled with clinicians of all sorts, family members, friends, and others comprising an individual's primary support network, and social workers. Lastly, clients determine whether or not spirituality is component of treatment.

> I don't know how anyone can handle trauma all by themselves. You know? Even people with, you know, sometimes if you have trauma having the extra help from another person or another human being like a therapist, a psychiatrist, something. You know, adding those things in. To me it tells me that I cannot do this on my own. It already tells me, I can't do this on my own, I do need help. And sometimes people don't have the sense of God in their life. And so I have to say "well, it's okay that you can't do this on your own. It's okay to go see a therapist, it's okay to take medication. It may not be forever, but it may help for you right now. If you don't like it, you can always—well, at least try it. Because right now you seem to need a little extra help from someplace, from somewhere"—if not spirituality. 'Cause some of them don't have that…and I cannot say, "You would have an easier time if you strengthen [your connection to] God."

Crisis is an opportunity rather than a curse. Most clients do not achieve a sense of stability or recovery the first time around. It is seldom, if ever, an easy course to follow. Many will cycle through the system again and again before getting it right, enduring addiction, hospitalization, incarceration, and homelessness. Clients will interact with numerous agencies and their representatives, and it is a challenge to all involved to resist becoming jaded and cynical. Ultimately, no matter the level of support clients receive, they must ultimately do the work of recovery themselves.

> So, I have this one client. I placed him in three different places, I mean. It's like, I plead with the higher ups, you know? Like "He's willing! Let him try again" 'cause the other case manager already asked this and the answer was no. So I had to go because everyone's head is busy, so I had to remind people who is this person that we're talking about 'cause a lot of times they're just names—names and facts on paper. And so I run to the boss I said, "This is the kid. This is a young man, he's only 19 years old. He's been through the..." and you know, I have to explain the story. I don't want to give up on him just yet. Give me one more chance. You know, I know if I put him at the shelter, he's not going to make it, 'cause we tried that. I say, "Let's give it one more..." "Yeah, but the last time he got kicked out of treatment, right?" Every situation is different. Like, do I want to go the extra mile for this person? Or do I just wait 'til he's ready? So I try not to push too much, 'cause it is, you know, it is a lot of people. But the client knows that you're supportive and you're willing to do the work, he got to be willing to do the work too.

There is divine purpose beyond suffering. Amy often encourages her clients to give of themselves to others when possible as part of their recovery process. This fosters human connection, which can combat depression and other symptoms of mental illness. Happiness is not something one receives unbidden or without effort. It is the product of creativity, of altruism and selflessness, and of life satisfaction. It is developed through the nurturing of one's positive well-being to achieve genuine contentment. In her view, one can choose to sit in darkness or turn on the light and find illumination.

> You know, tell yourself you love yourself. It could be little things, it could be making somebody else smile. It could be helping out the next person, take yourself out of yourself for a little while. Don't even focus on yourself for a little bit, 'cause it's making you depressed. Go make somebody else happy. Not meaning to go sex-free or anything, but just be around someone who is positive. Or helping someone who's more depressed than you. Just be present, listen to somebody else.

Amy has an indefatigable faith in the human spirit and unflagging determination that it is possible to overcome any hardship, obstacle, or problem life has thrown at a person; all one needs is the right support at the right time. She provides reliable, steadfast, and unfaltering service and dedication to help her clients meet their goals, despite sometimes overwhelming adversity. The rewards are simple, but authentic and indisputable. When a client demonstrates positive, lasting change, she is fulfilled.

> And there's some people, they just aimlessly walk around. Just don't feel nothing. Defeated, completely defeated. Some of them, mental health actually saved them because they don't realize the level of their condition, they don't realize how much time has passed, there's a lot of things they don't really—...So sometimes I think mental health saves them. For those that's aware of everything, that are so depressed and so defeated, it's hard to get out of that. But little bits at a time, and someone has shown that they're willing to help or willing to go the extra mile to help your situation. But bottom line, they have to be willing. But every day you go, "Hey, how you doing Mr. So-and-so, did you eat breakfast today?" Little things. Little bits at a time. It means a lot….And then one day they want to say, "Oh yeah, she doesn't want nothing. She knew me for how many months already? She don't want nothing. She's not here to ask for anything, you know. She actually really want to help me." And then they'll come around. They do. And that's a joy for me, to see that. Even if it takes months.

Jessy

[This participant elected to be referred to as "Jessy" in the delineation of her story. She will be referred to using this pseudonym throughout the following text.]

Many social workers, like Jessy, have struggled with compassion fatigue and burnout at some point in their careers. It can be difficult to combat the overwhelming emotional, physical, and mental exhaustion that often plagues social workers and those in other helping professions. Resilience can be challenging to maintain as it is worn down or chipped away by adverse work experiences; these experiences are emotionally draining and leave one unable to meet the demands inherent in the job that social workers do. Over the course of three interviews, Jessy spoke about the risks that predispose one to compassion fatigue or burnout, the challenges of balancing work stress with self-care, the development of personal resilience, and the task of finding meaning in daily work experiences.

Low Resilience Can Lead to Cynicism and Distrust

One major theme that can be discerned from Jessy's interviews focused on how an inadequate level of resilience, or poorly developed resilience, can contribute strongly to the development of compassion fatigue and ultimately lead to burnout. While working with homeless, forensically

encumbered clients, one can slowly, surreptitiously, become increasingly cynical over time, and when this happens service delivery is marked by feelings of distrust, doubt, and often suspicion.

Empathy wanes in the wake of change-resistance. Many clients are by reason of their mental illness, homeless status, addiction, or criminality are relatively resistant to change and intervention. They may not have the capacity to understand why a social worker or case manager is involved in their lives, they may not desire help when it is offered, or they may be unable to appropriately accept help from an outside party. A worker's natural response may be to become frustrated, to give up, or to feel burdened by their suffering and their problems. The worker may unconsciously blame the client for their own suffering and problems and may also blame the client for adding undue stress to their job. Workers dealing with burgeoning compassion fatigue may find that the job itself is impacting their overall attitude and is taking a toll on their well-being.

> [Working with homeless and forensically encumbered clients over time—] it kind of gets you burnt out in some ways, you know. I think towards the end for me when I left being a case manager and took the management role, with my clients, I started not to have as much empathy for them. I used to feel like they're always making the same mistakes over and over again. Nothing I do, nothing that we implement is going to change that behavior. So even when I see people panhandling, some of our clients do that. You know, I think to myself, "I work hard for that money. Why would I be giving you my money? I would rather just give you a business card so you can get the services that you need that's free and available." So, my mindset of trying to work with them and feel that same sense of compassion towards them, it's kind of difficult. I don't know, I just feel like sometimes some of our forensically encumbered clients would have a sense of entitlement, like we belong finding them housing, it's our job to make sure that they get rides to their PO's office. So that was sometimes a struggle in a sense when you're dealing with somebody who's mentally ill who doesn't want your help, doesn't clearly understand the concept of why we're trying to help.

Although some clients are naturally receptive to intervention, appreciate any help they are offered, and try to work together toward positive change, a few "difficult" clients can sour the bunch and foster compassion fatigue. It can be hard to remain focused on individuating intervention strategies for each client and continue to be positively-oriented when a few of them defy any approaches to change and all effort on their behalf to improve their quality of life.

> And homeless people sometimes they don't want the help too, so that's kind of what you're dealing with. So, it impacts you over the time in the sense where, that you don't feel as invested I guess in your work, because you think that they're all the same. Because you have a bunch of bad apples in one concept, you tend to think they're all that way. But then you have a really good client who is legally encumbered who follows through with their POs, and you don't have to keep going to court for them. It changes your perspective on things that you don't kind of loop everybody in one hole. But honestly, you get more difficult legally encumbered homeless people

> than you would clients who are actively able to manage their own care, you know, and do what they're supposed to do. Yeah?

The consequence of compassion fatigue can be poor health. There are quite a number of negative effects that can result from the development of compassion fatigue, including mental and physical exhaustion, loss of pleasure in life, emotional dysregulation, feelings of hopelessness or powerlessness, frequent complaints about work, clients, or one's own life, substance abuse, overeating, and poor self-care. Often, one is unaware that they are attending to their physical health poorly until something goes wrong or a problem arises. One may not associate these issues with growing compassion fatigue in the workplace, and so an appropriate solution may prove evasive. For Jessy, the physical symptoms she experienced were ambiguous in nature, but they still slowly reduced her ability to empathize with clients.

> I think about six months ago, my physical—I guess, I think there's a lot of things catching up….So, you know, it was really feeling that pressure of not getting much support. And it kind of, and I think all of my, I started having physical problems where, you know, I was feeling very exhausted every time I went home. I had an incident where I was having dinner, and I guess I just fainted. I think that's what happened. And basically, I told myself you're not busy enough. I'm not going to allow this job to affect me physically and mentally, which it was. And in that sense, my mind had that attitude of, "Oh well. I can only do so much, and, I mean, I can't help all the clients." So, my mind went into this mode where I can only do so much, and if I don't get this investigation out today, okay I don't. You know what I mean? I don't know how much more to explain it. But I just felt that I was super burnt out. In terms of compassion fatigue, I would get very, what is that called, I don't want to say curt, but a bit impatient with my callers in a sense. Where they can talk for a couple hours long, and I'm just kind of like, "What's the harm here? Why are you even calling our office? You're just kind of wasting our time."

Jessy does, however, have insight into her situation and her struggle with compassion fatigue. She can see how it impacted service delivery, how it affected day to day tasks, which accumulated and characterize her overall approach to the job.

> I just—it was not being able to empathize but also lacking that compassion….I tried to move on because the volume was so much that if I spent an hour on this one thing that wouldn't lead anywhere, it wouldn't become an investigation, then that means I was even more behind on my work, because I'm still getting all these other reports. So, it's just trying to manage, and see what's the crisis and what's valid, what's not. I mean when we become very overwhelmed, we tend to cut short on things too. Maybe I would put more in my report if I didn't have 20 backed up intakes. Maybe I would put a little more effort in this. Maybe I would ask my clients a little bit more about, or my callers, to give me a little bit more information that could possibly meet that criteria, not just kind of take it as face value, you know, dig a little bit deeper if we had that time.

For some clients, intervention is futile. The following example Jessy cited is illustrative of her intense struggle with compassion fatigue and the unspoken assertion that arose from the experience

suggesting certain clients will not improve, despite the surfeit of assistance some clients receive. For Jessy, working with a client with a treatment-refractory mental illness seemed fruitless and appeared to lead to nothing more than the client's continued suffering and the exhaustion of her own personal resources that would have protected her against compassion fatigue.

> Right before, I was planning to leave [the organization where I was working] before they promoted me. I was on burnout mode and I think everybody knew that. Basically, I think I could almost break down crying on this case, because I think she was borderline personality, if I'm not mistaken. Very childlike and very young. I think she was about 18, no more than 20 years old. So, when you're dealing with somebody with a borderline personality with suicidal tendencies, you know, you really have to provide a lot of supervision. So, for her, she would do self-inflicting, she would do a lot of self-harm. Or she would rub at her skin a lot and then it would cause her arm to bleed. So, it was a lot of attention-seeking, you know, coming to our office without an appointment, talk your ear off, and so this would happen constantly since getting her assigned. And I think with all the other clients that I had, you know, having to deal with just one client that would utilize all of my time, it really started to burn me out in a sense where I was considering not working in the field anymore, just because I felt like, oh and another thing was is she's always in crisis….Nothing changed with her. And I don't know, and I think just seeing that, there wasn't much changes or nothing that I could do, it just really kind of broken my spirit to think, "Oh what else can I do?" And it was just I think her neediness to kind of, her expectation is you have to help me in some way….It was just very tedious work, and she took a lot of my time.

Social Work Through the Lens of Collectivism

One important major theme to highlight is that Jessy identifies as Native Hawaiian. This becomes important when one considers the nature of self-care because as a concept self-care is interpreted differently by Native Hawaiians; this is because Native Hawaiian culture can be considered *collectivistic*, which emphasizes the value and needs of the group over those of the individual. In collectivistic culture, family and work take precedence over one's own wants and needs.

Self-care is a family affair. For Jessy, she initially had difficulty identifying and employing self-care strategies that focused on her own needs. For her, any attention to her own needs was preceded by her responsibilities and duties to her family, and self-care involved incorporating the family. Strengthening family bonds and building on those relationships is important to Jessy because her family represents her primary support network.

> You know my boss, Jerry, he's always asking me this. A lot of times I would say, unconsciously I would say, "Oh yeah I would take so and so to the beach, my nephew, or I would go to dinner and blah blah blah." But he's like, "No, no, no. What do you do for yourself?" So that was a struggle with me because when I think of self-care, I think of cleaning my mom's yard. I think of taking my nephews to cut their hair. It's all for other people versus just myself.

This is not meant to imply, however, that Jessy viewed this strategy as the healthiest one for her and, ultimately, she made a concerted effort to discover what she could do in her own life for herself that would help to mitigate the stressors of her job.

> Normally people say I give myself a pedicure, go on a trip, but my when I thought about self-care, it was always about what can I do for my family? You know? And I don't know why it brought me more comfort, but actually nowadays it gives me so much more stress. So, I don't know, my husband and I, we started going back to church. So, I think that's really helped me kind of get a little more fellowship going with the people that I knew when I was young, so that's really opened my eyes and yeah. Cut my hair, but I do that every, what, six months? So, I don't know how much good self-care that is, but I've been trying to do a lot more traveling….We took my mom the last time we went to Maui. So, my husband said, "You know this time it's just going to be us. We're going to focus on me and you."

For Jessy, self-care needed to be somewhat structured; she needed to have a plan, a formal idea of what she intended to do and how she was going to do it. She prefers coordinated activities to spontaneity and uses these activities as a means to alleviate the tension, pressure, and worry that accrues over time.

> So, I think for me when I see self-care, I plan it, and then it's more futuristic things. I kind of plan my self-care. I don't know if that's self-care or not, but, you know, that's the only way I can think my mind mentally….I'm less stressed if I'm planning things out. I'm probably stressed when I'm planning it, but once I've done the planning, and the anticipation is there, that's kind of how I relax.

The notion of planning out self-care activities is fine, until work unpleasantly intervenes. The end-result is typically that Jessy avoids planning things altogether by refusing to select specific dates for her planned out self-care activities. The danger, then, is that she is at greater risk of developing compassion fatigue when her self-care strategy fails.

> Yeah, so some of the challenges of planned out self-care is that I will never pick a date. You know, I'll never, I'll say things, but something comes up. So, for example, If I got a planned day off….No, actually I've found myself, for example, I've had doctor's appointment at 1:30, I normally take off at 1:00, but if I get an investigation that comes in at 12:00, I'm staying until 1:15. I'm working through lunch, I'm working through what I have to, just to get that case out. As much as I can have things scheduled, sometimes my job takes precedence of it. Yeah, and I tend to not really focus on me. So even though, that's the problem with planning is—although you plan things, they might not necessarily work out the way you want it because your work takes precedence over it.

Even when Jessy has standing reservations with friends to have dinner monthly, she experiences what she defines as burnout-related exhaustion and is thus often unable to keep those plans.

> I do try to have lunch, I mean dinner with my friends monthly. Almost 10 years ago, the friends that I met then....So, I schedule that obviously, about a month in advance. At our next dinner,

> which is going to be Thursday, we always plan the next month over. When I'm truly burnt out at work, I find excuses why I can't make that. Although we planned it out a month ahead, I'm like, "Oh you know, but I'm so exhausted." I don't even feel like a dinner or driving far, you know, just to meet my friends.

The dynamics of collectivistic culture evolve. American society tends to be distinctly more individualistic than that of Native Hawaiian culture. For Jessy, it became important to establish firmer boundaries with her family, particularly with her mother, as a means of maintaining and implementing self-care strategies. She recognized that in order to meet her own needs and address the indicators of compassion fatigue she was experiencing, she needed to establish her own psychological space within the family. The challenge she encountered was trying not to compromise the existing relationships while being true to herself as an individual, with unique needs, wants, and desires.

> So, we were raised in the sense where we did everything as a family. We traveled as a family, and we wouldn't travel much, but, you know, so when I was in high school, my sister….I started as a freshman, my sister was a sophomore, but I wanted to join a club, a Hawaiian club. Anyways, they would go on trips. My sister had to be in that club in order for me to go. So, we were always doing things together as a family, so it was very family-oriented that I haven't seem to lose that as I grew older. I just try to kind of enhance it now. But I think that's why family time is very important, and yeah….Sometimes but sometimes they can be the issue too. And I think when I get stressed out by things, say that my mom did or didn't do, now I just tend to know what my limitations are. Instead of I get so upset about things that's not coming out the way it should be, I just say, "Oh you know what," as I'm talking to my mom I just tell her, "You know, I need some time. I'll give you a call later on." And I just tell her when I'll be calling, but that's my space so I don't get so upset in that certain situation. Yeah, you love them, but at the same time you need that separation. As long as you have good boundaries I think, then that's okay. If not, it just becomes really hard.

Working with the Native Hawaiian community requires careful treatment and measured respect. Jessy's steadfast family relationship and ardent connection to her Native Hawaiian heritage is illustrative of a deeper, widespread phenomenon. Native Hawaiians have a profound respect for their culture and heritage, and this cannot be understated or undervalued when providing direct services to the community or to an individual who identifies to any degree as Native Hawaiian. The family system is fundamentally important and must be considered when developing intervention strategies for members of this community. Most individuals in this community have a deep and abiding regard for the cultural values shared amongst them. Moreover, as Jessy alludes to in her interview, members of the Native Hawaiian community are more often than most victims of social and economic injustice; they are more likely to have housing problems or issues with homelessness, more likely to have problems with

substance abuse and co-occurring mental illness, and they are overrepresented in Hawaii's jails and prisons. As Jessy told her story, she disclosed that her family had suffered in much the same way as many others in the community, and that this informed both her empathic response and her service delivery. It also reinforced her overall commitment to her culture and people.

> To me I feel like I have a strong Hawaiian culture. What we bring to the table is a lot of family-oriented environment, so it teaches me a lot of empathy in terms of my family; you know, they struggled a lot with some social, economic, substance abuse issues, housing. So, it makes me empathize with them a little bit more. When I'm actually doing the work to help other people, you know, I look at it as there're certain disadvantages. How does this experience impact my service delivery? It just makes me more—I'm trying to look for that correct word—It just makes me feel more, like indebted to that community, to try to help them more, I mean, understanding kind of what some cultural values of mine are. It basically impacts me to—it forces me to actually try to do more for my culture.

Jessy emphasized the supportive involvement of clients' families in the recovery process. Unlike an individualistic approach that might focus more on learning adaptive coping skills and on unique personal strategies to address various problems, her belief was that strong familial involvement and support was necessary to good outcomes. She noted that this seemed particularly essential when working with clients with severe and persistent mental illnesses or serious mental illnesses (SPMI/SMI) because their needs transcended what might be available in a typical approach. A family's direct involvement in the recovery process could supplement the typical resources offered by existing programs, making an immeasurable difference in clients' lives and treatment outcomes.

> Yeah, I definitely feel like family involvement is helpful, most of the time. You know, I always try to encourage family members to educate themselves about their son or daughter's, family member's needs. I think that's the key, sometimes when you have SPMI, it's really difficult for some families who's definitely not aware of what it is and why it's happening. So, the more engaged they are, the more support the client gets; so, I truly believe that that helps a lot.

The Moments that Make the Job Meaningful

Another major theme that appears in Jessy's narrative concerns meaning-making on a basic level. It is important for Jessy that she identify those moments in her job that can be considered meaningful, moments that are evocative of the significant and consequential in life, so that she is able to acknowledge the value of the work she does on a daily basis.

No circumstance is so dire as to be inescapable. Jessy shared a story about housing her first client. She described the inspiring "hopefulness" the client experienced upon being housed and the

positive impact it had on the client's life in general. She related how getting housed helped this client to overcome other hardships in her life and being a part of that process was uplifting for Jessy, bolstering her resolve as a social worker and encouraging her to continue on her current path. As she stated before telling this story, "It's the successes that I look at that really define the work that I do." Despite its dark beginnings, this client's story illustrates what is possible when client and worker are able to labor together in unity toward established goals and long-lasting stability.

> I'm just thinking about this one client; I mean she really, she really touched me and still stays with me today because of her story. I guess in a nutshell… she [had] tried to take her mother's life and then her own, but that didn't happen because by the time she tried to take her mother's life, she kind of stopped when she saw blood, and then she called her sister and her sister ended up calling the police. [Her] mother was taken to the hospital. She was taken to [an inpatient behavioral health psychiatric unit]. From [there], she went into [the correctional system where she stayed for] 18 months. By the time she comes out, mother's dead. Sister wants nothing to do with her, and she had absolutely no other family. You know…So, the outcome of this was she was able to get housed. She was able to complete probation. She has section 8. She goes to the clubhouse regularly. She volunteers. So, it's those type of success stories that really remind me that the work that we do is important, and how as much as it can be stressful to work with these type of individuals, it also takes a certain individual to work with them. You know?

Jessy recognizes that small successes are in fact big victories, and it is important to celebrate those wins. Reaching one's goals, no matter their size or import, is a remarkable triumph for clients and their workers. Engaging in the practice observing and commending those wins is one means of strengthening one's resilience. It helps one to avoid dwelling on the moments when we are less than successful, as that can lead one on the path to burnout. It is important to remain optimistic in the face of adversity so that clients do not become discouraged and give up before allowing interventions to work.

> So, from them I gain a sense of completion and a sense of trying to help them obtain their goals. And it's not small goals. Getting off probation, a five-year probation, is a lot. Finding housing, keeping a job, taking your medications regularly, keeping appointments. So, yeah, this is just a sense of accomplishment working with these type of individuals. At least when they're successful. And if they're not successful, then at least there's something we can draw off of it and think, "Okay, so how do I change that? What can I do with my next client that has the same issues?" So, you go through some of the struggles, but at the same time, you're learning how to do things differently.

Work culture and the meaningful contributions of staff. The workplace environment and the culture therein that is promulgated throughout an agency have a direct impact on the quality and nature of service delivery. Jessy talked about the supportive and healthy workplace environment established by her employer, explaining that much of its success as an agency could be attributed to their employees,

who she thought approach their jobs with a combined sense of altruism and personal commitment. She said that loyalty and dedication were high there and most employees, including upper management, were more than willing to go above and beyond their duties to support and assist clients. This attitude acted as a strong motivator for the employees who work daily providing direct services to clients. She noted that as a nonprofit organization, the agency had more flexibility than a government agency, so was able to provide more diverse services to clients. Jessy made the point that this cultural attitude not only made the work they did meaningful, but also went a long way to building and supporting resilience.

> So meaningful work is—I had great co-workers, great staff, whereas…as a supervisor, I would look at what their strengths were. Not, not what—I would mostly focus on strengths….So, we would kind of work together in that to just get the work done, and that really showed me, at least at [this inpatient behavioral health psychiatric unit], that from upper management, all the way down, everybody was pitching in to help. When I'm going out with my staff and we're doing Point in Time, and everybody's there although they have busy school schedules, work schedules, life schedules, you know, everybody tends to just pitch in and come forward to kind of help the situation. But I could find a lot more meaningful things working at a nonprofit, and especially [at this inpatient behavioral health psychiatric unit] where everybody wants to—seem to help you. Outreach team wants to help you find your client. So, we have a huge extension where our clients can go to the shelter. Our clients, if they're out in the community can get help from outreach. So, it's that kind of thing that makes it meaningful. And when you're struggling with one client, you have another case manager willing to pitch in and help you, you know, and that's pretty much what to me makes work meaningful is when you have that support, and you have that good foundation.

True, lasting change is small, incremental, and occurs slowly. This subtheme describes the meaningful nature of working with clients with SPMI/SMI. This subtheme is also self-descriptive. With regard to the recovery process, real, permanent change does not occur quickly or overnight, but is slow to manifest and tends to be in small, seemingly insignificant accruals. Change requires regular, consistent reinforcement to encourage new, healthier behaviors and patterns of thought, as well as more stable emotional states. Recovery can be measured by the changes an individual makes that appear stable and reliable; often, these changes present gradually but do establish a new pattern for the client, such as finally adhering to a regular medication regimen, even if that simply entails a single, intramuscular shot administered monthly.

> So, okay…when dealing with individuals with SPMI, SMI, you know, sometimes it's difficult to find any changes but sometimes there are; small, little changes. For example, if they take their medication, if you can encourage them to start taking medication, that's a big change that can be made. We've worked in the field in terms of, you know, giving our clients injectables, which is long lasting. I mean, at first, it's years of just engaging, engaging with clients, you know, it's basically just coming alongside them and getting them to gain your trust. And once you can do

> that, and elicit, like I said, small changes, which leads to big results, right? So, if you can get someone to agree to take a medication, then that would lead to a bigger success. So, I mean, although difficult, there appears to be sometimes not the possibility of change with SPMI clients, there can be a lot of other changes.

In this vein, Jessy remarks that it is social workers and case managers who make a significant difference in clients' lives because they provide access to services and benefits that they would otherwise not likely receive.

> In many ways, I feel like I always make a difference to my client's lives even if they might not think so at least they have case management, right? Because, somebody's always involved. There's other individuals who are not linked up with any services, and I think those are the ones that really struggle. So, once they're embedded with a case manager, I think we make all the difference with them.

Knowing When Too Much Compassion is Too Much

One theme that became apparent is that for Jessy, there exists a threshold where she reaches a saturation point regarding the amount and level of compassion she is able or willing to express. For her, that threshold is not always clear, but she endeavors nonetheless to remain cognizant of her limitations by establishing and maintaining clear boundaries. In this way, Jessy works to prevent compassion fatigue from settling in.

Healthy boundaries prevent compassion fatigue. One subtheme that is repeated in various incarnations is one concerning the establishment of healthy boundaries to fend off compassion fatigue and prevent burnout. As she relates her story, it becomes apparent that Jessy herself has struggled with compassion fatigue in greater or lesser degrees. There are two well-known adages in social work that help to define healthy boundaries and inform one's practice. The first, "Meet your client where they are," serves to remind us how important it is to evaluate a client's skills and abilities to determine what they are and are not capable of; no one wants to overload clients by giving them more than they are capable of doing. This helps social workers to devise appropriate treatment plans that define a client's responsibilities. The second adage is, "Never work harder than your client does." This general guideline is meant to promote clients' independence and encourage them to do their own problem-solving. Jessy's assertion that her client must do an increasing percentage of the work they do together suggests that she may be starting to feel weary and cynical about her job, particularly if she feels she is doing a greater percentage of the work.

> So, I think when I first started as a case manager, I told myself, my client is going to have to do 50%, and I'm going to have to do 50%. You know, but towards the end, after a year or two years, I was like, "My client's got to do 80%, and I've got to do 20%." It really changes. You know, I don't know if that's to have yourself that kind of boundaries, it could possibly be a little jaded in terms of I see myself doing more for clients than they're even doing for themselves. And the thing about boundaries is, you want to draw that line because you want them to be self-reliant. You know, you want them to be able to self-sustain, you don't want them to have to rely on you all the time to you know, pick them up. You know, you want to get them accustomed to getting a bus pass, using public transportation. You want to be able to support them in that way so that they are able to stand on their own two feet, go to appointments on their own and live a productive life. For me, that's why it's so important in terms of having that boundaries with my client.

Again, Jessy revisits the notion that clear, healthy boundaries help to protect oneself from compassion fatigue. However, there is the sense that some of her boundaries are blurry at best; Jessy must continually remind herself of her own limitations. There is no fixed margin where one can assert a universally shared limitation; rather, limits, like boundaries, are unique and personal. They vary from worker to worker. What might be tolerable and benign for one worker may be the very thing that pushes another into the realm of compassion fatigue.

> How difficult is to achieve measurable results? I think if you have healthy boundaries, then that's a clear way of being able to protect yourself from compassion fatigue and burnout. You know, I see….And I mean, I think everybody has a certain threshold of what will lead them to burnout, or a little more resilience. There are some case managers that would be able to take of their own personal time and spend their holidays with the clients, I wouldn't necessarily do that. But, you know, and then it's also, when you're not on schedule, checking in with your client just to make sure they slept in [the shelter]. Those things can be done on Monday. It's having that sense of limitations of what you're going to check in on. Right? I wouldn't necessarily do that, but other case managers would. Would that put them to burnout? I haven't seen that yet. So, would that put me in burnout? Possibly.

Team support builds resilience. One way that social workers are able to gauge how much effort to exercise in any particular case is to assess the strengths of the treatment team. A strong team can be an integral component in the fight against burnout and compassion fatigue. A strong team can also help supplement an individual's personal resources and aid in the delivery of direct services. Additionally, having a solid, resilient team behind you helps one to better handle heavy caseloads, which are themselves a risk factor for developing compassion fatigue.

> It's a team effort, yeah. And I mean, honestly, it's the people you work with because you can have all staff come in but if nobody's working together as a team and everybody's doing everything alone, it's really hard to, you know, get things done in terms of your client's needs. You might have one individual who's an expert in mental health but, you know, struggles with substance abuse. But you may have staff in there who are CSAC or who has all this experience working in a residential treatment, that could help you. You know, so you always want to have

> that open communication. And like I said, yeah, that's probably one of the solutions that might help improve the situation, as you take a look at your staff retention and the culture in your office and if there're any issues, you address it then. Because, like I said, honestly, heavy caseloads, the volume of the cases that social workers get, that's really what pushes them to burnout a lot quicker. And, if there're problems in your office like maybe communication with upper management, that too affects kind of the nature and a social worker's desire and willingness to be there.

Social Work Impacts Home and Personal Life

One of the risk factors that results from doing the job of social worker is that sometimes your job spills over into your personal life and can affect things at home. Some are more vulnerable than others at experiencing the negative effects of the job.

Duality experienced as a consequence of the job. Jessy described a dichotomous experience where she vacillates from feeling heightened compassion for people and clients versus feeling "jaded" when she sees certain people or clients on the street.

> But I feel like it just makes me more compassionate for people in that sense, in what we do day in and day out. But sometimes it makes me feel jaded if I see people on the streets panhandling. I'm thinking about how much services there's I mean available if there are but they're not taking that up, you know. So sometimes it just makes me, on my personal life if I see them all in the public, you know, I feel like, hey, you know, you should be going to the shelter versus trying to panhandle. Shelter can help you, you know, get case management, kind of get you grounded, gets you to a safe place to sleep in, yeah.

Jessy does recognize, however, when others are at high risk of compassion fatigue. While she does not want to diminish a social worker's emotional experiences of work, Jessy concedes that some individuals are ill-suited to the job. These individuals may have high job satisfaction, but may also develop compassion fatigue or reach burnout more quickly than others.

> ... so social workers who can't balance their emotions that, you know, those are probably individuals that shouldn't necessarily be in this field. It's okay to be compassionate towards your clients and, you know, give them a hug when it's warranted. But not if you're crying for things that doesn't make sense, you know, because I don't want to take away from that, you know, if you're always crying or whatnot, you shouldn't be a social worker. I just feel like there should be a balance where you should know how to turn that switch on or yeah, we need that switch anyway.

Challenge of identifying homeless and forensic clients' strengths. Working with the homeless and forensic population can pose significant difficulties, especially when it comes to identifying their strengths as a part of treatment planning and assessment. There are certain powerful stigmas that are associated with this population, particularly with regard to criminal behavior and what that portends about a client's overall attitude and personality. It can be tempting to allow a client's criminal history to

overshadow other aspects of their personality, but that interferes with obtaining a full and comprehensive picture of client's functioning. Jessy struggles to identify client strengths in light of the tendency of some clients' inclination toward manipulative behavior, which may appear automatic on the surface. She feels that in many ways, gaining greater insight into clients' manipulative behavior has in fact strengthened her clinical skills. She does state in more than one interview, however, that although sometimes difficult to find, "everybody has a strength."

> Well, it's makes me more aware of manipulation. I can say that much. You know? Because I mean, yeah, it's made me more aware of kind of how to work with difficult clients, how to work with people. And I like using the concept of motivational interviewing; that's really great in trying to work with resistant clients. So, in terms of forensic clients, I found that there's many times when they try to manipulate the system or try to wiggle out of things, separate from my homeless clients. Because I felt as if the homeless clients was trying to get a need met, which is housing….I don't know if that makes sense, but it's made me more aware of how to work with this type of population. Yeah. Yes, I think that's how you strengthen my skills is being more aware of the manipulation part and how to work with clients that are more so resistant to change. Yes, yes. And looking for more strength in them, you know, because I mean, I could probably point out a lot of the negative things about them. But it was just really trying to find what are their strengths, and how can we work with that.

Preventing Burnout Is About Balance

The ability to achieve an overall sense of balance is essential to the prevention of burnout. Balance can take on different meanings depending on the individual, but ultimately balance is about reordering one's priorities, identifying one's needs, and managing responsibilities at work.

Balancing work obligations with one's own needs. Jessy discussed her greatest sacrifices that resulted from her job as a social worker. For her, the initial priority was work and any associated concerns of the job. Having her own family and furthering her education were two things that were set aside so that she could more fully focus on work. Moreover, she felt stretched thin by the responsibilities she felt she owed to her family and was unable to see a viable to accomplish the goals of having children and getting an advanced degree.

> So basically, the greatest sacrifices for me would be two things—education and having a family. So basically, what I did was I put my career in front of these two things, and I was able to promote within my agencies. But at the same time, you know, now I'm kind of at a point where—I don't think I'm too late to do any of those two things. But those are two things that I did put off. You know, I think when I once left the job, our executive director told me, if having a baby is what you want, go have your baby, you know, and still be here. But at the same sense I couldn't understand how I would be able to do both things. To hold a job, get my career, go to school, have a child. I couldn't somehow put these things in perspective, especially since I had my personal life, which was kind of take care of my husband needs, take a look at my family needs.

> So, what I saw there, it was all the sacrifices I've made. It really was the reason for everybody else. You know? Like it was, I don't want to use them as excuses, but basically, I felt like I wasn't able to focus. You know, everything was on everybody else, like what is my family doing, that they need help with? So, I didn't have very much extra time.

Jessy rationalizes her choices to postpone children and graduate school by lauding her own successes and celebrating the achievements and triumphs of her coworkers and treatment team members because she recognizes that the support she offered probably helped them to reach their goals. But there is a wistful quality that colors her explanation that suggests some regret.

> These things that minimize why I didn't go ahead and get it done, you know. Maybe it's just not time that we have kids right now. So, I just try to downplay everything in my mind. And for me, that's what really kind of helps me in a sense. But that's how I justify why it's okay not to have…to have sacrificed these things. And then also when I see other people, you know, reach their goals, it makes me happy. Like other people getting their degrees, other people moving up the ladder, you know. And it just, those kinds of things make me super proud, and I feel like I had a part of it, you know what I mean?...So, in that sense that makes me more, I don't know, it makes me less likely to look at what I gave up. You know? It is when I'm looking at other people's successes….So, I just, I placed work in front of my own personal goals, is kind of what it boils down to, you know.

Importantly, Jessy also appreciates that a large part of the reason why she chose to postpone her goals had to do with her family and the values of the Hawaiian culture that endorse the principle that one's family comes first and one's own needs get placed on the back burner. Yet she does state that "I think that's also what builds resilience is, you know, having a sense of responsibility and caring for someone else." For Jessy, part of building effective resilience is honoring her family values and her culture.

> And I know that, it's just I haven't had, I know they're my downfall. I just have a hard time separating myself, you know, setting that boundary in terms of that I feel like it's a responsibility that I have, to take care of my family. Well at least my parents, you know, and then my brother because we're like about 13 years difference in age. So, I just feel like I have some sense of responsibility when it comes to them that I have to focus on. I mean, I have a sister who's a year older than me with two kids, but I don't feel that sense of like responsibility over her, you know what I mean? So, it really just generally on my mom, how can fixing the house at home help her live, have a better quality of life? How can addressing issues that she can't at home with family matters? How can I do something about it so that she doesn't have to stress, you know. So, I'm taking on all of this responsibility, all of this things just so my mom them won't have to go through it.

Balance sometimes requires a job change. Jessy openly discusses her practice of changing jobs every two years or so. Part of the reason for this is that her personal resources become taxed at each job such that when they are significantly diminished, she feels the need to move on. She reaches a

state that borders on burnout and then accedes to change her position in order to avoid being fully encompassed by compassion fatigue.

> My trend typically is about every two years, I constantly moving on. [Change jobs?] Yep, so like I said, I started as assistant or an aide and worked myself up, after about 18 months to two years to becoming a treatment counselor. After that I went to IHS for two years and as a mental health case manager, got kind of burnt out from that, became a supervisor for three years.

Jessy's perspective on resilience is a complex one. On one hand, she believes in an inherent quality that to resilience that people are born with, a natural predisposition. She also believes that it can be acquired through learning and experience.

> Resilience is hard to find. I mean and it's really, sometimes it's feels difficult to hold onto. But I don't know, I can't really say that either because I was pretty much resilient when it came to my family members. And my work, my clients who I just felt like it was difficult to house them and things like that. But I mean, yeah, I think when you put in critical situations, you build resilience. It forces you to be, to do what you need to do in order to kind of make sure the outcome is okay….And I just feel like sometimes it just comes naturally with an individual. Yeah. Because I've said it before, you either have it or you don't. Some people have that within them to—to have a certain sense of resilience.

Jessy has not been immune to the effects of compassion fatigue and burnout. Her concluding remarks indicate that much of the frustration she has experienced in her career in fact stems from her experiences of compassion fatigue and near-burnout. She possesses insight into her capabilities, strengths, and limitations, but anticipates an inexorability with regard to the experience of compassion fatigue in the realm of social work. But although it makes her wary and cautious in her work, she is possessed of a tireless commitment to underserved and marginalized populations.

> I was like, "Okay I'm done working with people who's super manipulative, who's, where there's substance abuse disorder, who's on probation. I am done dealing with people on probation who has a substance abuse problem. I'm going to work and deal with people who have a mental illness." And when I get there guess who I'm working for, people who are legally encumbered, people who have a substance abuse problem, and now homeless and, you know, mental illness. It's actually worse, but I thought I could get away. I thought I could move from one field and focus on mental health. But it doesn't differ, it doesn't change, you know what I mean? It's all kind of intertwined together.

Summary

Resilience is more than just being able to cope with crises; it also implies an ability to return to one's pre-crisis state quickly and without any lingering issues or consequences. Exposure to high-stress situations is intrinsically disruptive to one's sense of balance and locus of control, and resiliency is what allows one to rebound from adversity, stronger and more resourceful than before.

The stories of Amy and Jessy are about two very different social workers and their experiences with compassion fatigue and burnout. Each possesses a certain degree of resiliency, though they manage work-related stress in unique and distinct ways.

Amy's story was characterized strongly by her faith and spirituality. She saw the job of working with homeless individuals who have some kind of forensic encumbrance and often a SPMI/SMI diagnosis in a very integrated way. She followed what might best be described as a divine, master plan of which we are all a part. She did not necessarily subscribe to the notion of social justice, but rather saw all individuals as possessing certain unassailable and indisputable rights, which she sought to support or restore. She perceived everyone, all of her clients, as rescuable and operated under the belief that everyone could change. In her practice, she believed that all one needed to effect and support change in others was a deep sense of compassion and love. She had a guileless commitment to service and felt that many service providers, perhaps fearful of an increasingly litigious environment, had forgotten what service meant and what was necessary to deliver direct, effective assistance to clients in distress. She celebrated wholeness, not perfection, and approached clients from a holistic viewpoint. From her perspective, it was the quality of the relationship that fueled healing more than anything else. She was able to draw on her own resiliency by reconciling her practice as a case manager and the duties of that role with her belief system that was anchored by her faith in a benevolent God. Healing was something she saw as ultimately very spiritual in nature, in a deeper human existential way. She spoke with passion about how healing involves how one connects to other people—that is what is most important. Moreover, she believed that by opening herself up God, she and those she served would open themselves up to learning. She said she operated on God's will, not her own, and saw the remedy for burnout as knowing one's purpose in that greater scheme. She did not see her job as work, but as life, as a calling.

Jessy's story was markedly different from Amy's. Perhaps the most meaningful and influential detail about Jessy was being raised in a collectivistic culture rather than an individualistic one where family, work, and social responsibilities took precedence over one's own wants and needs. Growing up in the Native Hawaiian community, her conceptualization of empathy was much broader. It involved looking at any situation from the perspective of multiple stakeholders. She also described empathy as a

curvilinear experience. For example, one might possess too little or too much empathy, depending on the situation at hand. This could have a direct impact on service delivery and the degree of client engagement. She was a strong proponent of a multidisciplinary team approach and advocated for multisystemic, targeted interventions. Her practice was informed by a belief that it was important to have realistic expectations about the client-worker relationship and about treatment outcomes, too. Her goal was to empathically serve clients while acknowledging that outcomes might be limited by certain behavioral challenges posed by clients—for example, when clients refused to take psychiatric medications, did not follow through with treatment planning strategies and recommendations, or were unwilling to meet with their providers (e.g., psychiatrist, physician, and social worker). To this end, she understood that it was important to know one's own limits and to respect the level of commitment offered by the client. Jessy admitted that it could be stressful or challenging to engage in appropriate self-care. She found that her cultural values exerted a strong influence on how she managed self-care, endorsing an approach that encouraged her to prioritize tending to family needs as an important means of self-care. Nevertheless, she acknowledged that maintaining balance was difficult at best; her commitment to her work had led her to delay certain major life goals, such as having children and going to graduate school. In many ways, she felt that prioritizing her own life goals could betray her responsibilities to the job. Jessy's own personal resources were taxed to the point that she felt she needed to change jobs every two years. In the change process, she felt that insight and skill-building were necessary and sufficient to effect positive change. For her, resilience was largely a quality one possessed innately, that could be sharpened and honed by experience and learning. Ultimately, Jessy believed that there was always hope where self-agency existed, but was cautiously optimistic. If there was no conventional solution to a client's problem or issue, Jessy said she would still strive to find one.

CHAPTER V

DISCUSSION

The purpose of this study was to explore the phenomenon of psychological resilience from the perspectives of two social workers navigating compassion fatigue and burnout. The study sought to reveal each participant's intimate struggles with compassion fatigue and burnout, as well as their strategies for coping with high levels of job-related stress and frequent crises. The participants in this study each represent opposing positions along the continuum of resiliency, with participant one (Amy) epitomizing the archetypal role of a resilient social worker, and participant two (Jessy) functioning as an example of a social worker who has struggled recurrently with compassion fatigue and who has skirted burnout. The goal of this study was to gain a deeper understanding of the phenomenon of resiliency among social workers that can flourish in spite of the pitfalls of compassion fatigue or the dangers of burnout. The impetus for this study arose from my own experiences as a social worker who has admittedly struggled with compassion fatigue throughout my career and from observing others in my field and other helping professions who have shared similar struggles.

Conceptual Framework

At the outset of this study, compassion fatigue was provisionally defined as a state experienced by those helping people in distress. It is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper (Figley, 2015). Compassion fatigue results from empathic and compassionate engagement with clients, from assuming the perspective of the suffering. In the long run, though, one's ability to bear the suffering of others is significantly compromised by compassion fatigue.

At the outset of this study, resilience was defined as "a complex construct that refers to a person's capacity to overcome adversities that would otherwise be expected to have negative consequences" (Kapoulitsas & Corcoran, 2015, p. 87). Resilience is a concept that describes a flexible adaptability to the interaction with one's biopsychosocial environment. Resilience as a process leads to a greater understanding of the repeated challenges and stressors one encounters, particularly in helping professions, and helps to build insight. It contributes to growth and a strengthening of one's personal

resources that help to protect against compassion fatigue and burnout. In studying the experiences of two social workers on extreme ends of the phenomenon's spectrum I hoped to gain a deeper and more comprehensive understanding of the emic experience of compassion fatigue, burnout, and resilience. The findings of this study were largely consistent with the outcomes of studies in the existing literature.

Amy's strong sense of faith appeared to be the clearest and most prominent protective factor. The central theme of her story was in line with current research suggesting that there is a positive association between religiosity/spirituality and psychological health and wellbeing (Reutter & Bigatti, 2014). Her story suggests that cultivating one's spirituality and strengthening religious faith in general can mediate the relationship between stress and health, which can in turn contribute to the development of resilience.

This study also highlighted the differences between collectivistic and individualistic cultures and their respective approaches to addressing job-related stress and burnout. There is very limited research available that explores this correlation, however the findings of a study by Ugwu, Ugwu, Njemanze, and Nwosu (2019) suggest that perceived family cohesion and one's family bond may be essential to preventing job burnout in collectivistic cultures. Ugwu et al.'s findings are echoed in Jessy's story. Jessy attributed her resiliency to healthy family relationships. Jessy's story, however, also highlighted the potential threats of added family stressors to the maintenance of workplace resilience. While healthy family relationships appeared to support the fostering and nurturance of her resilience, family concerns, worries, and other troubles sometimes added pressures that made it more challenging for her navigate compassion fatigue and burnout by competing for her personal resources.

Resilience appears to be a complex construct that is influenced by a number of different factors. Adequate and regular self-care is a necessary element in the prevention of compassion fatigue and burnout, as well as promoting resilience. Many social workers in practice have insufficient self-care practices (Masson, 2019). Additionally, personality seems to play a role in the acquisition and maintenance of resilience (Palma-García & Hombrados-Mendieta, 2017), which aligns with Jessy's assertion that when it comes to resilience, "you either have it or you don't."

In Search of Resilience: Working with Homeless Clients with Forensic Issues

This study revealed the complexity that is characteristic of resilience and the apparent prevalence of compassion fatigue and burnout in the lives of two social workers. Each participant had prominently different methods of addressing the risks associated with compassion fatigue and burnout and so have divergent experiences managing outcomes. Both participants had worked for several years in the field of social work in various positions; and both had primarily worked with the same population: homeless clients who were forensically encumbered and who typically had an SPMI/SMI diagnosis.

There were some common challenges they encountered when working with this population. Firstly, the degree of disability due to mental illness varied from client to client and many of their clients did not have the capacity to understand their own situation. Many of their clients were difficult to engage in treatment planning, making the case manager's job all the more difficult, especially when supervisors and administrators expected measurable results. Secondly, for clients who were more self-reliant or higher functioning, obtaining benefits beyond their basic entitlements (SNAP benefits, general assistance, medical insurance) still proved surprisingly demanding, especially if the client had a criminal history. For example, finding appropriate employment or qualifying for suitable housing was often next to impossible, depending on the client's charges, criminal history, or current substance abuse status. Lastly, many of Amy and Jessy's clients were ill-accustomed to complying with a structured intervention approach like attending treatment programming; following up with healthcare providers and adhering to a regular appointment schedule; and maintaining their activities of daily living (e.g., regular bathing, preparing, and eating meals regularly, taking prescribed medications, and remaining in a safe and secure shelter).

Amy and Jessy each understood and managed their responsibilities to the profession of social work and their jobs as case managers differently. This ultimately speaks to their individual encounters with compassion fatigue and the manifestation of resilience as they experience it.

The following are the aforementioned research questions that were proposed as a part of this study:

1. What do case managers do in their work with homeless clients with forensic issues?
2. What is the experience of case managers who work with homeless clients with forensic issues?

3. How do social workers/case managers describe the emotional process of working with homeless clients with forensic issues?
4. How does the experience of working with homeless clients with forensic issues change over time?
5. What does the provider draw from working with homeless clients with forensic issues?

Spirit and Family

Amy's experience as a case manager is best characterized by her spiritual fortitude. It is this quality that has provided her with the psychological and emotional capacity to withstand adversity. Her largely existential approach to the job has impacted her service delivery such that all clients are provided equal treatment and opportunity regardless of their level of functioning. Amy has been working in the field of social work for several years, and one of the main tasks she focuses on is giving homeless clients a voice.

> For starters, I want to say that I've been working in this field for 15 years. I come from people in recovery and residential treatment. So, I did that for ten years. Then I moved to domestic violence for a year, and then the D.D., which is the autism population, and then now with the homeless for the past four years. Working with the homeless is very compassionate work. I find that the homeless population, the community tends to pretend they're not there, and they become invisible. So, I feel the need to not only feed the needy or to help the needy, but to also help them not feel invisible. And so that's what feeds my compassion for the homeless population.

Amy quickly asserted her compassion for the homeless population and stated that among their various needs, which are manifold, homeless individuals need to be acknowledged as human beings, as present in the world. She saw the invisibility of the homeless as a community problem, but believed it could be solved not only on the community level but on the individual level as well. It has to be a priority of those who work with the homeless, though.

In talking with Amy, one comes to understand that in her view, having and expressing compassion is not only an integral part of the job, it *is* the job of social workers, first and foremost. Many of the clients she serves have grown accustomed to that invisibility, and they are unfamiliar with basic human expressions of kindness, empathy, and warmth. They are not used to being acknowledged, not as human beings deserving of love and deep compassion and not as service consumers meriting consideration and respect. Part of the responsibility of her job is to change that paradigm in the system,

to represent the change and serve as a model for her colleagues. Her example dictates that one should approach all clients with the same respect they themselves would demand of others in any similar situation.

Jessy has an altogether different approach in her work with clients. She sees them as complex, multilayered, and complicated. Among the first things she discussed was the necessity to oversee a multitude of client's needs while simultaneously collaborating with other agencies to manage an individual case.

> If you were dealing with somebody who was homeless, you need to find them housing. If they're legally encumbered, you have to make sure that they're going into their PO's. Make sure that they're compliant, making sure that they check in when they're supposed to. So that's kind of part of how we go about working with these sort of individuals. And there is just a lot of collaboration that needed to be made with external agencies. Whether they're legally encumbered in mental health court or if they're just on parole, or if they're on probation, all different for that one that would have that one of the clientele that we would be working with.

Jessy suggested that the work was exhausting and time-consuming, but matter-of-factly stated that despite any difficulties the job might present, these were things that simply had to be done in the course of working a client's case. One did not complain because one did not have to do the job if they did not feel like it was a good fit for them. If one chose to be a case manager or a social worker, then there were certain challenges that had to be accepted as part of the job.

According to Kapoulitsas and Corcoran (2015), social workers are at particular risk of developing compassion fatigue due to the very trait that likely put them on their career path initially, and that is their altruism. Social workers are often exposed to secondary traumatic stress by working with clients to resolve or address their trauma issues. Among the many challenges this poses is that not all social workers are well-prepared to handle the intimate exposure to another person's trauma experience; strategies for building or maintaining resilience are not typically taught by employers or training programs. New social workers walk into the job with all the resources they will usually have to manage problems they may not have little personal experience navigating. This can be a problem if they over-identify with a client or are unable to establish appropriate boundaries due to inexperience. Additionally, early experiences with clients cement practices that may not be the healthiest, and these practices can become routine. What this implies is that over time, poor boundaries with clients can translate into a higher risk for

developing compassion fatigue. Much of what Kapoulitsas and Corcoran's (2015) research findings suggest appeared to be applicable to Jessy's situation, especially with regard to the cognitive, emotional, behavioral, and somatic symptoms associated with vicarious traumatization.

One thing that Amy appeared to have in her favor was a high degree of compassion satisfaction with her job. Compassion satisfaction can be thought of as the inverse of compassion fatigue; it refers to the pleasure one receives from one's ability to help and do one's work (Wagaman, Geiger, Shockley, & Segal, 2015). Burnout is not an acute condition triggered by a single event, but rather builds gradually over time, slowly wearing down an individual's natural defenses against compassion fatigue. Compassion satisfaction has been proven to be effective in mitigating the effects of compassion fatigue and preventing burnout. Without some intervening factor, compassion fatigue will inevitably lead to burnout (Wagaman et al., 2015).

Jessy has not yet yielded to burnout, but her experience has been notably more problematic as she has reported symptoms consistent with compassion fatigue or vicarious traumatization, including exhaustion, feelings of inequity, irritability, headaches, poor job satisfaction, and on one occasion, fainting (Berg, Harshbarger, Ahlers-Schmidt, & Lippoldt, 2016).

> I started having physical problems where, you know, I was feeling very exhausted every time I went home. I had an incident where I was having dinner, and I guess I just fainted. I think that's what happened. And basically, I told myself you're not busy enough. I'm not going to allow this job to affect me physically and mentally, which it was….But I just felt that I was super burnt out. In terms of compassion fatigue, I would get very, what is that called, I don't want to say curt, but a bit impatient with my callers in a sense. Where they can talk for a couple hours long, and I'm just kind of like, "What's the harm here? Why are you even calling our office? You're just kind of wasting our time."

She saw resilience as a limited resource that needed to be carefully managed in order to prevent compassion fatigue and burnout. Amy, on the other hand, credited her faith for her resilience. In her interviews she frequently talked about how working with the homeless and forensically encumbered population strengthened her spiritual self.

> [Working with the homeless population] feeds my soul, actually. It feeds my soul. For me, my love for Jesus is what feeds my passion. That's how I don't get burned out, because for me helping someone else just to get their life a little better today than it was yesterday.

Amy saw her work as a protective factor. She did not perceive it as an imposition or an inconvenience, but rather as a privilege. This outlook permitted her to empathically engage with her

clients in an open and frank manner. Her empathy was an important element reinforcing her overall resiliency. This aligned with the results of the study conducted by Wagaman et al. (2015), which suggested that empathy may be used to help social workers cope with and manage the associated stress and strain of secondary traumatic stress (STS) and burnout. Wagaman et al. also concluded that, in general, social workers were able to avert the effects of compassion fatigue, burnout, and STS, resulting in prolonged well-being over the lengths of their careers in the field.

Amy's firmly established level of resilience may also be due to her successful healing from her own past traumas, altruism born of her own suffering, and her awareness of and self-reflection on the impacts of vicarious trauma (Michalchuk & Martin, 2019). One related concept that current research has underscored is that of *vicarious resiliency*, which refers to "the positive meaning making, growth, and transformation of the therapist that results from exposure to clients' resilience throughout the course of the therapeutic process" (Michalchuk & Martin, 2019, p. 146). There is a reciprocal relationship between Amy and her clients with regard to their recovery status. Specifically, her clients' immense capacity to heal and positive adaptation to adversity acts as a stimulus for her own growth and development of resiliency.

One of the major findings of this study was the discovery that social workers from individualistic and collectivistic cultural upbringings might approach self-care in different ways. One interesting detail apparent in the available literature on the subject is that nearly all reflect values related to individualistic cultures. In fact, I could not find a single article that addressed collectivistic values, beliefs, and practices related to self-care and the prevention of compassion fatigue or burnout. Most, such as one by Whitfield and Kanter (2014), suggested specific self-care strategies including: exercise, spirituality, mindfulness meditation, yoga, and social support from friends, family, and community. However, none delved too deeply into the reference to social support beyond a cursory mention. Most researchers focused on treatment programs, therapy/counseling, trauma-specific supervision, and work or organizational practices such as continuing education courses, professional trainings, peer (coworker) support, limited caseload sizes, and fixed working hours. While certainly effective for a great percentage of individuals

working in helping professions, these practices do little for the social worker whose core values differ on a fundamental level.

Speaking to her own feelings on the issue of personal self-care, protective factors, and the challenges posed by the job, especially on the issue of leaving work at work, Jessy shared:

> One of my strongest factors is family. I tend to, well, I see my family as a protective factor mainly because I'm able to, not really bounce things off of them, but just, you know, try to energize myself with them, just by going out, you know, spending time where I'm not having to think about these difficult cases. Because many of the times I am trying to do self-care and not bring work home with me. And sometimes it's really difficult to turn off the switch of work. You know, you're constantly thinking… we finish work at 4:30, but we go home thinking about, okay, what do I have to do tomorrow? How do I help my clients? So, my strongest protective factor is my family. They keep me grounded.

For Jessy, despite any issues she may have with her family, they still represent the strongest protective factor against compassion fatigue that she identifies. Their relationship is not perfect, but her family provides the continual support she needs to help mitigate the stressors related to her job.

One can draw similar conclusions about Amy, as she reported that she spends a great deal of her free time with her immediate and extended family. Locally born, she likely shares parallel values with Jessy as these beliefs and practices are common throughout Hawai‘i.

Clinical Implications of the Study

The findings of this study have implications not just for social workers, who were the targets of this research, but for anyone employed in a helping profession such as nurses, physicians, psychiatrists, psychologists, healthcare workers, human service workers, veterinarians, veterinary technicians, teachers, supervisors, law enforcement, and other service providers. They also have implications for clients/consumers and anyone who interacts with someone from the above professions. The results of this study highlight the pervasiveness of compassion fatigue and burnout among social workers due to the nature of the work done by these professionals and the prevalence of trauma histories among the populations served by them. What is as yet not fully known is how compassion fatigue and burnout impact clients/consumers over time.

This study also suggests that it may be helpful to explore the implications of trauma histories, and perhaps histories of substance use disorders, among social workers. What impact does that have on

resilience and treatment outcomes? Many mental health care providers have experienced adversity, hardship, and misfortune in their own lives. What is less known are its implications for client care.

Amy and Jessy's story also illustrate certain truths about the nature of resilience, the ability to bounce back emotionally and psychologically from exposure to or experience with adversity and return to a healthy state of being and level of functioning. To begin with, resilience is not wholly ubiquitous among those in the profession but differs in degree from one social worker to another, as it likely does from one person to another in general. Although there is some evidence to suggest that resilience may be innate, most recent research indicates it is something that is learned and cultivated throughout one's life. In all probability people slowly acquire resiliency by building upon the skills necessary for emotional regulation and stress tolerance developmentally.

The results of this study suggest that resilience is strengthened by a number of factors. Among these attributes are, firstly, how one makes meaning of life experiences. For instance, if one perceives character traits as fixed and unchangeable, this belief will impact one's emotions and behaviors, and subsequently govern one's thinking process which will lead to a conviction that growth is unattainable. This is contrasted by a thinking process that recognizes the plasticity of these characteristics; in this case, the individual is better able to move on from an adverse experience.

Another relevant consideration concerns the strength of one's social relationships and support network. Those individuals who have a more developed and firmly established social support network will thrive better and are remarkably more resilient. The ability to continue to participate and perform in one's normal daily roles and routines at the same level of functioning helps to preserve a stable sense of their identity and purpose.

Lastly, one cannot understate the value of existential support, which are derived from one's cultural values and faith or belief systems. Fostering a strong spiritual sense of self is an essential step toward building one's resiliency.

Limitations of the Study

One limitation of this study concerns the fact that I am a licensed social worker and former case manager, which may have introduced personal bias into the study of the experiences of social workers

who have served in a similar context as myself. I could easily identify with many of their struggles and difficulties with clients, their frequent exasperation, the long hours, as well as the rewards that often accompanied meager gains. I know full well the challenges posed by compassion fatigue, but I also understand how one can successfully cope with it to prevent slipping fully into burnout. It is possible this may have inadvertently colored my interpretation of the data.

Another limitation was that participants were limited to social workers only. While this provided a more in-depth appreciation of the phenomenon as it applies to the social work profession, the bounding of the study excluded other professions that might also have similar experiences with compassion fatigue and burnout. As is the case in qualitative studies, replication and quantitative inquiries must follow. This will eventually paint a more comprehensive portrait of compassion fatigue and burnout among those working with clients who are similarly challenged. The reader is reminded that the results of a qualitative inquiry are intended to suggest directions for future study rather than to produce immediately generalizable results.

A third limitation concerns the purposive sampling method. I used an extreme case sampling strategy that focused on two very different cases that explored the phenomenon of resiliency in a particular context. While this sampling method is known to produce significant insight into a particular phenomenon, it excludes more typical cases that may also hold relevant data.

A fourth limitation of the study relates to the sample size. In qualitative inquiries, purposive samples are used in hopes of uncovering lesser known aspects of a phenomenon. These samples are also small so that an in-depth exploration can be conducted. Due to this sampling strategy, though, it is important to replicate studies with different participants in different settings, and using different sampling strategies so that over time, a greater number of experiences may be gathered, supporting a more robust theoretical model in the future.

A fifth limitation was the gender of the participants. Although the sample was ethnically diverse, both participants were female. It is not known in what ways female social workers experience work with homeless clients with SPMI/SMI and legal encumbrances may be similar and different than those of male social workers.

A sixth limitation relates to the location of the study. Due to Hawai'i's unique culture and its inherent collectivism, the emergent themes resulting from replications of this study in different locations may be quite different.

Finally, competing life demands and accommodating busy participants (around my similarly hectic work schedule) also proved demanding. More thick and rich findings may emerge from a study with greater immersion over a longer period of time, involving more conversations and greater immediacy. Retrospective studies are heavily reliant on what participants can remember and how they construct their personal narratives over time.

Recommendations for Future Study

Qualitative studies typically uncover more questions than answers. They are intended to generate new theories or to broaden and deepen extent theories. This study was not different. The story of the two participants in this study suggest that there is much more work to be done in order to better prepare and support social workers who find themselves working with clients who themselves are challenged by multisystemic issues. Replication of this study with different participants in different settings who are working with similar clients would be crucial to moving toward development of a training and prevention model for social workers, so that they might more effectively copy with compassion fatigue and burnout.

Further research might also expand on the protocols established in this study, with particular attention paid to sampling. A larger sample reflecting gender diversity would yield more inclusive results that demonstrate the prevalence of compassion fatigue and burnout across all genders, as well as the degree to which resilience mitigates its effects. Furthermore, an interdisciplinary investigation would help to reveal mutual and distinct experiences of compassion fatigue, burnout, and resilience among differing professions.

Future research might focus on the development of intervention strategies aimed at targeting the expansion, fortification, and improvement of resiliency among service providers. Finally, cross-sectional or longitudinal studies may be conducted to examine the effects of provider burnout on clients and consumers both in an immediate sense and over time.

Conclusion

The current study explored the phenomenology of compassion fatigue, burnout, and resilience as experienced by two social workers. The participants' experiences underscore the pervasive impact of compassion fatigue and the deleterious effects of burnout. However, their struggles to cope are varyingly allayed by their respective levels of resilience, which act as a protective factor and defense against the detrimental effects of compassion fatigue and burnout. The results of this study highlight this phenomenon as it applies to service providers in Hawaii, which has a unique culture that is largely collectivistic in nature. The participants attributed their resilience to uniquely different protective factors. The first participant, Amy, identified her spirituality as her main protective factor. Amy has a well-developed existential outlook upon which she relies to manage job-related stress. As an addict in recovery herself, she identified her sober support network as playing a vital role in maintaining and supporting her resilience. While family was identified by both participants as a strong protective factor, participant two, Jessy, identified her family as her main protective factor against compassion fatigue and burnout. Jessy was also actively working to expand her current cache of coping skills by focusing on her own needs, rather than just her family's needs. While each participant was in a different place on the continuum of compassion fatigue, each remained committed to the job of social worker and dedicated to the community they were serving.

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Chaminade University

Institutional Review Board.
Chair: Helen Turner, Ph.D.
Vice-Chair: Claire Wright, Ph.D.
irb@chaminade.edu

June 9th 2019

Protocol Number: CUH 098 2019

Protocol Title: Qualitative study of MSW experience with homeless clients

Type of Review: Full

Dear Mr. Green,

The CUH IRB IRB00007927 **APPROVED** the above referenced research.

The Board was able to determine under 45 CFR 46.110(b)(1) that the research does constitute human subjects research.

The Board was able to determine under 45 CFR 46.110(b)(1) that the research did not meet the applicability criteria and one or more categories of research eligible for exemption

The Board therefore completed a Full review process and voted on the proposal at its meeting of May 31st 2019. The approval is contingent on one stipulation, which is that the research data and records be stored at a secure location on the Chaminade campus (e.g. faculty office). Please advise the board at irb@chaminade.edu of the steps taken to meet this stipulation.

Date of IRB Approval:	**June 9th 2019**
Date of IRB Approval Expiration:	**June 9th 2020**
Annual or final report due:	**June 9th 2020**

You are advised to submit requests for renewal comprising the annual report Form IV at least 30 days prior to the expiration date of your study.

Determination Category:	**Human Subjects Research**
Type of review:	**Full**

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used. Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

Future approval will be valid for **one year** from the date of IRB review when approval is granted or modifications are required. The approval will no longer be in effect on the date listed above as the IRB expiration date. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A final report must be provided to the IRB and all

records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of all investigators and research staff to promptly report to the IRB any serious, unexpected and related adverse events and potential unanticipated problems involving risks to subjects or others.

Please feel free to contact the IRB with any questions or concerns.

Kind Regards,

Helen Turner, PhD

Chair, Chaminade IRB Committee

cc. Dr. Joy Tanji

Appendix B

Script for Working with Gatekeepers

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

Contacting a Gatekeeper

Researcher: "Hi, _____. My name is Clifford Green. I am a Clinical Psychology doctoral candidate at the Hawai'i School of Professional Psychology at Chaminade University of Honolulu. I appreciate you taking the time to talk with me today. I am hoping that you might be able to help me find a willing participant for a qualitative research study I am conducting in partial fulfillment of the requirements for my doctoral program. The topic of the study is "Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues." My hope is to explore the experiences of social workers who are employed as case managers working with homeless clients who are forensically encumbered and who have thrived in their jobs despite heavy turnovers amongst their peers. Would you be willing to help me identify potential participants?"

Gatekeeper: Await verbal understanding and approval of gatekeeper.

Researcher: "Great. I do want to thank you again for your assistance with this. Before you contact any potential participants, however, I feel it necessary to stress the significance and importance of the assured privacy and confidentiality of the identity of the prospective individuals you may contact to be potential study participants. Should you assent to support this effort of recruiting potential participants of this study, it is important that you remain aware that your role will be to provide a letter to potential participants regarding the study which will include contact information and a brief outline of the study. As the gatekeeper, it will be incumbent upon you to refrain from inquiring as to who the ultimate participants may be, as this information cannot be provided in order to maintain participants' anonymity. Can you agree to maintain the confidentiality of the potential participants' identity in connection with this qualitative research study?"

Gatekeeper: Await verbal understanding and approval of gatekeeper.

Researcher: "Okay, thank you very much. I do appreciate your assistance with this. Should you find a potential participant for this study, I would ask that you contact me on my cell phone at: (808) 256-6119."

Appendix C

Invitation to Participate in the Study

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

Aloha,

My name is Clifford Green, and I am a Clinical Psychology doctoral student at the Hawai'i School of Professional Psychology at Chaminade University of Honolulu. I am in the process of conducting a Clinical Research Project in partial fulfillment of the requirements for graduation for the degree of Doctor of Psychology. The focus of this study is one that I consider vital in understanding and improving the delivery of services provided by social workers working with forensically encumbered clients. As a former social worker myself, I consider this project to be very important, and I believe that the experience of others can lend insight, appreciation, and recognition to an otherwise often overlooked issue.

Despite heavy turnover amongst your peers, you have managed to remain resilient in your job. I would personally like to extend an invitation to you to participate in my project as I believe your experiences may serve to deepen our understanding of this phenomenon. I would like to invite you to participate in three interviews that explore your experience of developing resilience in the face of challenges presented by your job. I would personally like to extend an invitation to you to participate in my project as I believe your experiences can provide valuable insight into the fundamental and essential components of this issue I am working to understand. Your personal experiences as a social worker working with homeless clients who are also forensically encumbered can provide unique discernment and may promote greater awareness, which may be of direct benefit to others in the profession who are themselves on the brink of burnout due to compassion fatigue.

If you are interested in participating in this study or would like to know more before making a decision about participating, please contact me, Clifford C. Green, at (808) 256-6119.

Thank you for your time and consideration,

Clifford C. Green, MA, MSW, LCSW
Clinical Psychology Doctoral Candidate

Appendix D

Participant Information File Form

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai‘i School of Professional Psychology at Chaminade University of Honolulu

Participant’s Name: _____

Address: _____

_____

Phone Number: _____

Email Address: _____

Please indicate your preferred method of contact with the researcher, Clifford C. Green:

☐ Phone

☐ E-mail

Appendix E

Initial Consent for Participation in Research

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

1. **Who is the researcher?**
   Hello, my name is Clifford C. Green, and I am a student at the Hawai'i School of Professional Psychology at Chaminade University of Honolulu. I am conducting this study in partial fulfillment of my requirements for the degree of Doctor of Psychology in Clinical Psychology.

2. **What is the aim of the study?**
   The aim of this qualitative study is to explore the experiences of social workers who have been able to remain resilient and perhaps even thrive in a setting where there is heavy turnover due to compassion fatigue and/or burnout. The data acquired through this study is intended to aid in understanding and improving the delivery of services provided by social workers who work with homeless clients who are forensically encumbered. It is also an intention of this study to obtain information that may help inform future program development and research that may foster greater compassion for and resilience among service providers working in homeless shelters or in corrections.

3. **How was I chosen?**
   I will be interviewing two individuals who are employed as social workers and who work with individuals who are homeless and forensically encumbered. I have chosen you because you have demonstrated a strong commitment to the service of others despite the pervasive adversity and trials you face on a daily basis. As someone who is dedicated not only to service, but also to social justice, the self-determination of clients, personal integrity and the dignity of clients, the importance of human relationships, and to cultural awareness and social diversity, you represent one of the most challenged and underappreciated professions. This can contribute, in greater or lesser degrees, to compassion fatigue or burnout. The overall objective of this study is to explore how you have been able to thrive professionally in such a challenging context in hopes that your story will inspire and inform future training, research, and program development in agencies that serve homeless, forensically encumbered clients.

4. **What will be involved in participating?**
   It is important to note that your participation in this study is completely voluntary. I would like to schedule three (3), 1-1.5 hour interviews with you and one (1) meeting upon conclusion of these interviews to ensure that I have captured your experiences accurately. As the study unfolds, I also would like to explore your experiences of participating in this project, so that I can continue structuring it in a way that is most beneficial to you. With your permission, I would like to make an audio recording of our conversations, take notes during the interviews, and make transcriptions from the recordings, so that I may attempt to more accurately represent your perspectives in the narrative write-up of your story that I will generate over time.

   I, _____ (print name), agree to be audio recorded for the purpose of this study. I also agree to allow you to make transcriptions from these tapes.

   _____ _____
   Signature **Date**

The interviews will take place in a location that is quiet, private, and easy for you to reach. If necessary or more convenient for you, interviews may be conducted via Skype, Zoom, or FaceTime. (Please see section 6 for further discussion of online interviewing.)

Prior to our last meeting, I would like to give you the opportunity to review your transcripts and the narrative I will have written about your experiences, so you have time and opportunity to examine it carefully before we meet. During our last meeting, I will begin by reviewing this consent agreement. You will then have the opportunity to discuss where you might want to add, remove, or adjust to improve its accuracy of the write-up I sent you in advance. I will again take notes to ensure my understanding of what you have shared with me and then let you review the edited draft before signing off on the final consent and release of information form. You will also have an opportunity to revisit your decision to remain anonymous in the final document or select a final pseudonym that will be used in the document.

5. Who will know what I say?

Currently, I plan to transcribe the audio recordings of our conversations and audit or check them for accuracy. In the event that I am unable to transcribe the interview tapes in a timely way, I will utilize a transcriptionist. If I choose to use a transcriptionist, I want to reassure you that this individual will be educated by me on the importance of maintaining confidentiality and the security of the data you have shared with me. The transcriptionist will be required to complete a signed agreement to maintain these ethical standards. Additionally, if a transcriptionist is used, you will be notified as to the identity of this individual. If for any reason you do not feel comfortable with the transcriptionist I have selected (i.e., there is a conflict of interest where confidentiality is concerned), I will then obtain another transcriptionist and ask for your consent again. I also will be personally auditing or checking the accuracy of the transcriptions against the audio recordings even if I employ the use of a transcriptionist.

The following individuals, who are members of my research team, will also know what you share with me: Dr. Joy Tanji, my research committee chair, will serve as my primary methodological consultant and debriefer. Her job will be to review the rigor of my work and help me to tell your story with as much accuracy as possible. Dr. Lianne Philhower, my research committee member, will serve as my peer examiner. Her job will be to look at my analysis to make sure that it remains faithful to what you have shared with me. Drs. Tanji and Philhower will have only limited access to the password-protected transcripts/audio recordings in order to check my work and provide further support. [See section 6 discussion, below, on security of data.]

6. How will the information I share be secured?

All notes, audio recordings, transcripts, and drafts for the study's final write-up will be stored securely in a locked file cabinet to which only I have access. Whenever members of my research support team (the debriefer, peer examiner, and transcriptionist) are in possession of the interview transcripts and data analyses, these documents will be secured using password-protected files or password-protected data storage devices (USBs) that will be further secured in a locked filing cabinet or file box. Passwords will be sent to members of my research team through a separate email. Team members will not be permitted to save these files onto their own personal or work computers.Upon completion of their reviews of my work, team members will return the USB storage devices to me so that they may be secured.

7. What potential risks may be associated with participation?

I will work closely with you throughout the process to minimize any major risks to you. This process privileges you in terms of direction and pace of the study. What this means is that while I may offer some questions to start us off, I would like you to help me in understanding what in your

experience is meaningful to look at. I would also like to work closely with you in determining the pace of our exploration and deciding what is meaningful to be explored and in what order. I also will work closely with you to determine how we might schedule our meetings so that I might minimize any negative impact on your personal and professional life demands.

Despite my efforts to minimize major risks, I am aware that talking about your experiences may at times bring up unexpected memories and insights that could be troubling or difficult. The remembrance and experience of intense feelings associated with experiences that are potentially traumatic may be painful and possibly unresolved. If at any point in the process you find that the recollection and processing of your experiences contributes to feelings of distress, I would like to end the interview, stop recording, process what may be coming up for you, and explore what may be the most helpful way to address these concerns. Anything that is discussed while the tape recorder is turned off would not be included as part of the study unless you choose to share it again at a later date when taping has resumed.

Since my role during the study will be that of a researcher and interviewer rather than a therapist, you are encouraged to seek treatment from a mental health treatment provider or your current team of providers (e.g., therapist, counselor, social worker, or psychologist) during this time to discuss your thoughts and feelings about the process of your participation in this study. Should you require an informal referral to an appropriate provider, I am providing you with a list of community resources from which you can gain additional support.

In the event that you begin to feel distressed or disturbed during an interview, you have the option of ending the interview for the day, terminating the recording at this time, and reconvening at a later date, which will allow you to process what has surfaced for you and to engage in self-care. You may also decline to answer questions you are uncomfortable answering or table questions you need more time to consider or do not wish to answer in the moment. You will have the option of returning to these questions in the future, if you desire. You also may decide to withdraw from the study altogether without providing a reason or being concerned that such a decision might result in negative consequences from me, Chaminade University of Honolulu, or its representatives.

I would then encourage you to contact your mental health provider. You might also wish to utilize some of the resources included on the list of community resources I am providing you today. Please be assured that above all else, your welfare is most important to me.

Following the conclusion of an interview in which the aforementioned circumstances occur, I will also contact my research committee members to obtain consultation and to explain what has happened. Later that day or the following day, and then as needed, I will make a follow-up call to provide support and to ensure your safety and well-being are intact. If you experience severe emotional distress at all during the study, even if unrelated to the interview content, I will suspend the interview(s) and resume only when you feel that you have recovered sufficiently enough to make an informed decision about continuing your participation.

During the study, I will attempt to protect not only your confidentiality but your anonymity as well. Since some of the interviews may be conducted via Skype, Zoom, or FaceTime, confidentiality and privacy may be compromised; video chats may not be as secure as face-to-face interviews. Although highly unlikely, it is possible for computer hackers to listen in on a Skype, Zoom, or FaceTime interview. Moreover, because this is a small community, there is the possible risk that, despite my best efforts, someone who reads the study may be able to figure out who you are. To minimize this risk, your real name will not appear on any transcripts or in my write-up. In addition, when not in use, I will store your audio recordings and transcripts in a locked filing cabinet to

which only I have the keys. My peer debriefer, peer examiner, and research committee members will have only limited access to these materials when performing their duties as described above. In my journal entries and discussions with them, I will not refer to you by name. Instead, I will refer to you by a pseudonym of your choosing. This will be the name used in all transcriptions and write-ups.

The pseudonym I would like to use is: _____

While there are no anticipated physical, economic, or legal risks associated with this study, there are possible social ramifications for you if you choose to inform others of your participation. For example, if informed of your participation in the study, others may make assumptions and express biases based on their own personal experiences and interpretations of the findings. I want to reassure you that the intent of a qualitative study is not to generate what is typical of a particular experience but to highlight the variability of human experiences relative to a phenomenon. Qualitative researchers are especially interested in the stories of atypical experiences from which we might learn.

Every attempt to protect your confidentiality will be made, as the law requires, with the following exceptions: any reports of suicidal or homicidal intent that appear to be imminent, or any reports of abuse of children, elders, and/or individuals with mental or physical disabilities will be reported to the proper civil or legal authorities. My research supervisor, Dr. Joy Tanji, will also be notified in such instances. Confidentiality may also have to be broken if the materials from this study are subpoenaed by a court of law. The limits of confidentiality are in place to protect your safety and the safety of others.

8. **What are the potential benefits of participating?**
Sometimes people find participating in focused conversations about critical life experiences to be beneficial insofar as it gives them a chance to talk about things that matter deeply to them. My hope is that the same will hold true for you. I further hope that your participation will help you to gain a better understanding of your own professional development, that you will develop greater insight into your own resilience. It is also my fervent hope that through your participation in this study and from the subsequent data gathered, others in service or helping professions will be encouraged or empowered to build upon their own resilience and overcome the frequency of compassion fatigue.

It is important to note that there will be no direct or immediate personal benefits from your participation in this research, such as monetary compensation, except for your contribution to the study. The professional community, however, will gain an intimate perspective into the nature of resilience in agencies that serve individuals who are homeless and forensically encumbered.

9. **What are my rights as a participant?**
As a participant in the study, you have the right to:
    - Ask any questions regarding the study at any time, and I will attempt to answer them fully.

    - Withdraw from the study at any time without negative consequences from me and/or Chaminade University of Honolulu. Your participation is completely voluntary.

      If at any time, you would like to speak to me off the record, you may turn off the tape recorder, then turn the tape recorder back on only when you feel that you are ready to proceed. As stated above, anything you discuss while the tape recorder is turned off will

not be included as part of the study unless you choose to share this information later while we are taping.

- Take breaks as needed during the interview.
- Pass on any question you do not wish to answer, and you may choose to think about a question and answer it at a later time.
- Add, remove, or change anything in the final write-up at the conclusion of the study so that it best represents your experiences.
- On December 15, 2019, or sooner, at the conclusion of this study, I would like to give you a copy of the transcripts and recordings of our conversations.

Please verify which of the following you would like me to do at that time (please check all that apply):

___ Please return my audio recordings to me.

___ Please provide me with electronic transcripts (e.g., on an electronic storage device).

___ Please provide me with a copy of your clinical research project.

Alternately, I can do one of the following (please check all that apply):

___ Please destroy my audio recordings.

___ Please destroy the transcripts of the audio recordings.

I am required by the Chaminade University of Honolulu's Institutional Review Board to keep the audiotapes and transcriptions of the study for three (3) years following completion of the study. This is so that I will be able to respond to any queries by other researchers regarding the findings and approach used. On December 15, 2022, I will shred the paper documents I have that are associated with the study and erase the electronic documents and audio recordings of our conversations.

10. **What will be published?**
Prior to our last meeting, I will send you a draft of my findings. During our last meeting, I would like to review this draft with you. At that time, I will ask you for permission to use certain quotes from our conversations to illustrate your experiences more clearly to others. You have the right to review these materials and decide which quotes you will allow me to include. You may also reword, add to, or decline my use of others. The final writeup of this study, including the materials you have reviewed and given your consent to use, will be published as part of the Chaminade University's library. The study may also be presented at a conference. Prior to any presentation of information, you will be contacted and consulted regarding what will specifically be presented in the conference presentation. At that time, you will have the opportunity to either agree or not agree to what will be presented.

11. **If I want more information, who can I contact about this study?**
If at any point in the course of our work together, you have questions about anything regarding this study, you may contact me by email at: **cliffordcgreen@gmail.com** or by phone at: **(808) 256-6119**.

This study has been approved by the Chaminade University of Honolulu Institutional Review Board. Thus, if you have questions about your rights as a participant or ethical concerns, you can contact the Chair of the Institutional Review Board at Chaminade University of Honolulu, Dr. Helen Turner, at: **irb@chaminade.edu**.

If at any time in the process, you have any concerns about my study or our interactions with each other, you may contact my clinical research committee chair, Dr. Joy Tanji, with your feedback, via her direct line at: **(808)739-7428**, or at: **joy.tanji@chaminade.edu**. I understand that if I contact Dr. Turner or Dr. Tanji, my anonymity cannot be guaranteed; however, confidentiality will be protected.

By written notification to Clifford C. Green, below, I indicate that the information presented in this document has been reviewed and explained to me to my satisfaction. This procedure does not preclude me from seeking further clarification of any items in the future. I understand the nature and intent of this study. I also understand my rights and what is being asked of me as a participant. I understand all of the above and provisionally agree to the terms and conditions specified. I understand that I will be given an opportunity to complete this informed consent procedure at the completion of my participation—after I have had a chance to review the materials I have been provided for this study. This will allow me to make any corrections or changes I feel necessary. I understand that I still maintain the right to revoke this consent at any time during the study.

By signing this form, I am also affirming that I am at least 18 years of age or older and am not considered a minor.

_____	_____	_____
Participant's Signature	Please Print Name	Date
_____	_____	_____
Interviewer's Signature	Please Print Name	Date

Appendix F

Final Informed Consent and Release of Information Form

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

I, _____, hereby authorize ___Clifford C. Green___ to submit the
(participant) *(interviewer)*
following information, collected in the course of my participation in the study indicated above, in partial fulfillment of his requirements for the Doctor of Psychology degree in Clinical Psychology, through the Hawai'i School of Professional Psychology at Chaminade University of Honolulu. I hereby indicate that the initial informed consent agreement has been reviewed with me, and that I have had the opportunity to review the transcripts of our conversations together and the narrative generated on the basis of what I have shared about my experiences. I have had the opportunity to make the necessary corrections, additions, and retractions to my interview transcripts and the narrative so that they best represent my experiences and what they have meant to me.

I hereby authorize the use of these materials as part of ___Clifford Green's___ Clinical Research
(interviewer)
Project. I also authorize the use of the highlighted quotes in the final write-up to better capture and illustrate the perspectives they represent.

Because Hawai'i is a small community, I recognize that there is the possibility that individuals may still be able to identify me despite the use of a pseudonym. Having this knowledge and deciding to complete the study (please check all that apply):

____ I would like to remain anonymous and use the pseudonym agreed upon earlier in the study.

____ I would like to use my real name for this study.

____ I would like copies of the study data, including the audio recordings, transcripts, and study write-up.

My signature, below, indicates that the nature and intent of the study, as well as my rights as a participant, have been reviewed, again, so that I may refresh my memory of the issues reviewed in the original informed consent procedure. I am aware that I may still withdraw from the study at any time and withdraw the information I have shared as a participant without cause or negative consequences from the researcher and/or Chaminade University of Honolulu. I understand the material reviewed and agree to the conditions specified now that I am aware of what I am specifically contributing to the study. I understand that the final writeup of this study, including the materials I have reviewed and given my consent to use, will be published as part of the Chaminade University library. I also am aware that the study may be presented at a conference. Finally, by signing this form I confirm that I am 18 years of age or older.

_____	_____	_____
Participant's Signature	Please Print Name	Date
_____	_____	_____
Interviewer's Signature	Please Print Name	Date

Appendix G

Community Resource List for Oahu, Hawai‘i

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai‘i School of Professional Psychology at Chaminade University of Honolulu

As a researcher, one of my top priorities is your welfare and the welfare of others. I encourage you to maintain communication with your own mental health provider or treatment team and contact them should the need arise. Below, I also have compiled a list of mental health centers with multiple providers and services, as well as a 24-hour crisis line should you experience any feelings of distress, whether due to your participation in this study or not.

Mental Health Centers:

Oahu Community Mental Health Windward
45-691 Kea‘ahala Rd.
Kaneohe, HI 96744
(808)233-3775

Waimanalo Health Center
41-1347 Kalaniana‘ole Hwy.
Waimanalo, HI 96795
(808) 259-6449

Waianae Coast Comprehensive Health Center
86-260 Farrington Highway
Waianae, HI 96792
(808) 697-3300

Kalihi-Palama Community Mental Health Center
1700 Lanakila Ave.
Honolulu, HI 96817
808-832-5770

Mental Health Kokua
1221 Kapi‘olani Blvd.
Honolulu, HI 96814
(808) 737-2523

North Shore Mental Health
46-001 Kamehameha Hwy. # 213
Kaneohe, HI 96744
(808) 235-1599

Suicide prevention lifeline: 1-800-237-TALK (8255)
Free and confidential support for people in distress, 24/7.

National Helpline: 1-800-662-HELP (4357)
Treatment referral and information, 24/7.

Disaster Distress Helpline: 1-800-985-5990
Immediate crisis counseling related to disasters, 24/7.

Crisis Line:
You may call the 24-hour Access line at **(808) 832-3100** on Oahu or toll free at **1-(800) 753-6879** for support. They are open 24 hours a day, seven days a week.

Appendix H

Emergency Contact Information

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

As a researcher, one of my top priorities is your welfare. I would like to obtain the phone number of an emergency contact person who might be reached in case of an emergency. I will only contact this individual in the event that you are sick, or unable to contact them yourself. The nature of our relationship and your participation in this study will be kept confidential.

I, _____, will allow Clifford C. Green to contact the
(participant) *(researcher)*
named emergency contact person at the phone number provided, written below, in case of emergency.

Emergency Contact Name: _____
(First and Last)

Relationship: _____Phone Number: (___)_____-_____

_____	_____	_____
Participant's Signature	Please Print Name	Date
_____	_____	_____
Researcher's Signature	Please Print Name	Date

Appendix I

Scripts for Audio Recordings

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

I intend to use the following scripts for turning the recorder on (begin the session) and off (end the session) to give the participant clear notification each time. It is also a courtesy so that the participant can mentally prepare him/herself for the interview process to begin and end.

Turning Recorder On

Researcher: "Hi _____. Thank you so much for taking the time to talk with me today. Our meeting today will take about one hour long; breaks will be provided as needed. Let's go ahead and get started. Are you ready for me to begin recording our conversation today?"

Participant: *(Await verbal approval of participant)*

Researcher: "Okay, great. Just as a reminder, I want you to know that if you feel the need to speak off the record that you may do so at any time and without negative consequences. Please stop the recorder or let me know whenever you'd like to speak off the record. At that time, I will stop the recorder and only begin recording again once you are ready to do so. I will now press record and we can begin."

(Press record and begin)

Turning Recorder Off

Researcher: "Okay _____. Thank you so much for sharing your story with me today and for being part of my study. I think we did some wonderful work for today and are now at the time to be finished. Are you ready for me to stop recording?"

Participant: *(Await verbal approval of participant)*

Researcher: "Okay, I'm going to stop the recorder for the day. Thank you again."

(Press stop)

Off-the-Record Discussions

Participant: States that s/he would like to speak off the record:

Researcher: "Okay, that's no problem at all. I'm going to turn off the recorder now, and I want to remind you that whatever you share with me off record will not be part of the study unless you share the same information with me later on the record."

(Turn off the recorder)

Attend to off-record discussion and ensure safety and wellbeing of participant. Utilize the Community Resource List should the participant be experiencing feelings of distress beyond the scope of processing through conversation with the researcher and consider taking a break or discontinuing for the day, depending on issues that have come up.

If the Participant shares that he or she is ready to begin recording again:

Researcher: "Okay, so it sounds like you are ready to begin recording again?"

Participant: *(Await verbal approval of participant)*

Researcher: "I am going to press record on the recorder, and we can begin again."

(Press record and begin)

Participant Requests Break

Participant: States that s/he would like to take a break from interviewing:

Researcher: "Okay, that's no problem at all. I'm going to turn off the recorder now, and whenever you are ready to begin again, just let me know. You can take a break for as long as you need to."

(Turn off the recorder)

Attend to the safety and wellbeing of participant. Offer assistance as needed as well as water and/or directions to refreshments. Utilize the Community Resource List should the participant be experiencing feelings of distress and/or process their feelings through conversation with the researcher. Consider discontinuing the interview for the day depending on the issues that have come up.

If the Participant shares that he or she is ready to begin recording again:

Researcher: "Okay, so it sounds like you are ready to begin recording again?

Participant: *(Await verbal approval of participant)*

Researcher: "I am going to press record on the recorder, and we can begin again."

(Press record and begin)

Participant Requests Stop for the Day

Participant: States that s/he would like to stop for the day:

"Okay, that's no problem at all. I'm going to turn off the recorder now.

(Turn off the recorder)

Attend to the safety and wellbeing of participant. Offer assistance as needed as well as water and/or directions to refreshments. Utilize the Community Resource List should the participant be experiencing feelings of distress and/or process their feelings through conversation with the researcher. Ask whether you might check in with them in the coming days to debrief further. Discontinue for the day and reschedule the interview as necessary.

Appendix J

Confidentiality Agreement for Transcriptionist

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

In performing research, the confidentiality of the data gathered from participants must be prioritized and upheld. The information contained in the audio recordings and transcripts of the interviews conducted in this study may be sensitive in nature and need to be kept confidential. Like the principal investigator of the study, the members of the research team are responsible for maintaining the confidentiality of the participants and data. The limits of confidentiality apply throughout the duration of the study and after its completion.

I, _____, have accepted the responsibilities of transcribing
(*transcriptionist*)
the audio recordings for ___Clifford Green's___ clinical research project. I understand that
(*researcher*)
these recordings/transcripts contain personal and confidential information. The researcher, Clifford Green, has instructed me that he will transport and deliver all audio recordings, project drafts, and password protected data storage unit (USB flash drive) to me in a locked box.

By signing below, I agree and understand that:

1. Data will consist of audio recordings;

2. Transcripts of the audio recordings, generated by me, will be saved onto a password-protected USB (electronic storage unit) provided by the researcher. I will not store any data on my hard drive;

3. Data stored on the password protected USB will be transported securely in a locked box provided by the researcher to which only the researcher and I have the key;

4. When not in use, the data (e.g., password-protected USB, audio recordings) will be stored securely in a locked filing cabinet to which only I have the key;

5. Keys to the locked box will be kept by the person in possession of the data in a separate, secure location;

6. Passwords will be communicated by the researcher to me (the transcriptionist) in a separate e-mail or in person;

7. I am responsible for keeping the participant's identity and data confidential and secure during and after the conclusion of the study. I will not discuss the contents of the interview with anyone but the researcher, Clifford Green.

 Participant's Initials _____ Date_____

My signature, below, indicates that the information presented in this document has been reviewed and explained to me to my satisfaction. I have read the terms and conditions of confidentiality listed in this document. By signing this agreement, I agree to protect the identity of the participant in the study. I also agree to keep all documents, audiotapes, and transcripts secure, and agree to protect the personal and sensitive information contained in these materials.

_____	_____	_____
Transcriptionist's Signature	Please Print Name	Date

_____	_____	_____
Researcher's Signature	Please Print Name	Date

Appendix K

Confidentiality Agreement for Debriefer/Peer Examiner/Auditor

Resilience Among Social Workers Working with Homeless Individuals with Forensic Issues

Hawai'i School of Professional Psychology at Chaminade University of Honolulu

As a researcher, one of my priorities is to uphold and protect the confidentiality of the participant in my study. The information contained in the audio recordings and transcripts of interviews conducted in this study may be sensitive in nature and personal, therefore must be kept confidential in order to protect the privacy of the participant. By signing this agreement, the Debriefer/Peer Examiner/Auditor acknowledges the importance of protecting the participant's confidentiality and agrees to protect the information contained in the conversations, audiotapes and transcripts, including the identity of the participant. The limits of confidentiality extend throughout the duration of the study and even after the study has been completed.

I, _____, have accepted the responsibilities of reviewing and
(*Debriefer/Peer Examiner/Auditor*)
discussing transcriptions and audiotapes as a part of the research support team for
Clifford Green's clinical research project. I understand that these tapes and transcripts, and the
(principal investigator)
discussions I will have with the principal investigator will contain personal and confidential information. I understand that during the course of the study, I will be provided limited access to research materials in order to help me provide appropriate feedback and support to the principal investigator. While in my possession, I accept responsibility for keeping the documents provided by the principal investigator, Clifford Green, protected and secure. While in my possession, I agree that when not in use, I will keep the audio recordings and transcripts being reviewed stored in a locked box provided by the researcher to which only the researcher and I have the key. This locked box will be further secured in a locked filing cabinet to which only I have the key. I will not release these research materials to and will not discuss their contents with, anyone other than the researcher, Clifford Green. No copies of the transcripts or discussions will be retained by me during or after the study. I understand the importance of keeping all discussions, audio recordings, and transcripts secure and confidential.

I have read the terms and conditions of confidentiality listed in this document. By signing this agreement, I agree to protect the identity of the participant(s) in the study. I also agree to keep all documents, audiotapes, and transcripts secure, and agree to protect the personal and sensitive information contained in these materials.

_____	_____	_____
Debriefer's/Peer Examiner's/Auditor's Signature	Please Print Name	Date
_____	_____	_____
Researcher's Signature	Please Print Name	Date

 Participant's Initials _____ Date_____

Appendix L

Coding List

Amy		
Axial Codes	Subaxial Codes	Exemplar Quotes
The Divine Plan	Everyone is rescuable; everyone can change.	"For me, my passion for helping people and my experience in my own life with addiction...Just having a hard life in the beginning, in my own life puts me in their shoes and how it must be. I always say that I always want to help people to make their lives better. I didn't understand legal stuff. I didn't understand social work stuff. And I wanted to. It was always scary to me. To have social workers or CPS come into your life at a young age, and parents getting divorced, and abuse, and molestation, and all of that into my own life, it led me to addiction, which led me to my work, because I want to help people to understand their rights, and understand that the community or social work or human service field is there to help them, not to get them busted, or get them put away or anything. But to utilize that so that they can get out of their situation. Just to help them understand what social work field is all about. It's actually help, but a lot of people think it's the system that makes them...That takes away their children, that forces them to go to treatment." … Yeah, I had to parent the siblings from age 10. Then even before my mom was home, I was always the mom's little helper. So, for me to help someone, to me, I think it's in my DNA. I feel I'm really good at it, and I have endurance for work, and I'm not afraid of work. I also grew up poor. So, I don't look down on anyone. For me to get out of addiction to me is a miracle. It's a miracle. I feel that if I can do it, anybody can do it… because, you know I also had mental health problems when I was in addiction. You know, I didn't go to jail, but I went in and out of the psych unit, so I know exactly what it feels like to be a client or patient in the psych unit. I know what it's like to be the social worker that visits. So, you know, I can see both in the spectrum, I feel. That was my goal for myself. When I was an addict, when I was in treatment, people like us that's in treatment didn't like counselors that was book smart. They didn't understand addiction. They didn't understand what it's like to be addicted to drugs. So, then I felt that I wanted to be that counselor so that I could understand, and help people understand, or help people to have a easier time to trust someone, because I know exactly what it feels like.

	All one needs is deep compassion and an expression of love.	“But there's others that don't have responsibilities. All those that don't even have anyone to love. They don't have any family. You know those are the ones that I find most challenging because I just want to love them. Then I tend to enable them or go over boundaries because there's no one loving on them. But I cannot get attached, and I can only demonstrate God's love, and help them to see that this love that I'm demonstrating, or showing or expressing, is not me loving you. It's God loving you. It's the universe, or whatever they believe. So, I find out what their belief system is so that I can hone in to that so that they can commit. Not make other people believe in my higher power, but to reach out so that they can use their higher power, whatever that power is.” … “Right. I'm not pushing my religion or my God onto anyone. But to—I guess what they say is attraction more than promotion. The attraction or the formula for my love from my higher power filling me up, overflowing onto other people. And that's what they see. Like “Oh, wonder what makes her...” you know, not bragging or anything like that, but when people see that, when people feel like, somehow, they know it has to be from God. Right? So, they're like, there's nobody who can love you that much. So, for me to conduct myself without preaching on my religion or my spirit or my belief system onto somebody else.”
	I am a vessel.	“But for me to leave all that behind, or to accept that the main goal was not achieved, is doing that little bits at a time. And a lot of it is living it. Like I don't take on their burdens. I give it to God. That's my main solution…I'm not here to save or heal anyone. I'm just here as a vessel to give hope or try to give my best so that person can be served.” … “My personal growth is being aware that I am a vessel. Like being aware that I, for me, if I conduct myself according to what I think God wants me to be, like knowing that awareness and knowing my purpose and my place. That I'm not here to save anyone, I'm not here to take the credit, I'm here just to be the vessel so that I can be helpful so that God's love can work through me. So that other people know that someone loves them. So that other people know that the love that comes from me to you, comes from God. But without me telling them that. You know what I mean?…For me, I don't take on people's problems. Yes, I have a soft heart, and I want to help, and I want to take you home

		with me, but I'm a vessel. I'm here to help folks in front of me. And if I can give the best help and the best compassion and love, you know, as much as I can without going overboard, to be helpful, then that's, my job is done."
	Addiction is Hell.	"And then addiction, and then I fell into it...I called it Hell. The depths of addiction is Hell. Never thought I would be able to come out of that. I always thought I would probably die an addict." … "So back then it was a fear for God, that God's going to punish you, punish you, and you do wrong he'll punish you. And that, I think, saved me. Because if I didn't have that fear that I was going to be punished by God if I did something bad, I probably would have end up way worse, way worse than what I am. No, what I had been."
	Surrender is salvation.	"Then finally, when I did get clean, and I learned what surrender, and I learned what God's will is, because I always thought, my will, my strong will to make myself do something, was the will of God. I didn't understand the concept. So, I understand the concept, and I surrendered it to God. Only then that I actually got...I just went all in. I went all in with treatment, as time went on I as I got clean, that respect, that fear, and that gratitude of being taken out of the addiction. And actually fulfilling my life...only then that I could actually fulfill my spiritual need. And so, for me, to understand the depths of Hell is my passion to give to others, or to help others get out of it, the depth of Hell." … "And because I've been there, and I've done that, and I know exactly what it's like. Some people have worse experiences...some people...you know. But I can understand the obsession of addiction. And that's where I connect with people. And even living poor and living here in Hawai‘i, being molested, and sexually abused, being physically abused, mentally abused, then mentally unstable, there's a lot that I can offer to other people. And them...watching them and helping them get through their stuff helps me accept and get through my things too. I get to be helpful. And I don't regret anything. Because everything bad that I went through, is now being used for good. And that's the powerful part of it all." …

		"So, spirituality so that they can feel the sense of just being, or honing into that power, because we cannot do this on our own—We can't do anything on our own. We have to have a belief system, especially in the depths of addiction, the depth of Hell, of whatever reason or traumatized experience that had caused them to become that low of a human being—and then the spirituality, to center them or to find them, or to even start to build their relationship with their higher power, whatever power, whatever belief system they have. So that they can use that power to help them get out of whatever situation, or use that as a support system, to believe that there is something greater than us. And that, if we take the time to feel it and understand it, or whatever...not quite understand it, and know that, understand that that spiritual sense is there, to help you feel loved. And help you to give you power and endurance and motivation to get done whatever you need to get done."
	Spiritual endurance is the key to preventing burnout.	"I believe it's all spirituality because that's what helps me. And knowing that my purpose in life, and my God-given talent, or endurance—I think my talent is endurance. But not everybody is blessed with endurance. A lot of people give up pretty quickly. And just knowing the signs, and taking...self-care actually. Self-care, and making sure you don't get to that point where you're so fatigued that you just want to quit today and not give in, you know, and just start looking for other places. I mean, it's good that you know what you want, but for me, I don't give up too easily. And I'm glad because I'm not spoiled like that. You know? I was raised with nothing, so everything is a blessing. So if I see everything as a blessing, and not an entitlement. Yes, I do have rights, and I make sure that I respect...that my rights are respected, but if I look at it, if everything's a blessing, then I can be a blessing to other people. And I think that's why I don't...I've been in this for 15 years. I'm not even close to burn-out. I love my job, and I would even do this for free."
	Love is not a boundary problem.	"So, I think it's both parents and the child, or the person, the client, that needs to learn how to not be so codependent but be independent. But yet feel loved and connected. So that is a work in progress….And I have known a lot of clinicians throughout these 15 years that I've been in this field, all say I have a boundary problem. And it's only recently, since…this past four years. Some people do say, "Amy, you do too much," but I feel that my boundary, I think it's okay. And sometimes...it depends...because I'm not going to say it's excellent, because I do do too much. But I feel that I'm giving my best, giving my best to a person without having them go co-dependent on me….My goal is to

		make them independent on their own and help them believe that they can do it, and that they are loved and that they are worth it, and that they belong. You have a right to be here." … "So there's a picture some agencies use, we're all holding hands, we're all angels. To me I feel that we're all angels around the globe, taking care of so many different people, all people. Just helping them and guiding them, like an angel….And that's how I feel. But I'm an angel in—to me, like being on earth and being a human is practice for being an angel. If I can't do it here, what makes you think I can do it in heaven? So, I try to live that to my full potential, as much as possible as I spiritually could. And it doesn't mean I don't sin. I mean, I do bad things. I sometimes get pissed off, I snap at people, I honk my horn at the car who just cut me off….I'm never going to be perfect, but I can be the best I can be today."
Aloha is the Heart of Service	Clients have inherent value and deserve respect.	"The risk factor [for developing compassion fatigue] is you take your frustration out on your clients, and you're not giving....You know, for me, if I'm serving a client and they can sense my frustration or I give them attitude, it affects them…'cause they're the one who's looking for help. And if I'm unable to provide that help, or if I'm transferring my feelings or my beliefs or my frustration onto my client, what good am I? Why am I doing this?...There's something that needs to change, because our clients that we serve does not deserve that. They deserve the best service we can provide. But if we're irritated and we're overloaded and, you know. And then we take it out on them; sometimes, some of us, we don't realize...that we're brushing off the client. Client can sense that, anybody can. They can sense you're brushing them off, or you're forgetful, or you're this, or that, you know?" … "Yes, the client is just one person. They only have to think about one case manager, but the one case manager has to think about 30-40 other people, and sometimes it's hard. It gets hard to juggle. For me, it's setting priorities, which is hard because sometimes you have to determine what is more important, 'cause all clients are equally important. It's just that some needs are greater than the other ones are. Not saying that "put this one on the back burner" but sometimes that's what happens. Even myself, as spiritual as I can be, I

		get, you know, I get overloaded. I get overwhelmed….But, I can only do what I can do today."
	Preventing burnout lies in balancing existential responsibilities with one's own faith.	"Yeah, so some people don't like the word "higher power" or "God" or "spiritual connection," so your own soul, right, or you know, the voice in your head or what do you call that? Conscious, the subconscious. Yeah? It's all a spiritual connection somehow, if you think about it. Well, for me, that's my belief. And it's the good spirit that's within you. I believe we're all born spiritually. I believe we're human beings, I believe we're spiritual beings living human lives. So we all come from some kind of spirituality, whatever that may be for anyone 'cause we're all born good." … "There's a lot of things that they're taking the word "God" out of. Like in Narcotics Anonymous and Alcoholics Anonymous, they still use the word "God" but it's taught...so that people don't feel like they all have to worship one belief of God, that everybody has a choice of their own belief of God. Even if it's to—you can feel a spiritual connection. I mean, even the agnostic people. They know, they believe in the universe. So we all know there's something, there's some kind of higher power. We just don't understand what it is." … "Relationships, you know everything is intertwined and it also affects your health, because your mental health is unbalanced. And now you're worried about certain things and now it's affecting your health. So…mind, body, and soul—I fully believe it's all connected." … "I always say, "Your grace upon this matter" or "Your will be done," 'cause sometimes my thinking, it just keeps going. And then I think I'm doing the best I can by thinking of a solution, but when I get too cluttered it takes me too long to figure something out, I'm not centered. So, every day, I have to pray for me to be centered. You know, you guide me, your will be done, you know, there's a lot of things, not a lot, but certain things that I pray for every day."
	Clients are always where they need to be.	"I don't know how anyone can handle trauma all by themselves. You know? Even people with, you know, sometimes if you have trauma having the extra help from another person or another human being like a therapist, a psychiatrist, something. You know, adding those things in. To me it tells me that I cannot do this

		on my own. It already tells me, I can't do this on my own, I do need help. And sometimes people don't have the sense of God in their life. And so I have to say "well, it's okay that you can't do this on your own. It's okay to go see a therapist, it's okay to take medication. It may not be forever, but it may help for you right now. If you don't like it, you can always—well, at least try it. Because right now you seem to need a little extra help from someplace, from somewhere"—if not spirituality. 'Cause some of them don't have that…and I cannot say, 'You would have an easier time if you strengthen [your connection to] God.'"
	Crisis is an opportunity rather than a curse.	"So, I have this one client. I placed him in three different places, I mean. It's like, I plead with the higher ups, you know? Like 'He's willing! Let him try again' 'cause the other case manager already asked this and the answer was no. So I had to go because everyone's head is busy, so I had to remind people who is this person that we're talking about 'cause a lot of times they're just names—names and facts on paper. And so I run to the boss I said, 'This is the kid. This is a young man, he's only 19 years old. He's been through the...' and you know, I have to explain the story. I don't want to give up on him just yet. Give me one more chance. You know, I know if I put him at the shelter, he's not going to make it, 'cause we tried that. I say, 'Let's give it one more...' 'Yeah, but the last time he got kicked out of treatment, right?' Every situation is different. Like, do I want to go the extra mile for this person? Or do I just wait 'til he's ready? So I try not to push too much, 'cause it is, you know, it is a lot of people. But the client knows that you're supportive and you're willing to do the work, he got to be willing to do the work too."
	There is divine purpose beyond suffering.	"You know, tell yourself you love yourself. It could be little things, it could be making somebody else smile. It could be helping out the next person, take yourself out of yourself for a little while. Don't even focus on yourself for a little bit, 'cause it's making you depressed. Go make somebody else happy. Not meaning to go sex-free or anything, but just be around someone who is positive. Or helping someone who's more depressed than you. Just be present, listen to somebody else." … "And there's some people, they just aimlessly walk around. Just don't feel nothing. Defeated, completely defeated. Some of them, mental health actually saved them because they don't realize the level of their condition, they don't realize how much time has passed, there's a lot of things they don't really—...So sometimes I think mental health saves them. For those that's

		aware of everything, that are so depressed and so defeated, it's hard to get out of that. But little bits at a time, and someone has shown that they're willing to help or willing to go the extra mile to help your situation. But bottom line, they have to be willing. But every day you go, “Hey, how you doing Mr. So-and-so, did you eat breakfast today?” Little things. Little bits at a time. It means a lot….And then one day they want to say, “Oh yeah, she doesn't want nothing. She knew me for how many months already? She don't want nothing. She's not here to ask for anything, you know. She actually really want to help me.” And then they'll come around. They do. And that's a joy for me, to see that. Even if it takes months.”

Jessy

Axial Codes	Subaxial Codes	Exemplar Quotes
Low Resilience Can Lead to Cynicism and Distrust	Empathy wanes in the wake of change-resistance.	“[Working with homeless and forensically encumbered clients over time—] it kind of gets you burnt out in some ways, you know. I think towards the end for me when I left being a case manager and took the management role, with my clients, I started not to have as much empathy for them. I used to feel like they're always making the same mistakes over and over again. Nothing I do, nothing that we implement is going to change that behavior. So even when I see people panhandling, some of our clients do that. You know, I think to myself, "I work hard for that money. Why would I be giving you my money? I would rather just give you a business card so you can get the services that you need that's free and available." So, my mindset of trying to work with them and feel that same sense of compassion towards them, it's kind of difficult. I don't know, I just feel like sometimes some of our forensically encumbered clients would have a sense of entitlement, like we belong finding them housing, it's our job to make sure that they get rides to their PO's office. So that was sometimes a struggle in a sense when you're dealing with somebody who's mentally ill who doesn't want your help, doesn't clearly understand the concept of why we're trying to help.” … “And homeless people sometimes they don't want the help too, so that's kind of what you're dealing with. So, it impacts you over the time in the sense where, that you don't feel as invested I guess in your work, because you think that they're all the same. Because you have a bunch of bad apples in one concept, you tend to think they're all that way. But then you have a really good

		client who is legally encumbered who follows through with their POs, and you don't have to keep going to court for them. It changes your perspective on things that you don't kind of loop everybody in one hole. But honestly, you get more difficult legally encumbered homeless people than you would clients who are actively able to manage their own care, you know, and do what they're supposed to do. Yeah?"
	The consequence of compassion fatigue can be poor health.	"I think about six months ago, my physical—I guess, I think there's a lot of things catching up….So, you know, it was really feeling that pressure of not getting much support. And it kind of, and I think all of my, I started having physical problems where, you know, I was feeling very exhausted every time I went home. I had an incident where I was having dinner, and I guess I just fainted. I think that's what happened. And basically, I told myself you're not busy enough. I'm not going to allow this job to affect me physically and mentally, which it was. And in that sense, my mind had that attitude of, "Oh well. I can only do so much, and, I mean, I can't help all the clients." So, my mind went into this mode where I can only do so much, and if I don't get this investigation out today, okay I don't. You know what I mean? I don't know how much more to explain it. But I just felt that I was super burnt out. In terms of compassion fatigue, I would get very, what is that called, I don't want to say curt, but a bit impatient with my callers in a sense. Where they can talk for a couple hours long, and I'm just kind of like, "What's the harm here? Why are you even calling our office? You're just kind of wasting our time.'" … "I just—it was not being able to empathize but also lacking that compassion….I tried to move on because the volume was so much that if I spent an hour on this one thing that wouldn't lead anywhere, it wouldn't become an investigation, then that means I was even more behind on my work, because I'm still getting all these other reports. So, it's just trying to manage, and see what's the crisis and what's valid, what's not. I mean when we become very overwhelmed, we tend to cut short on things too. Maybe I would put more in my report if I didn't have 20 backed up intakes. Maybe I would put a little more effort in this. Maybe I would ask my clients a little bit more about, or my callers, to give me a little bit more information that could possibly meet that criteria, not just kind of take it as face value, you know, dig a little bit deeper if we had that time."

	For some clients, intervention is futile.	"Right before, I was planning to leave [the organization where I was working] before they promoted me. I was on burnout mode and I think everybody knew that. Basically, I think I could almost break down crying on this case, because I think she was borderline personality, if I'm not mistaken. Very childlike and very young. I think she was about 18, no more than 20 years old. So, when you're dealing with somebody with a borderline personality with suicidal tendencies, you know, you really have to provide a lot of supervision. So, for her, she would do self-inflicting, she would do a lot of self-harm. Or she would rub at her skin a lot and then it would cause her arm to bleed. So, it was a lot of attention-seeking, you know, coming to our office without an appointment, talk your ear off, and so this would happen constantly since getting her assigned. And I think with all the other clients that I had, you know, having to deal with just one client that would utilize all of my time, it really started to burn me out in a sense where I was considering not working in the field anymore, just because I felt like, oh and another thing was is she's always in crisis….Nothing changed with her. And I don't know, and I think just seeing that, there wasn't much changes or nothing that I could do, it just really kind of broken my spirit to think, "Oh what else can I do?" And it was just I think her neediness to kind of, her expectation is you have to help me in some way….It was just very tedious work, and she took a lot of my time."
Social Work Through the Lens of Collectivism	Self-care is a family affair.	"You know my boss, Jerry, he's always asking me this. A lot of times I would say, unconsciously I would say, 'Oh yeah I would take so and so to the beach, my nephew, or I would go to dinner and blah blah blah.' But he's like, 'No, no, no. What do you do for yourself?' So that was a struggle with me because when I think of self-care, I think of cleaning my mom's yard. I think of taking my nephews to cut their hair. It's all for other people versus just myself." … "Normally people say I give myself a pedicure, go on a trip, but my when I thought about self-care, it was always about what can I do for my family? You know? And I don't know why it brought me more comfort, but actually nowadays it gives me so much more stress. So, I don't know, my husband and I, we started going back to church. So, I think that's really helped me kind of get a little more fellowship going with the people that I knew when I was young, so that's really opened my eyes and yeah. Cut my hair, but I do that every, what, six months? So, I don't know how much good self-care that is, but I've been trying to do a lot more

		traveling….We took my mom the last time we went to Maui. So, my husband said, 'You know this time it's just going to be us. We're going to focus on me and you.'" … "So, I think for me when I see self-care, I plan it, and then it's more futuristic things. I kind of plan my self-care. I don't know if that's self-care or not, but, you know, that's the only way I can think my mind mentally….I'm less stressed if I'm planning things out. I'm probably stressed when I'm planning it, but once I've done the planning, and the anticipation is there, that's kind of how I relax." … "Yeah, so some of the challenges of planned out self-care is that I will never pick a date. You know, I'll never, I'll say things, but something comes up. So, for example, If I got a planned day off….No, actually I've found myself, for example, I've had doctor's appointment at 1:30, I normally take off at 1:00, but if I get an investigation that comes in at 12:00, I'm staying until 1:15. I'm working through lunch, I'm working through what I have to, just to get that case out. As much as I can have things scheduled, sometimes my job takes precedence of it. Yeah, and I tend to not really focus on me. So even though, that's the problem with planning is—although you plan things, they might not necessarily work out the way you want it because your work takes precedence over it." … "I do try to have lunch, I mean dinner with my friends monthly. Almost 10 years ago, the friends that I met then....So, I schedule that obviously, about a month in advance. At our next dinner, which is going to be Thursday, we always plan the next month over. When I'm truly burnt out at work, I find excuses why I can't make that. Although we planned it out a month ahead, I'm like, 'Oh you know, but I'm so exhausted.' I don't even feel like a dinner or driving far, you know, just to meet my friends."
	The dynamics of collectivistic culture evolve.	"So, we were raised in the sense where we did everything as a family. We traveled as a family, and we wouldn't travel much, but, you know, so when I was in high school, my sister….I started as a freshman, my sister was a sophomore, but I wanted to join a club, a Hawaiian club. Anyways, they would go on trips. My sister had to be in that club in order for me to go. So, we were always doing things together as a family, so it

		was very family-oriented that I haven't seem to lose that as I grew older. I just try to kind of enhance it now. But I think that's why family time is very important, and yeah….Sometimes but sometimes they can be the issue too. And I think when I get stressed out by things, say that my mom did or didn't do, now I just tend to know what my limitations are. Instead of I get so upset about things that's not coming out the way it should be, I just say, "Oh you know what," as I'm talking to my mom I just tell her, "You know, I need some time. I'll give you a call later on." And I just tell her when I'll be calling, but that's my space so I don't get so upset in that certain situation. Yeah, you love them, but at the same time you need that separation. As long as you have good boundaries I think, then that's okay. If not, it just becomes really hard."
	Working with the Native Hawaiian community requires careful treatment and measured respect.	"To me I feel like I have a strong Hawaiian culture. What we bring to the table is a lot of family-oriented environment, so it teaches me a lot of empathy in terms of my family; you know, they struggled a lot with some social, economic, substance abuse issues, housing. So, it makes me empathize with them a little bit more. When I'm actually doing the work to help other people, you know, I look at it as there're certain disadvantages. How does this experience impact my service delivery? It just makes me more—I'm trying to look for that correct word—It just makes me feel more, like indebted to that community, to try to help them more, I mean, understanding kind of what some cultural values of mine are. It basically impacts me to—it forces me to actually try to do more for my culture." "Yeah, I definitely feel like family involvement is helpful, most of the time. You know, I always try to encourage family members to educate themselves about their son or daughter's, family member's needs. I think that's the key, sometimes when you have SPMI, it's really difficult for some families who's definitely not aware of what it is and why it's happening. So, the more engaged they are, the more support the client gets; so, I truly believe that that helps a lot."
The Moments that Make the Job Meaningful	No circumstance is so dire as to be inescapable.	"I'm just thinking about this one client; I mean she really, she really touched me and still stays with me today because of her story. I guess in a nutshell… she [had] tried to take her mother's life and then her own, but that didn't happen because by the time she tried to take her mother's life, she kind of stopped when she saw blood, and then she called her sister and her sister ended up calling the police. [Her] mother was taken to the hospital. She was taken to [an inpatient behavioral health psychiatric unit]. From [there], she went into [the correctional system where she stayed for] 18 months.

		By the time she comes out, mother's dead. Sister wants nothing to do with her, and she had absolutely no other family. You know…So, the outcome of this was she was able to get housed. She was able to complete probation. She has section 8. She goes to the clubhouse regularly. She volunteers. So, it's those type of success stories that really remind me that the work that we do is important, and how as much as it can be stressful to work with these type of individuals, it also takes a certain individual to work with them. You know?" … "So, from them I gain a sense of completion and a sense of trying to help them obtain their goals. And it's not small goals. Getting off probation, a five-year probation, is a lot. Finding housing, keeping a job, taking your medications regularly, keeping appointments. So, yeah, this is just a sense of accomplishment working with these type of individuals. At least when they're successful. And if they're not successful, then at least there's something we can draw off of it and think, "Okay, so how do I change that? What can I do with my next client that has the same issues?" So, you go through some of the struggles, but at the same time, you're learning how to do things differently."
	Work culture and the meaningful contributions of staff.	"So meaningful work is—I had great co-workers, great staff, whereas…as a supervisor, I would look at what their strengths were. Not, not what—I would mostly focus on strengths….So, we would kind of work together in that to just get the work done, and that really showed me, at least at [this inpatient behavioral health psychiatric unit], that from upper management, all the way down, everybody was pitching in to help. When I'm going out with my staff and we're doing Point in Time, and everybody's there although they have busy school schedules, work schedules, life schedules, you know, everybody tends to just pitch in and come forward to kind of help the situation. But I could find a lot more meaningful things working at a nonprofit, and especially [at this inpatient behavioral health psychiatric unit] where everybody wants to—seem to help you. Outreach team wants to help you find your client. So, we have a huge extension where our clients can go to the shelter. Our clients, if they're out in the community can get help from outreach. So, it's that kind of thing that makes it meaningful. And when you're struggling with one client, you have another case manager willing to pitch in and help you, you know, and that's pretty much what to me makes work meaningful is when you have that support, and you have that good foundation. "

	True, lasting change is small, incremental, and occurs slowly.	"So, okay…when dealing with individuals with SPMI, SMI, you know, sometimes it's difficult to find any changes but sometimes there are; small, little changes. For example, if they take their medication, if you can encourage them to start taking medication, that's a big change that can be made. We've worked in the field in terms of, you know, giving our clients injectables, which is long lasting. I mean, at first, it's years of just engaging, engaging with clients, you know, it's basically just coming alongside them and getting them to gain your trust. And once you can do that, and elicit, like I said, small changes, which leads to big results, right? So, if you can get someone to agree to take a medication, then that would lead to a bigger success. So, I mean, although difficult, there appears to be sometimes not the possibility of change with SPMI clients, there can be a lot of other changes. " … "In many ways, I feel like I always make a difference to my client's lives even if they might not think so at least they have case management, right? Because, somebody's always involved. There's other individuals who are not linked up with any services, and I think those are the ones that really struggle. So, once they're embedded with a case manager, I think we make all the difference with them."
Knowing When Too Much Compassion is Too Much	Healthy boundaries prevent compassion fatigue.	"So, I think when I first started as a case manager, I told myself, my client is going to have to do 50%, and I'm going to have to do 50%. You know, but towards the end, after a year or two years, I was like, 'My client's got to do 80%, and I've got to do 20%.' It really changes. You know, I don't know if that's to have yourself that kind of boundaries, it could possibly be a little jaded in terms of I see myself doing more for clients than they're even doing for themselves. And the thing about boundaries is, you want to draw that line because you want them to be self-reliant. You know, you want them to be able to self-sustain, you don't want them to have to rely on you all the time to you know, pick them up. You know, you want to get them accustomed to getting a bus pass, using public transportation. You want to be able to support them in that way so that they are able to stand on their own two feet, go to appointments on their own and live a productive life. For me, that's why it's so important in terms of having that boundaries with my client." …

		"How difficult is to achieve measurable results? I think if you have healthy boundaries, then that's a clear way of being able to protect yourself from compassion fatigue and burnout. You know, I see….And I mean, I think everybody has a certain threshold of what will lead them to burnout, or a little more resilience. There are some case managers that would be able to take of their own personal time and spend their holidays with the clients, I wouldn't necessarily do that. But, you know, and then it's also, when you're not on schedule, checking in with your client just to make sure they slept in [the shelter]. Those things can be done on Monday. It's having that sense of limitations of what you're going to check in on. Right? I wouldn't necessarily do that, but other case managers would. Would that put them to burnout? I haven't seen that yet. So, would that put me in burnout? Possibly."
	Team support builds resilience.	"It's a team effort, yeah. And I mean, honestly, it's the people you work with because you can have all staff come in but if nobody's working together as a team and everybody's doing everything alone, it's really hard to, you know, get things done in terms of your client's needs. You might have one individual who's an expert in mental health but, you know, struggles with substance abuse. But you may have staff in there who are CSAC or who has all this experience working in a residential treatment, that could help you. You know, so you always want to have that open communication. And like I said, yeah, that's probably one of the solutions that might help improve the situation, as you take a look at your staff retention and the culture in your office and if there're any issues, you address it then. Because, like I said, honestly, heavy caseloads, the volume of the cases that social workers get, that's really what pushes them to burnout a lot quicker. And, if there're problems in your office like maybe communication with upper management, that too affects kind of the nature and a social worker's desire and willingness to be there."
Social Work Impacts Home and Personal Life	Duality experienced as a consequence of the job.	"But I feel like it just makes me more compassionate for people in that sense, in what we do day in and day out. But sometimes it makes me feel jaded if I see people on the streets panhandling. I'm thinking about how much services there's I mean available if there are but they're not taking that up, you know. So sometimes it just makes me, on my personal life if I see them all in the public, you know, I feel like, hey, you know, you should be going to the shelter versus trying to panhandle. Shelter can help you, you know, get case management, kind of get you grounded, gets you to a safe place to sleep in, yeah." …

		"... so social workers who can't balance their emotions that, you know, those are probably individuals that shouldn't necessarily be in this field. It's okay to be compassionate towards your clients and, you know, give them a hug when it's warranted. But not if you're crying for things that doesn't make sense, you know, because I don't want to take away from that, you know, if you're always crying or whatnot, you shouldn't be a social worker. I just feel like there should be a balance where you should know how to turn that switch on or yeah, we need that switch anyway."
	Challenge of identifying homeless and forensic clients' strengths.	"Well, it's makes me more aware of manipulation. I can say that much. You know? Because I mean, yeah, it's made me more aware of kind of how to work with difficult clients, how to work with people. And I like using the concept of motivational interviewing; that's really great in trying to work with resistant clients. So, in terms of forensic clients, I found that there's many times when they try to manipulate the system or try to wiggle out of things, separate from my homeless clients. Because I felt as if the homeless clients was trying to get a need met, which is housing….I don't know if that makes sense, but it's made me more aware of how to work with this type of population. Yeah. Yes, I think that's how you strengthen my skills is being more aware of the manipulation part and how to work with clients that are more so resistant to change. Yes, yes. And looking for more strength in them, you know, because I mean, I could probably point out a lot of the negative things about them. But it was just really trying to find what are their strengths, and how can we work with that."
Preventing Burnout Is About Balance	Balancing work obligations with one's own needs.	"So basically, the greatest sacrifices for me would be two things—education and having a family. So basically, what I did was I put my career in front of these two things, and I was able to promote within my agencies. But at the same time, you know, now I'm kind of at a point where—I don't think I'm too late to do any of those two things. But those are two things that I did put off. You know, I think when I once left the job, our executive director told me, if having a baby is what you want, go have your baby, you know, and still be here. But at the same sense I couldn't understand how I would be able to do both things. To hold a job, get my career, go to school, have a child. I couldn't somehow put these things in perspective, especially since I had my personal life, which was kind of take care of my husband needs, take a look at my family needs. So, what I saw there, it was all the sacrifices I've made. It really was the reason for everybody else. You know? Like it was, I don't want to use them as excuses, but

		basically, I felt like I wasn't able to focus. You know, everything was on everybody else, like what is my family doing, that they need help with? So, I didn't have very much extra time." … "These things that minimize why I didn't go ahead and get it done, you know. Maybe it's just not time that we have kids right now. So, I just try to downplay everything in my mind. And for me, that's what really kind of helps me in a sense. But that's how I justify why it's okay not to have…to have sacrificed these things. And then also when I see other people, you know, reach their goals, it makes me happy. Like other people getting their degrees, other people moving up the ladder, you know. And it just, those kinds of things make me super proud, and I feel like I had a part of it, you know what I mean?...So, in that sense that makes me more, I don't know, it makes me less likely to look at what I gave up. You know? It is when I'm looking at other people's successes….So, I just, I placed work in front of my own personal goals, is kind of what it boils down to, you know." … "And I know that, it's just I haven't had, I know they're my downfall. I just have a hard time separating myself, you know, setting that boundary in terms of that I feel like it's a responsibility that I have, to take care of my family. Well at least my parents, you know, and then my brother because we're like about 13 years difference in age. So, I just feel like I have some sense of responsibility when it comes to them that I have to focus on. I mean, I have a sister who's a year older than me with two kids, but I don't feel that sense of like responsibility over her, you know what I mean? So, it really just generally on my mom, how can fixing the house at home help her live, have a better quality of life? How can addressing issues that she can't at home with family matters? How can I do something about it so that she doesn't have to stress, you know. So, I'm taking on all of this responsibility, all of this things just so my mom them won't have to go through it."
	Balance sometimes requires a job change.	"My trend typically is about every two years, I constantly moving on. [Change jobs?] Yep, so like I said, I started as assistant or an aide and worked myself up, after about 18 months to two years to becoming a treatment counselor. After that I went to IHS for two years and as a mental health case manager, got kind of burnt out from that, became a supervisor for three years."

		… “Resilience is hard to find. I mean and it's really, sometimes it's feels difficult to hold onto. But I don't know, I can't really say that either because I was pretty much resilient when it came to my family members. And my work, my clients who I just felt like it was difficult to house them and things like that. But I mean, yeah, I think when you put in critical situations, you build resilience. It forces you to be, to do what you need to do in order to kind of make sure the outcome is okay….And I just feel like sometimes it just comes naturally with an individual. Yeah. Because I've said it before, you either have it or you don't. Some people have that within them to—to have a certain sense of resilience.” … “I was like, ‘Okay I’m done working with people who’s super manipulative, who’s, where there's substance abuse disorder, who's on probation. I am done dealing with people on probation who has a substance abuse problem. I'm going to work and deal with people who have a mental illness.’ And when I get there guess who I'm working for, people who are legally encumbered, people who have a substance abuse problem, and now homeless and, you know, mental illness. It's actually worse, but I thought I could get away. I thought I could move from one field and focus on mental health. But it doesn't differ, it doesn't change, you know what I mean? It's all kind of intertwined together.”